

STEPHENSON COUNTY HEALTH DEPARTMENT
295 W. Lamm Rd., Freeport IL 61032
(815) 599-0344

REQUEST FOR WATER WELL SEALING BY AN INDIVIDUAL
NOT LICENSED AS A WATER WELL DRILLER IN ILLINOIS

The following plan to seal a water well shall be in accordance with the requirements of the Illinois Water Well Construction Code:

Original water well permit number _____

Ownership (name of controlling party) _____

WELL:

Location: _____

Address - Lot number

City

County

General Description: Section _____ Township _____ (N) (S) Range _____ (E) (W)
_____ Quarter of the _____ Quarter of the _____ Quarter

Type of Well: Bored _____ Drilled _____ Other _____

Total Depth _____ Diameter (inches) _____

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

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

CASING:

Upper 3 feet of casing to remove _____ yes _____ no

If well casing consists of brick, stone, concrete blocks, porous tiles or other porous material, casing will be removed to a depth of 10 feet below the surface _____ yes _____ no

PLUGGING DETAILS:

Filled with _____ from _____ to _____ ft.
cement or other material

Kind of plug _____ from _____ to _____ ft.

Filled with _____ from _____ to _____ ft.

Kind of plug _____ from _____ to _____ ft.

Well sealing will not commence until above plan is granted approval by the Stephenson County Health

Department. The Department will be notified by telephone or in writing at least 48 hours prior to the commencement of any work to seal above water, boring, or monitoring well. After the well sealing is finished, a completed sealing form will be submitted to the Department.

I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Illinois Water Well Construction Code.

Date

Signature of Owner or Contractor

WELLSEAL.HD