



505 E Jackson St  
Macomb, IL 61455  
(309) 837-9951

Anticipated Start Date \_\_\_\_\_  
Inspection Fee: \$100.00 for 10 holes  
& an additional \$10 per hole after that

**APPLICATION FOR PERMIT TO (  CONSTRUCT  MODIFY  SEAL ) A CLOSED LOOP WELL SYSTEM**

Owner's Name \_\_\_\_\_ Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Geothermal Site: Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Property ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4

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

GPS Coordinate W \_\_\_\_\_ GPS Coordinate N \_\_\_\_\_

Directions to Site \_\_\_\_\_

**REGISTERED CLOSED LOOP WELL CONTRACTOR**

Geothermal Contractor Registration # \_\_\_\_\_ Expiration \_\_\_\_\_

Driller Name: \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**PUMP INSTALLER**

HVAC pump contractor: \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

**VARIANCE**

Variance(s) approved? Yes  No  N/A  Annual Verification Required? Yes  No  If yes, what for

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-foot separation distance, if the sewer pipe material is unknown.

**SYSTEM INFORMATION**

Distance to: Private Well: \_\_\_\_\_ ft. Semi-Private Well: \_\_\_\_\_ft. Non-Community Well: \_\_\_\_\_ ft.

Municipal Well: \_\_\_\_\_ ft. Public Sewer lines: \_\_\_\_\_ ft. Septic Tank: \_\_\_\_\_ ft. Septic Field: \_\_\_\_\_ ft.

Water lines: \_\_\_\_\_ ft. Neighbor’s well: \_\_\_\_\_ ft. Neighbor’s septic: \_\_\_\_\_ ft.

Building: \_\_\_\_\_ ft. Property line: \_\_\_\_\_ ft. Lake/Stream: \_\_\_\_\_ ft.

**Directional:** Well Diameter: \_\_\_\_\_ in. Estimated depth: \_\_\_\_\_ ft. Estimated Length: \_\_\_\_\_ ft. Pipe Size: \_\_\_\_\_ in.  
Number of holes/loops: \_\_\_\_\_

**Vertical:** Well Diameter: \_\_\_\_\_ in. Estimated depth: \_\_\_\_\_ ft. Estimated Length: \_\_\_\_\_ ft. Pipe Size: \_\_\_\_\_ in.  
Number of holes/loops: \_\_\_\_\_

Type of coolant proposed: \_\_\_\_\_ Will tracing wires/locaters be added? \_\_\_\_\_

Estimated number of 50lb bags of grout: \_\_\_\_\_ Type of Grout \_\_\_\_\_

Type of facility to be served: (ie. Single family residence, apartment building, business, factory, school) \_\_\_\_\_

Modification Information: New Boreholes: Number \_\_\_\_\_ Depth \_\_\_\_\_ ft

Sealing Information: Description of sealing \_\_\_\_\_

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

**ATTACH A SHEET WITH DIAGRAM OF WELL SITE SHOWING DIMENSIONS**

Furnish a drawing indicating lot size, location of property lines, distances from proposed closed loop well system construction to buildings, water wells, septic tanks, seepage fields, sewers, abandoned wells, and all other sources of contamination if they are within 200 feet of a closed loop well. If there is a well on the property, indicate status.

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 Geothermal Well Contractor Date \_\_\_\_\_

Homeowner signature for Variance \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approved by Date \_\_\_\_\_ Registration / Year \_\_\_\_\_