



Serving Lee County Since 1947

Homeowner/Well Contractor:

The health department procedures and requirements are as follows:

1. A permit is necessary for new installations, deepening of existing well, all well upgrades, and well sealing. The following information is needed on the site proposal drawing:
 - a. Depth of the well
 - b. Pipe size
 - c. Pump capacity
 - d. Water elevation
2. A completed site plan must be submitted with all permit applications. Please provide us with as much information as possible. PPN can be obtained by calling the Lee County Assessor's Office at 815 288-4483.
3. The cost for a well permit for a potable well is \$175.00 (includes inspection and water sampling fee) per permit. The cost for a non-potable well permit is \$150 (includes inspection fee). The fee for a well permit for a well upgrade or well seal is \$100.00 per permit. **A \$25.00 SERVICE CHARGE WILL BE ASSESSED ON ALL RETURNED CHECKS.**
4. Permit applications and fees must be submitted to the department prior to obtaining a building permit from the Lee County Zoning Office. **Application approval will take 3 to 5 working days. Incomplete applications may be returned or may cause a delay in the approval. No faxed permit applications for new properties are accepted.**
5. Please mail the well completion report to the Lee County Health Department. Once this is received, a letter will be sent by this department to the homeowner and this department will take a water sample. Our department requires this sample and no additional fee is required. The homeowner should contact this department if a change of address occurs.
6. Do not vary from state or county guidelines without first filing for a variance. Variance request forms are available from our office or at www.lchd.com.
7. If your property is to be served by a Sandpoint well, please be advised Lee County follows the Illinois Water Well Code and no suction lines, are allowed. You may have a Sandpoint well; however, you must install the pump directly to the well or utilize the special pitless adapter designed for Sandpoint wells.

The sanitarians and inspectors of this department are here to assist you with any problems you might experience. Please feel free to call or seek advice at any time. In the event that a representative is unavailable at the time of your call, please leave your name and number so that a representative may contact you upon their return.

EH/Water/Forms/

309 South Galena Ave. • Suite 100
Dixon, Illinois 61021

www.LCHD.com

Phone: (815) 284-3371
Fax: (815) 288-1811



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

DO NOT SEND CASH

PERMIT FEE: \$ _____

Local Health Department _____ Address _____ City/State/Zip Code _____ Phone Number _____ Fax Number _____	FOR OFFICIAL USE ONLY TYPE OR PLACE LABEL WITH NEEDED INFORMATION
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If this box is checked, the permitting authority plans to complete a comprehensive inspection and shall be notified of any scheduling changes.

Owner _____ Mailing Address _____ City _____ State _____ Zip Code _____	Owner Phone Number _____ Owner Fax Number _____
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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

FOR OFFICIAL USE ONLY Approved by _____ Date _____	Construction Permit Number _____ / _____ / _____ FIPS Code Number Year Sealing Permit Number _____ / _____ / _____ FIPS Code Number Year
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APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

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 contracts 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
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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
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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

LEE COUNTY HEALTH DEPARTMENT Proposed Well/Septic Site Diagram Form

Property Owner Name: _____

Please include the following locations but not limited to:

- 1. Well/septic distance to each other
- 2. Well/septic distance to neighboring well/septic
- 3. Structure distance to well/septic
- 4. Lake/pond distance to well/septic
- 5. Any other potential contamination site

If a septic

- 6. Length of lines
- 7. Distance to property lines
- 8. Distance to water lines

Directions to site:

North ↑



Permit No. _____

Signature of Contractor/Homeowner
Date: _____
EH/septic/well septic site diagram 11/05

Approved by Health Department
Date: _____