

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

Kankakee County Health Department
 2390 W. Station Street
 Kankakee, IL 60901
 Phone # - (815) 802-9410
 Fax # - (815) 802-9411

Well Permit Fee - \$100.00 []
 Well Inspection Fee - \$100.00 []
 Water Sample Fee - \$ 60.00 []
 Well Abandon Fee - \$ 50.00 []

Fee Paid \$ _____ Check # _____ Cash _____

[] 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 _____ Email Address _____
 City _____ State _____ Zip Code _____

WELL SITE:

Property Address _____ Township _____
 City _____ State _____ Zip Code _____ Property Identification # _____
 County _____ Subdivision _____ Lot # _____
 Township _____ Range _____ Section _____ 1/4 of the _____ 1/4 of the _____ 1/4
 Directions to Site _____

WATER WELL INFORMATION

Permit to: [] Construct [] Deepen [] Repair **OR** [] Seal a [] Dug [] Driven [] Bored [] Drilled
 For: [] A. Private Well [] B. Semi-Private Well [] C. Non-Community 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 _____
 Liner: Type _____ Size _____ in/ft Estimated Amount _____
 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 Water Well to be Sealed? [] Yes [] No By Whom _____
 Is Well Free from Obstruction? [] Yes [] No If no, at what depth is the obstruction _____ ft

FOR OFFICIAL USE ONLY

Approved By _____

Date _____

Construction Permit Number
 _____ / _____ / _____
 FIPS Code Number Year
Modified Permit Number
 _____ / _____ / _____
 FIPS Code Number Year
Abandonment Permit Number
 _____ / _____ / _____
 FIPS Code Number Year

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 drywells, 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. (Furnish well information on the attached form)

WATER WELL PUMP INFORMATION

Pump type _____ Capacity _____ gpm Storage/pump cycle _____ gallons

WORK SCHEDULE*

Estimated Schedule Date to start work on water well: _____

*Note: Illinois Water Well construction Code, Section 920.130 g) states: **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 on 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 #
Address	City, State, Zip Code
Office Phone /	Fax /
Signature Licensed Water Well Contractor/Property Owner	Date

Licensed Water Well Pump Installation Contractor

Print name of Licensed Water Well Contractor	License #
Address	City, State, Zip Code
Office Phone /	Fax /
Signature Licensed Water Well Contractor/Property Owner	Date

PLOT PLAN OF POTABLE WATER WELL

Indicate location of and distances from the proposed well location

- | | |
|--|--|
| 1. Septic tank (50' minimum) | 6. Fuel storage tanks (75' minimum) |
| 2. Seepage field (75' minimum) | 7. Other wells on property |
| 3. Property line (5' minimum) | 8. Septic tanks, seepage fields, or wells on
on adjacent property (if less than 200') |
| 4. Buildings (5' minimum) | 9. Cisterns |
| 5. Improperly constructed wells
(75' minimum) | 10. Closed looped wells |



For Sanitarian Only:

INSTRUCTIONS

PLEASE INCLUDE THE FOLLOWING BEFORE MAILING:

DRILLER - Permit application is mailed to local health department. Refer to the listing of counties provided to you by the IL Department of Public Health. If a county is not listed, the application is mailed to the IL Department of Public Health.

HOMEOWNER- Contact the licensed contractor, call your local health department or contact the IL Department of Public Health.

FEES - To be included with application - \$100.00 Permit Fee, \$100.00 Inspection Fee, and \$60.00 Water Sample Fee. Water Sample Fee will be refunded upon receipt of water sample for new well if collected by property owner or well driller.

The following explanations will assist you in completing the application for a permit to construct or deepen a water well:

LAND I.D. # - This includes the Parcel Identification Number, PC number or any other number used by the county to identify the lot. Contact the local health department to determine if this information is required.

PROPOSED - USE	Domestic	=	Single family home
	Irrigation	=	Watering, filling a pond or cooling
	Commercial	=	Apartments, schools, factories, office and other similar buildings
	Livestock	=	Farm Animals
	Other	=	Anything not listed above

DIRECTIONS TO SITE:

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Division of Environmental Health
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