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**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**  
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Cummings

**Vice-Chairman**  
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David Asbury

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**Resource  
Conservationist**  
Kara Downin

**Administrative  
Coordinator**  
Kelli Hand

Thank you for your recent inquiry about receiving cost-share assistance to seal an abandoned well. Cost-share for dug wells cannot exceed \$400 or 75% of the actual cost, whichever is less (drilled wells is \$750). 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 this notification, this will forfeit the cost-share funds.

If you have any questions, you can email me at [kara.downin@il.nacdnet.net](mailto: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, 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.**
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 three (3) 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.

Last Reviewed: 10/2017

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 Knox County Health Department

Address 1361 W. Fremont St.

City/State/Zip Code Galesburg, IL 61401

Phone Number 309-344-2224

Fax Number 309-344-5049

**FOR OFFICIAL USE ONLY**

TYPE OR PLACE  
LABEL WITH NEEDED  
INFORMATION

☐ 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

Sealing Permit Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
FIPS Code Number Year

Approved by \_\_\_\_\_

Date \_\_\_\_\_



**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 constructs 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





### 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  
Trivoli, IL 61569  
Ph: (309) 224-8963  
Lic#: 049-027238

**Terry Beckman (FCI Exc.)**

PO Box 4910  
Bartonville, IL 61607  
Ph: (309) 303-0266  
Lic#: 049-028798

**Craig Zenk**

PO Box 37  
Aledo, IL 61231  
Ph: (309) 582-3132  
Lic#: 049-011497

**Chuck Kinsel Excavating**

Chuck Kinsel  
1675 E Walnut St.  
Canton, IL 61520  
Ph: (309) 224-8620  
Lic#: 049-010960

**Wayne Litwiller**

7316 Sparrow Rd  
Hopedale, IL 61747  
Ph: (309) 387-6702  
Lic#: 049-009855

**Greg Saline**

212 Henderson Rd  
Knoxville, IL 61448  
Ph: (309) 368-2556  
Lic#: 049-023385

**Ted Bailey****Bailey Excavating**

1310 Monmouth Blvd PO Box 1402  
Galesburg, IL 61401  
Ph: (309) 343-6913  
Lic#: 049-020852

**Tim Stevenson Excavating**

1636 210<sup>th</sup> Ave  
Galesburg, IL 61401  
Ph: (309) 337-7470  
Lic#: 049-013915

**Ted Lambasio**

Lambasio, Inc.  
401 E. Berrien St  
Galesburg, IL 61401  
Ph: (309) 341-1802  
Lic#: 049-008600

**Troy Forney**

17005 Oak Hill Cemetery Rd  
Brimfield, IL 61517  
Ph: (309) 446-3712  
Lic#: 049-007016

**Brian Friedrich**

334 IL Rt 116E  
St Augustine, IL 61474  
Ph: (309) 337-1790  
Lic#: 049-03503

**Terry Beckman (FCI Excavating)**

PO Box 4910  
Bartonville, IL 61607  
Ph: (309) 303-0266  
Lic#: 049-028798