



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

DO NOT SEND CASH

PERMIT FEE: \$ _____

Local Health Department _____

FOR OFFICIAL USE ONLY

Address _____

TYPE OR PLACE
LABEL WITH NEEDED
INFORMATION

City _____ State _____ ZIP Code _____

Phone Number _____ Fax Number _____

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** _____

Construct Vertical USP Food Grade Propylene Glycol

Modify Directional Other Specify _____

Seal 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
<p>Approved by _____ Date _____</p>	<p>_____/_____/_____ FIPS Code Number Year</p>

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.



ST. CLAIR COUNTY HEALTH DEPARTMENT
Environmental Health Division
19 Public Square, Suite 150
Belleville, IL 62220
Ph: 618/233-7769
Fax 618/236-0676

Construct, Modify or Seal a Closed Loop System Debit/Credit Card Information

We are accepting credit and debit cards for the payment of account balances. Credit/Debit card transactions will be subject to a 3% convenience fee in addition to the permit fee.

CARDHOLDER INFORMATION

Establishment Name: _____

Name: _____ Contact Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Discover

Number: _____

Expiration Month/Year: _____ Security Code: _____

Applicant's Signature _____ Date _____