



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

FOR OFFICE USE ONLY

WELL PERMIT # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 P D V

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

PAYMENT \$ \_\_\_\_\_ CASH  CREDIT  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 \_\_\_\_\_

OWNER EMAIL ADDRESS \_\_\_\_\_

BUILDER/G.C. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**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.