



**APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL**

**DO NOT SEND CASH**

PERMIT FEE: \$ \_\_\_\_\_

Local Health Department Mason County Health Department  
Address 1002 E. Laurel Ave.  
City/State/Zip Code Havana, IL 62644  
Phone Number (309) 543-2201 Fax Number (309) 543-2063

**FOR OFFICIAL USE ONLY**

TYPE OR PLACE  
LABEL WITH NEEDED  
INFORMATION

☐ If this box is checked, the permitting authority plans to complete a comprehensive inspection and shall be notified of any scheduling changes.

Owner \_\_\_\_\_ Owner Phone Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Owner Fax Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Well Site:** Property Address \_\_\_\_\_ Township Name \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ County Property Identification # \_\_\_\_\_  
County \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4  
Directions to the Site \_\_\_\_\_

**WATER WELL INFORMATION**

**Permit To:** ☐ Construct ☐ Deepen ☐ Repair ☐ Seal **well type:** ☐ Dug ☐ Driven ☐ Bored ☐ Drilled  
**for a:** ☐ A. Private Well ☐ B. Semi-Private Well ☐ C. Non-Community Well ☐ D. Non-Potable Well  
**use:** ☐ Residential ☐ Commercial ☐ Livestock ☐ Irrigation ☐ Other \_\_\_\_\_  
Complete if B or C checked: Number of people served \_\_\_\_\_ Type of facility \_\_\_\_\_

(If C is checked, an application For Permit to Construct, Alter or Extend a Non-Community Public Water Supply must be submitted.)

☐ Check if anticipated pumping capacity is greater than 100,000 gallons per day.

**WELL CONSTRUCTION OR ABANDONMENT INFORMATION**

1. If well log is available, attach the log to this form.

2. If well log is not available, well must be sealed from bottom to top.

Borehole : Size \_\_\_\_\_ in/ft depth \_\_\_\_\_ ft Size \_\_\_\_\_ in/ft depth \_\_\_\_\_ ft  
Aquifer : ☐ Sand & Gravel ☐ Limestone ☐ Sandstone ☐ Other \_\_\_\_\_  
Casing : Type \_\_\_\_\_ Size \_\_\_\_\_ in/ft Estimated Amount \_\_\_\_\_ ft  
Liner: Type \_\_\_\_\_ Size \_\_\_\_\_ in/ft Estimated Amount \_\_\_\_\_ ft  
Top of Liner \_\_\_\_\_ ft Type Seal \_\_\_\_\_ Bottom of Liner \_\_\_\_\_ ft Type Seal \_\_\_\_\_

Existing water well on property? ☐ Yes ☐ No Will it be used? ☐ Yes ☐ No Is it to Code? ☐ Yes ☐ No  
Existing well to be sealed: ☐ Well in building ☐ Well in pit ☐ Pit retained Pit eliminated by: ☐ Contractor ☐ Owner  
Is well free of obstruction? ☐ Yes ☐ No If No, at what depth is obstruction? \_\_\_\_\_ ft

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**Construction Permit Number**

FIPS Code / Number / Year

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Sealing Permit Number**

FIPS Code / Number / Year



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**ATTACH A SHEET WITH DIAGRAM OF WELL SITE SHOWING DIMENSIONS**

Furnish septic system plot or draw the proposed construction site with dimensions showing the water well, direction of slope, distances to buildings and property lines, sewer lines, all septic system components including septic tanks and seepage fields, and other sources of contamination, e.g., abandoned wells, storm water dry wells and underground storage tanks. Indicate distance to community water supply, if available. If there is an existing well on the property, indicate location and status.

**WATER WELL PUMP INFORMATION**

Pump Type \_\_\_\_\_ Capacity \_\_\_\_\_ gpm Storage/Pump Cycle \_\_\_\_\_ gallons

**WORK SCHEDULE\***

Estimated scheduled date to start work on water well (MM/DD/YR): \_\_\_\_\_

**\*NOTE:**

***Illinois Water Well Construction Code, Section 920.130 g) Notification. Any person who constructs or deepens a water well for which a permit has been issued under this Part, shall notify the Department, or approved local health department, or approved unit of local government by telephone or in writing at least two days prior to commencement of the work.***

**LICENSED CONTRACTOR CERTIFICATION**

I certify that the attached information is complete and correct and that the work will conform to the current Illinois Water Well Construction Code and to the current Illinois Water Well Pump Installation Code.

