

Permit Fee: \$100
 Inspection Fee: \$275
 Total Fee: \$375
PLEASE DO NOT SEND CASH
***NO FEE FOR ABANDONED WELLS**

Menard County Public Health
 C/O SANGAMON COUNTY DEPARTMENT OF PUBLIC HEALTH
 WATER WELL PERMIT APPLICATION TO
 CONSTRUCT, DEEPEN, OR ABANDON A WATER WELL
 Email: envhealth@sangamonil.gov Website: www.scdph.org



INCOMPLETE APPLICATIONS WILL BE RETURNED

INSTRUCTIONS ON REVERSE SIDE

1. Well Owner-Current Mailing Address Name _____ Address _____ City/State/Zip _____ Telephone Number _____	2. Well Contractor License _____ / _____ Name _____ Address _____ City/State/Zip _____ Telephone Number _____
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3. Well Site: County _____ Township _____
 Address _____ City _____ Lot # _____
 Tax ID # _____ Subdivision _____
 Section _____ Township _____ (N)(S) Range _____ (E)(W) _____ 1/4 of the _____ 1/4 of the _____ 1/4
 Directions to Site: _____

4. Propose to Construct Deepen or Abandon a Bored Driven Drilled
 A. Private Well B. Semi-Private Well C. Non-Community Public Well
 Proposed Use: Irrigation Domestic Commercial Livestock Other _____
 Well Diameter _____ in. Estimated Depth _____ ft. Estimated Depth to Rock _____ ft.
 Anticipated Aquifer: Sand & Gravel Limestone Sandstone Other _____
 Proposed Casing: Type _____ Size _____ in. Estimated Amount _____ ft.
 Check if anticipated yield is greater than 100,000 gallons per day.
 Complete if B or C checked: Number of persons served _____ Type of Facility _____

(If C, an Application for Permit to Construct, Alter or Extend a Non-Community Public Water Supply form must be completed)

5. 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 Water Well Contractor _____ **Date** _____

6. Pump Type _____
7. Pump Contractor _____ License # _____ / _____ Phone _____ / _____ / _____
 Address _____ City/State/Zip _____

I certify that the work will conform to the current Illinois Pump Installation Code.

Signature of Pump Installation Contractor _____ **Date** _____

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, distances to building and property lines, sewer lines, septic tanks and other sources of contamination. Indicate distance to community water supply, if available. If there is an existing well on the property, indicate status.

FOR OFFICE USE ONLY

_____ / _____ / _____

INSTRUCTIONS

CHECK THE FOLLOWING BEFORE MAILING:

Driller: **Contact:** **Sangamon County Department of Public Health**
 2833 S. Grand Ave. East
 Springfield, Illinois 62703
 Phone: (217) 535-3145
 envhealth@co.sangamon.il.us , website at www.scdph.org

Homeowner: **Contact the licensed contractor and call the Sangamon County Department of Public Health at (217) 535-3145**

The following explanations will assist you in completing the Application for a Permit to Construct, Deepen, or Abandon a Water Well.

Tax I.D. #: **This includes the Parcel Number or any other number used by the county to identify the lot. Contact the Sangamon County Department of Public Health to determine if this information is required.**

Proposed Use:

- Domestic = Single family home**
- Irrigation = Watering, filling a pond or cooling**
- Commercial = Apartments, schools, factories, offices, and other similar buildings**
- Livestock = Farm animals**
- Other = Anything which is not listed above**

Directions to Site:

