



**Peoria City/County Health Department • Environmental Health**

2116 N. Sheridan Road • Peoria, IL 61604 • PH: 309/679-6161 • FAX: 309/679-6174

Email: [environmentalhealth@peoriacounty.org](mailto:environmentalhealth@peoriacounty.org) • [www.pcchd.org](http://www.pcchd.org)

**Public Health**  
Prevent. Promote. Protect.

**APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR SEAL A CLOSED LOOP WELL SYSTEM**

**PERMIT FEE: (\$200 includes 10 bore holes; \$10 per additional bore hole) \$ \_\_\_\_\_ DO NOT SEND CASH**

**OWNER INFORMATION:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ FAX Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ E-mail \_\_\_\_\_

**WELL SITE INFORMATION:**

Property Address \_\_\_\_\_ Township Name \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ County Property Identification # \_\_\_\_\_

County \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ ¼ of the \_\_\_\_\_ ¼ of the \_\_\_\_\_ ¼

*Directions to the site:*

**SYSTEM INFORMATION:**

Facility Type: \_\_\_\_\_

Permit to:  Construct  Modify  Seal      Bore Type:  Vertical  Directional  Both

Coolant:  USP Food Grade Propylene Glycol  Other (specify) \_\_\_\_\_

SYSTEM LOCATION: GPS Coordinate W: \_\_\_\_\_ GPS Coordinate N: \_\_\_\_\_

CONSTRUCTION INFO: Boreholes: Number \_\_\_\_\_ Depth (ft): \_\_\_\_\_

MODIFICATION INFO: New Boreholes: Number \_\_\_\_\_ Depth (ft): \_\_\_\_\_ Tracing wire/locators?  Yes  No

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

SEALING INFO: *Description of Sealing*

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

**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): \_\_\_\_\_



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**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 any 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 feet separation distance, if the sewer pipe material is unknown.

**REGISTERED CLOSED LOOP WELL CONTRACTOR INFORMATION:**

Contractor Name _____	Registration # _____	Exp. _____
Mailing Address _____	Office Phone Number _____	
City _____ State _____ ZIP _____	Cell Phone Number _____	
E-mail _____	FAX Number _____	

**REGISTERED 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.

_____	_____
Signature of Registered Contractor	Date

One copy is retained by the Peoria City/County Health Department (where the permit is issued).  
One copy is issued to the registered contractor.

<b>FOR OFFICIAL USE ONLY</b>		
Permit # _____	Date Issued: _____	Expiration Date: _____
<input type="checkbox"/> <b>Application Approval:</b> _____		Date: _____
<input type="checkbox"/> <b>Construction Approval:</b> _____		Date: _____
<input type="checkbox"/> <b>Final Approval:</b> _____		Date: _____

**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.