



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

Knox County Health Department

**Knox County Health Department**  
1361 West Fremont Street  
Galesburg, IL 61401  
P: (309) 344-2224  
F: (309) 344-5049  
www.knoxcountyhealth.org

**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)  
 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: \_\_\_\_\_

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

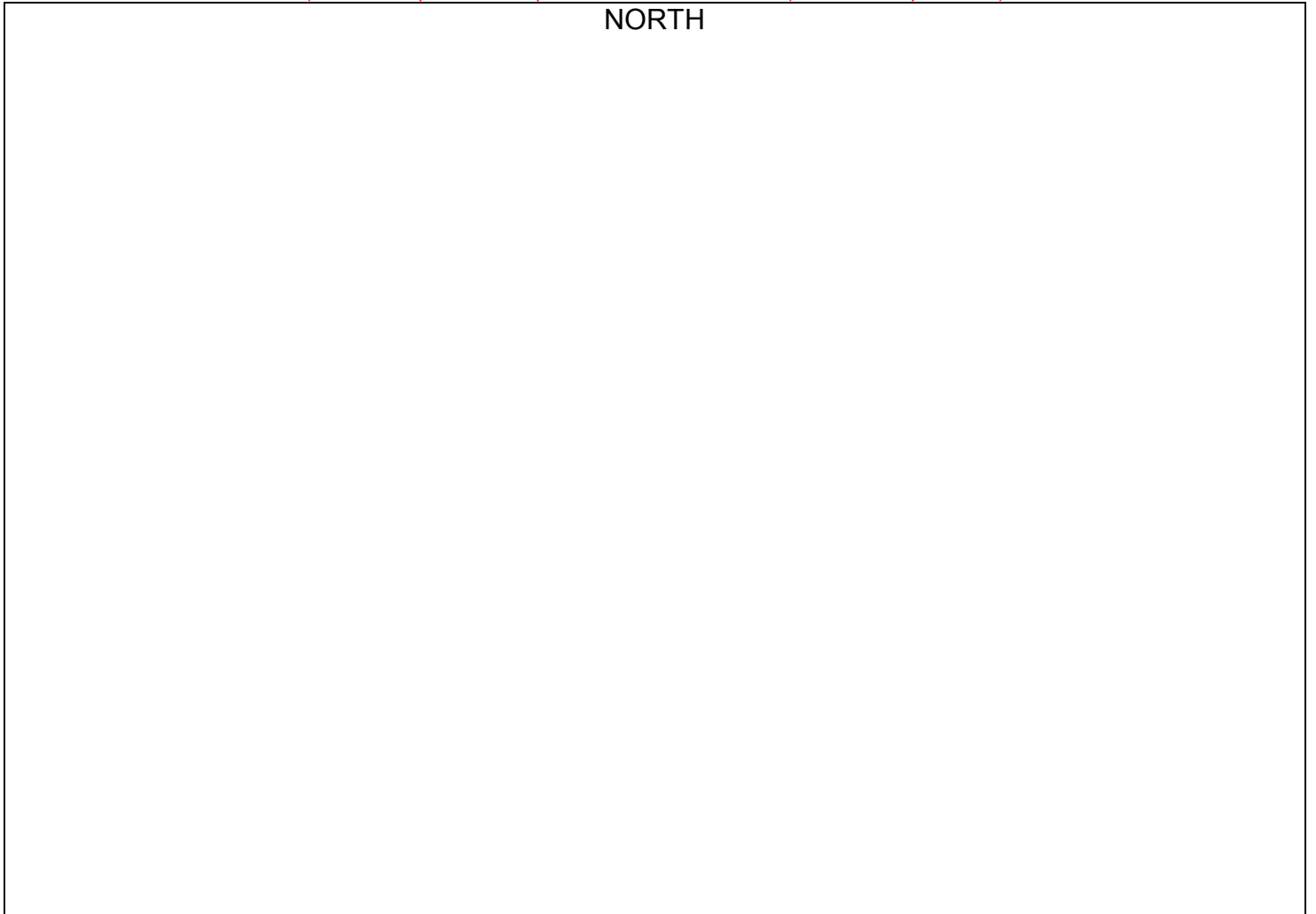
Piping utilized:  
 ASTM D3035  ASTM D2447  
 Other (with approval or meets (NSF) STD 60): \_\_\_\_\_ Loop depth: \_\_\_\_\_ ft.

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