

Print Form

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
525 W. JEFFERSON ST.  
SPRINGFIELD, IL 62761



WATER WELL SEALING FORM

PDF FILLABLE/SAVABLE

RETURN ALL COPIES TO IDPH OR  
LOCAL HEALTH DEPARTMENT

This form shall be submitted to the Department or the local health department not more than 30 days after a water well bond for monitoring wells is sealed. Such wells are to be sealed not more than 30 days after they are abandoned in accordance with the sealing requirements in the Illinois Water Well Construction Code. THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.

1. Ownership (Name of Controlling Party) VILLAGE OF CRESTWOOD

2. Well Location: Well Site Address PLAYFIELD PARK City CRESTWOOD Zip 60445

Lot# \_\_\_\_\_ Land I.D.# \_\_\_\_\_ County Cook Township 37N

Range 13E Section 33 Quarter of the NE Quarter of the NW Quarter NW

GPS: North Degrees 41 Minutes 39 Seconds 34.93 West Degrees 87 Minutes 45 Seconds 11.67

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.2) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled 1959 4. Drilling Permit Number (and date, if known) MINES&MINERAL4/22/59

5. Type of Well Drilled 6. Total Depth (ft.) 345 Diameter (in.) 12

7. Formation clear of obstruction Yes

8. Details of Plugging (bentonite, neat cement or other materials)

Filed with SANITIZED REA GRAVEL From (ft.) 345 to (ft.) 50

Kind of plug BENTONITE CHIPS From (ft.) 50 to (ft.) 0

Filed with \_\_\_\_\_ From (ft.) \_\_\_\_\_ to (ft.) \_\_\_\_\_

Kind of plug \_\_\_\_\_ From (ft.) \_\_\_\_\_ to (ft.) \_\_\_\_\_

Filed with \_\_\_\_\_ From (ft.) \_\_\_\_\_ to (ft.) \_\_\_\_\_

Kind of plug \_\_\_\_\_ From (ft.) \_\_\_\_\_ to (ft.) \_\_\_\_\_

9. CASING RECORD Upper 2 feet of casing removed No 10. Date well was sealed Mar 20, 2009

11. Licensed water well driller or other person approved by the Department performing well sealing

Name G. D. BUFFINGTON, P.E., LAYNE-WESTERN Complete License Number 101-003241

Address 721 W. ILLINOIS AVENUE City AURORA State Illinois Zip Code 60506

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center, IL 482-0631

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-6830, TTY (for hearing impaired only) 800-547-0466.