

**EFFINGHAM COUNTY HEALTH DEPARTMENT
REQUEST TO SEAL A WATER WELL**

FOR OFFICE USE

Unapproved _____

Approved _____

By _____

Date _____

**TO: Effingham County Health Department
901 West Virginia Avenue, P.O. Box 685
Effingham, IL 62401**

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 # _____ (if known)

Property Owner: _____ Phone: _____

Mailing Address: _____

Well Location (directions) _____

General Description: Section _____ Township _____ Range _____

_____ Quarter of the _____ Quarter of the _____ Quarter

Type of Well: Bored _____ Drilled _____ Other _____

Total Depth: _____ Diameter _____ inches

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

Well will be disinfected before the well is sealed by the following procedure: _____

CASING:

Type of casing _____

Upper 3 feet of casing to be removed Yes _____ No _____

PLUGGING DETAILS:

Filled with _____

(type of material)

Kind of plug _____

(neat cement, bentonite, etc.)

Filled with _____

Kind of plug _____

Filled with _____

Well sealing will not begin until the above plan is approved by the Effingham County Health Department. The Health Department will be notified at least 48 hours prior to the beginning of the sealing operation. After the well is sealed, a completed sealing form will be submitted to the Health Department.

I certify that the information provided is complete and accurate and that the work will conform with the current Illinois Water Well Construction Code.

Date

Signature of Owner or Contractor