



21306 IL Route 9
Tremont, IL 61568-9252
(309) 925-5511 ext. 272

Anticipated Start Date _____
Inspection Fee \$100.00

APPLICATION FOR PERMIT TO (CONSTRUCT MODIFY SEAL) A CLOSED LOOP WELL SYSTEM

Owner's Name _____ Mailing address _____

City/State/Zip _____ Phone Number _____

Geothermal Site: Address _____ City/State/Zip _____

Property ID # _____ - _____ - _____ - _____ - _____ Email _____

Township _____ Range _____ Section _____

_____ 1/4 of the _____ 1/4 of the _____ 1/4

Subdivision _____ Lot# _____

GPS Coordinate W _____ GPS Coordinate N _____

Directions to Site _____

REGISTERED CLOSED LOOP WELL CONTRACTOR

Geothermal Contractor Registration # _____ Expiration _____

Driller Name: _____ Company Name _____

Address _____ City/State/Zip _____

Cell phone _____ Email _____

PUMP INSTALLER

HVAC pump contractor: _____ Company Name _____

Address _____ City/State/Zip _____

Email _____ Cell phone _____

VARIANCE

Variance(s) approved? Yes No N/A Annual Verification Required? Yes No If yes, what for _____

In accordance with Section 920. Table C of the Water Well Construction Code, attach a sheet to identify the site specific conditions for reducing the 50-foot separation distance, if the sewer pipe material is unknown.

SYSTEM INFORMATION

Distance to: Private Well: _____ft. Semi-Private Well: _____ft. Non-Community Well: _____ft.

Municipal Well: _____ft. Public Sewer lines: _____ft. Septic Tank: _____ft. Septic Field: _____ft.

Water lines: _____ft. Neighbor's well: _____ft. Neighbor's septic: _____ft.

Building: _____ft. Property line: _____ft. Lake/Stream: _____ft.

Directional: Well Diameter: _____in. Estimated depth: _____ft. Estimated Length: _____ft. Pipe Size: _____in.
Number of holes/loops: _____

Vertical: Well Diameter: _____in. Estimated depth: _____ft. Estimated Length: _____ft. Pipe Size: _____in.
Number of holes/loops: _____

Type of coolant required: _____ Will tracing wires/locaters be added? _____

Estimated number of 50lb bags of grout: _____ Type of Grout _____

Type of facility to be served: (ie. Single family residence, apartment building, business, factory, school) _____

Modification Information: New Boreholes: Number _____ depth _____ft

Sealing Information: Description of sealing _____

(If the original installation report is available, attach a copy of the report to this from)

ATTACH A SHEET WITH DIAGRAM OF WELL SITE SHOWING DIMENSIONS

Furnish a drawing indicating lot size, location of property lines, distances from proposed closed loop well system construction to buildings, water wells, septic tanks, seepage fields, sewers, abandoned wells, and all other sources of contamination if they are within 200 feet of a closed loop well. If there is a well on the property, indicate status.

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 Geothermal Well Contractor

Date

FOR OFFICE USE ONLY

Comments:

Approved by

Date

Registration

Year