



**Health Department and Community Health Center**  
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<b>For Office Use Only</b>	
Permit	_____
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. <b>Well Owner</b> - Current Mailing Address Name: _____ Street Address _____ City _____ State _____ Zip _____ Telephone _____	4. <b>Contractor</b> 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	b. The proposed well will supply water for, or the well to be sealed served a:
Drilled	1. Private water system (Serves an owner occupied dwelling)
Driven	2. Semi-private water system (Serves less than 25 persons)
Dug	3. Non-community water system (Serves 25 or more non-residents)
Other	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.*