

**APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR SEAL A GEOTHERMAL EXCHANGE SYSTEM**

**DO NOT SEND CASH**

**PERMIT FEE \$100.00**

Local Health Department <u>Livingston County Health Department</u>	A Construction Application
Address <u>310 E. Torrance Ave., P.O. Box 650</u>	is required for every 5 vertical
Phone Number <u>(815) 844-7174 X216</u> Fax Number <u>815-842-4070</u>	wells or 5 horizontal loops

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

Well Site: Property Address \_\_\_\_\_ Township Name \_\_\_\_\_  
County \_\_\_\_\_ Sub Division \_\_\_\_\_ Lot # \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_  $\frac{1}{4}$  of the \_\_\_\_\_  $\frac{1}{4}$  of the \_\_\_\_\_  
Directions to the Site \_\_\_\_\_

**SYSTEM INFORMATION**

Permit to:	Bore Type:	Coolant	Facility Type _____
<input type="checkbox"/> Construct	<input type="checkbox"/> Vertical	<input type="checkbox"/> USP Food Grade Propylene Glycol	
<input type="checkbox"/> Modify	<input type="checkbox"/> Directional	<input type="checkbox"/> Other Specify: _____	

**CONSTRUCTION INFORMATION**

Boreholes: Number \_\_\_\_\_ Depth (ft) \_\_\_\_\_

**SYSTEM LOCATION**

GPS Coordinate W: \_\_\_\_\_

**MODIFICATION INFORMATION**

New Boreholes: Number \_\_\_\_\_ Depth (ft) \_\_\_\_\_

GPS Coordinate N: \_\_\_\_\_

(If the original installation report is available, attach a copy of the report to this form)

Tracing wire/locators:

**SEALING INFORMATION**

Yes  No

Description of sealing \_\_\_\_\_

(If the original installation report is available, attach a copy of the report to this form)

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

**APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR SEAL A CLOSED LOOP WELL SYSTEM**

---

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

Furnish a drawing indicating lot size, location of property lines, distances from proposed closed loop well system construction to water wells, septic tanks, abandoned wells, property lines, seepage fields, sewers, and all other sources of contamination, if they are within 200 feet of any closed loop well.

**VARIANCE** In accordance with Section 920. Table C of the Water Well Construction Code, attach a sheet to identify the site specific conditions for reducing the 50 feet separation distance, if the sewer pipe material is unknown.

**\*NOTE:** *Illinois Water Well Construction Code, Section 920.200 f) Notification. Any person who constructs or deepens or modifies a closed loop 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.*

**WORK SCHEDULE\***

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

**Registered Closed Loop Well Contractor**

_____		_____
Print Name of Registered Contractor		Registration Number/Expiration
_____		_____
Address		City, State, Zip Code
_____	_____	_____
Office Phone Number	Fax Number	Cell Phone Number

**REGISTERED 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.

_____	_____
Signature of Registered Contractor	Date

One copy is retained by the health department where the permit is issued  
One copy is issued to the registered contractor

**IMPORTANT NOTICE**

The Illinois Department of Public Health is requesting disclosure of information 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

**PROPOSED PLOT LAYOUT**

N



**(Note: Include Property Dimensions)**

APPLICANT, make a drawing of the proposed plot layout plan indicating the location of the proposed well and the common sources of contamination that are within 200 feet of the site, from the list below. Also, show that you have included the required information in the drawing by placing an "X" in the appropriate blank for each statement.

	YES	N/A		YES	N/A
Buildings	_____	_____	Existing Well(s)	_____	_____
Septic Tank	_____	_____	Water Lines	_____	_____
Seepage Field	_____	_____	Barnyards	_____	_____
Sewer	_____	_____	Manure Pile	_____	_____
Privy	_____	_____	Fuel Tank	_____	_____
Cesspool	_____	_____	Lakes, Ponds, Stream	_____	_____