

LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL HEALTH  
310 E. TORRANCE AVE., P.O. BOX 886  
PONTIAC, ILLINOIS 61764  
815/844-7174, EXT. 16

WATER WELL SEALING FORM

RETURN ALL COPIES TO IDPH OR  
LOCAL HEALTH DEPARTMENT

TYPE OR PRESS FIRMLY

This form shall be submitted to this Department not more than 30 days after a potable 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 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: \_\_\_\_\_  
Address-Lot No. City County

General Description: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_  
\_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter

3. Year Drilled \_\_\_\_\_

4. Drilling Permit No. (and date drilled, if known) \_\_\_\_\_  
Permit No. Date Drilled

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

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

7. Formation clear of obstruction: \_\_\_\_\_ Yes \_\_\_\_\_ No

8. **DETAILS OF PLUGGING:**

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ feet.  
(Cement or other materials)

Kind of plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ feet

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ feet.

Kind of plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ feet

Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ feet.

Kind of plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ feet

9. **CASING RECORD:** Upper 2 feet of casing removed: \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Date well was sealed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11. Licensed water well driller or other person approved by the Department performing well sealing.

\_\_\_\_\_  
Name Complete License Number

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