Ford County Public Health Department

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 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
Address

Complete License Number
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 known. 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

Dwelling

I, ________________________________ (Address)

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