



## Greene County Health Department

---

310 Fifth Street • Carrollton, IL 62016 • (217) 942-6961 • Fax: (217) 942-3904

Daniel Woodlock, D.D.S.  
BOARD OF HEALTH PRESIDENT

Molly Peters, B.S., L.E.H.P.  
PUBLIC HEALTH ADMINISTRATOR

### **Application and Instructions for Permit to Construct, Modify or Seal a Closed Loop System**

Enclosed is the Illinois Department of Public Health's (IDPH) closed loop well construction permit application to submit to the Greene County Health Department for approval.

Presently the fees are one hundred dollars (\$ 100.00) for the first ten (10) boreholes and ten dollars (\$ 10.00) for each additional borehole after ten (10).

Permit payment shall be payable to: Illinois Department of Public Health.

All setback distances must be labeled upon the proposed sketch.

If you need to install in any other county you will need to contact that County Health Department to ensure the permit and fees are the same.

**Please note: No permit or inspection is required for open trench horizontal geothermal systems.**

The IDPH Water Well Construction Code (includes closed loop codes) and the Water Well and Pump Installation Contractor's License Code may be viewed or printed from the Illinois Department of Public Health website's A to Z list.

If you have any questions, please contact the Department at 217-942-6961, Ext. 102 or by email: [lstemm@greencountyhd.org](mailto:lstemm@greencountyhd.org) .

Sincerely,

Liz Stemm, Inspector



## Application for Permit to Construct, Modify or Seal a Closed Loop Well System

**DO NOT SEND CASH**

PERMIT FEE: \$ \_\_\_\_\_

Local Health Department \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Address \_\_\_\_\_

TYPE OR PLACE  
LABEL WITH NEEDED  
INFORMATION

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Owner \_\_\_\_\_

Owner Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner Fax Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**WELL SITE**

Property Address \_\_\_\_\_

Township Name \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

County Property Identification # \_\_\_\_\_

County \_\_\_\_\_ Subdivision \_\_\_\_\_

Lot # \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4

Directions to the Site \_\_\_\_\_

**SYSTEM INFORMATION**

Permit \_\_\_\_\_ Bore Type \_\_\_\_\_ Coolant \_\_\_\_\_ Facility Type \_\_\_\_\_

Construct  Vertical  USP Food Grade Propylene Glycol

Modify  Directional  Other Specify \_\_\_\_\_

Seal  Both

**CONSTRUCTION INFORMATION**

Boreholes: Number \_\_\_\_\_ Depth (ft) \_\_\_\_\_

**SYSTEM LOCATION:**

GPS coordinate W \_\_\_\_\_

GPS coordinate N \_\_\_\_\_

**MODIFICATION INFORMATION**

New Boreholes: Number \_\_\_\_\_ Depth (ft) \_\_\_\_\_

Tracing wire/locators?

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

Yes  No

**SEALING INFORMATION**

Description of sealing \_\_\_\_\_

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

<b>FOR OFFICIAL USE ONLY</b>	<b>Permit Number</b> _____ / _____ / _____ <small>FIPS Code      Number      Year</small>
Approved by _____	Date _____

**ATTACH A SHEET WITH DIAGRAM OF SYSTEM SITE SHOWING DIMENSIONS**

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

**VARIANCE** 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.

---

**WORK SCHEDULE\***

**\*NOTE:** Illinois Water Well Construction Code, Section 920.200 f) Notification. Any person who constructs or deepens or modifies a closed loop well for which a permit has been issued under this Part, shall notify the Department, or 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.**

Estimated scheduled date to start work (MM/DD/YR) \_\_\_\_\_

---

**REGISTERED CLOSED LOOP WELL CONTRACTOR**

Print Name of Registered Contractor \_\_\_\_\_

Registration Number \_\_\_\_\_ Expiration \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

---

**REGISTERED 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 Registered Contractor

\_\_\_\_\_  
Date

---

One copy is retained by the local health department where the permit is issued.  
One copy is issued to the registered contractor.

**IMPORTANT NOTICE:** The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

