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DeWitt-Piatt
Bi-County Health Department

PREVENT • PROMOTE • PROTECT

www.dewittpiatthealth.com

1020 S. Market Street
Monticello, IL 61856
P: 217.762.7911
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REQUEST FOR A WATER WELL SEALING BY AN UNLICENSED INDIVIDUAL OR HOMEOWNER

1. Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

2. Property Owner Information Same As Above

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

3. Well Location Information

Address: _____ City: _____

Township Name: _____

Township: _____(N)(S) Range: _____(E)(W) Section: _____

Subdivision Name: _____ Lot: _____

4. Water Well Information

Type of Well: Drilled Bored Driven Dug

Total Depth (in feet): _____ Well Diameter(inches): _____

5. Disinfection Information

Prior to sealing, the well will be disinfected in the following manner:

6. Casing Information

The well casing whether it be steel, plastic, brick, stone, concrete block or other material will have the upper two (2) feet removed.

Yes No

If no, please explain in detail

7. Hole Plug Information

Filled with _____ from _____ to _____ feet

OR

Kind of Plug _____ from _____ to _____ feet

Filled with _____ from _____ to _____ feet

OR

Kind of Plug _____ from _____ to _____ feet

Well sealing will not commence until this application has been approved by a representative of the DeWitt-Piatt Bi-County Health Department. The department must be notified at least 48 hours prior to the commencement of the sealing.

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

Applicant Signature

Date

Office Use Only:

Approved by: _____ (Signature) Date: _____ Permit #: _____