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

## WATER WELL SEALING FORM

## TYPE OR PRESS FIRMLY

**Address** 

RETURN ALL COPIES TO IDPH OR LOCAL HEALTH DEPARTMENT

State/ZIP

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.

Well Location Address - Lot Number		City	County
General Description Township			Section
Quarter of the	Quarter of the	Qua	
Year Drilled			
Orilling Permit Number (and date, if known)			
Type of Well Bored Drilled	Other		
Total Depth	Diameter (inches)		
Formation clear of obstructionYes	No		
DETAILS OF PLUGGING			
Filled with(cement or other materials)	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.
CASING RECORD Upper 2 feet of casing r	removedYes	No	
Date well was sealed Month	Day Yea	r	
Licensed water well driller or other person a	pproved by the Department	performing well	sealing.
Name	Complete Lice	onso Numbor	

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

City