

# Iroquois County Public Health Department

Permit Fee \_\_\_\_\_

## Notification of plan to seal an abandoned well by a homeowner

The individual who owns or leases the land on which the well is located must complete and submit this form to the Iroquois county Public Health department, indicating how the water well is to be sealed, and the materials to be used. Upon approval, a well sealing form and a copy of this plan, which has been approved by the Iroquois County Public Health department. The well sealing form must be completed and returned not more than 30 days after the well is sealed. The following plan to seal a water well shall be in accordance with the requirements of the Illinois Water Well Construction Code. The Iroquois County public Health department must be notified at least 48 hours prior to commencement of work to seal the well. The applicant must be present.

### Owner:

Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Well Location:

County \_\_\_\_\_ City \_\_\_\_\_  
Address \_\_\_\_\_  
Township \_\_\_\_\_ (N) (S) Range \_\_\_\_\_ (E) (W)  
\_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of Section \_\_\_\_\_  
Property Parcel Number \_\_\_\_\_  
Year Drilled \_\_\_\_\_ (and Date if known) \_\_\_\_\_  
Drilling Permit number (And Date if known) \_\_\_\_\_  
Type of Well (Bored, Drilled, Dug) \_\_\_\_\_  
Total Depth \_\_\_\_\_ Diameter \_\_\_\_\_  
Formation will be clear of Obstruction? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Neat cement containing 2% to 6% by dry weight bentonite or aguagel, or pure bentonite, must be used. Licensed well drillers may use other approved methods if the original well log identifies all formations.

The well will be sealed with \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

### CASING RECORD

Upper 3 feet of casing will be removed \_\_\_\_\_ Yes \_\_\_\_\_ No

Well sealing will take place on \_\_\_\_\_ (NOTE: Contact this agency whenever there is a change in the projected well sealing date.)

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Person who will perform well sealing:

Name \_\_\_\_\_ Property Owner/ Lease \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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Approved by \_\_\_\_\_ Date \_\_\_\_\_