



## LASALLE COUNTY HEALTH DEPARTMENT

717 Etna Road

Ottawa, Illinois 61350

(815) 433-3366

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[www.lasallecountyil.gov](http://www.lasallecountyil.gov)

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### WATER WELL PERMIT APPLICATION

This is your permit application to construct or modify a water well. There is a one hundred (\$100.00) dollar permit application fee for a water well permit.

If a permit is denied, the fee shall be returned to the applicant.

A permit for construction/modification will not be issued until a completed application and fee have been submitted to the LaSalle County Health Department and an onsite survey performed by Department personnel. Once a water well permit has been issued, no fees shall be refunded.

Please make checks payable to the LaSalle County Health Department. Payments can also be made online at [www.lasallecountyil.gov](http://www.lasallecountyil.gov). Under Departments, click on Health Dept. Select the "Click to Pay Now" link. Search for LaSalle County Health Dept and click "Pay this Destination". Enter your information. For fee type, please select Well Permit/Training. A service fee will be assessed when using a credit or debit card.

**The Health Department must be notified for a final inspection of the well** after it has been thoroughly disinfected with a strong chlorine solution, and the pump and sanitary well cap have been installed.

During the final inspection a water sample will be taken for bacterial analysis. A copy of the analysis report will be mailed to the property owner. However, should the well water supply not be operational at the time of the inspection, the property owner must contact this Department to set up an appointment for sampling of the supply at a later date.

# **NOTE:** The LaSalle County Health Department inspections will result in a statement as to whether, or not, the water well meets current Illinois Department of Public Health Standards. The LaSalle County Health Department does not guarantee any well, nor do the inspection or permit processes result in any general or implied warranty for use of the well.

#### Instructions For Applying For A Permit

- A. Plat of Survey: Please submit a copy of your plat of survey including your legal property description. This may be copies from a deed, contract, tax receipt, etc.
- B. Plot Plan: Please furnish plans or draw to scale a diagram for the proposed location of the well construction. The plot plan should indicate:
  1. Lot dimensions and property lines.
  2. Distances of proposed construction to the building served, property lines, existing wells, sewer lines, septic tanks, proposed septic systems, or other sources of contamination.
- C. Complete the appropriate application form, which is attached.  
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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

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

Construction Permit Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
FIPS Code Number Year

Sealing Permit Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
FIPS Code Number Year



**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 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**

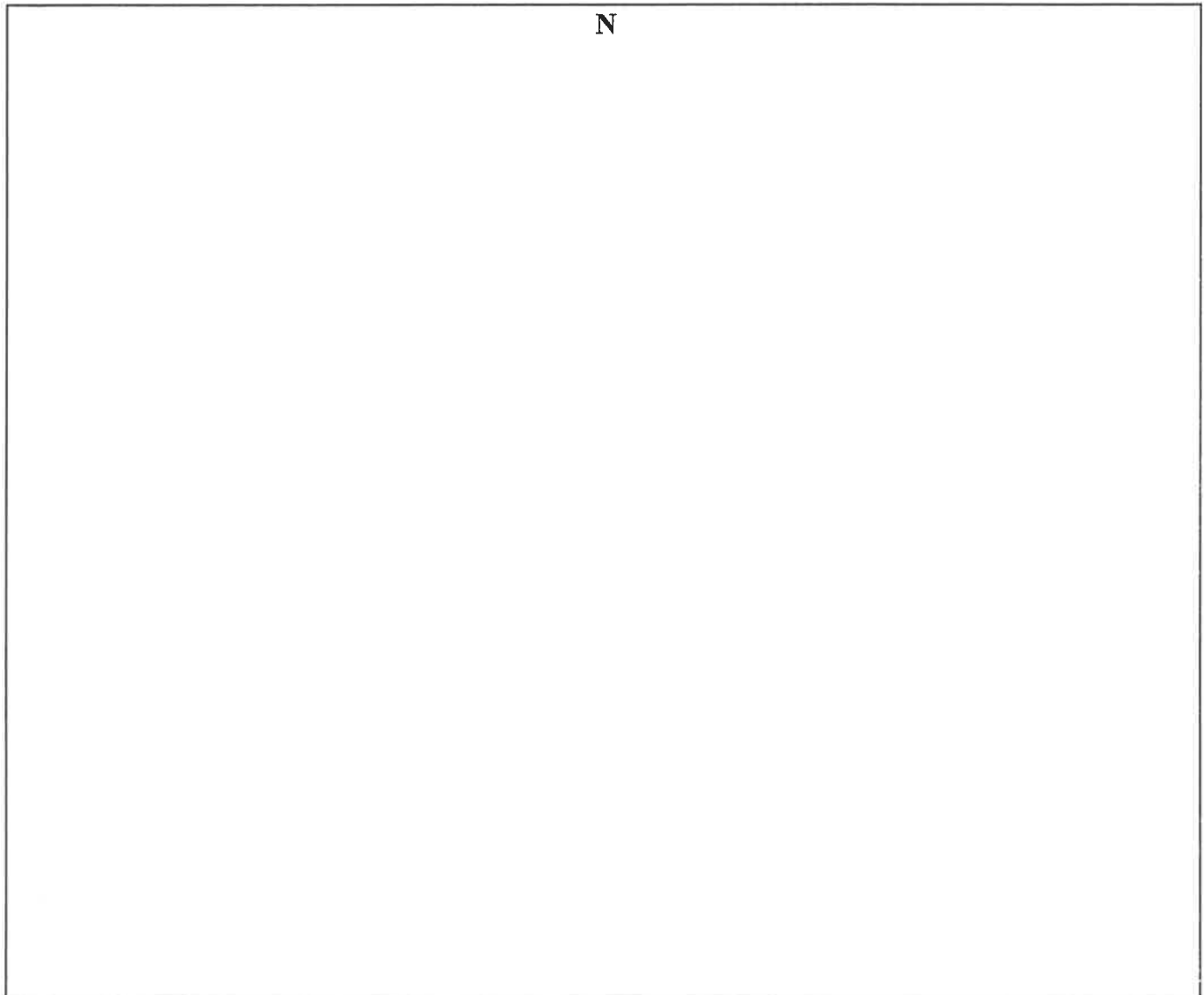
This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of the information is mandatory. This form has been approved by the Forms Management Center

Furnish plans or draw to scale the proposed construction indicating location of and distances from the proposed well location to all that apply below. **(1-8)**

1. Septic Tank (50' minimum)
2. Seepage Field (75' minimum)
3. Property Line (5' minimum)
4. Building (5' minimum)

5. Improperly constructed wells (75' minimum)
6. Fuel storage tanks (75' minimum)
7. Other wells on property
8. Septic tanks, seepage fields, or wells on adjacent properties **(if less than 200')**

1" = \_\_\_\_\_



\* **NOTE: Improperly constructed wells located within 75 feet of the new well are required to be sealed.**

**BE ADVISED:** The LaSalle County Health Ordinance states that a water well shall not be placed in operation until the installation has been inspected to verify compliance with applicable provisions of the Ordinance. **Therefore, it is the well driller's responsibility to notify the LaSalle County Health Department upon completion of a well.**

\* **FAILURE TO NOTIFY THE HEALTH DEPARTMENT MAY RESULT IN ALTERNATIVE LEGAL ACTION.**