



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

DO NOT SEND CASH

PERMIT FEE: \$ 100.00

Local Health Department <u>Bond County Health Department</u>	Make your check payable to: Bond County Health Department
Address <u>1520 South Fourth Street</u>	
City/State/Zip Code <u>Greenville, IL 62246</u>	
Phone Number <u>618 664 1442</u> Fax Number <u>618 664 1744</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	
_____		/ /	
Approved by _____ Date _____		FIPS Code Number Year	



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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