

Water Well Capping Application

Record Number	Date / /
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Applicant

Owner/Agent Name	Home Phone () -	
Mailing Address	Work Phone () -	
City	State	Zip Code

Well Contractor

Contractor's Name	License Number	
Contractor's Address	Telephone	
Contractor's City	State	Zip Code

Well Legal Description

Well Address		
City	State	Zip Code
Lot	Block	Subdivision
Township	PPN: - - - , , ,	

Extension Request

I, as a property owner, am requesting that an extension be granted to the deadline for sealing an abandoned well on my property until / /

Explanations

I understand if this extension is granted, the ability to reactivate the well is dependent upon the well meeting current water well construction codes. By signing this form, I agree to seal the well if at the time of reactivation the well cannot meet the current code requirements. I also understand that prior to home demolition or well deactivation, the well must be capped and inspected by the DuPage County Health Department. A separate permit is required to bring the well back into service.

Property Owner Signature	Print Name	Date
		/ /

Extension Determination

Approved Denied

Comment

Supervisor Signature	Print Name	Date
		/ /

PPN:	ID:	Date:
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