



Knox County Soil and Water Conservation District
233 S. Soangetaha Road – Galesburg, IL 61401 – Phone (309) 342-5138, Ext. 3 – Fax (855) 288-1480

Chairman
George
Cummings

Vice-Chairman
Brian Friedrich

Secretary
Christine Bewley

Treasurer
David Asbury

Director
A.J. Harland

**Administrative &
Education
Coordinator**
Katie Ingle

**Resource
Conservationist**
Kara Downin

Thank you for your recent inquiry about receiving cost-share assistance to seal an abandoned well. Cost-share for dug wells cannot exceed \$500 or 75% of the actual cost, whichever is less (drilled wells is \$850). A landowner who chooses to decommission a well him/herself may include their labor based upon the local prevailing wage (I can figure this for you), as part of the project cost if the work meets the required design and construction guidelines.

I have enclosed form C-2000/WDP-1A and the Knox County Health Department (KCHD) application. Both forms can be returned to the Soil and Water Conservation District. We will forward the KCHD application to the appropriate staff at the KCHD. I have also enclosed a Recommended Sealing Procedures form from the KCHD if you choose to seal the well yourself.

Please have this information returned to our office as soon as possible. We will present your application at the next SWCD board meeting (typically the third Wednesday of each month). Should the board approve your well sealing cost-share, we will send you an approval notice. **Do NOT seal the well until you receive funding approval, this will forfeit the cost-share funds.**

If you have any questions, you can email me at kara.downin@il.nacdnet.net or call the office at (309) 342-5138 ext. 3 or the Environmental Division at the KCHD at (309) 344-2224.

Sincerely,

Kara Downin
Resource Conservationist
Knox County SWCD



Knox County Health Department

Public Health
Prevent. Promote. Protect.

1361 West Fremont Street • Galesburg, Illinois 61401

RECOMMENDED SEALING PROCEDURES FOR SHALLOW LARGE DIAMETER, HAND DUG, BRICK-LINED WELLS

Please remember that you must receive approval from the Knox County Health Department before sealing any well.

Well sealing procedures:

1. **Schedule a date to seal the well with the Health Department; they must be present at the time of the well sealing. Please provide at least 48 hour's notice prior to sealing.**
2. Remove all plumbing from well.
3. Disinfect the well by pouring a minimum of two (2) gallons of bleach directly into the well.
4. Fill at least the next **twenty (20) feet** of well with an impermeable material (clay, Ag lime, bentonite).
5. Remove the brick or stone casing a minimum of two (2) feet below grade.
6. Fill the remainder of the well with clean fill.
7. Restore topsoil and mound to allow for settling.
8. Complete well sealing form.
9. Return completed well sealing form to the Health Department.

Please contact the Health Department on sealing procedures for a Bored or Drilled Well.

Last Reviewed: 12/2025

Email: _____

State of Illinois
Illinois Department of Public Health



APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

DO NOT SEND CASH

PERMIT FEE: \$ _____

Local Health Department <u>Knox County Health Department</u>	FOR OFFICIAL USE ONLY TYPE OR PLACE LABEL WITH NEEDED INFORMATION
Address <u>1361 W. Fremont St.</u>	
City/State/Zip Code <u>Galesburg, IL 61401</u>	
Phone Number <u>309-344-2224</u> Fax Number <u>309-344-5049</u>	

If this box is checked, the permitting authority plans to complete a comprehensive inspection and shall be notified of any scheduling changes.

Owner _____	Owner Phone Number _____
Mailing Address _____	Owner Fax Number _____
City _____ State _____ Zip Code _____	

Well Site: Property Address _____ Township Name _____

City _____ Zip Code _____ County Property Identification # _____

County _____ Subdivision _____ Lot # _____

Township _____ Range _____ Section _____ 1/4 of the _____ 1/4 of the _____ 1/4

Directions to the Site _____

WATER WELL INFORMATION

Permit To: Construct Deepen Repair Seal **well type:** Dug Driven Bored Drilled

for a: A. Private Well B. Semi-Private Well C. Non-Community Well D. Non-Potable Well

use: Residential Commercial Livestock Irrigation Other _____

Complete if B or C checked: Number of people served _____ Type of facility _____

(If C is checked, an application For Permit to Construct, Alter or Extend a Non-Community Public Water Supply must be submitted.)

