

**REQUEST FOR WATER WELL SEALING APPROVAL
BY A PROPERTY OWNER**

To: Logan County Health Department
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:

Original water well permit no. _____

Property Owner _____

Mailing Address: _____
Street City State Zip Code

Telephone Number of Property Owner _____

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) _____

Obstruction 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

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.

Well sealing will not commence until above plan is granted approval by the Illinois Department of Public Health or local 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 well. After the water 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

(Applicant) Signature of Property Owner

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FOR OFFICE USE ONLY

Approved By:

_____/_____/_____
Date

12W/4079W