DuPage County Health Department-Environmental Health Services

111 N. County Farm Road Wheaton IL 60187-3988 630-682-7400 x 7046

Water Well Sealing Form/Well Location on Site

This form shall be submitted to this Department not more than 30 days after a well is sealed. Wells shall be sealed in accordance with sealing requirements in the DuPage County Private Water Supply Ordinance.										
1. Ownership										
Name										
Address										
City			State	Zip Code						
2. Well Location			1	I.						
Address										
City			State Z			Zip Code				
Permanent Parcel Number			1 1	, ,	1 1					
Quarter of the	Quarter of	f the	Quarter of	Quarter of		Section				
Township N Ra	inge East of the 3	rd prin	nciple meridian	neridian						
Well Information										
3. Year drilled	Permit Number(date i	Permit Number(date if known) (leave blank if unknown)						unknown)		
5. Type of Well Drilled, Bored, Driven, Other (please specify)										
6. Total Depth, Diameter (inches)										
7. Well clear of obstruct	ions 🗌 Yes 🔲 No 🛮 If no	o, rec	ord actual depth	and typ	e of ob	structio	on			
Well Sealing Informat	tion									
8.	Details					Fron	n	То		
Filled with							ft.	ft.		
Sealing Material							ft	ft.		
Filled with							ft	ft.		
Sealing Material							ft	ft.		
Filled with							ft	ft.		
Sealing Material							ft	ft.		
9. Casing Record Upper 2 feet of casing removed? Yes No If no, record actual depth and reason for variation.										
10. Date well was seale	d / /									
	(licensed well driller or o	ther p	person approved by DCF	ID perfo			aling)			
Signature					D	ate:				
Printed Name			Complete license numbe	er						
Address			3				•	Zip Code:		
PPN:		ID:				Date	:			

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Original Well Construction			Reason for Se	aling					
☐ Pitless Adaptor			Demolition						
☐ Buried Seal] [Public Water Connection						
☐ Pit			Other (please specify)	_					
Other (please specify)									
Show street name and distance of well from two adjacent lot lines.									
Please include buildings or other landmarks on site.									
i icase molade bandings of other landmarks on site.									
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W The E									
S									
Commont									
Comment									
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PPN: ID:		_		Date:					