

WELL SEALING COMPLETION FORM



LakeCounty

Health Department
and Community Health Center
www.lakecountyil.gov/Health/PHS.htm

For Office Use Only

A/P # _____

State ID # _____

Population Health Services

500 W. Winchester Road, Suite 102

Libertyville, IL 60048

ph: 847.377.8020 / fax: 847.984.5622

This form shall be submitted to the Lake County Health Department when any water well, boring or monitoring well is sealed. Such wells and borings must be sealed not more than 30 days after they are abandoned and/or are no longer used to provide water, or are in such a state of disrepair that they have the potential for transmitting contaminants into an aquifer or otherwise threaten the public health or safety.

Property Location:

Well # (if applicable) _____

Street _____ City _____

Township _____ County LAKE Owner _____

Section _____ Twp. _____ (N) Range _____ (E) _____ 1/4 of the _____ 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.) _____

Well Information:

Type of Well: Drilled _____ Driven _____ Dug _____ Other _____

Total Well depth: _____ ft. Static level _____ ft. Diameter: _____ in./ft.

Formation clear of obstruction(s)? YES _____ NO _____ Depth to obstruction: _____ ft.

Original construction permit number (if known): _____ Depth to end of casing: _____ ft.

Reason(s) for sealing well: _____

Upper 2 feet of casing/lining removed? YES _____ NO _____ If NO, Reason: _____

Was the well located in pit? YES _____ NO _____ Was the pit properly eliminated? YES _____ NO _____

Details of Plugging Starting at Bottom of Hole

Well Disinfected? YES _____ NO _____

From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____

Contractor Information:

Name: _____

License Number: _____

Address: _____

Signature: _____

Date Well Was Sealed: _____

Indicate North **N**

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Witnessed by: _____

Date: _____

OR

Verified by: _____

Date: _____

Indicate location of sealed well relative to two permanent landmarks

