



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 # _____	

CLOSED LOOP GEOTHERMAL 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 <input type="checkbox"/> CONSTRUCT <input type="checkbox"/> MODIFY <input type="checkbox"/> SEAL	BORE TYPE <input type="checkbox"/> VERTICAL <input type="checkbox"/> DIRECTIONAL <input type="checkbox"/> BOTH	COOLANT <input type="checkbox"/> USP FOOD GRADE PROPYLENE GLYCOL <input type="checkbox"/> OTHER: _____	FACILITY TYPE: <input type="checkbox"/> SINGLE FAMILY RESIDENCE <input type="checkbox"/> MULTI-FAMILY RESIDENCE <input type="checkbox"/> BUSINESS <input type="checkbox"/> FACTORY <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER: _____
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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)

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

FURNISH A DRAWING INDICATING LOT SIZE, LOCATION OF PROPERTY LINES, DISTANCE 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-FEET 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 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.

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 NUMBER: _____ FAX NUMBER: _____ MOBILE 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**

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