

FORD-IROQUOIS PUBLIC HEALTH DEPARTMENT

**NOTIFICATION OF PLAN TO SEAL
AN ABANDONED WELL BY A
HOMEOWNER OR TENANT**

\$35.00

An individual who owns or leases the land on which the well is located must complete and submit this form to the Ford-Iroquois Public Health Department, indicating how the water well is to be sealed, and the materials to be used. Upon approval, a well sealing form and a copy of this plan will be mailed to the applicant. Well sealing will not commence until the applicant receives the copy of this plan which has been approved by the Ford-Iroquois Public Health Department. The well sealing form must be completed and returned not more than 30 days after the well is sealed. The following plan to seal a water well shall be in accordance with the requirements of the Illinois Water Well Construction Code. The Ford-Iroquois Public Health Department must be notified at least 48 hours prior to commencement of work to seal the well. The applicant must be present.

Owner: Name _____ Phone# _____ - _____ - _____
Address _____
City _____ State _____ Zip _____
Well location: County _____ City _____
Street (or Address) _____ Township Name _____
Township _____ (N) (S) Range _____ (E) (W)
_____ Quarter of the _____ Quarter of the _____ Quarter of Section _____
County Road Numbers of Well (i.e. 1480E & 1570N) _____ E & _____ N
Property Parcel Number _____
County Well # _____ (Office Use Only)
TSP Number _____ (Office Use Only)
DIV Number _____ (Office Use Only)
Year Drilled _____ (and date if known)
Drilling Permit No. (and date if known) _____
Type of Well: (Bored, Drilled, Dug) _____ Other _____
Total Depth _____ Diameter (inches) _____
Formation will be clear of obstruction ? _____ yes _____ no

Neat cement containing 2% to 6% by dry weight bentonite or aguagel, or pure bentonite, must be used.
The well will be sealed with _____ from _____ ft. to _____ ft.

CASING RECORD

Upper 3 feet of casing will be removed _____ Yes _____ No

Person who will seal the well-please circle – (property owner, employee, person who leases property) Name _____

Address _____ City _____ State _____ Zip _____

I certify that the attached information is complete and correct, and that, if approved, the work will conform with the current Illinois Water Well Construction Code (must be signed by applicant).

Date

Signature of Applicant (owner, person who leases property)

FOR OFFICE USE ONLY

Date

Approved By