



**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 _____	Construction Permit Number _____ / _____ / _____ 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

Bureau and Putnam County  
Health Department  
526 Bureau Valley Parkway  
Princeton, IL 61356  
(815) 872-5091

Fee \$200

- Bureau Co.
- Putnam Co.

**Private Water Well Permit Application Supplemental Form**

This form must be accompanied by the State application

Owner: \_\_\_\_\_ Well Site: \_\_\_\_\_

Please Select One:  New Construction  Existing Construction

Submit a diagram of the proposed system including the location and distances for the following:

**All Well(s), New & Existing \*Pressure Tank \*Water Lines \*Pit (if applicable)**

**Distances To: \*Other Wells \*Septic System \*Buildings \*Lot or Property Lines \*Other Sources of Contamination**

N  
W + E  
S

Application may be returned if diagram is incomplete

**Office Use Only**

Sent to ISWS: \_\_\_\_\_ Sent to Well/Pump Installer: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_