



**NON-COMPLYING WATER SYSTEM NOTIFICATION FORM**  
**Population Health Services**

**For Office Use Only**  
Case # \_\_\_\_\_

500 W. Winchester Road  
Suite 102  
Libertyville, IL 60048  
phone: 847.377.8020  
fax: 847.984-5622

[www.lakecountyil.gov/Health/PHS.htm](http://www.lakecountyil.gov/Health/PHS.htm)

1. **Well Owner**- Current Mailing Address

2. **Contractor Lic.#** \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone ( ) - \_\_\_\_\_

\_\_\_\_\_  
Telephone ( ) - \_\_\_\_\_

3. **Property Location** - County LAKE City \_\_\_\_\_

Street \_\_\_\_\_ Township \_\_\_\_\_

Lot# \_\_\_\_\_ Blk \_\_\_\_\_ Subdivision Name \_\_\_\_\_

**PERMANENT INDEX NO. (P.I.N.)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Reason water system is non-complying:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned Licensed Contractor, certify that I have inspected this water system and that the system is being repaired without the correction of all non-complying features listed above.

\_\_\_\_\_  
Water Well Contractor Signature

\_\_\_\_\_  
Home Owner Signature

\_\_\_\_\_  
Date