

## ABANDONED WELL SEALING APPLICATION

Stephenson County Health Department  
295 W. Lamm Rd. Freeport IL 61032  
(815)599-0344

Owner Name \_\_\_\_\_

**Complete** Address \_\_\_\_\_

Phone Number Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Location of abandoned well to be sealed (if different than the above address):

\_\_\_\_\_  
\_\_\_\_\_

Person sealing the abandoned well if other than owner - relationship to owner:

\_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number Home \_\_\_\_\_ Work \_\_\_\_\_

Was this well replaced by a new well? \_\_\_\_\_ Yes \_\_\_\_\_ No

Abandoned Well Diameter \_\_\_\_\_

Abandoned Well Depth \_\_\_\_\_

Abandoned Well will be chlorinated with \_\_\_\_\_ 4 gallons chlorine bleach  
\_\_\_\_\_ 2 cups solid chlorine compound.

Have all obstructions (piping and pumps, etc) been removed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Estimated number of 50# bags of bentonite (coarse chips, pellets, nuggets) required. \_\_\_\_\_

Will you remove the top 2-3 feet of casing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Stephenson County or Illinois Public Health Department Environmental Health staff must be present when an abandoned well is sealed. Contact the Health Department at least **48 hours in advance** for an appointment.

After the well obstructions have been removed, the abandoned well will be treated with at least 4 gallons of chlorine bleach, or 2 cups of solid chlorine compound.

If the top 2-3 feet of casing are not removed a concrete pad needs to be poured over the top of the casing.