

Ford County Public Health Department

Permit Fee \$35.00

Notification of plan to seal an abandoned well by a licensed well driller

This form may be used by a licensed well driller to fulfill the notification requirement prior to commencement of work to seal a water or monitoring well. The Ford County Public Health Department must be notified by telephone or in writing at least 48 hours prior to the commencement of any work to seal a well. Each sealed well must be inspected during the sealing process to comply with Illinois Department of Public Health requirements. The location of the well to be sealed and the date the well sealing will commence must be provided when the well driller notifies this agency. Please indicate the date when well sealing will commence. Please notify this agency by telephone of any change in the well sealing date.

Owner:

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

Well Location:

County _____ City _____
Address _____
Township _____ (N) (S) Range _____ (e) (W)
_____ Quarter of the _____ Quarter of the _____ Quarter of Section _____
County Road Numbers of Well _____ East _____ North _____
Property Parcel Number _____
County Well # _____ (Office Use Only)
TSP Number _____ (Office Use Only)
DIV Number _____ (Office Use Only)
Year Drilled _____ (and Date if known)
Drilling Permit number (And Date if known) _____
Type of Well (Bored, Drilled, Dug) _____
Total Depth _____ Diameter _____
Formation will be clear of Obstruction? _____ Yes _____ No

Neat cement containing 2% to 6% by dry weight bentonite or aguagel, or pure bentonite, must be used. Licensed well drillers may use other approved methods if the original well log identifies all formations.

The well will be sealed with _____ from _____ ft. to _____ ft.

CASING RECORD

Upper 3 feet of casing will be removed _____ Yes _____ No
Well sealing will take place on _____ (NOTE: Contact this agency
whenever there is a change in the projected well sealing date.)

Licensed water well driller who will perform well sealing:

Name _____

Complete License Number _____

Address _____

City _____ State _____ Zip _____

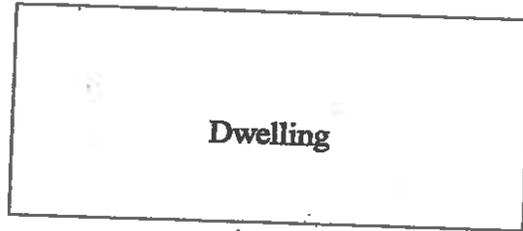
Date _____

Signature of Well Driller _____

Property Plot Plan

Please indicate the location of the septic tank, sewer line, seepage field, or bed, if know. Show the location of the well, water lines, etc. if known. Show any unused or abandoned wells. (All unused or abandoned wells must be properly sealed).

N
W + E
S



I, _____
(Address)

Have provided this information and authorize these services, _____
(Signature)