**Licensed Water Well Contractor**

_____		_____
Print Name of Licensed Water Well Contractor		License Number
_____		
Address		City, State, Zip Code
_____		
_____	_____	_____
Office Phone Number	Fax Number	Cell Phone Number
_____		_____
Signature Licensed Water Well Contractor / Property Owner		Date

**Licensed Water Well Pump Installation Contractor**

_____		_____
Print Name of Licensed Water Well Pump Installation Contractor		License Number
_____		
Address		City, State, Zip Code
_____		
_____	_____	_____
Office Phone Number	Fax Number	Cell Phone Number
_____		_____
Signature Licensed Water Well Pump Installation Contractor / Property Owner		Date

**COPIES**

**THREE COPIES ARE RETURNED TO THE LOCAL HEALTH DEPARTMENT WHERE THE PERMIT IS ISSUED**

One copy is retained by the health department where the permit is issued  
One copy of the approved application is sent to Illinois State Water Survey  
One copy is sent to the water well contractor

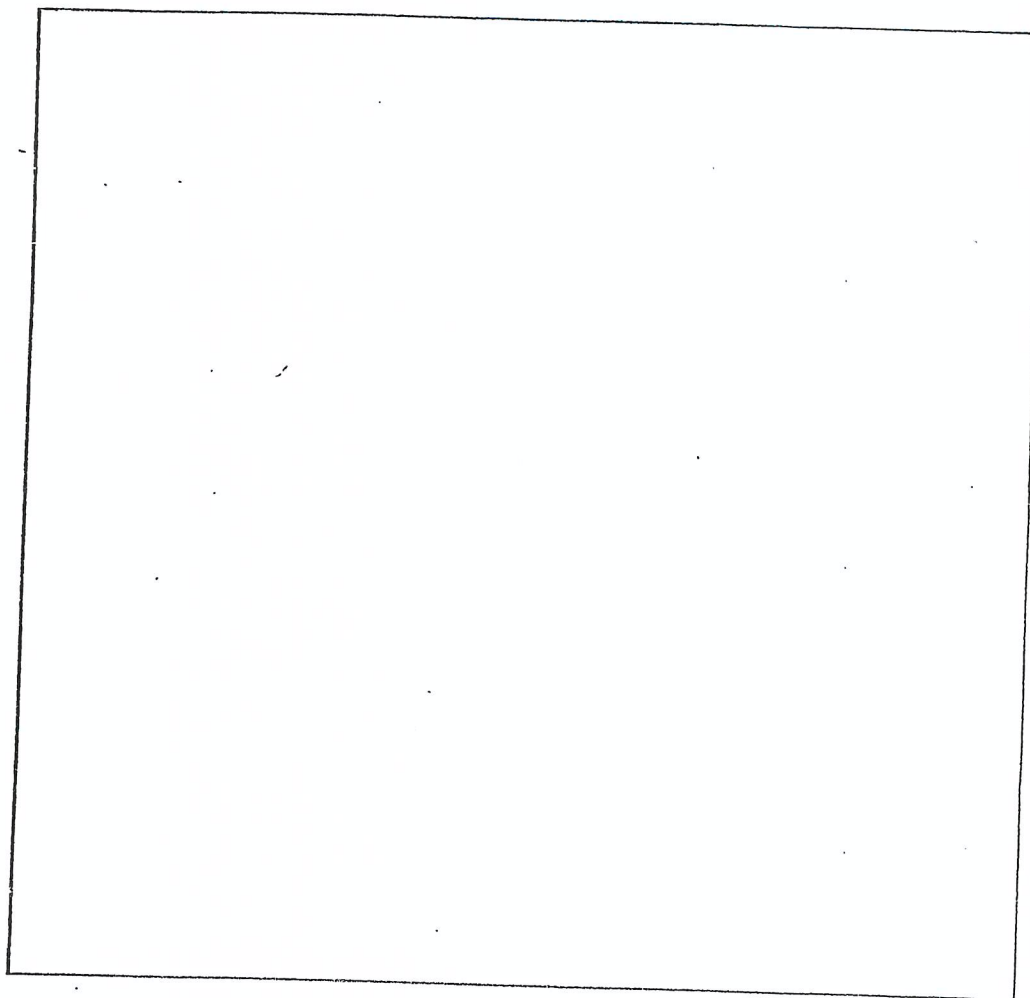
**IMPORTANT NOTICE**

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of the information is mandatory. This form has been approved by the Forms Management Center

PLEASE TYPE OR PRESS FIRMLY

Lot Diagram and Water Systems Plan:

Furnish plans or draw the proposed construction indicating location with dimensions showing the water well system, distances to building sewage systems, property lines, sewer lines, septic tanks and other sources of contamination.



Comments: \_\_\_\_\_  
\_\_\_\_\_