

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 W. JEFFERSON ST.
SPRINGFIELD, IL 62761

WATER WELL SEALING FORM

RETURN ALL COPIES TO IDPH OR
LOCAL HEALTH DEPARTMENT

TYPE OR PRESS FIRMLY

This form shall be submitted to this Department or the local health department not more than 30 days after a water well, boring or monitoring well is sealed. Such wells are to be sealed not more than 30 days after they are abandoned in accordance with the sealing requirements in the Water Well Construction Code. THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.

1. Ownership (Name of Controlling Party) _____

2. Well Location _____
Address - Lot Number _____ City _____ County _____

General Description Township _____ (N)(S) Range _____ (E)(W) Section _____
_____ Quarter of the _____ Quarter of the _____ Quarter

3. Year Drilled _____

4. Drilling Permit Number (and date, if known) _____

5. Type of Well Bored _____ Drilled _____ Other _____

6. Total Depth _____ Diameter (inches) _____

7. Formation clear of obstruction _____ Yes _____ No

8. DETAILS OF PLUGGING

Filled with _____ from _____ to _____ ft.
(cement or other materials)

Kind of plug _____ from _____ to _____ ft.

Filled with _____ from _____ to _____ ft.

Kind of plug _____ from _____ to _____ ft.

Filled with _____ from _____ to _____ ft.

Kind of plug _____ from _____ to _____ ft.

9. CASING RECORD Upper 2 feet of casing removed _____ Yes _____ No

10. Date well was sealed Month _____ Day _____ Year _____

11. Licensed water well driller or other person approved by the Department performing well sealing.

Name

Complete License Number

Address

City

State/ZIP