



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 • **www.pcchd.org**

Public Health
Prevent. Promote. Protect.

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

DO NOT SEND CASH

PERMIT FEE: \$100.00

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:

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
Complete if "B" or "C" is selected: 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)
use: Residential Commercial Livestock Irrigation Other: _____

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 and 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)

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.



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ATTACH A SHEET WITH DIAGRAM OF SYSTEM 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.

WORK SCHEDULE*: *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.

Estimated scheduled date to start work on water well (MM/DD/YR): _____

WATER WELL PUMP INFORMATION: Check if anticipated pumping capacity is greater than 100,000 gallons per day.

Pump Type: _____ Capacity: _____ gpm Storage/Pump Cycle: _____ gallons

LICENSED WATER WELL CONTRACTOR INFORMATION:

Contractor Name _____ License # _____

Mailing Address _____ Office Phone Number _____

City _____ State _____ ZIP _____ Cell Phone Number _____

E-mail _____ FAX Number _____

LICENSED WATER WELL PUMP INSTALLATION CONTRACTOR INFORMATION:

Contractor Name _____ License # _____

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 and to the current Illinois Water Well Pump Installation Code.

Signature of Licensed Water Well Contractor/Property Owner

Date

Signature of Licensed Water Well Pump Installation Contractor/Property Owner

Date

COPIES: THREE COPIES ARE RETURNED TO THE PEORIA CITY/COUNTY HEALTH DEPARTMENT WHERE THE PERMIT IS ISSUED. One copy is retained by the Peoria City/County 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.

FOR OFFICIAL USE ONLY

Permit to: Construct Seal

Permit # _____ Date Issued: _____ Expiration Date: _____

Application Approval: _____ Date: _____ **Construction Approval:** _____ Date: _____

Final Approval: _____ Date: _____