

For Office Use Only

Registration # _____
Parcel # _____
Contractor _____
Approval Date _____

STARK COUNTY HEALTH DEPARTMENT
4424 U.S. Hwy. 34
Kewanee, IL 61443
Ph: (309) 852-3115
Fax: (309) 852-0595
www.henrystarkhealth.com

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.

Methanol at _____% Propylene Glycol at _____% Calcium Chloride at _____%
 Ethanol at _____% Ethylene Glycol at _____% Other at _____%

9. APPLICATION FEE

The application fee is \$100.00. A check or money order payable to the Stark 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 Stark County Health Department at least 48 hours prior to starting the construction of the geothermal exchange unit.**

Signature of Contractor

Date

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Date Fee Received: _____

Geothermal Exchange System Registration #: _____

Reviewed by: _____ Date: _____

11.

PROPOSED PLOT LAYOUT

NORTH

<u>GPS COORDINATES</u>			
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	_____	_____