



# Macon County Health Department Environmental Health Office

1221 E. Condit Street, Decatur, IL 62521-1405

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[www.maconcountyhealth.org](http://www.maconcountyhealth.org)

### Property Owner & Current Mailing Address:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### Well Site:

Property Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

In accordance Section 920.100(b)(3) of the Illinois Department of Public Health Water Well Construction Code:

*“Upon completion of a new well or modification of an existing well, the contractor shall give the owner information prepared by the Department explaining the importance of water well sampling, procedures for sampling, and how the water can be tested to assure a safe supply of water.”*

As owner of this property, I acknowledge that water sampling should be performed on this well to ensure a safe water supply. Bottles are available for well water testing at the Macon County Health Department. There is no charge for the initial well water test. Additional well water tests will be charged at the normal fee.

***As a reminder, it is important to have the well water tested regularly to ensure that the water is safe for drinking.***

A copy of this form will be maintained on file, along with the records of this well, for future information.

Owner:

\_\_\_\_\_

Contractor:

\_\_\_\_\_

Date:

\_\_\_\_\_

This must be returned along with the Application to Construct, Modify, or Abandon Water Well form in order for the application to be processed.

(Office Use Only)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_