Check if anticipated pumping capacity is greater than 100,000 gallons per day.

WELL CONSTRUCTION OR ABANDONMENT INFORMATION

1. If well log is available, attach the log to this form.
2. If well log is not available, well must be sealed from bottom to top.

Borehole : Size (in/ft) _____ depth (ft) _____ Size (in/ft) _____ depth (ft) _____

Aquifer : Sand & Gravel Limestone Sandstone Other _____

Casing : Type _____ Size (in/ft) _____ Estimated Amount (ft) _____

Liner: Type _____ Size (in/ft) _____ Estimated Amount (ft) _____

Top of Liner (ft) _____ Type Seal _____ Bottom of Liner (ft) _____ Type Seal _____

Existing water well on property? Yes No Will it be used? Yes No Is it to Code? Yes No

Existing well to be sealed: Well in building Well in pit Pit retained Pit eliminated by: Contractor Owner

Is well free of obstruction? Yes No If No, at what depth is obstruction? _____ ft

FOR OFFICIAL USE ONLY		Construction Permit Number		
_____		_____ / _____ / _____	_____ / _____ / _____	
_____		FIPS Code	Number	Year
Approved by _____		Sealing Permit Number		
Date _____		_____ / _____ / _____	_____ / _____ / _____	
		FIPS Code	Number	Year



APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

ATTACH A SHEET WITH DIAGRAM OF WELL SITE SHOWING DIMENSIONS

Furnish septic system plot or draw the proposed construction site with dimensions showing the water well, direction of slope, distances to buildings and property lines, sewer lines, all septic system components including septic tanks and seepage fields, and other sources of contamination, e.g., abandoned wells, storm water dry wells and underground storage tanks. Indicate distance to community water supply, if available. If there is an existing well on the property, indicate location and status.

WATER WELL PUMP INFORMATION

Pump Type _____ Capacity _____ gpm Storage/Pump Cycle _____ gallons

WORK SCHEDULE*

Estimated scheduled date to start work on water well (MM/DD/YR): _____

***NOTE:**

Illinois Water Well Construction Code, Section 920.130 g) Notification. Any person who contracts or deepens a water well for which a permit has been issued under this Part, shall notify the Department, or approved local health department, or approved unit of local government by telephone or in writing at least two days prior to commencement of the work.

LICENSED CONTRACTOR CERTIFICATION

I certify that the attached information is complete and correct and that the work will conform to the current Illinois Water Well Construction Code and to the current Illinois Water Well Pump Installation Code.

Licensed Water Well Contractor

_____		_____
Print Name of Licensed Water Well Contractor		License Number
_____		_____
Address		City, State, Zip Code
_____	_____	_____
Office Phone Number	Fax Number	Cell Phone Number
_____		_____
Signature Licensed Water Well Contractor / Property Owner		Date

Licensed Water Well Pump Installation Contractor

_____		_____
Print Name of Licensed Water Well Pump Installation Contractor		License Number
_____		_____
Address		City, State, Zip Code
_____	_____	_____
Office Phone Number	Fax Number	Cell Phone Number
_____		_____
Signature Licensed Water Well Pump Installation Contractor / Property Owner		Date

COPIES

THREE COPIES ARE RETURNED TO THE LOCAL HEALTH DEPARTMENT WHERE THE PERMIT IS ISSUED

- One copy is retained by the health department where the permit is issued
- One copy of the approved application is sent to Illinois State Water Survey
- One copy is sent to the water well contractor

IMPORTANT NOTICE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of the information is mandatory. This form has been approved by the Forms Management Center

