



KENDALL COUNTY HEALTH DEPARTMENT
 811 W. JOHN ST., YORKVILLE, IL 60560
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 FAX (630) 553-9603
 www.kendallhealth.org

FOR OFFICE USE ONLY

WELL PERMIT # _____ / _____ / _____
 APPROVED BY _____ DATE _____ / _____ / _____
 PAYMENT RECEIVED \$ _____ CHECK CASH CHECK# _____
 CORRESPONDING SEPTIC PERMIT # _____

WATER WELL CONSTRUCTION, REPAIR, or ABANDONMENT PERMIT APPLICATION

TYPE OF PERMIT REQUESTED

- NEW WELL INSTALLATION \$200.00** **WELL REPAIR \$100.00** **WELL PLUGGING \$100.00** (\$50.00 if performed at time new well constructed)

PROJECT ADDRESS _____ CITY (INCORP?) _____ PIN# _____ - _____ - _____
 TOWNSHIP _____ SUBDIVISION _____ LOT # _____ UNIT/PHASE _____
 SECTION _____ TOWNSHIP _____ RANGE _____ 1/4 OF THE _____ 1/4 OF THE _____ 1/4
OWNER _____ PHONE (_____) _____
 CURRENT MAILING ADDRESS _____ CITY/ZIP _____
BUILDER/G.C. _____ CONTACT PERSON _____ PHONE (_____) _____
 MAILING ADDRESS _____ CITY/ZIP _____
DIRECTIONS TO SITE: _____

WATER SUPPLY:

- PRIVATE SEMI-PRIVATE NON-COMMUNITY (SYSTEM TO SERVE 25 PERSONS DAILY FOR ANY 60 DAYS/YEAR, OR 25 OF THE SAME PERSONS DAILY FOR 6 MO./YEAR)
NOTE: IF A NON-COMMUNITY WELL IS TO BE CONSTRUCTED OR REPAIRED, A STATE OF ILLINOIS PERMIT APPLICATION MUST ALSO BE COMPLETED AND SUBMITTED
 PROPOSED USE: DOMESTIC (POTABLE) COMMERCIAL/INDUSTRIAL (POTABLE) IRRIGATION OTHER (please specify): _____

WELL CONSTRUCTION:

TYPE OF WELL CONSTRUCTION: DRILLED DRIVEN BORED OR DUG SANDPOINT OTHER: _____
 ANTICIPATED AQUIFER: LIMESTONE SANDSTONE SAND and GRAVEL OTHER (please specify): _____
 WELL DIAMETER: _____ inches ESTIMATED DEPTH: _____ feet ESTIMATED DEPTH TO ROCK: _____ feet
 CASING MATERIAL: _____ ESTIMATED AMOUNT: _____ feet LINER ANTICIPATED? YES NO GRAVEL PACK? YES NO

HIGH YIELD WELLS:

- WILL ANTICIPATED YIELD BE GREATER THAN 100,000 GALLONS PER DAY (PUMP TO HAVE A CAPACITY OF AT LEAST 70 GPD)?** YES* NO
 IF "YES", CONTRACTOR AND/OR APPLICANT MUST CONTACT THE KENDALL COUNTY SOIL AND WATER CONSERVATION DISTRICT

OTHER PROPERTY DETAILS:

- IS THERE ANOTHER WELL ON THE PROPERTY?** YES NO **IF YES, WILL IT BE:** USED ABANDONED (IF ABANDONED, MUST BE SEALED WITHIN 30 DAYS)
IS WELL TO SUPPLY MORE THAN ONE RESIDENCE OR BUILDING? YES NO
IS THE SUBJECT PROPERTY WITHIN 200 FEET OF AN EXISTING PUBLIC WATER SUPPLY? YES NO

WATER WELL DRILLING CONTRACTOR INFORMATION:

DRILLING CONTRACTOR: _____ LICENSE NUMBER: _____
 ADDRESS/CITY/ZIP: _____ PHONE #: (_____) _____
 I CERTIFY THAT THE INFORMATION LISTED ABOVE IS COMPLETE AND CORRECT AND THAT THE WORK WILL CONFORM TO THE CURRENT ILLINOIS WATER WELL CONSTRUCTION CODE.

DATE: _____ / _____ / _____
 SIGNATURE OF DRILLING CONTRACTOR OR OWNER _____

PUMP INSTALLATION CONTRACTOR INFORMATION:

PUMP INSTALLATION CONTRACTOR: _____ LICENSE NUMBER: _____
 ADDRESS/CITY/ZIP: _____ PHONE #: (_____) _____
 I CERTIFY THE WORK WILL CONFORM TO THE CURRENT ILLINOIS PUMP INSTALLATION CODE.

DATE: _____ / _____ / _____
 SIGNATURE OF PUMP INSTALLATION CONTRACTOR _____

(SCALE DRAWING MAY BE PROVIDED ON REVERSE SIDE OF THIS FORM OR SUBMITTED AS SEPARATE DOCUMENT)

FURNISH LOT PLAT OF SURVEY OR DRAW THE PROPOSED CONSTRUCTION SITE. INCLUDE LOT DIMENSIONS AND SHOW 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.

PLEASE NOTE: IN ADDITION TO STATE INSPECTION REQUIREMENTS, KENDALL COUNTY HEALTH DEPARTMENT REQUIRES A SEPARATE VERBAL NOTIFICATION OF PRECISE WELL GROUT TIME TO ALLOW THIS DEPARTMENT THE OPPORTUNITY TO INSPECT THIS PROCESS.

*****INCOMPLETE APPLICATIONS AND DRAWINGS WILL BE RETURNED*****