



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

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

email: [eh@peoriacounty.org](mailto:eh@peoriacounty.org) Website: [www.pcchd.org](http://www.pcchd.org)

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

**Peoria City/County  
Health Department**

**APPLICATION FOR PERMIT TO CONSTRUCT OR MODIFY A WATER WELL**

**OWNER INFORMATION:**

**PERMIT FEE:** \$100.00

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  
**Well Type:**  Drilled  Driven  Bored  Dug  
**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 INFORMATION:**

**Borehole:** Size \_\_\_\_\_ (in/ft) Anticipated Depth \_\_\_\_\_ (ft)  
**Aquifer:**  Sand and Gravel  Limestone  Sandstone  Other \_\_\_\_\_  
**Casing:** Type \_\_\_\_\_ Diameter \_\_\_\_\_ (in/ft) Estimated Amount \_\_\_\_\_ (ft)  
**Liner:** Type \_\_\_\_\_ Diameter \_\_\_\_\_ (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:  Yes  No by:  Contractor  Owner (a separate application is required for sealing)

Well located:  in building  in pit Pit eliminated by:  Contractor  Owner  Pit retained

# Lot Diagram for Water Well Construction or Modification

Owner

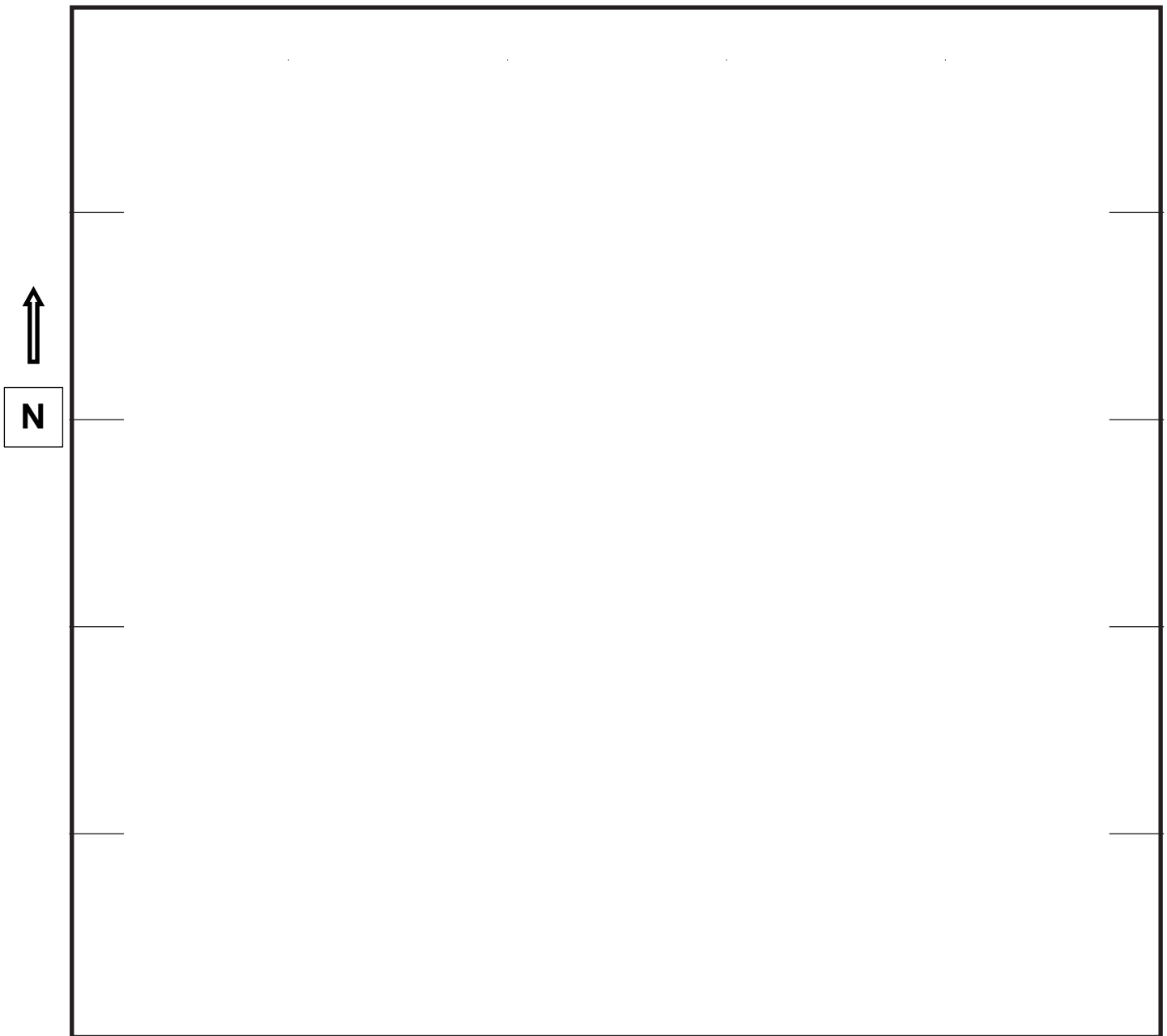
PIN#

Site Address

Township

## Attach the Lot Diagram Sheet Indicating the Following:

The property or proposed construction site dimensions; direction of any slope; location of the new water well; distances to buildings and property lines, sewer lines, **all septic system components** (the septic tank(s), drainfield, etc.); 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 the location and status.**



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:**

**PRIOR NOTIFICATION:** 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.

*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

In addition to the permit application retained by the Peoria City/County Health Department, a copy of the approved permit is sent to the Illinois State Water Survey, the water well contractor, the pump installer and the property owner.

**FOR OFFICIAL USE ONLY**

**Permit to:**  Construct  Modify

Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Application Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Construction Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Final Approval: \_\_\_\_\_ Date: \_\_\_\_\_