

# WATER WELL SEALING APPLICATION

All abandoned water wells shall be sealed in accordance with the *Illinois Water Well Construction Code*. The well sealing must be scheduled with this office at least 48 hours in advance of the sealing date.

1. Applicant Information:

Property owner \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Well location address \_\_\_\_\_  
City/village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

2. Well Information:

Dug  Drilled  Total depth \_\_\_\_\_ Diameter \_\_\_\_\_  
Well log information available? Yes  No

3. Well Sealing Details:

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

Will the upper two feet of casing be removed? Yes  No   
Is the well in a pit? Yes  No   
Will the pit be collapsed and filled? Yes  No

4. Materials:

Materials to be used to seal the well \_\_\_\_\_

The well needs to be disinfected with a sufficient amount of chlorine to produce 100 parts per million of chlorine in the water in the well. It shall be sealed by placing the sealing materials from the bottom of the well to the surface by methods that will avoid segregation or dilution of material in accordance with the *Illinois Water Well Construction Code*, Section 920.120.

Applicant signature \_\_\_\_\_  
Printed name \_\_\_\_\_ Date \_\_\_\_\_

FOR CUPHD/CCPHD OFFICE USE ONLY	Permit # _____
Approved by _____	Date _____

