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

WATER WELL SEALING FORM

PDF FILLABLE/SAVABLE

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 Illinois 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: Well Site Address City Zip

Lot # Land I.D.# County Township

Range Section Quarter of the Quarter of the Quarter

GPS: North Degrees Minutes Seconds West Degrees Minutes Seconds

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.1) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled 4. Drilling Permit Number (and date, if known

5. Type of Well 6. Total Depth (ft.) Diameter (in.)

7. Formation clear of obstruction

8. Detains of Plugging (bentonite, neat cement or other materials)

Filled with	From (ft.)	to (ft.)
Kind of plug	From (ft.)	to (ft.)
Filled with	From (ft.)	to (ft.)
Kind of plug	From (ft.)	to (ft.)
Filled with	From (ft.)	to (ft.)
Kind of plug	From (ft.)	to (ft.)

9. CASING RECORD Upper 2 feet of casing removed 10. Date well was sealed

11. Licensed water well driller or other person approved by the Department performing well sealing

Name Complete License Number

Address City State Zip Code

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

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-5830, TTY (for hearing impaired only) 800-547-0466.

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