



Health Department  
and Community Health Center  
[www.lakecountyil.gov/Health/PHS.htm](http://www.lakecountyil.gov/Health/PHS.htm)

## APPLICATION FOR WATER WELL CONSTRUCTION

Population Health Services  
500 W. Winchester Road, Suite 102  
Libertyville, IL 60048  
ph: 847.377.8020 / fax: 847.984.5622

For Office Use Only

A/P # \_\_\_\_\_  
State ID # \_\_\_\_\_  
Approved by \_\_\_\_\_  
Date \_\_\_\_\_

**PERMIT FEES: REQUIRED PER ARTICLE XIII. ( ) CONSTRUCTION ( ) SEALING ( ) DEEPENING**

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

**1. Well Owner- Current Mailing Address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

**2. Contractor Lic.#** \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

**3. Location -** County LAKE City \_\_\_\_\_  
Street \_\_\_\_\_ Township \_\_\_\_\_  
Subdivision Name - Lot # \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ (N) Range \_\_\_\_\_ (E)  
Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter \_\_\_\_\_

**PERMANENT INDEX NO. (P.I.N.)** \_\_\_\_\_

**4. Water Well Information**

a. Type of Well	
Drilled	
Driven	
Dug	
Other	

b. The proposed well will supply water for a:	
	1. Private water system (Serves an owner occupied residence)
	2. Semi-private water system (Serves less than 25 persons)
	3. Non-community water supply (Serves 25 or more non-residents)
	4. Non-potable water well (specify):

c. Diameter \_\_\_\_\_ Ft./In. Anticipated Depth \_\_\_\_\_ Ft. Proposed Aquifer \_\_\_\_\_  
d. Is there another well on the property? [ ] YES [ ] NO If YES, the well will be: [ ] Used [ ] Sealed  
e. Is the well to be sealed located in a pit? [ ] YES [ ] NO  
f. If yes to "e," the pit will be eliminated by: [ ] Contractor [ ] Owner [ ] Retained  
g. Reason(s) for request to retain pit: \_\_\_\_\_  
h. Is public water available? [ ] YES [ X ] NO If yes, distance to the public supply \_\_\_\_\_ Ft.

**5. Complete this section if the well is to serve a semi-private or non-community supply.**

# People Served	Pump Cap gpm	Type of Storage Tank	
Gallons of Storage	Cut-in/Cut-out	Type of Facility	

\_\_\_\_\_ / \_\_\_\_\_  
Date Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.

