DuPage County Health Department-Environmental Health Services
111 N. County Farm Road Wheaton IL 60187-3988
630-682-7400 x 7046

Water Well Sealing Application

Applicant/Contractor Information		
Name	**Phone** ( ) -	**Date** / /

Well #1		
Property Owner		**Phone** ( ) -
Property Address	**City**	**Zip Code**
PPN: - - - , , , , , , ,		
Record Number	**Date Sealed** / /	**WSF Received** / /

Well #2		
Property Owner		**Phone** ( ) -
Property Address	**City**	**Zip Code**
PPN: - - - , , , , , ,		
Record Number	**Date Sealed** / /	**WSF Received** / /

Well #3		
Property Owner		**Phone** ( ) -
Property Address	**City**	**Zip Code**
PPN: - - - , , , , , ,		
Record Number	**Date Sealed** / /	**WSF Received** / /

Well #4			
Property Owner			**Phone** ( ) -
Property Address		**City**	**Zip Code**
PPN:	- - - , , , , , , ,		
Record Number	- - - - - -	**Date Sealed** / /	**WSF Received** / /

Water Welling Sealing Application Fee Instructions			
Fee must be paid prior to scheduling the well sealing. Contractor must still contact the area sanitarian in advance to schedule the well sealing inspection.			
Number of Wells to be sealed		**Fee Amount Enclosed**	**$**

For Office Use Only					
Fee Paid	**$**	**Receipt #**		**Sanitarian/Office**	

Applicant/Contractor:	Phone:	Date: