



TO: Tazewell County Health Department
21306 Illinois Route 9
Tremont, IL 61568-9252

Anticipated
Start Date _____

REQUEST FOR WATER WELL SEALING APPROVAL

Permit Fee \$50.00

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 known): _____

Property Owner: _____

Mailing Address: _____

Telephone number of property owner: _____

Well Location: _____

Legal Description: Section ____ Township ____ (N)(S) Range ____ (E)(W) ____ Qtr. of the ____ Qtr. of the ____ Qtr

Lot Number ____ Subdivision _____

Property I.D. No. ____ - ____ - ____ - ____ - ____

Type of Well: Bored _____ Drilled _____ Other _____

Total Depth: _____ Water Depth: _____ Diameter (inches) _____

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

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

Upper 2 feet of casing to be removed? 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.

NAME OF WELL SEALER: _____

Well sealing will not commence until above plan is granted approval by the Tazewell 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 well.** After the water well sealing is finished, a completed sealing form must be submitted to the Department. Application fees are exempt to new well permits and corrections to operational inspections.

I certify that the attached information is complete and correct. If approved, the work will conform with the current Illinois Water Well Construction Code.

Signature of Property Owner

Date

FOR OFFICE USE ONLY!

Approved By

Date