

[Type here]

Kind of plug _____ from _____ to _____ ft.

Filled with _____ from _____ to _____ ft.

Kind of plug _____ from _____ to _____ ft.

Well sealing will not commence until the above plan is granted approval by the Rock Island County Health Department. Upon approval of this application and payment of the required fee, a permit is hereby issued. A well permit sealing fee is \$75 for drilled wells and \$50 for sandpoint or dug wells. The Department shall be notified by telephone or in writing at least 48 hours prior to sealing. The person responsible for sealing in progress by the Department. After the water well sealing is finished, a completed sealing form must 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 and the Rock Island County Water Supplies Ordinance.

Date

Signature of Applicant

Signature of co-signer (if applicable)

.....
FOR OFFICE USE ONLY

APPROVED BY

DATE

FEE: _____

Health Department
Rock Island County, Illinois
2112 25th Avenue, Rock Island, Il 61201
Phone: (309)558-2840 Fax (309)558-2846
E-Mail jwatts@co.rock-island.il.us
Website: www.richd.org