



# HENRY COUNTY HEALTH DEPARTMENT

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103 1st St., Colona, IL 61241 309-792-4011  
www.henrystarkhealth.com

**Public Health**  
Prevent. Promote. Protect.

## 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 (If know) \_\_\_\_\_

Ownership (Name of Controlling Party) \_\_\_\_\_

Well Location: \_\_\_\_\_

Address – Lot Number

General Description: Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_

Type of Well: Bored \_\_\_\_\_ Drilled \_\_\_\_\_ Other \_\_\_\_\_

Total Depth \_\_\_\_\_ Diameter (inches) \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

Casing:

If well casing consists of steel, casing will be removed to a depth of 3 feet below the surface \_\_\_\_\_ Yes \_\_\_\_\_ No

If well casing consists of brick, stone, concrete blocks, porous tile, or other porous material, casing will be removed to a depth of 3 feet below the surface \_\_\_\_\_ Yes \_\_\_\_\_ No

### PLUGGING DETAILS

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.  
(cement or other materials)

Kind of plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.

Kind of plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.

11/11/18

Well sealing will not commence until above plan is granted approval by the Henry 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.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

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FOR OFFICE USE ONLY

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date