WATER WELL SEALING PLAN

All abandoned water wells shall be sealed in accordance with the Illinois Water Well Construction Code. A copy may be obtained from the local health department or Illinois Department of Public Health, 525 W. Jefferson St., Springfield, IL 62761, telephone 217-782-5830. The water well as identified will be sealed as follows:

1. PROPERTY OWNER _____ Telephone Number: ___/___/___

Mailing Address: _____
Street City State Zip Code

Well Location: _____
Address-Lot Number City County

General Description: Township _____ (N) (S) Range _____ (E) (W) Section _____
Quarter of the _____ Quarter

2. ORIGINAL WATER WELL PERMIT NUMBER (if known) _____

3. TYPE OF WELL: Bored _____ Drilled _____ Other _____

Total Depth _____ Diameter (inches) _____

4. Well to be sealed by homeowner _____ or licensed water well contractor _____

5. WELL SEALING DETAILS

Obstructions to remove from well (pump, pipe, etc.) _____

Well will be disinfected before sealing commences in the following manner: _____

Casing: Upper two feet of casing will be removed. _____ yes _____ no

6. PLUGGING DETAILS (top to bottom) Material Needs by Volume or Weight

Filled with _____ materials from _____ to _____ ft. _____ cu. ft. _____ or lbs.

Kind of plug: _____ materials from _____ to _____ ft. _____ cu. ft. _____ or lbs.

Filled with _____ materials from _____ to _____ ft. _____ cu. yds. _____ or lbs.

Kind of plug: _____ materials from _____ to _____ ft. _____ cu. yds. _____ or lbs.

7. _____
(Applicant) Signature of Property Owner Date

For volume and weight conversion factors, see back-side of this page.

CONVERSION FACTORS:

1 cubic yard (cu. yd.) = 27 cubic feet (cu. ft.)

5 inch casing = 0.136 cu. ft./lineal ft.

6 inch casing = 0.196 cu. ft./lineal ft.

8 inch casing = 0.349 cu. ft./lineal ft.

One 50 lb. bag bentonite chips = 0.69 cu. ft.

One cu. yd. pea gravel = 3,000 lbs.

10 inch casing = 0.545 cu. ft./lineal ft.

12 inch casing = 0.785 cu. ft./lineal ft.

36 inch casing = 07.07 cu. ft./ lineal ft.

48 inch casing = 12.57 cu. ft./ lineal ft.

One cu. yd. clay = 3,240 lbs.

One cu. yd. limestone chips = 3,000 lbs.

LICENSED SEPTIC CONTRACTORS

Dave Arrenholz
22121 Wasson Rd
Trivoli, IL 61569
Ph: (309) 224-8963

Ted Bailey
PO Box 1402
Galesburg, IL 61401
Ph: (309) 342-3806

Troy Forney
17005 Oak Hill Cemetery Rd
Brimfield, IL 61517
Ph: (309) 446-3712

Brian Friedrich
334 IL Route 116
St. Augustine, IL 61474
Ph: (309) 337-1790

Patrick Hodges (O & I Septic)
1149 151st St
Aledo, IL 61231
Ph: (309) 428-1366

Chuck Kinsel
1149 151st St
Canton, IL 61520
Ph: (309) 224-8620

Ted Lambasio
401 E Berrien St
Galesburg, IL 61401
Ph: (309) 341-1802

Wayne Litwiller
316 Sparrow Rd
Hopedale, IL 61747
Ph: (309) 387-6702

Isaac McCorkle (Coal Creek Septic)
20801 N White Grove Rd
Princeville, IL 61449
Ph: (309) 712-5633

Larry Rhodenbaugh
PO Box 220
Sherrard, IL 61281
Ph: (309) 314-4203

Greg Saline
212 Henderson Rd
Knoxville, IL 61448
Ph: (309) 378-2556

Kyle Schepka (Elevation Septic)
9412 West Park School Rd
Princeville, IL 61559
Ph: (309) 360-6667

Tim Stevenson
1636 210th Ave
Galesburg, IL 61401
Ph: (309) 337-7470