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

WATER WELL SEALING FORM

TYPE OR PRESS FIRMLY

RETURN ALL COPIES TO IDPH OR LOCAL HEALTH DEPARTMENT

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

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631

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