



Public Health
Prevent. Promote. Protect.
Knox County Health Department

Knox County Health Department
1361 West Fremont Street
Galesburg, IL 61401
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For Office Use Only	
Permit #: _____	Date Rec'd: _____
Issued on: _____ (expires 1 year from his date)	
Approved by: _____	
Fee: \$100.00 (first 10 boreholes; \$10 for additional borehole)	
<input type="checkbox"/> Check: # _____ \$ _____	Date Fee Rec'd: _____

GEOTHERMAL WELL APPLICATION

All sections of this form must be filled out if applicable or it may be deemed incomplete and will result in a delay of processing or rejection. (Title 77: Chapter I: Subchapter r: Part 920: Section 200 b) Permit Requirements)

Property Information

PIN: _____ Street Address: _____
 Subdivision: _____ Lot #: _____
 Township: _____

General Description

Township _____ (N)(S) Range _____ (E)(W) Section _____
 _____ Quarter of the _____ Quarter of the _____

GPS Coordinates of Center of Geothermal System

Lat: Degrees _____ Minutes _____ Seconds _____ N
 Lon: Degrees _____ Minutes _____ Seconds _____ W

Applicant Information

Name: _____ Mailing Address: _____
 City: _____ State: _____ Phone: _____
 Email: _____

Closed Loop Well Contractor/Excavator Information

Name: _____ Mailing Address: _____
 City: _____ State: _____ Phone: _____
 Email: _____

Closed Loop Well System Information

Grouting

Bentonite Bentonite/Sand Mixture
 Neat Cement Concrete
 Length of Tremie Pipe Used: _____ ft. # of Bags of Grout: _____

Construction Information

Type of facility to be served [check one]:
 Single Family Residence Apartment Building
 Business/Commercial Factory/Industrial

Type of installation [check one]:

Vertical Closed Loop Number of Boreholes: _____
 Body of Water Closed Loop Depth of Boreholes: _____ ft.
 Horizontal Closed Loop Trench Method Diameter of Boreholes: _____ in.
 Horizontal Directional Boring
 Both

Loop Components

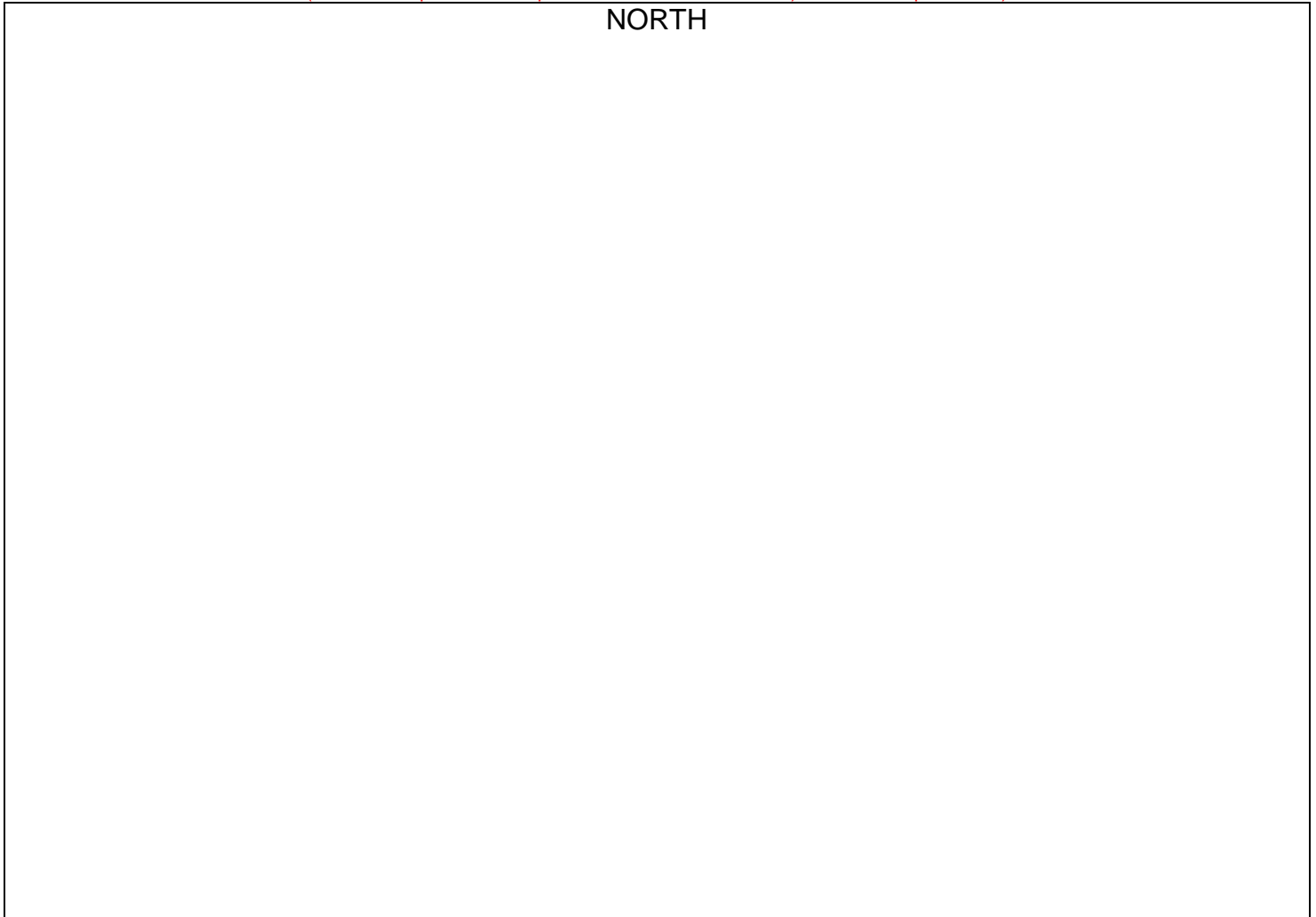
Piping utilized:
 ASTM D3035 ASTM D2447
 Other (with approval or meets (NSF) STD 60): _____ Loop depth: _____ ft.

Coolant utilized:
 Methanol Ethanol
 USP Food Grade Propylene Glycol Ethylene Glycol

Proposed Plot Layout

(Title 77: Chapter I: Subchapter r: Part 920: Section 200 b) 6; Permit Requirements)

NORTH



- Drawing MUST include 1) all property lines/dimensions, 2) sources of contamination and 3) isolation distances.
- ALSO, please mark the required information in the drawing by placing an 'X' in the appropriate blank for each item.

	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	_____	_____

REMINDER:

- Any Contractor who constructs, modifies, or seals a closed loop well shall notify this department by telephone or in writing at least two days prior to commencement of the work.
- Within 30 days after a closed loop well system is completed or abandoned and sealed, the Contractor shall submit a report of completion

Title 77: Chapter I: Subchapter r: Part 920: Section 200 f) and g); Notification and Completion

Contractor Signature

I hereby certify that I have reviewed this application and agree that the information submitted herein is correct to the best of my knowledge. If this application is approved, the resulting work will conform with the current Illinois Water Well Construction Code and Illinois Ground Water Protection Act. The application shall be valid for a period of 1 year from the date of issuance.

Signature of Contractor

Date Signed