



**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	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Filled with	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>
Kind of plug	<input type="text"/>	From (ft.)	<input type="text"/>	to (ft.)	<input type="text"/>

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.