

**CLOSED LOOP WELL SYSTEM REGISTRATION & CONSTRUCTION APPLICATION**



**Public Health**  
Macon County  
Health Department

**Macon County Health Department**

Environmental Health Office  
1221 East Condit Street, Decatur, Illinois 62521  
Phone: 217-423-6988 \* Fax: 217-423-0992

**Application Fee - \$200.00**

Note: A Registration and Construction Application is Required for Every 10 Vertical Wells or 10 Horizontal Loops.

**PROPERTY INFORMATION**

Owner: \_\_\_\_\_  
Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Geothermal Site Address: \_\_\_\_\_  
In Macon County (if different from above) \_\_\_\_\_

Township Name: \_\_\_\_\_

**INSTALLER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Illinois Reg. #: \_\_\_\_\_

**Directions to Site**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLOSED LOOP WELL INFORMATION**

- Type Of Installation:**
- ( ) Vertical Closed Loop
  - ( ) Horizontal Closed Loop-Wide Trench
  - ( ) Body of Water Closed Loop
  - ( ) Horizontal Closed Loop-Narrow Trench

**Number of Wells, Loops, or Coils:** \_\_\_\_\_ **Depth:** \_\_\_\_\_

**The Closed Loop Well System will serve (check one)**

- A single Family Residence
         
  Apartment Building
         
  Business
         
  Factory

**Exchange Fluid to be Used:**

- ( ) (Food Grade) Propylene Glycol at \_\_\_\_\_%
- ( ) Methanol at \_\_\_\_\_% \*
- ( ) Ethylene Glycol at \_\_\_\_\_% \*
- ( ) Ethanol at \_\_\_\_\_%\*

**Construction Start Date:** \_\_\_\_\_ **\* REQUIRES VARIANCE**

**Installer Signature Section:**

I hereby certify that I have reviewed this registration application and agree that the information submitted herein is correct to the best of my knowledge. If this application is approved and a registration is issued, the resulting work will conform with the current Illinois Water Well Construction Code and Illinois Ground Water Protection Act. The registration shall be valid for a period of 12 months from the date of issuance. **The installer must provide notice to the Macon County Health Department at least 24 hours prior to starting the construction of the closed loop well system. A minimum of 2 weeks is required to review application.**

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Copy to Owner: \_\_\_\_\_ Copy to Contractor: \_\_\_\_\_

Construction Registration Number Assigned: \_\_\_\_\_

Check # \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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<b>SITE ADDRESS:</b> _____ _____	<b>Registration Number Assigned</b> _____
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**PROPOSED PLOT LAYOUT**

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**(Note: Include Property Dimensions)**

APPLICANT, make a drawing of the proposed plot layout plan indicating the location of the proposed well and the common sources of contamination that are within 200 feet of the site, from the list below. Also show that you have included the required information in the drawing by placing an "X" in the appropriate blank for each statement.

Setback	YES	N/A	Setback	YES	N/A
Buildings - - - - -10'	_____	_____	Existing Well(s)- - - - - 75'	_____	_____
Septic Tank - - - - 50'	_____	_____	Water Lines - - - - - - 25'	_____	_____
Seepage Field - - - 75'	_____	_____	Barnyards - - - - - - - 50'	_____	_____
Sewer - - - - - - - 25'	_____	_____	Manure Pile - - - - - - 75'	_____	_____
Privy - - - - - - - 75'	_____	_____	Fuel Tank (underground) - 200'	_____	_____
Cesspool - - - - - 150'	_____	_____	Lakes, Ponds, Stream - 25'	_____	_____
			Abandoned Well - - - - 200'	_____	_____

Installation found to be in compliance with the Macon County Health Department Closed Loop Well Ordinance unless otherwise noted.

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_