109 Third Street, P.O. Box 508 Lincoln, IL 62656-0508 www.lcdph.org



Phone: 217-735-2317 Fax: 217-732-6943 Email: info@lcdph.org

Logan County Department of Public Health

REQUEST FOR WATER WELL SEALING APPROVAL BY A PROPERTY OWNER

To: Logan County Department of Public Health

109 Third Street, P. O. Box 508

Lincoln, IL 62656-0508

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

Mailing Addraga					
vialling Address	Street	City	State	Zip Code	
	ber of Property Owner				
Well Location:	Address-Lot Number	City	Со	County	
General Descrip	otion: Section	Township	(N) (S) Ra	nge(E) (W)	
	Quarter of the	_Quarter of the	Quarte	er	
Type of Well: B	oredDrilled	Other			
Total Depth	ll Depth Diameter(inches)				
Obstruction to re	emove from well (pump	, pipe, etc.)			
Well will be disir	nfected before sealing o	commences in t	he following ma	nner:	

 $C:\Users\fallison\AppData\Local\Microsoft\Windows\Temporary\ Internet\ Files\Content.Outlook\9KA95TBS\Homeowner\Sealing\RequestForm.doc$

PLUGGING DETAILS:						
Filled with	from	to	ft.			
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.			
Department.	ished, a completed sealing form wind is complete and correct and the Water Well Construction Code.					
	, , , ,	(Applicant) Signature of Property Owner				
FOR OFFICE USE ONLY						
Approved By:		Date				

12W/4079W