

HENRY COUNTY HEALTH DEPARTMENT
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For Office Use Only	
Registration #	_____
Parcel #	_____
Contractor	_____
Approval Date	_____

GEOTHERMAL EXCHANGE SYSTEM
CONSTRUCTION APPLICATION

1. APPLICANT INFORMATION (Properties with city sewer and water are exempt)

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Home Phone: (_____) _____

2. CONTRACTOR INFORMATION

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (_____) _____

3. EXCAVATOR INFORMATION

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (_____) _____

4. GEOTHERMAL EXCHANGE SYSTEM INFORMATION – Check the appropriate box.

Type of installation: Vertical Closed Loop Horizontal Closed Loop Trench Method
 Body of Water Closed Loop Horizontal Directional Borings

Other (Explain): _____

Provide answer to the following: Geothermal exchange system will serve (check one):

A single family residence Apartment building Business Factory

5. GEOTHERMAL EXCHANGE SYSTEM LOCATION

Township Name: _____

Subdivision: _____ Lot #: _____

Street Address (only if in a town): _____

City: _____ State: _____ Zip Code: _____

6. CONSTRUCTION START DATE

The anticipated start date is: _____

7. SEPTIC SYSTEM PERMIT

Septic System Permit #: _____ Water Well Permit #: _____

**If the Health Department does not have a septic permit on file confirmation of a legal septic system will be required prior to approval of this permit.*

8. EXCHANGE FLUID TO BE USED – Check the appropriate box.

- | | | |
|---|---|---|
| <input type="checkbox"/> Methanol at _____% | <input type="checkbox"/> Propylene Glycol at _____% | <input type="checkbox"/> Calcium Chloride at _____% |
| <input type="checkbox"/> Ethanol at _____% | <input type="checkbox"/> Ethylene Glycol at _____% | <input type="checkbox"/> Other at _____% |

9. APPLICATION FEE

The application fee is \$100.00. A check or money order payable to the Henry County Health Department must be submitted with this application. Incomplete applications will be returned.

10. 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 Henry County Health Department at least 48 hours prior to starting the construction of the geothermal exchange unit.**

Signature of Contractor

Date

FOR OFFICE USE ONLY

Date Fee Received: _____

Geothermal Exchange System Registration #: _____

Reviewed by: _____ Date: _____

PROPOSED PLOT LAYOUT

NORTH

GPS COORDINATES			
Center of the group		Vertical wells	
Center of loops		Horizontal Loops	
_____ °	_____ '	_____ "	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	_____	_____