



**Public Health**  
Prevent. Promote. Protect.

Macoupin Co. Public Health Dept.  
112 South Macoupin St.  
Gillespie, Illinois 62033  
(217) 839-4101

Received by: \_\_\_\_\_  
Amount Received: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Payment Method: \_\_\_\_\_  
Paid By: \_\_\_\_\_

**PERMIT APPLICATION TO INSTALL, REPLACE, OR SEAL A CLOSED LOOP WELL SYSTEM**

**Contact/Location Information**

Owner's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Site Address \_\_\_\_\_ City \_\_\_\_\_ Township \_\_\_\_\_  
Section # \_\_\_\_\_ Legal Description \_\_\_\_\_  
Parcel # \_\_\_\_\_ % of the \_\_\_\_\_ % of the \_\_\_\_\_ %  
Directions to Site \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Registration # \_\_\_\_\_

Apprentice Name (working under contractor's registration #) \_\_\_\_\_

Excavator's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Installation Information**

Facility Type:  Residential  Non-Residential Describe \_\_\_\_\_  
Lot Size/Acreage \_\_\_\_\_

Permit to:  Construct  Modify  Seal

System Type:  Vertical  Horizontal  Horizontal Open Trench  Body of Water  
 Other \_\_\_\_\_

Coolant:  Methanol at \_\_\_\_\_%  Propylene Glycol at \_\_\_\_\_%  Calcium Chloride at \_\_\_\_\_%  
 Ethanol at \_\_\_\_\_%  Ethylene Glycol at \_\_\_\_\_%  Other \_\_\_\_\_

Boreholes/Trenches: Number \_\_\_\_\_ Depth \_\_\_\_\_

Piping: Type from Header to Building \_\_\_\_\_ Size \_\_\_\_\_ inch  
Type used in Loops \_\_\_\_\_ Size \_\_\_\_\_ inch

Grout: Type \_\_\_\_\_ Number of 50lb bags \_\_\_\_\_

**Modification Information**

New Boreholes: Number \_\_\_\_\_ Depth \_\_\_\_\_

Tracing Wire/Locators?:  Yes  No

\*Please attach a copy of the original installation report if available.

**Sealing Information**

Description of Sealing Method and Materials: \_\_\_\_\_

\*Please attach a copy of the original installation report if available.



GPS COORDINATES  
Center of the group for Vertical  
Center of loops for Horizontal

\_\_\_\_ ° \_\_\_\_ ' \_\_\_\_ " N  
\_\_\_\_ ° \_\_\_\_ ' \_\_\_\_ " W

**(Note: Include property dimensions)**

APPLICANT, make a drawing of the proposed plot layout plan indicating the location of the proposed well and the common sources of contamination that are within 200 feet of the site, from the list below. Also, show that you have included the required information in the drawing by placing an "X" in the appropriate blank for each statement.

	YES	N/A		YES	N/A
Buildings	_____	_____	Existing Well(s)	_____	_____
Septic Tank	_____	_____	Water Lines	_____	_____
Seepage Field	_____	_____	Barnyards	_____	_____
Sewer	_____	_____	Manure Pile	_____	_____
Privy	_____	_____	Fuel Tank	_____	_____
Cesspool	_____	_____	Lakes, Ponds, Streams	_____	_____
Neighbor's Well	_____	_____	Neighbor's Septic	_____	_____

**APPLICATION FEE**

The application fee is \$250.00. A check or money order payable to the Macoupin County Public Health Department must be submitted with this application. Incomplete applications will be returned.

**CONTRACTOR SIGNATURE SECTION**

I hereby certify that I have reviewed this registration application and agree that the information submitted herein is correct to the best of my knowledge. If this application is approved and a registration is issued, the resulting work will conform with the current Illinois Water Well Construction Code and Illinois Ground Water Protection Act. The registration shall be valid for a period of 12 months from the date of issuance. **The contractor must provide notice to the Macoupin County Public Health Department at least 48 hours prior to starting the construction of the geothermal exchange unit.**

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Apprentice

\_\_\_\_\_  
Date

Application Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____	Date _____
Permit # _____	Date Issued _____	Expiration Date _____		
Construction Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____	Date _____
Final Approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____	Date _____