

## APPLICATION TO SEAL A WATER WELL WITHIN ROCK ISLAND COUNTY

Applicant is (check one): Illinois licensed water well driller Property Owner Other qualified person (co-signing with owner)								
Property Owner								
Mailing								
Address	Street Address	City						
-	State	Zip Code	Tele	phone				
Well Location:								
	Street Address	(	City					
<b>General Description</b>	_	(N) (S) Range of theQuart						
Type of Well:	BoredI	Orilled Oth	er	_				
Total Depth		Diameter (inches)						
Obstructions to remov	ve from well (pump	p, pipe, etc.)						
Well will be disinfected	ed before sealing c	commences in the foll	lowing man	nner:				
Casing: Upper 3 feet	_	ve Yes	No					
<b>Proposed Sealing Mo</b>	etnoa							
Filled with			m	_to	ft.			
Cemen	t or other material	s)						
Kind of Plug								
Filled with		froi	m	to	ft.			

Kind of plug		from_	to_	ft.		
Filled with		from_	to	ft.		
Kind of plug		from_	to	ft.		
Well sealing will not common Island County Health Departure fee, a permit is wells and \$50 for sandpoint or in writing at least 48 hour progress by the Departmen sealing form must be submit	ortment. Upon apos s hereby issued. t or dug wells. The ars prior to sealing t. After the wate	oproval of this app A well permit sealing he Department shang. The person reserved is fir	lication and ing fee is \$7: all be notifie ponsible for	l payment of 5 for drilled d by telephone sealing <u>in</u>		
I certify that the attached in work will conform with the Island County Water Supp	current Illinois	-	,			
Date	Signature of Applicant					
Signat	ture of co-signer	( if applicable )				
FOR OFFICE USE ONLY		••••••••••	•••••	•••••		
APPROVED	BY		DATE			

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