



**Public Health**  
Prevent. Promote. Protect.  
Bureau/Putnam County Health Department

## Putnam County Closed Loop Well Contractor Registration Form

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

### Licensed contractors that work at this business: (if applicable)

**Name:** \_\_\_\_\_ **IL License#:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **IL License#:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Closed Loop wells constructed:**      **Vertical** \_\_\_\_\_ **Horizontal** \_\_\_\_\_  
**Directional Borings** \_\_\_\_\_ **Other** \_\_\_\_\_

**Annual Fee: \$50.00**

**Make Check Payable to Putnam County Health Department**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*Note: Please contact the Health Department at least 48 hours prior to constructing or sealing of the well.*