



Kendall County Health Department  
 Environmental Health Unit  
 811 W. John St., Yorkville, IL 60560  
 630-553-9100, ext. 8026

A Caring Place

## WATER WELL SEALING PLAN

All abandoned water wells shall be sealed in accordance with the Illinois Water Well Construction Code. A copy may be obtained from the local health department or Illinois Department of Public Health, 525 W. Jefferson St., Springfield, IL 62761, telephone 217-782-5830. The water well as identified will be sealed as follows:

1. **PROPERTY OWNER** \_\_\_\_\_ Telephone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

Street City State Zip Code

Well Location: \_\_\_\_\_  
 Address-Lot Number City County

**GENERAL DESCRIPTION:** Township \_\_\_\_\_ (N)(S) Range \_\_\_\_\_ (E)(W) Section \_\_\_\_\_

\_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter

2. Original Water Well Permit Number (if known) \_\_\_\_\_

3. TYPE OF WELL: Bored \_\_\_\_\_ Drilled \_\_\_\_\_ Other \_\_\_\_\_

Total Depth \_\_\_\_\_ Diameter (inches) \_\_\_\_\_

4. Well to be sealed by homeowner \_\_\_\_\_ or licensed water well contractor \_\_\_\_\_

5. WELL SEALING DETAILS

Obstructions to remove from well (pump, pipe, etc.) \_\_\_\_\_

Well will be disinfected before sealing commences in the following manner: \_\_\_\_\_

Casing: Upper two feet of casing will be removed. \_\_\_\_\_ yes \_\_\_\_\_ no

6. PLUGGING DETAILS (top to bottom)

Material Needs by Volume or Weight

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_ cu. ft. \_\_\_\_\_ or lbs.  
 materials

Kind of plug: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_ cu. ft. \_\_\_\_\_ or lbs.  
 materials

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_ cu. yds. \_\_\_\_\_ or lbs.  
 materials

Kind of plug: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_ cu. yds. \_\_\_\_\_ or lbs.  
 materials

7. \_\_\_\_\_  
 (Applicant) Signature of Property Owner

\_\_\_\_\_  
 Date