



WATER WELL SEALING PLAN

Fayette County Health Department 416 West Edwards Vandalia, IL 62471

Phone: (618) 283-1044 Fax: (618) 283-5038 www.fayettehealthdept.org



PROPERTY OWNER _____ TELEPHONE _____

MAILING ADDRESS _____

Code _____ Street _____ City _____ State / Zip _____

WELL LOCATION _____

Code _____ Street _____ City _____ State / Zip _____

TOWNSHIP ___(N)(S) RANGE ___(E)(W) SECTION ___ ¼ of the ___ ¼ of the ___ ¼

ORIGINAL WATER WELL PERMIT NUMBER (IF KNOWN) _____

TYPE OF WELL: BORED ___ DRILLED ___ DUG ___ OTHER ___

TOTAL DEPTH _____ FEET DIAMETER _____ INCHES

TO BE SEALED BY: HOMEOWNER ___ LICENSED CONTRACTOR ___ LIC# _____

WELL SEALING DETAILS

OBSTRUCTIONS TO REMOVE FROM THE WELL (PUMP, PIPES, ETC.) _____

WELL TO BE DISINFECTED BEFORE SEALING IN THE FOLLOWING MANNER _____

UPPER TWO FEET OF CASING WILL BE REMOVED YES ___ NO ___

PLUGGING DETAILS (BOTTOM TO TOP)

MATERIAL NEEDS

_____ FROM _____ TO _____ FEET _____ CU. FT. or _____ LBS.

_____ FROM _____ TO _____ FEET _____ CU. FT. or _____ LBS.

_____ FROM _____ TO _____ FEET _____ CU. FT. or _____ LBS.

_____ FROM _____ TO _____ FEET _____ CU. FT. or _____ LBS.

Signature (Homeowner or Licensed Contractor) _____

Date _____

ALL ABANDONED WATER WELLS SHALL BE SEALED IN ACCORDANCE WITH THE ILLINOIS WATER WELL CONSTRUCTION CODE.

THE FAYETTE COUNTY HEALTH DEPARTMENT SHALL RECEIVE 48 HOUR NOTIFICATION PRIOR TO THE SEALING OF THIS WELL.