



Peoria City/County Health Department • Environmental Health

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Public Health
Prevent. Promote. Protect.

**Peoria City/County
Health Department**

APPLICATION TO SEAL A WATER WELL

OWNER INFORMATION:

PERMIT FEE:

Name _____ Phone Number _____
Mailing Address _____ FAX Number _____
City _____ State _____ ZIP _____ E-mail _____

WELL SITE INFORMATION:

Property Address _____ Township Name _____
City _____ ZIP _____ County Property Identification # _____
County _____ Subdivision _____ Lot # _____
Township _____ Range _____ Section _____ ¼ of the _____ ¼ of the _____ ¼
Directions to the Site: _____

WATER WELL SEALING INFORMATION:

Original Well Permit Number *and/or* Date of Well Installation (if known) _____

Property Owner Sealing Well? Yes..... No Anticipated Start Date of Sealing: _____

If not sealed by property owner, name of water well driller sealing well _____

Type of Well: Bored Drilled Dug Other (specify): _____

Type of Casing: Brick/Stone Concrete PVC Metal Other (specify): _____

Total Depth (ft.): _____ Water Depth (ft.): _____ Diameter (in.): _____

Obstructions to be removed from well (pump, pipe, etc.): _____

Well will be disinfected prior to sealing in the following manner: _____

Will upper 2 feet of casing removed? Yes No – if no, why _____

Details of Plugging (bentonite, neat cement, or other materials)

Fill with _____	From (ft.): _____	to (ft.): _____
Kind of plug _____	From (ft.): _____	to (ft.): _____
Fill with _____	From (ft.): _____	to (ft.): _____
Kind of plug _____	From (ft.): _____	to (ft.): _____

Lot Diagram for Water Well Sealing

Indicate the location of the water well to be sealed in relation to buildings, property lines, etc. Indicate distance to community water supply, if available. **If there are other wells on the property, indicate the location and status.**



Well Contractor: _____ License # _____

Address: _____ Telephone: _____

Remarks: _____

Well sealing shall not commence until the application has been approved by this Department. The Department must be notified at least 48 hours prior to the commencement of any work to seal the water well. After the well sealing is finished, a completed sealing report must be submitted to the Department within 30 days of sealing completion.

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

Signature of Property Owner/ Licensed Water Well Contractor

Date

OFFICE USE ONLY

Sealing Permit Number _____

Application Approved by _____

Date _____

Sealing Approved by _____

Date _____

During After

Final Approval _____

Date _____