



DuPage County Health Department

Central Office

111 North County Farm Road

Wheaton, IL 60187-3988

Telephone: (630) 682-7400

www.dupagehealth.org

WATER WELL SEALING APPLICATION

Date: _____

Applicant/Contractor: _____ Phone: _____

Property Owner: _____ Phone: _____

Well #1 Property Address: _____

PPN: ___ - ___ - ___ - ___ - ___ - ___ , ___ - ___ - ___ - ___

Record #: _____ Date sealed: _____ WSF Received: _____

Property Owner: _____ Phone: _____

Well #2 Property Address: _____

PPN: ___ - ___ - ___ - ___ - ___ - ___ , ___ - ___ - ___ - ___

Record #: _____ Date sealed: _____ WSF Received: _____

Property Owner: _____ Phone: _____

Well #3 Property Address: _____

PPN: ___ - ___ - ___ - ___ - ___ - ___ , ___ - ___ - ___ - ___

Record #: _____ Date sealed: _____ WSF Received: _____

Property Owner: _____ Phone: _____

Well #4 Property Address: _____

PPN: ___ - ___ - ___ - ___ - ___ - ___ , ___ - ___ - ___ - ___

Record #: _____ Date sealed: _____ WSF Received: _____

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.

Amount Enclosed: \$ _____

Number of Wells to Be Sealed: _____

FOR OFFICE USE ONLY

Fee Paid: \$ _____ (Receipt # _____) Sanitarian/Office _____