

FORD-IROQUOIS PUBLIC HEALTH DEPARTMENT

NOTIFICATION OF PLAN TO SEAL

AN ABANDONED WELL BY A
LICENSED WELL DRILLER

235 N. Taft, Box 33
Paxton, IL. 60957
Ph. 217-379-9281

114 North Third Street
Watseka, IL. 60970
Ph. 815-432-2483

\$35.00

This form may be used by a licensed well driller to fulfill the notification requirement prior to commencement of work to seal a water or monitoring well. The Ford-Iroquois Public Health Department must be notified by telephone or in writing at least 48 hours prior to the commencement of any work to seal a well. Each sealed well must be inspected during the sealing process to comply with Illinois Department of Public Health requirements. The location of the well to be sealed, and the date the well sealing will commence, must be provided when the well driller notifies this agency. Please indicate the date when well sealing will commence. Please notify this agency by telephone of any change in the well sealing date.

1. Owner: Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____ - _____ - _____
2. 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)
3. Year drilled _____ (and date if known)
4. Drilling Permit No. (and date, if known) _____
5. Type of Well: (Bored, Drilled, Dug) _____ Other _____
6. Total Depth _____ Diameter (inches) _____
7. Formation will be clear of obstruction? _____ yes _____ no
8. Neat cement containing 2% to 6% by dry weight bentonite or aquagel, or pure bentonite, must be used. Licensed well drillers may use other approved methods if the original well log identifies all formations.
The well will be sealed with _____ from _____ ft. to _____ ft.
9. CASING RECORD
Upper 3 feet of casing will be removed? _____ Yes _____ No
10. Well sealing will take place on _____ (Note: Contact this agency whenever there is a change in the projected well sealing date).

Licensed water well driller who will perform well sealing.

Name

Complete License Number

Address

City State Zip

Date

Signature of Well Driller