

Clinton County Health Department

Illinois Water Well, Pump Installation and Closed Loop Well Contractors Contact Information Form

(This form must be submitted annually before obtaining permits.)

IDPH Contractor License or Registration Number: Closed Loop Well Contractor _____

Water Well Contractor _____

Pump Installation Contractor _____

Contractor License/Registration Holder Name: _____

Home Address: _____

Cell Phone Number: _____

Email Address: _____

Company Name and Address: _____

Company Phone Number: _____ FAX#: _____

Contractor Emergency Contact Information: _____

_____, check if you would like to receive this form and other correspondence via email.

I agree to comply with the Clinton County Water Supply Code, the Illinois Water Well Construction Code and the Illinois Water Well Pump Installation Code.

Signature _____ Date _____

Please complete this form and submit to the Health Department along with a photocopy of your IDPH Contractor's License or Registration. Submit to the Clinton County Health Department, 930 Fairfax St., Carlyle, IL, 62231, Fax # 618-594-5474, or environmentalhealth@clintonco.illinois.gov. Questions call 618-594-2723 ext. 324.

(For Health Department Use Only)

Date form received: _____

Date of verification for IDPH License/Registration number: _____