



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 Co. Assessor's Office at 815 288-4483.
3. The cost for a **potable well permit** 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.**
5. The well construction report must be mailed or emailed to the Lee County Health Department **within 30 days of the construction**. If the report has not been received, there will be a \$10 per day late fee charged and billed once received. No other permits will be evaluated or permitted if a construction report/pump reports is outstanding. 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](http://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 our department are here to assist you with any problems you might experience. Please feel free to call or seek advice at any time.

EH/Water/Forms/wellpermitcoverletter

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

[www.LCHD.com](http://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 _____	<b>FOR OFFICIAL USE ONLY</b>  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

<b>FOR OFFICIAL USE ONLY</b>  Approved by _____ Date _____	<b>Construction Permit Number</b> _____ / _____ / _____ FIPS Code      Number      Year <b>Sealing Permit Number</b> _____ / _____ / _____ 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

**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

# 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: \_\_\_\_\_