

Clinton County Health Department

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Application to Seal an Abandoned Water Well by a Property Owner

Well Location: _____, _____
Address City Zip Code County Parcel #

General Description: Township _____ Range _____ Section _____
_____ Quarter of the _____ Quarter of the _____ Quarter

Date well to be sealed on: _____

Year Well Drilled: _____

Type of Well: Bored _____ Dug _____ Other _____

Drilling Permit Number (and date, if known)

Well Depth (feet) _____ Well Diameter (inches) _____

____ / ____ / ____

Describe how you intend to seal the well and materials you intend to use:

Is the well in a pit? _____ Yes _____ No Will the pit be collapsed and filled? _____ Yes _____ No

Well will be clear of obstructions _____ Yes _____ No If No, at what depth is the obstruction? _____

Upper 2 – 3 feet of casing will be removed _____ Yes _____ No

Well will be disinfected prior to sealing _____ Yes _____ No (well disinfection directions on back of page)

Type of well plug: Clay dirt _____ Bentonite _____ Neat cement grout _____

(Upper part of the well to where the well casing is removed shall be plugged for a minimum of 20 feet, or the entire well can be completely filled with concrete, cement grout or impervious material such as clay)

Property Owner Information:

Name Phone Number Email

Address City State/Zip

By signing this application, I certify that all of the information provided on this form is true and correct.

Signature Date

Submit this application to the Clinton County Health Department to receive a permit to seal your water well. Schedule an appointment for inspection at least **48 hours** prior to sealing the well. An onsite inspection during the well sealing is required for compliance with the Illinois Water Well Construction Code [77 Ill. Adm. Code 920]. *This application becomes your permit after it is approved, see below.*

(For Official Use Only)		Sealing Permit Number		
_____	_____	_____ / _____ / _____		
Approved by	Date	FIPS Code	Number	Year

Directions for Well Disinfection

Three cups of laundry bleach (5.25% chlorine) are required for each 100 gallons of water. One cup equals 8 ounces, 2 cups equal 1 pint, 4 cups equal 1 quart, 4 quarts equal 1 gallon and 16 cups equal 1 gallon.

When working with chlorine bleach, you should always be in an open or well-ventilated place. Do not allow bleach to remain in contact with the skin or clothing. Solutions are best handled in plastic containers since strong chlorine solutions corrode metal containers.

Only use newly purchased unscented laundry bleach, as chlorine strength weakens over time. The liquid bleach should be poured directly into the well water prior to sealing.

Well Diameter (feet)	Amount of 5.25 % Liquid Laundry Bleach (in Cups) Per Foot of Water in the Well
3	1 ½
4	3
5	4 ½
6	6
7	9
8	12
10	18

NOTE:

If the property owner hires an excavator or backhoe operator to do the labor, then the property owner must be present and oversee operations while the water well is being sealed.