

### City of Rockford, Illinois

Public Works Department  
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*Timothy Hanson*  
Director  
Public Works Department

## OPEN LOOP HEAT EXCHANGE WELL APPLICATION

(For approval of the installation of individual closed loop heat exchange wells)

\_\_\_\_\_  
(DATE OF APPLICATION)

\_\_\_\_\_  
(APPLICANT NAME) (PLEASE PRINT)

UTILITY COMPANY OR  CONTRACTOR OR  HOMEOWNER  
(IS APPLICANT) (CHECK ONE BOX)

\_\_\_\_\_  
(IF BUILT BY A CONTRACTOR-GIVE NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(APPLICANT ADDRESS) (PLEASE PRINT)

\_\_\_\_\_  
(PHONE) (FAX)

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(PROPERTY OWNER/LESSEE ADDRESS) (PLEASE PRINT)

\_\_\_\_\_  
(SYSTEM DESIGN) (EXAMPLE: 5 Wells of 75 ft depth)

\_\_\_\_\_  
SYSTEM LOCATION ADDRESS CITY OF ROCKFORD, WINNEBAGO COUNTY ZIP CODE

QUARTER SECTION: \_\_\_\_\_ SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ PARCEL PIN#: \_\_\_\_\_

BOREHOLE LOCATION COORDINATES (State Plane NAD 1983 projection): \_\_\_\_\_ NORTH  
\_\_\_\_\_ EAST

TYPE OF SEAL MATERIAL:  HIGH SOLIDS BENTONITE SLURRY  OTHER (PLEASE SPECIFY: \_\_\_\_\_)

\_\_\_\_\_  
FUSION WELDING OF PLASTIC PIPE TO BE DONE BY (CONTRACTOR NAME & ADDRESS)

**NOTE: PLEASE ATTACH COPIES OF PLANS FOR PROPOSED HEAT EXCHANGE WELLS AND MAP OF SYSTEM INSTALLATION LOCATION. SYSTEM MUST BE LOCATED AWAY FROM RESIDENTIAL WATER WELLS. LOCATION SHALL BE VERIFIED AND APPROVED BY THE CITY OF ROCKFORD BEFORE INSTALLATION COMMENCES. SEE ATTACHMENTS FOR ADDITIONAL GUIDELINES.**

PROPERTY OWNER/LESSEE SIGNATURE:

\_\_\_\_\_  
BY SIGNING, APPLICANT AGREES TO ADHERE TO THE GUIDELINES OUTLINED IN ATTACHMENT A. DATE

**CONTACT THE PUBLIC WORKS ENGINEERING DEPARTMENT FOR A FINAL INSPECTION AT 815-987-5570.**