

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

**WATER WELL SEALING FORM**

**RETURN ALL COPIES TO IDPH OR  
 LOCAL HEALTH DEPARTMENT**

**TYPE OR PRESS FIRMLY**

**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