**APPLICATION FOR PERMIT TO
CONSTRUCT, DEEPEN, OR ABANDON A WATER WELL**

PLEASE TYPE OR PRESS FIRMLY _____

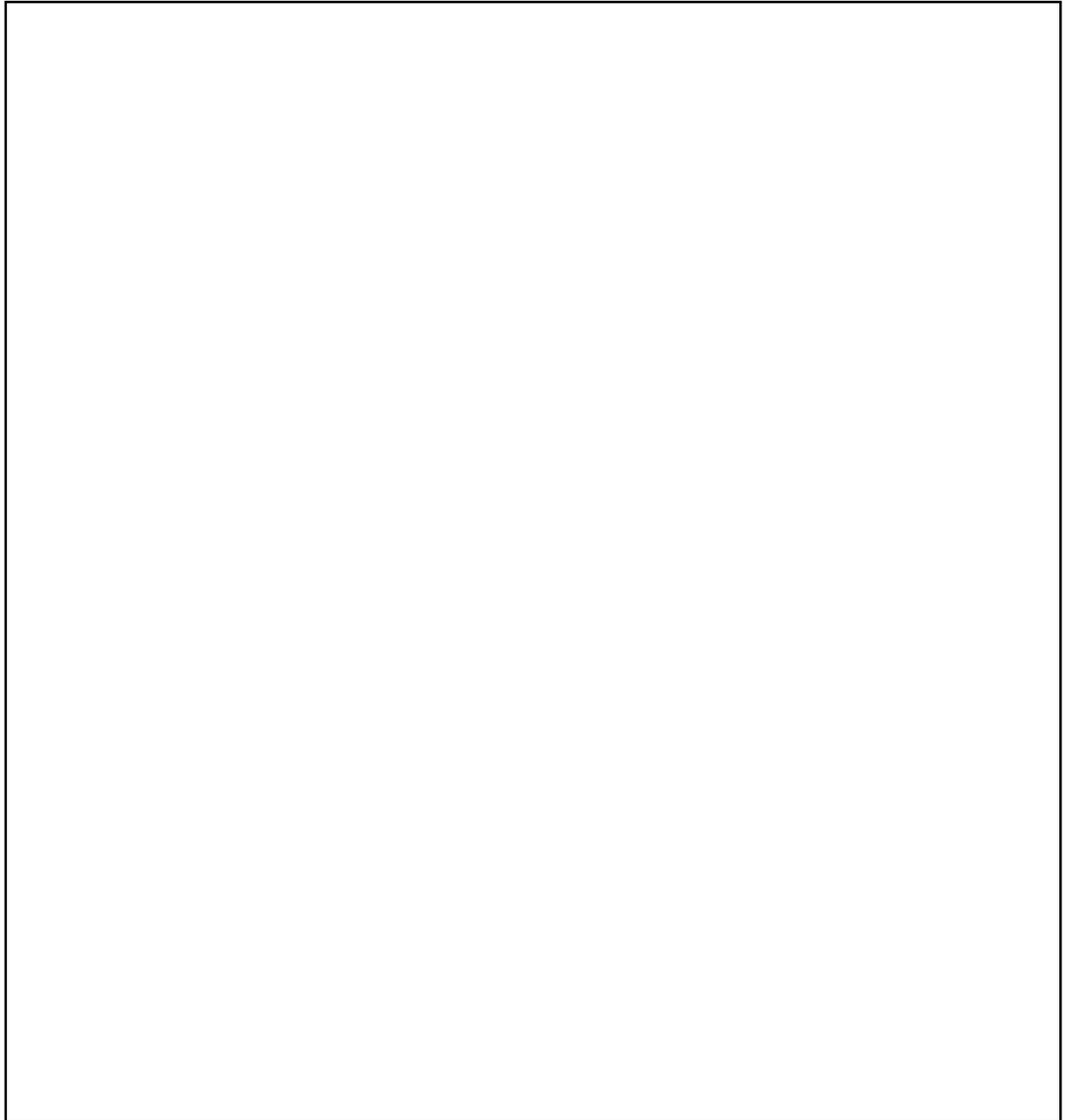
Owner's Name

LOT DIAGRAM AND WATER SYSTEMS PLAN:

Furnish plans or draw the proposed construction indicating location with dimensions showing the water well system, distances to building sewage systems, property lines, sewer lines, septic tanks, other sources of contamination and also indicate direction of slope.

1" = _____

N
□



SEND ALL COPIES OF PERMIT WITH INSPECTION FEES TO:

**Menard County Public Health
C/O Sangamon County Department of Public Health
2833 S. Grand Ave. East
Springfield, Illinois 62703**