State of Illinois
Illinois Department of Public Health

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



			PERMIT FEE: \$
Local Health Department		Dept.	FOR OFFICIAL USE ONLY
Address	Macomp, II 61455		TYPE OR PLACE
City/State/Zip Code	(309) 837-9951		LABEL WITH NEEDED
Phone Number			INFORMATION
if this box is checked,	the permitting authority plans to complete a		all be notified of any scheduling changes.
Mailing Address			
	State Zip Code		
Well Site:	· · · · · · · · · · · · · · · · · · ·		
		,	
	Zip Code		tion#
County	Subdivision	Lot#	·
Township Range	Section	1/4 of the	
Directions to the Site			•
WATER WELL INFORMATION	<u> </u>		
Permit To: Construct	Deepen 🗌 Repair 🔲 Seal	well type: Dug Drive	n Bored Drilled
for a: A. Private V			
for a: A. Private V	Vell B. Semi-Private Well [C. Non-Community Well	D. Non-Potable Well
use: Residential	Vell ☐ B. Semi-Private Well [☐ Commercial ☐ Livestock	☐ C. Non-Community Well ☐ Irrigation ☐ Othe	D. Non-Potable Well
use: Residential	Vell B. Semi-Private Well [Commercial Livestock ked: Number of people served	C. Non-Community Well Irrigation Othe	D. Non-Potable Well ry
use: Residential Complete if B or C check	Vell B. Semi-Private Well Commercial Livestock ked: Number of people served attorn For Permit to Construct, Alter or Extens	C. Non-Community Well Irrigation Othe Type of facility d a Non-Community Public Water S	D. Non-Potable Well ry
use: Residential Complete if B or C check (If C is checked, an applic	Vell B. Semi-Private Well Commercial Livestock ked: Number of people served ation For Permit to Construct, Alter or Extend I pumping capacity is greater than 100,0	C. Non-Community Well Irrigation Othe Type of facility d a Non-Community Public Water \$ 200 gallons per day.	D. Non-Potable Well r y Supply must be submitted.)
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Form Number IL482-0620

Page 1 of 2



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

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, 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.

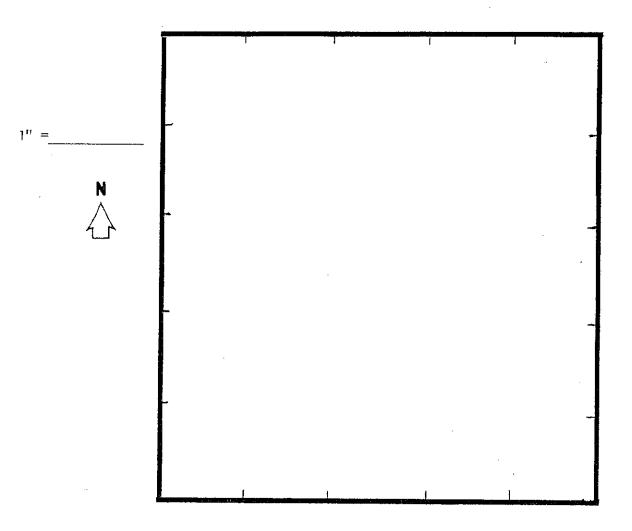
WATER WELL PUMP INFORMA	ATION	•	* .		
Pump Type	Capacity	gpm	Storage/Pump (Cycle	gallons
WORK SCHEDULE*					
Estimated scheduled date to start v					
*NOTE: Illinois Water Well Construction (well for which a <u>permit has been</u> department, or approved unit of l of the work.	Code, Section 920.130 <u>issued</u> under this Pal local government by t) g) Notificatio rt, shall notify telephone or it	n. Any person w the Department, n writing at least	no contructs or or approved loc two days prior	cal health to commencement
ICENSED CONTRACTOR CERTIST certify that the attached information Construction Code and to the current	n is complete and COM	ect and that the ump Installation	work will conform Code.	to the current III	inois Water Well
Licensed Water Well Contractor	e de la companya de l	+970 t			1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Print Name of License	ed Water Well Contrac	tor	in the second se	License Nu	mber
Address	All the season	<u> </u>	Cit	ty, State, Zip Coo	ie Santa de la companya
Office Phone Number	- 	Fax Number			
Signature Licensed Water Well Pump Insta	ater Well Contractor / F allation Contractor	Property Owner			Date 10 to 1
Print Name of Licensed Water	r Well Pump Installatio	n Contractor	non-self in the self-self-self-self-self-self-self-self-	License Nu	imber
Address	• • • • • • • • • • • • • • • • • • • •	<u>- 1848</u> (1864 (1 864) - 1866 (1864 (1885 (1886) (1886) (1886)	C	city, State, Zip Co	ode
Office Phone Number	3.00 A	Fax Number	A Section 1997	4.75	one Number
Signature Licensed Water Well	Pump Installation Cor	tractor / Proper	ty Owner		Date
COPIES THREE COPIES ARE RETURNED One copy is retained by the health One copy of the approved applicat One copy is sent to the water well	D TO THE LOCAL HE department where the tion is sent to Illinois St contractor	ALTH DEPART	MENT WHERE	THE PERMIT IS	ISSUÉD Andre De Cârea An
IMPORTANT NOTICE This state agency is requesting disclosure Disclosure of the information is mandatory	of information that is necess . This form has been approv	sary to accomplish t ed by the Forms M	he statutory purpose anagement Center	as outlined under Pu	blic Act 85-0863.

LEASE TYPE OR PRESS FIRMLY

SEND ALL COPIES TO IDPH

ot Diagram and Water Systems Plan:

rmish plans or draw the proposed construction indicating location with dimensions showing the ater well system, distances to building sewage systems, property lines, sewer lines, septic tanks ther sources of contamination, to include closed-loop wells.



Region 1-Rockford

4302 N. Main Street Rockford, IL 61103 (815) 987-7511

Region 2-Peoria

5415 N. University Peoria, IL 61614 (309) 693-5360

Region 3-Springfield

4500 S. Sixth Street Road Springfield, IL 62706 (217) 786-6882

Region 4-Edwardsville

Cottonwood Road Edwardsville, IL 62025 (618) 288-5731

Region 5-Marion

2309 West Main Marion, IL 62959 (618) 997-4371

Region 6-Champaign

2125 South First Champaign, IL 61820 (217) 333-6914

Region 7-West Chicago

245 Roosevelt Road, Bldg. West Chicago, IL 60185 (312) 293-6800

Region 8-Bellwood

4212 W. St. Charles Road Bellwood, IL 60104 (312) 544-5300

Important Notice

This State Agency is requesting disclosur of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.