

# WATER WELL SEALING INSPECTION REPORT

County  Type Inspection

Property Owner Name  Address

City  State  Zip

Property Owner Telephone Number  Well Driller Telephone Number

**Well site address and other well location data on well sealing form**

<b>NOTIFICATION</b>	<b>DIRECTIONS TO WELL SITE</b>
Notice received: Date <input type="text"/> Time <input type="text"/>	
Date to be sealed <input type="text"/> Time to be sealed <input type="text"/>	
For time, use 2400 hour format, e.g., 1420 = 2:20 p.m.	

**INSPECTION**

Well sealed in accordance with Illinois Water Well Construction Code, Section 920.120

If no, give reason

Was contractor notified of violation  Inspection conducted

Inspected by \_\_\_\_\_ Date of inspection

Local health department \_\_\_\_\_

**Attach this report to well sealing form (county copy)**