



Application for Permit to Construct, Modify or Seal a Closed Loop Well System

DO NOT SEND CASH

PERMIT FEE: \$ _____

Local Health Department BOND COUNTY HEALTH DEPARTMENT

Permit Fee- \$100.00 for first 10 holes
& additional \$10.00 for every hole after
Make Check payable to:
Bond County Health Department

Address 1520 SOUTH FOURTH STREET

City GREENVILLE State IL ZIP Code 62246

Phone Number (618) 664-1442 Fax Number (618) 664-1744

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 _____

SYSTEM INFORMATION

Permit	Bore Type	Coolant	Facility Type _____
<input type="checkbox"/> Construct	<input type="checkbox"/> Vertical	<input type="checkbox"/> USP Food Grade Propylene Glycol	
<input type="checkbox"/> Modify	<input type="checkbox"/> Directional	<input type="checkbox"/> Other Specify _____	
<input type="checkbox"/> Seal	<input type="checkbox"/> Both		

CONSTRUCTION INFORMATION

Boreholes: Number _____ Depth (ft) _____

SYSTEM LOCATION:

GPS coordinate W _____

GPS coordinate N _____

MODIFICATION INFORMATION

New Boreholes: Number _____ Depth (ft) _____

Tracing wire/locators?

(If the original installation report is available, attach a copy of the report to this form.)

Yes No

SEALING INFORMATION

Description of sealing _____

(If the original installation report is available, attach a copy of the report to this form.)

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

ATTACH A SHEET WITH DIAGRAM OF SYSTEM SITE SHOWING DIMENSIONS

Furnish a drawing indicating lot size, location of property lines, distances from proposed closed loop well system construction to water wells, septic tanks, abandoned wells, property lines, seepage fields, sewers, and all other sources of contamination, if they are within 200 feet of a closed loop well.

VARIANCE In accordance with Section 920. Table C of the Water Well Construction Code, attach a sheet to identify the site specific conditions for reducing the 50-foot separation distance, if the sewer pipe material is unknown.

WORK SCHEDULE*

***NOTE:** Illinois Water Well Construction Code, Section 920.200 f) Notification. Any person who constructs or deepens or modifies a closed loop 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**.

Estimated scheduled date to start work (MM/DD/YR) _____

REGISTERED CLOSED LOOP WELL CONTRACTOR

Print Name of Registered Contractor _____

Registration Number _____ Expiration _____

Address _____ City _____ State _____ ZIP Code _____

Office Phone Number _____ Fax Number _____ Cell Phone Number _____

REGISTERED CONTRACTOR CERTIFICATION

I certify the attached information is complete and correct and the work will conform to the current Illinois Water Well Construction Code.

Signature of Registered Contractor

Date

One copy is retained by the local health department where the permit is issued.
One copy is issued to the registered contractor.

IMPORTANT NOTICE: The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.