



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

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

DEWATERING WELL or DEWATERING WELL SYSTEM PERMIT APPLICATION

TYPE OF PERMIT REQUESTED

\$200.00 CONSTRUCTION INSTALLATION **\$200.00** MODIFICATION TO AN EXISTING SYSTEM **\$100.00** ABANDON AN EXISTING SYSTEM

The fees above include the first 10 boreholes. Each additional borehole over 10 shall be charged a fee of \$10.00 per borehole.

PROPERTY OWNER INFORMATION

OWNER: _____ PHONE: _____

MAILING ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

WELL SITE INFORMATION

PROPERTY ADDRESS: _____ CITY: _____

INCORPORATED INTO THE ABOVE LISTED CITY/MUNICIPALITY: YES NO ZIP CODE: _____ PIN: _____

SUBDIVISION: _____ LOT#: _____

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

DIRECTIONS TO THE SITE: _____

SYSTEM INFORMATION

PERMIT to:
 CONSTRUCT MODIFY SEAL

FACILITY TYPE:
 SINGLE FAMILY RESIDENCE MULTI-FAMILY RESIDENCE BUSINESS FACTORY SCHOOL

OTHER: _____

CONSTRUCTION INFORMATION

BOREHOLES: NUMBER: _____ DEPTH: _____ WELL CASING TO BE INSTALLED: YES NO

GROUT METHOD: _____ GROUT MANUFACTURER & TYPE: _____

MODIFICATION INFORMATION

BOREHOLES: NUMBER: _____ DEPTH: _____ WELL CASING TO BE INSTALLED: YES NO

GROUT METHOD: _____

GROUT MANUFACTURER & TYPE: _____

(IF THE ORIGINAL INSTALLATION REPORT IS AVAILABLE, INCLUDE A COPY OF THE REPORT WITH THIS FORM)

SEALING INFORMATION

DESCRIPTION OF SEALING: _____

(IF THE ORIGINAL INSTALLATION REPORT IS AVAILABLE, INCLUDE A COPY OF THE REPORT WITH THIS FORM)

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: _____

ATTACH A SHEET WITH A CROSS-SECTION OF THE PLANNED DEWATERING WELL(S)

FURNISH A DRAWING INDICATING LOT SIZE, LOCATION OF PROPERTY LINES, DISTANCE FROM PROPOSED DEWATERING WELL SYSTEM TO WATER WELLS, SEPTIC TANKS, ABANDONED WELLS, PROPERTY LINES, SEPTIC FIELDS, SEWERS, AND ALL OTHER SOURCES OF CONTAMINATION, IF THEY ARE WITHIN 200 FEET.

PLANNED WORK SCHEDULE

***NOTE:** THE ILLINOIS WATER WELL CONSTRUCTION CODE STATES THAT ANY PERSON WHO CONSTRUCTS OR DEEPENS OR MODIFIES A WELL FOR WHICH A PERMIT HAS BEEN ISSUED UNDER THIS PART, SHALL NOTIFY THE 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.

IN ADDITION TO STATE CODE INSPECTION REQUIREMENTS, KENDALL COUNTY HEALTH DEPARTMENT SHALL BE NOTIFIED ON THE DAY OF WELL GROUTING WITH AN APPROXIMATE TIME WHEN GROUTING WILL COMMENCE.

DESIRED SCHEDULED DATE TO START WORK (mm/dd/yr) _____

LICENSED WATER WELL DRILLER

PRINT NAME OF LICENSED CONTRACTOR: _____

LICENSE NUMBER: _____ EXPIRATION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE NUMBER: _____ FAX NUMBER: _____ MOBILE NUMBER: _____

CONTRACTOR CERTIFICATION

I CERTIFY THE ATTACHED INFORMATION IS COMPLETE AND CORRECT AND THE WORK WILL CONFORM TO THE CURRENT ILLINOIS WATER WELL CONSTRUCTION CODE.

SIGNATURE OF CONTRACTOR

DATE

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