



KENDALL COUNTY HEALTH DEPARTMENT
811 W. JOHN ST., YORKVILLE, IL 60560
(630) 553-8026 PHONE
(630) 553-9603 FAX
www.kendallhealth.org

WELL PERMIT # _____	_____ / _____ / _____	FOR OFFICE USE ONLY
APPROVED BY _____	P _____ D _____ V _____	DATE _____
PAYMENT \$ _____	CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> CHECK# _____	INVOICE # _____

WATER WELL CONSTRUCTION, MODIFICATION OR ABANDONMENT PERMIT APPLICATION

TYPE OF PERMIT REQUESTED

NEW WATER WELL INSTALLATION \$250.00 **WATER WELL MODIFICATION \$250.00** **WATER WELL ABANDONMENT \$100.00**

PROJECT ADDRESS _____ CITY _____ PIN# _____

TOWNSHIP _____ INCORPORATED: YES NO SUBDIVISION _____ LOT # _____

SECTION _____ TOWNSHIP _____ RANGE _____ 1/4 OF THE _____ 1/4 OF THE _____ 1/4

OWNER _____ PHONE _____

CURRENT MAILING ADDRESS _____ CITY/ZIP _____

BUILDER/G.C. NAME _____ PHONE _____

MAILING ADDRESS _____ CITY/ZIP _____

WATER SUPPLY:

POTABLE - PRIVATE SEMI-PRIVATE NON-COMMUNITY **NON-POTABLE** - IRRIGATION LIVESTOCK INDUSTRIAL
 NOTE: IF A NON-COMMUNITY WELL IS TO BE CONSTRUCTED OR REPAIRED, A STATE OF ILLINOIS PERMIT APPLICATION MUST BE COMPLETED AND SUBMITTED

PROPOSED AQUIFER: SAND & GRAVEL LIMESTONE SANDSTONE OTHER (please specify): _____

WELL CONSTRUCTION:

WELL CONSTRUCTION: BORED DUG DRILLED DRIVEN GRAVEL PACK: YES NO
 WELL CASING DIAMETER: _____ (inches) ESTIMATED DEPTH TO ROCK: _____ (feet) ESTIMATED WELL DEPTH: _____ (feet)
 WELL CASING MATERIAL: _____ ESTIMATED AMOUNT OF CASING: _____ (feet)
 LINER REQUIRED: YES NO ESTIMATED AMOUNT OF LINER: _____ LINER MATERIAL: _____

HIGH YIELD WELLS:

IS THE ESTIMATED DAILY PUMPING CAPACITY GREATER THAN 100,000 GALLONS PER DAY? YES NO
 IF YES, CONTACT THE KENDALL COUNTY SOIL & WATER CONSERVATION DISTRICT ESTIMATED DAILY PUMPING CAPACITY: _____

OTHER PROPERTY DETAILS:

ARE THERE ANY OTHER WELLS ON THE PROPERTY? YES NO IF YES, WELL STATUS: ACTIVE /IN USE IN-ACTIVE/NOT IN USE

DRILLING CONTRACTOR:

DRILLING CONTRACTOR: _____ LICENSE NUMBER: _____

ADDRESS: _____ PHONE: _____

I HEREBY CERTIFY THAT THIS APPLICATION & ACCOMPANYING DOCUMENTS ARE ACCURATE & ALL WORK ON THIS WELL SHALL COMPLY WITH APPLICABLE CODES & ORDINANCES.

 SIGNATURE OF DRILLING CONTRACTOR DATE: _____

PUMP INSTALLATION CONTRACTOR:

PUMP INSTALLATION CONTRACTOR: _____ LICENSE NUMBER: _____

ADDRESS: _____ PHONE: _____

I HEREBY CERTIFY THAT THIS APPLICATION & ACCOMPANYING DOCUMENTS ARE ACCURATE & ALL WORK ON THIS WELL SHALL COMPLY WITH APPLICABLE CODES & ORDINANCES.

 SIGNATURE OF PUMP INSTALLATION CONTRACTOR DATE: _____

A DETAILED SITE DRAWING MUST ACCOMPANY THIS APPLICATION. THE DRAWING MUST INCLUDE LOT SIZE, DIRECTION OF SLOPE, LOCATION OF PROPERTY LINES, DISTANCES FROM PROPOSED WELL TO SEPTIC TANKS, ABANDONED WELLS, PROPERTY LINES, SEEPAGE FIELDS, SEWERS AND ALL OTHER SOURCES OF CONTAMINATION. IF A SOURCE OF CONTAMINATION IS PRESENT, INDICATE THE TYPE OF CONTAMINATION SOURCE.

IN ADDITION TO STATE CODE INSPECTION REQUIREMENTS, KENDALL COUNTY REQUIRES NOTIFICATION OF A PRECISE WELL GROUT PLACEMENT TIME TO ALLOW THE DEPARTMENT THE OPPORTUNITY TO INSPECT THE GROUTING PROCESS.

AN APPROVED KENDALL COUNTY WELL PERMIT IS VOID IF CONSTRUCTION HAS NOT COMMENCED WITHIN ONE YEAR AFTER THE DATE OF ISSUANCE.