



HENRY & STARK COUNTY HEALTH DEPARTMENT

4424 US Hwy 34, Kewanee, IL 61443

309-852-0197 - 309 852-3115

www.henrystarkhealth.com

Public Health
Prevent. Promote. Protect.

APPLICATION FOR PERMIT TO SEAL A WATER WELL

Henry County

Stark County

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) _____

Ownership (name of controlling party) _____

Well Location: _____
(Address) (City)

General Description: Quarter _____ Section _____ Township _____

Type of Well: Bored _____ Drilled _____ Other _____

Total Depth _____ Diameter (inches) _____

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

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

CASING DETAILS:

If well casing consists of steel, casing will be removed to a depth of 2 feet below the surface
Yes _____ No _____

If well casing consists of brick, stone, concrete blocks, porous tile, or other porous material, casing will be removed to a depth of 2 feet below the surface 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.



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Well sealing will not commence until above plan is granted approval by the Henry & Stark 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, boring, or monitoring well. After the well sealing is finished, a completed Sealing Form will be submitted to the Department.

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

\$ 85.00 Fee – If sealed and inspected within 30 days of abandonment or notice of abandonment

\$110.00 Fee – If sealed and inspected after 30 days of abandonment

Signature

Date

Telephone Number

FOR OFFICE USE ONLY

Amount Paid: _____ Date Paid: _____ Paid By: _____

Payment Method: () Cash
() Check # _____
() Credit Card

Permit # _____ - _____ - _____

Approved By

Date