



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

DO NOT SEND CASH

PERMIT FEE: \$ _____

Local Health Department <u>MACON COUNTY HEALTH DEPARTMENT</u>	FOR OFFICIAL USE ONLY TYPE OR PLACE LABEL WITH NEEDED INFORMATION
Address <u>1221 E. CONDIT STREET</u>	
City/State/Zip Code <u>DECATUR, IL 62521</u>	
Phone Number <u>(217) 423-6988</u> Fax Number <u>(217) 423-0992</u>	

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

Owner _____	Owner Phone Number _____
Mailing Address _____	Owner Fax Number _____
City _____ State _____ Zip Code _____	

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

FOR OFFICIAL USE ONLY	Construction Permit Number
	_____/_____/_____ FIPS Code Number Year
	Sealing Permit Number
	_____/_____/_____ FIPS Code Number Year
Approved by _____	Date _____



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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

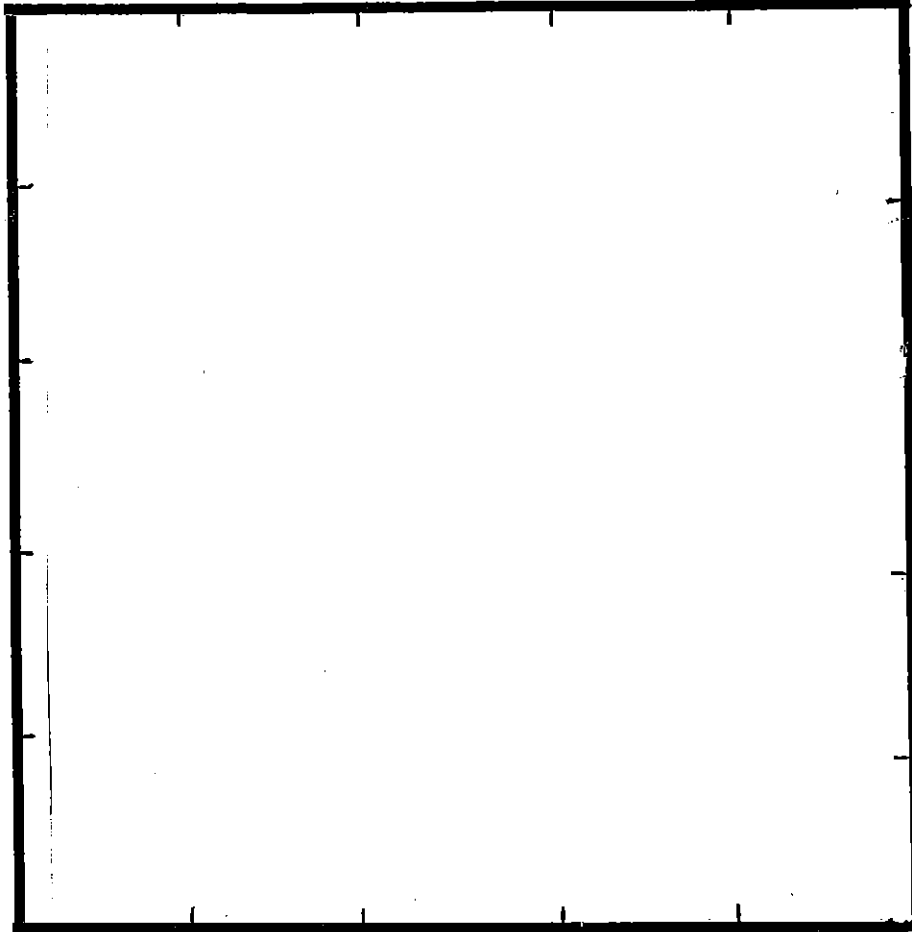
PLEASE TYPE OR PRESS FIRMLY

SEND ALL COPIES TO IDPH

Lot Diagram and Water Systems Plan:

Furnish plans or draw the proposed construction indicating location with dimensions showing the water well system, distances to building sewage systems, property lines, sewer lines, septic tanks and other sources of contamination.

1" = _____

Region 1-Rockford

4302 N. Main Street
Rockford, IL 61103
(815) 987-7511

Region 2-Peoria

5415 N. University
Peoria, IL 61614
(309) 693-5360

Region 3-Springfield

4500 S. Sixth Street Road
Springfield, IL 62706
(217) 786-6882

Region 4-Edwardsville

Cottonwood Road
Edwardsville, IL 62025
(618) 288-5731

Region 5-Marion

2309 West Main
Marion, IL 62959
(618) 997-4371

Region 6-Champaign

2125 South First
Champaign, IL 61820
(217) 333-6914

Region 7-West Chicago

245 Roosevelt Road, Bldg
West Chicago, IL 60185
(312) 293-6800

Region 8-Bellwood

4212 W. St. Charles Road
Bellwood, IL 60104
(312) 544-5300

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