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

Well Location____________________________________________________________

Address-Lot Number City County

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
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

FOR OFFICE USE ONLY

__________________________________________________________
Approved By

__________________________________________________________
Date