

REQUEST FOR WATER WELL SEALING

CLARK COUNTY HEALTH DEPARTMENT

997 N. YORK ST.

PO BOX 266

MARTINSVILLE, IL 62442

217-382-4207

Original water well permit # (if Known) _____

Ownership _____ Phone # _____

Mailing Address _____
(street) (city) (state) (zip code)

Well Location _____
(street) (city) (state) (zip code)

General Description: Township Name: _____ Township _____ (N)(S) Range _____ (E)(W)
Section _____ Quarter of the _____ Quarter of the _____ Quarter of the _____

Type of Well: Bored _____ Drilled _____ Dug _____ Driven _____

Total Depth: _____ Diameter (inches): _____

Obstructions to remove from well (pump, pipe, etc.): _____

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

Upper 3 feet of casing removed: Yes _____ No: _____

Plugging Details:

Filled with _____ from _____ to _____ feet
(cement or other materials)

Filled with _____ from _____ to _____ feet

Filled with _____ from _____ to _____ feet

Filled with _____ from _____ to _____ feet

Well sealing will not commence until above plan is granted approval by the Clark County Health Department. Please notify the health department by telephone or in writing at least 48 hours prior to the commencement of any work to seal above water, boring, or monitoring well. I certify that the above information is complete and correct and that, if approved, the work will conform with the current Illinois Water Well Construction Code.

(Signature of Owner or Contractor)

(Date)

(Signature of Health Inspector)

(Date)