



Public Health
Prevent. Promote. Protect.

Henry & Stark County Health Department
Environmental Health

110 N Burr Blvd, Kewanee, IL 61443
309-852-0197--309-854-5575
www.henrystarkhealth.com

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Henry County

Stark County

PERMIT APPLICATION TO INSTALL, REPLACE, OR SEAL A CLOSED LOOP WELL SYSTEM

Contact/Location Information

Owner's Name _____ Home Phone _____ Cell Phone _____
Mailing Address _____ City _____ Zip Code _____
Site Address _____ City _____ Parcel # _____
Township _____ Section # _____ 1/4 of the _____ 1/4 of the _____ 1/4
Legal Description _____
Directions to Site _____

Registered Contractor's Name _____ Phone Number _____ Registration # _____

Excavator's Name _____ Phone Number _____

Installation Information

Facility Type: Residential | Non-Residential Describe _____
Lot Size/Acreage _____

Permit to: Construct Modify Seal

System Type: Vertical Horizontal Horizontal Open Trench Body of Water
 Other _____

Coolant: Methanol at _____ % | Propylene Glycol at _____ % | Calcium Chloride at _____ %
 Ethanol at _____ % | Ethylene Glycol at _____ % | Other _____

Boreholes/Trenches: Number _____ Depth _____

Piping: Type from Header to Building _____ Size _____ inch
Type used in Loops _____ Size _____ inch

Grout: Type _____ Number of 50lb bags _____

Modification Information

New Boreholes: Number _____ Depth _____

Tracing Wire/Locators?: Yes | No

*Please attach a copy of the original installation report if available.

Sealing Information

Description of Sealing Method and Materials: _____

*Please attach a copy of the original installation report if available.



GPS COORDINATES		
Center of the group for Vertical		
Center of loops for Horizontal		
_____ °	_____ '	_____ "
_____ °	_____ '	_____ "

(Note: Include property dimensions)

APPLICANT, make a drawing of the proposed plot layout plan indicating the location of the proposed well and the common sources of contamination that are within 200 feet of the site, from the list below. Also, show that you have included the required information in the drawing by placing an "X" in the appropriate blank for each statement.

	YES	N/A		YES	N/A
Buildings	_____	_____	Existing Well(s)	_____	_____
Septic Tank	_____	_____	Water Lines	_____	_____
Seepage Field	_____	_____	Barnyards	_____	_____
Sewer	_____	_____	Manure Pile	_____	_____
Privy	_____	_____	Fuel Tank	_____	_____
Cesspool	_____	_____	Lakes, Ponds, Streams	_____	_____
Neighbor's Well	_____	_____	Neighbor's Septic	_____	_____

APPLICATION FEE

\$175.00-For the first 5 borings Plus \$10.00 x _____ - For each additional boring

A check or money order payable to either the Henry County Health Department or Stark County Health Department must be submitted with this application. Incomplete applications will be returned.

CONTRACTOR SIGNATURE SECTION

I hereby certify that I have reviewed this registration application and agree that the information submitted herein is correct to the best of my knowledge. If this application is approved and a registration is issued, the resulting work will conform with the current Illinois Water Well Construction Code and Illinois Ground Water Protection Act. The registration shall be valid for a period of 12 months from the date of issuance. **The contractor must provide notice to the Henry County Health Department at least 48 hours prior to starting the construction of the geothermal exchange unit.**

Signature of Contractor

Date

Signature of Apprentice

Date

Application Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____	Date _____
Permit # _____	Date Issued _____	Expiration Date _____		
Construction Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____	Date _____
Final Approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____	Date _____