

WELL SEALING REQUEST APPLICATION

File # _____ - _____ - _____

Property ID # _____ - _____ - _____ - _____
() Bureau County , fee \$30.00
() Putnam County, **no fee**
() Bureau County (Well drillers, if sealed w/in 30 days of new well)

Owner _____ Mailing Address _____

Owner phone # _____

Well Location: Address _____ City _____

Township _____ = T ___ (N) (S), R ___ (W) (E) Section _____ 1/4 of _____ 1/4 of _____ 1/4

Directions to Site: (Use road numbers)

PLEASE PROVIDE DRAWING WITH LOCATION OF WELL TO BE ABANDONED

Previous Well Use:

- | | | | |
|-------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> Semi-private Residential | <input type="checkbox"/> Non-Community | <input type="checkbox"/> Community |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Monitoring |

Type of Well:

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Drilled | <input type="checkbox"/> Dug |
| <input type="checkbox"/> Bored | <input type="checkbox"/> Driven |

Estimated Depth of Well _____

Diameter of Well _____

Proposed Method of Sealing Well:

Filled with _____ from _____ to _____ feet.

Filled with _____ from _____ to _____ feet.

Filled with _____ from _____ to _____ feet.

Filled with _____ from _____ to _____ feet.

Filled with _____ from _____ to _____ feet.

Upper 2 feet of casing to be removed? _____ Yes _____ No

Note: Well must be disinfected prior to sealing, if water is present in well.

Additional Information: _____

I hereby certify that the attached information is complete and correct and that, if approved, the well sealing will conform to the current code requirements.

Applicant's Signature

Date

Licensed Well Driller:

Name _____ License # _____ - _____
Address _____ Phone # (_____) _____

Sanitarian Approving Permit

Date