State of Illinois  
Illinois Department of Public Health  

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

DO NOT SEND CASH  

Local Health Department  Ford County Public Health Department  
Address  235 North Taft Street  
City/State/Zip Code  Paxton, IL 60957  
Phone Number  217-379-9281  Fax Number  217-379-2802  

PERMIT FEE: $250.00  

☐ 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  

Owner Phone Number  
Owner Fax Number  

Well Site:  
City  
County  
Subdivision  
Lot #  
Township  
Range  
Section  
County Property Identification #  

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  
Type  
Bottom of Liner  
Type  

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?  

FOR OFFICIAL USE ONLY  

Construction Permit Number  
FIPS Code / Number / Year  
Sealing Permit Number  
FIPS Code / Number / Year  

Approved by  
Date  

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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 ____________________________

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 ____________________________

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

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PLOT PLAN OF NON-POTABLE OR PTABLE WATER WELL

Indicate location of and distances from the proposed well location.

9. Abandoned wells 10. Other contamination sources

The Ford County Public Health Department encourages all water wells to be tested.
(Circle appropriate letter of choice)

A. Please send me an IDPH water sample kit so that I may sample this new well.

B. I do wish to have the new water well tested by the Ford County Public Health Department ($45 fee)

C. I will collect and have a certified laboratory test this water well and I will send the results to the Ford County Public Health Department within 15 days from when my new water well is completed. (Ford County Public Health Department will charge $45 to collect a sample if the water analysis is not received)

I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Illinois

__________________________________________  __________________________________________
Date                                             Applicant/Owner Signature