

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

LIVINGSTON COUNTY HEALTH DEPARTMENT
310 E. TORRANCE AVE. – P.O. BOX 650
PONTIAC, ILLINOIS 61764
PHONE NUMBER – 815-844-7174, EXT. 216
FAX – 815-842-4070

Permit Fee - \$100.00
Water Sample Fee - \$20.00
TOTAL PERMIT FEE - \$120.00

If this box is checked, the permitting authority plans to complete a comprehensive inspection and shall be notified of any scheduling changes.

PROPERTY INFORMATION

Owner: _____
Address: _____ Phone: _____
City: _____ Zip Code: _____
Property Address: _____ City: _____
County Name: _____ Township: _____
County Property Identification #: _____
Subdivision: _____ Lot # _____
Township _____ Range _____ Section _____ 1/4 of the _____ 1/4 of the _____ 1/4
Directions to Site _____

WATER WELL INFORMATION

Permit To: Construct Deepen Repair **OR** Seal a Dug Driven Bored Drilled
For: A. Private Well B. Semi-Private Well C. Non-Community 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

Notes for Well Abandonment:

- 1. If well log is available, attach the log to this form.
- 2. If well log 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: Yes No By Whom: _____

FOR OFFICIAL USE ONLY

CONSTRUCTION PERMIT NUMBER

Approved by _____ Date _____

FIPS Code Number Year
Sealing Permit Number

FIPS Code Number Year

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 drywells 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: _____

*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 #

Address City, State, Zip Code

Office Phone / Fax / Cell Phone

Signature Licensed Water Well Contractor/Property Owner Date

Licensed Water Well Pump Installation Contractor

Print Name of Licensed Water Well Pump Installation Contractor License #

Address City, State, Zip Code

Office Phone / Fax / Cell Phone

Signature Licensed Water Well Pump Installation Contractor/Property Owner Date

INSTRUCTIONS

CHECK THE FOLLOWING BEFORE MAILING:

Driller - Permit application is mailed to local health department. Refer to the listing of counties provided to you by the Illinois Department of Public Health. If a county is not listed, the Application is mailed to the Illinois Department of Public Health.

Homeowner- Contact the licensed contractor, call you local health department or contact the Illinois Department of Public Health.

Fees: To be included with application - \$100.00 Permit Fee and \$20.00 Water Sample Fee. Water Sample Fee to be refunded upon receipt of water sample for new well if collected by property owner or well driller.

The following explanations will assist you in completing the application for a permit to construct or deepen a water well.

Land I.D.# - This included the PIN number, PC number or any other number used by the county to identify the lot. Contact the local health department to determine if this information is required.

Proposed Use -

- Domestic = Single family home
- Irrigation = Watering, filling a pond or cooling
- Commercial = Apartments, schools, factories, office and other similar buildings
- Livestock = Farm Animals
- Other = Anything not listed above

Directions to Site:

Livingston County Health Department
 310 E. Torrance Ave. – P.O. Box 310
 Pontiac, Illinois 61764
 Phone – 815-844-7174, Ext. 216
 Fax – 815-842-4070

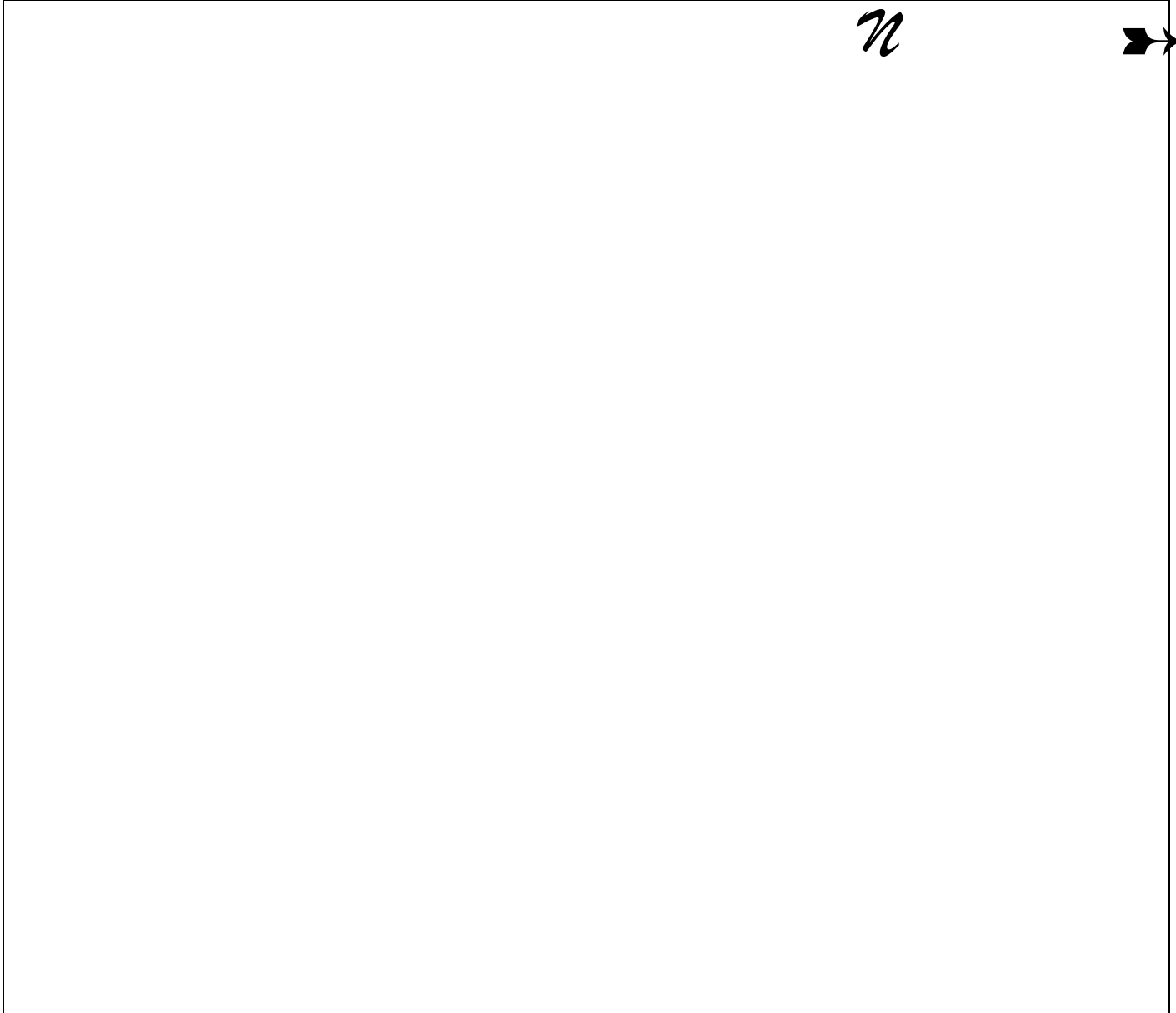
Important Notice

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 this information is mandatory.

PLOT PLAN OF POTABLE WATER WELL

Indicate location of and distances from the proposed well location.

- | | |
|-----------------------------------------------|------------------------------------------------------------------------------------|
| 1. Septic tank (50' minimum) | 6. Fuel storage tanks (75' minimum) |
| 2. Seepage field (75' minimum) | 7. Other wells on property |
| 3. Property line (5' minimum) | 8. Septic tanks, seepage fields, or wells on adjacent property (if less than 200') |
| 4. Buildings (5' minimum) | 9. Cisterns |
| 5. Improperly constructed wells (75' minimum) | 10. Closed looped wells |



For Sanitarian Only:

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