



APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

DO NOT SEND CASH

PERMIT FEE: \$ \_\_\_\_\_

Local Health Department _____ Address _____ City/State/Zip Code _____ Phone Number _____ Fax Number _____	<b>FOR OFFICIAL USE ONLY</b>  TYPE OR PLACE LABEL WITH NEEDED INFORMATION
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☐ If this box is checked, the permitting authority plans to complete a comprehensive inspection and shall be notified of any scheduling changes.

Owner _____ Mailing Address _____ City _____ State _____ Zip Code _____	Owner Phone Number _____ Owner Fax Number _____
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**Well Site:** Property Address \_\_\_\_\_ Township Name \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ County Property Identification # \_\_\_\_\_  
County \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4  
Directions to the Site \_\_\_\_\_

**WATER WELL INFORMATION**

**Permit To:** ☐ Construct ☐ Deepen ☐ Repair ☐ Seal **well type:** ☐ Dug ☐ Driven ☐ Bored ☐ Drilled  
**for a:** ☐ A. Private Well ☐ B. Semi-Private Well ☐ C. Non-Community Well ☐ D. Non-Potable Well  
**use:** ☐ Residential ☐ Commercial ☐ Livestock ☐ Irrigation ☐ Other \_\_\_\_\_  
Complete if B or C checked: Number of people served \_\_\_\_\_ Type of facility \_\_\_\_\_  
(If C is checked, an application For Permit to Construct, Alter or Extend a Non-Community Public Water Supply must be submitted.)  
☐ Check if anticipated pumping capacity is greater than 100,000 gallons per day.

**WELL CONSTRUCTION OR ABANDONMENT INFORMATION**

1. If well log is available, attach the log to this form.
2. If well log is not available, well must be sealed from bottom to top.

Borehole: Size (in/ft) \_\_\_\_\_ depth (ft) \_\_\_\_\_ Size (in/ft) \_\_\_\_\_ depth (ft) \_\_\_\_\_  
Aquifer: ☐ Sand & Gravel ☐ Limestone ☐ Sandstone ☐ Other \_\_\_\_\_  
Casing: Type \_\_\_\_\_ Size (in/ft) \_\_\_\_\_ Estimated Amount (ft) \_\_\_\_\_  
Liner: Type \_\_\_\_\_ Size (in/ft) \_\_\_\_\_ Estimated Amount (ft) \_\_\_\_\_  
Top of Liner (ft) \_\_\_\_\_ Type Seal \_\_\_\_\_ Bottom of Liner (ft) \_\_\_\_\_ Type Seal \_\_\_\_\_  
Existing water well on property? ☐ Yes ☐ No Will it be used? ☐ Yes ☐ No Is it to Code? ☐ Yes ☐ No  
Existing well to be sealed: ☐ Well in building ☐ Well in pit ☐ Pit retained Pit eliminated by: ☐ Contractor ☐ Owner  
Is well free of obstruction? ☐ Yes ☐ No If No, at what depth is obstruction? \_\_\_\_\_ ft

<b>FOR OFFICIAL USE ONLY</b>  Approved by _____ Date _____	<b>Construction Permit Number</b> _____ FIPS Code _____ Number _____ Year _____ <b>Sealing Permit Number</b> _____ FIPS Code _____ Number _____ Year _____
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**ATTACH A SHEET WITH DIAGRAM OF WELL SITE SHOWING DIMENSIONS**

Furnish septic system plot or draw the proposed construction site with dimensions showing the water well, direction of slope, distances to buildings and property lines, sewer lines, all septic system components including septic tanks and seepage fields, and other sources of contamination, e.g., abandoned wells, storm water dry wells and underground storage tanks. Indicate distance to community water supply, if available. If there is an existing well on the property, indicate location and status.

**WATER WELL PUMP INFORMATION**

Pump Type \_\_\_\_\_ Capacity \_\_\_\_\_ gpm Storage/Pump Cycle \_\_\_\_\_ gallons

**WORK SCHEDULE\***

Estimated scheduled date to start work on water well (MM/DD/YR): \_\_\_\_\_

**\*NOTE:**

***Illinois Water Well Construction Code, Section 920.130 g) Notification. Any person who constructs or deepens a water well for which a permit has been issued under this Part, shall notify the Department, or approved local health department, or approved unit of local government by telephone or in writing at least two days prior to commencement of the work.***

**LICENSED CONTRACTOR CERTIFICATION**

I certify that the attached information is complete and correct and that the work will conform to the current Illinois Water Well Construction Code and to the current Illinois Water Well Pump Installation Code.

**Licensed Water Well Contractor**

\_\_\_\_\_  
Print Name of Licensed Water Well Contractor

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Signature Licensed Water Well Contractor / Property Owner

\_\_\_\_\_  
Date

**Licensed Water Well Pump Installation Contractor**

\_\_\_\_\_  
Print Name of Licensed Water Well Pump Installation Contractor

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Signature Licensed Water Well Pump Installation Contractor / Property Owner

\_\_\_\_\_  
Date

**COPIES**

**THREE COPIES ARE RETURNED TO THE LOCAL HEALTH DEPARTMENT WHERE THE PERMIT IS ISSUED**

One copy is retained by the health department where the permit is issued  
One copy of the approved application is sent to Illinois State Water Survey  
One copy is sent to the water well contractor

**IMPORTANT NOTICE**

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of the information is mandatory. This form has been approved by the Forms Management Center