



Health Department and Community Health Center
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 Libertyville, IL 60048
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For Office Use Only	
A/P #	_____
State ID #	_____
Approved by	_____
Date Approved	_____
Expiration Date	_____

WATER WELL/CLOSED LOOP WELL SYSTEM PERMIT APPLICATION

1. WATER WELL CLOSED LOOP WELL SYSTEM

2. CONSTRUCTION SEALING MODIFICATION

Complete and submit this application with the appropriate fee as established in the Environmental Health Fees Schedule. The application must be approved prior to any work being conducted on the well(s).

3. Well Owner- Current Mailing Address Name: _____ Street Address _____ City _____ State _____ Zip _____ Telephone _____	4. Contractor Lic/Reg # _____ Name: _____ Street Address _____ City _____ State _____ Zip _____ Telephone _____
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5. Location - County LAKE City _____
 Street _____ Lot #/Subdivision _____
 Section _____ Township _____ (N) Range _____ (E)
 Quarter of the _____ Quarter of the _____ Quarter _____

PERMANENT INDEX NO. (P.I.N.): _____

6. Water Well Information

a. Type of Well	
Drilled	_____
Driven	_____
Dug	_____
Other	_____

b. The proposed well will supply water for, or the well to be sealed served a:	
1.	Private water system (Serves an owner occupied dwelling)
2.	Semi-private water system (Serves less than 25 persons)
3.	Non-community water system (Serves 25 or more non-residents)
4.	Other (specify): _____

c. Diameter _____ ft./in. Anticipated Depth _____ ft. Proposed Aquifer _____
 d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed
 e. If the well is in a pit, the pit will be eliminated by: [] Contractor [] Owner [] Retained [] N/A
 f. Estimated daily pumping capacity if **greater than 100,000 gallons per day**: _____ gpd.
 g. Is public water available? [] YES [] NO If yes, distance to the public system _____ ft.

7. Closed Loop Well System Information [] VERTICAL [] DIRECTIONAL
 a. Number of closed loop wells proposed _____ b. Proposed depth of closed loop wells _____ ft.
 c. Facility type served [] Residential [] Non-Residential (specify) _____
 d. Proposed heat exchange fluid _____
 e. **GPS Coordinate W** _____ **GPS Coordinate N** _____

8. Complete this section if the well is to serve a semi-private or non-community supply.

# People Served	_____	Pump Cap gpm	_____	Type of Storage Tank	_____
Gallons of Storage	_____	Cut-in/Cut-out	_____	Type of Facility	_____

_____ Date	_____ Owner/Water Well Contractor
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Along with this application you must provide a drawing of the property in accordance with LCCO Chapter 170.