

Permit Fee: \$100
 Inspection Fee: \$545
 Total Fee: \$645
 PLEASE DO NOT SEND CASH
 *NO FEE FOR ABANDONED
 WELLS

SANGAMON COUNTY DEPARTMENT OF PUBLIC HEALTH
 WATER WELL PERMIT APPLICATION TO
 CONSTRUCT, DEEPEN, OR ABANDON A WATER WELL
 Email: envhealth@sangamonil.gov Website: www.scdph.org



INCOMPLETE APPLICATIONS WILL BE RETURNED

INSTRUCTIONS ON REVERSE SIDE

<p>1. Well Owner-Current Mailing Address</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Telephone Number _____</p>	<p>2. Well Contractor License _____ / _____</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Telephone Number _____</p>
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3. Well Site: County _____ Township _____

Address _____ City _____ Lot # _____

Tax ID # _____ Subdivision _____

Section _____ Township _____ (N)(S) Range _____ (E)(W) _____ 1/4 of the _____ 1/4 of the _____ 1/4

Directions to Site: _____

4. Propose to Construct Deepen or Abandon a Bored Driven Drilled

A. Private Well B. Semi-Private Well C. Non-Community Public Well

Proposed Use: Irrigation Domestic Commercial Livestock Other _____

Well Diameter _____ in. Estimated Depth _____ ft. Estimated Depth to Rock _____ ft.

Anticipated Aquifer: Sand & Gravel Limestone Sandstone Other _____

Proposed Casing: Type _____ Size _____ in. Estimated Amount _____ ft.

Check if anticipated yield is greater than 100,000 gallons per day.

Complete if B or C checked: Number of persons served _____ Type of Facility _____

(If C, an Application for Permit to Construct, Alter or Extend a Non-Community Public Water Supply form must be completed)

5. 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 Water Well Contractor Date

6. Pump Type _____

7. Pump Contractor _____ License # _____ / _____ / _____ Phone _____ / _____ / _____

Address _____ City/State/Zip _____

I certify that the work will conform to the current Illinois Pump Installation Code.

 Signature of Pump Installation Contractor Date

ATTACH A SHEET WITH DIAGRAM OF WELL SITE SHOWING DIMENSIONS

Furnish septic system plot or draw the proposed construction site with dimensions showing the water well, distances to building and property lines, sewer lines, septic tanks and other sources of contamination. Indicate distance to community water supply, if available. If there is an existing well on the property, indicate status.

FOR OFFICE USE ONLY

 Approved by Date FIPS Code / Number / Year

**APPLICATION FOR PERMIT TO
CONSTRUCT, DEEPEN, OR ABANDON A WATER WELL**

PLEASE TYPE OR PRESS FIRMLY _____

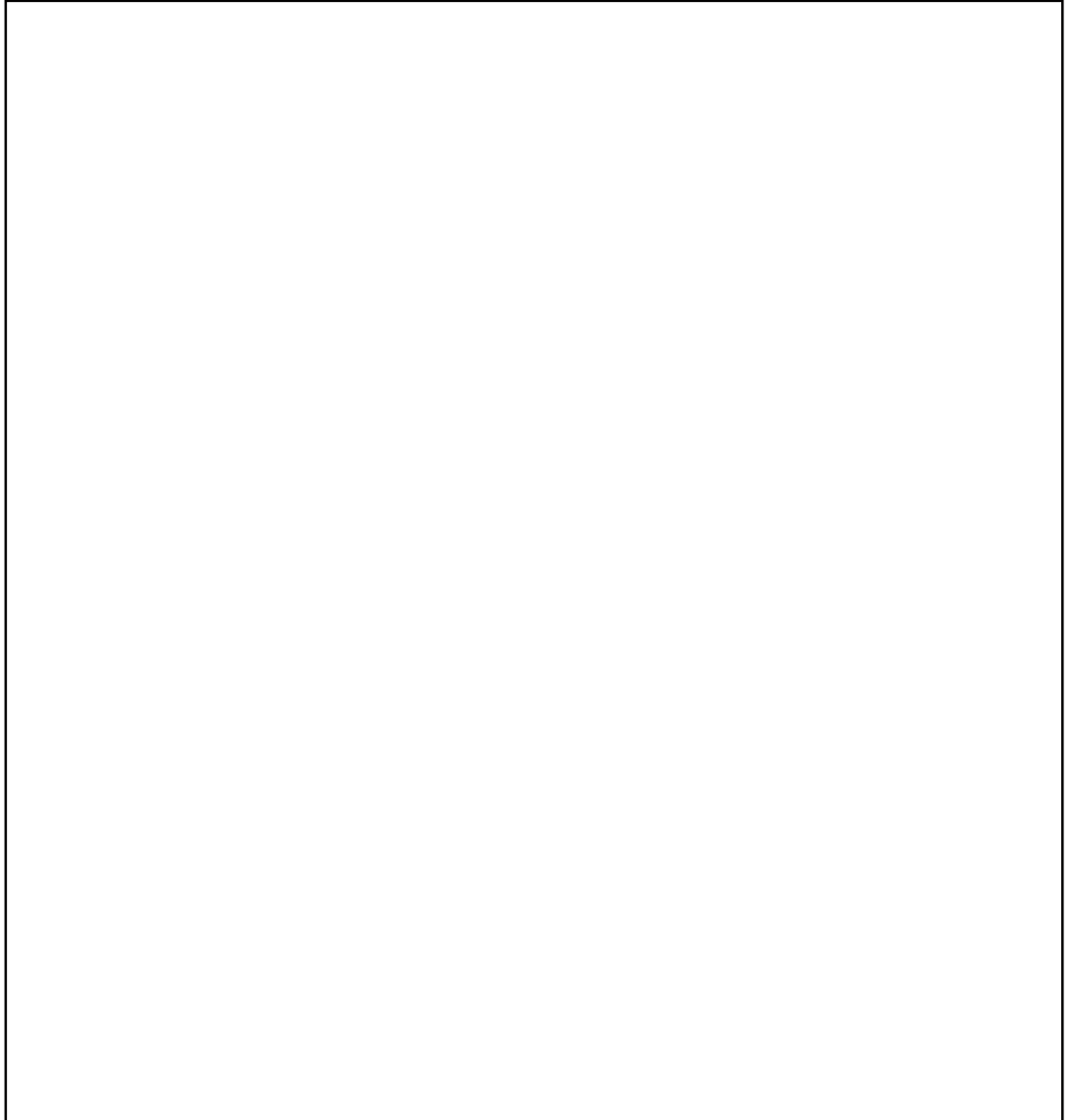
Owner's Name

LOT DIAGRAM AND WATER SYSTEMS PLAN:

Furnish plans or draw the proposed construction indicating location with dimensions showing the water well system, distances to building sewage systems, property lines, sewer lines, septic tanks, other sources of contamination and also indicate direction of slope.

1" = _____

N
□



SEND ALL COPIES OF PERMIT WITH INSPECTION FEES TO:

**Sangamon County Department of Public Health
2833 S. Grand Ave. East
Springfield, Illinois 62703**