

331 South Main  
Virginia, IL 62691  
Ph: 217-452-3057  
Fx: 217-452-7245

**Cass County Health Department**

110 East Main  
Beardstown, IL 62618  
Ph: 217-323-2182  
Fx: 217-323-2196

**APPROVAL REQUEST FOR SEALING A WATER WELL BY A  
PROPERTY OWNER**

RETURN THIS FORM TO THE LOCAL HEALTH DEPARTMENT FOR APPROVAL

The following plan to seal a water well shall be in accordance with the requirements of the Illinois Water Well Construction Code:

Original Water Well Permit Number (if known)\_\_\_\_\_

Property Owner\_\_\_\_\_ Phone Number\_\_\_\_\_

Mailing Address\_\_\_\_\_

Street	City	State	Zip
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Well Location\_\_\_\_\_

Address-Lot Number	City	County
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**GENERAL DESCRIPTION:** Township \_\_\_\_ (N)(S) Range \_\_\_\_ (E)(W) Section \_\_\_\_

\_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter

**TYPE OF WELL:** Bored \_\_\_\_ Drilled \_\_\_\_ Other \_\_\_\_\_

Total Depth \_\_\_\_\_ Diameter (inches) \_\_\_\_\_

Obstructions to remove from the well (pump, pipe, etc) \_\_\_\_\_

Well will be disinfected before sealing commences in the following manner: \_\_\_\_\_

**CASING RECORD:** Upper 2 feet of casing removed? [  ] Yes [  ] No

**PLUGGING DETAILS**

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft  
(Cement or other materials)

Kind of Plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft

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(Cement or other materials)

Kind of Plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft

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(Cement or other materials)

Kind of Plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft

Well sealing will not commence until the above plan has been granted approval by the local health department. The local health department will be notified by telephone or in writing at least 48 hours prior to the commencement of any work to seal the above well. After the water well dealing is finished, a completed sealing form will be submitted to the local health department.

I certify that the attached information is correct and that, if approved, the work will conform to the current Illinois Water Well Construction Code.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date