



LASALLE COUNTY HEALTH DEPARTMENT

717 Etna Road

Ottawa, Illinois 61350

(815) 433-3366

Fax: (815) 433-9522

www.lasallecountyil.gov

WATER WELL SEALING PERMIT APPLICATION

This is your permit application to seal a water well. There is a fifty (\$50.00) dollar permit application fee for a water well sealing permit.

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

A permit for sealing a water well will not be issued until a completed application and fee have been submitted to the LaSalle County Health Department. Once the permit has been issued, no fees shall be refunded.

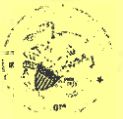
Please make checks payable to the LaSalle County Health Department. Payments can also be made online at www.lasallecountyil.gov. Under Departments, click on Health Dept. Select the "Click to Pay Now" link. Search for LaSalle County Health Dept and click "Pay this Destination". Enter your information. 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 an inspection of the well sealing 48 hours prior to sealing. Health Department staff may be required to be onsite during sealing.

- **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 of the well location. 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.



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 _____

City _____

Well Site: Property Address _____

City _____ Zip Code _____

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 :	<input type="checkbox"/> Sand & Gravel	<input type="checkbox"/> Limestone	<input type="checkbox"/> Sandstone	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will it be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it to Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Existing well to be sealed:	<input type="checkbox"/> Well in building	<input type="checkbox"/> Well in pit	<input type="checkbox"/> Pit retained	Pit eliminated by:	<input type="checkbox"/> Contractor	<input type="checkbox"/> Owner		
Is well free of obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, at what depth is obstruction?		ft				

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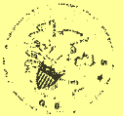
Construction Permit Number

FIPS Code / Number / Year

Sealing Permit Number

FIPS Code / Number / Year

Approved by _____ Date _____



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
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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

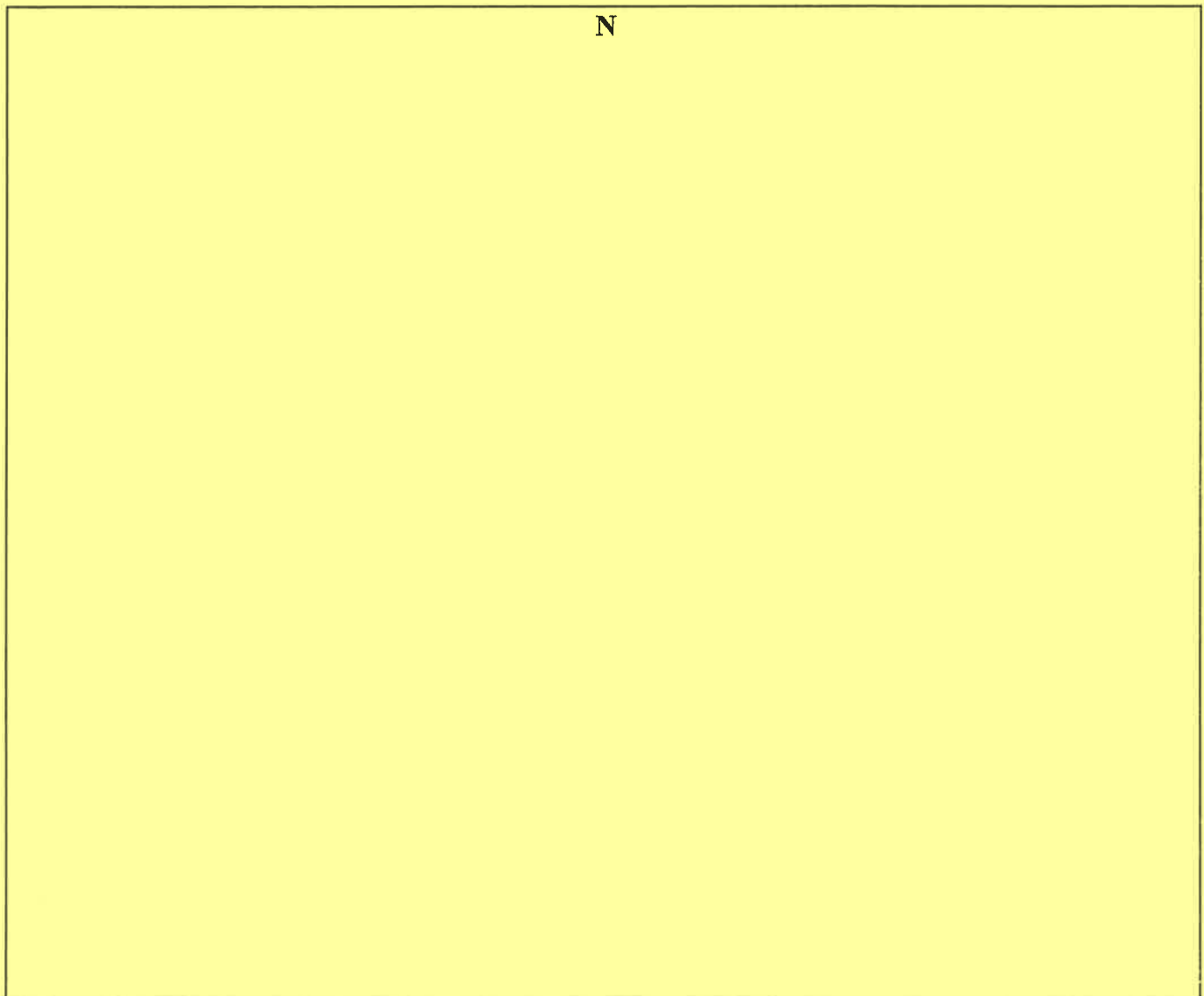
IMPORTANT NOTICE

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) | 5. Improperly constructed wells (75' minimum) |
| 2. Seepage Field (75' minimum) | 6. Fuel storage tanks (75' minimum) |
| 3. Property Line (5' minimum) | 7. Other wells on property |
| 4. Building (5' minimum) | 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.**