APPLICATION TO SEAL A WATER WELL WITHIN ROCK ISLAND COUNTY

Applicant is (check one): ---- Illinois licensed water well driller
----- Property Owner
----- Other qualified person (co-signing with owner)

Property Owner ________________________________________________________________
Mailing Address __________________________________________________________________

Street Address City

State Zip Code Telephone

Well Location: _________________________________________________________________

Street Address City

General Description: Township _______ (N) (S) Range_______ (E) (W) Section_______
_________________________ Quarter of the _______ Quarter of the _______ Quarter

Type of Well: Bored_______ Drilled ________ Other ________

Total Depth ______________________ Diameter (inches) __________________________

Obstructions to remove from well (pump, pipe, etc.) ______________________________

________________________________________________________________________

Well will be disinfected before sealing commences in the following manner:

________________________________________________________________________

________________________________________________________________________

Casing: Upper 3 feet of casing to remove ______ Yes _______ No

Proposed Sealing Method

Filled with _________________________ from ______ to _______ ft.
   Cement or other materials)

Kind of Plug _________________________ from ______ to ______ ft.

Filled with _________________________ 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