



McDonough County Soil and Water Conservation District

1607 W Jackson St, Macomb IL 61455- Phone (309) 833 – 1711 ext. 3

Dear interested parties,

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 are \$850). A landowner who chooses to decommission a well themselves may include their labor based upon the local prevailing wage as part of the project cost if the work meets the required design and construction guidelines.

I have enclosed form WDP-1A and the McDonough County Health Department (MCHD) application, as well as the McDonough County Soil & Water Conservation District's PFC cost-share application. All forms can be returned to the Soil and Water Conservation District. We will forward the MCHD application to the appropriate staff at the MCHD. I have also enclosed a Recommended Sealing Procedures form 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 second Tuesday 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 mcdonoughcountyswcd@gmail.com or call the office at (309) 833-1711 ext. 3 or the Environmental Health Division at the MCHD at (309) 837-9951 ext. 2000.

Sincerely,

Izzy Wohlstadter
Resource Conservationist & Administrative Coordinator
McDonough County SWCD



McDonough County Soil and Water Conservation District

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FISCAL YEAR 2024 PFC COST-SHARE APPLICATION FORM- WELL SEALING:

Who will get the payment?

Applicant _____

Landowner _____

Name _____

Name _____

Address _____

Address _____

Phone # _____

Email _____

Farm# _____ Tract# _____ Field# _____ Township _____ Section _____

Known Structural Remains or Artifacts that would suggest Native American decent or cultural background? Y N

What practice are you interested in applying for? (Circle)

Well sealing Other _____

When do you plan to construct, if approved? Spring Summer Fall/Winter

Who is your planned contractor? _____

Contractor Phone Number: _____

Funding for the Conservation Practices Program is dependent upon the approval of funds in Fiscal Year 2024. Signing up for cost share assistance does not guarantee funds for this project. All projects will be prioritized once the sign-up period is over, and all the sites have been inventoried. Prioritization is done by the SWCD Board of Directors and determined by cost, soil saved, cost per ton, acres benefited, cost per acre and addition points. No project may be started until approval has been made and all paperwork and designs are ready. Contractors must bring in a Dig Number before plans are released and following construction the contractor must bring in check out notes meeting NRCS specifications.

I have read, understand, and agree to the information listed above.

Signature

Date



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WELL SEALING REQUEST-PROPERTY OWNER

Return this form to the McDonough County Health Department for approval

The following plan to seal a water well shall be in accordance with the requirements of the Illinois Water Well Construction Code.

Property Owner _____ **Telephone Number** _____

Property Address _____

Mailing Address (if different than above) _____

Original Water Well Permit Number (if known) _____

General Description: Township _____ Range _____ Section _____ **Type of Well:** Bored _____ Drilled _____ Other _____

Total Depth _____ **Diameter (inches)** _____

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

Disinfection process before sealing: _____

Casing Record: Upper 2 feet of casing removed? Yes _____ No _____

Plugging Details

Filled with _____ from _____ to _____ feet

Kind of Plug _____ from _____ to _____ feet

Filled with _____ from _____ to _____ feet

Kind of Plug _____ from _____ to _____ feet

Filled with _____ from _____ to _____ feet

Kind of Plug _____ from _____ to _____ feet

Well sealing will not commence until the above plan has been granted approval by the McDonough County Health Department (MCHD). The MCHD will be notified by telephone or in writing at least 48 hours prior to the commencement of any work to seal the above well. After the water well sealing is finished, a complete sealing form will be submitted to the MCHD.

I certify that the attached information is complete and correct and that, if approved, the work will conform with the current Illinois Water Well Construction Code.

Signature of Property Owner

Date

Approved by

Date



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

DO NOT SEND CASH

PERMIT FEE: \$

Local Health Department	<u>McDonough Co. Health Dept</u>	FOR OFFICIAL USE ONLY
Address	<u>505 E Jackson St</u>	TYPE OR PLACE LABEL WITH NEEDED INFORMATION
City/State/Zip Code	<u>Macomb IL 61455</u>	
Phone Number	<u>(309) 837-9951</u>	Fax Number <u>(309) 837-1100</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 of the _____
Directions to the Site _____					

WATER WELL INFORMATION

Permit To:	<input type="checkbox"/> Construct	<input type="checkbox"/> Deepen	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> Seal	well type:	<input type="checkbox"/> Dug	<input type="checkbox"/> Driven	<input type="checkbox"/> Bored	<input type="checkbox"/> Drilled
for a:	<input type="checkbox"/> A. Private Well	<input type="checkbox"/> B. Semi-Private Well	<input type="checkbox"/> C. Non-Community Well	<input type="checkbox"/> D. Non-Potable Well					
use:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Livestock	<input type="checkbox"/> Irrigation	<input type="checkbox"/> 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

- If well log is available, attach the log to this form.
- 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 :	<input type="checkbox"/> Sand & Gravel	<input type="checkbox"/> Limestone	<input type="checkbox"/> Sandstone	<input type="checkbox"/> 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



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WDP-1A

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) Range ____ (W) Section ____
____ Quarter of the ____ Quarter

2. ORIGINAL WATERWELL 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 _____ from ____ to ____ ft. ____ cu. ft. ____ or lbs.
materials

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

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

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

(Applicant) Signature of Property Owner)

Date



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RECOMMENDED SEALING PROCEDURES

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

Well sealing procedures:

1. **Schedule a date to seal the well with the McDonough County Health Department; they must be present at the time of the well sealing.**
They require 48-hour notice.
2. Remove all plumbing from the well.
3. Disinfect the well by pouring a minimum of **100 ppm** of chlorine directly into the well.
4. Remove the brick or stone casing a minimum of **two (2) feet** below grade.
5. Fill and seal well with approved materials depending on well type (charts attached).
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 the McDonough County Health Department.
10. If you are participating in the McDonough County Soil and Water Conservation District's cost-share program, turn in all bills in order to receive financial assistance.

*****Do NOT seal the well until funding approval has been received from the SWCD office*****



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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.

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

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

36-inch casing = 7.07 cu. Ft/lineal ft.

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

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

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

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

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



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Licensed Water Well Pump Installers

McDonough County Health Department

Batson, David Batson Ace Hardware 426 E. Main St. Bushnell, IL 61422 (309) 772-3700 Email: batsonsacehardware@yahoo.com Website: http://www.batsonacehardware.com/	Bassham, Billy Bassham Well Drilling 314 Chicago Street East Peoria, IL 61611 309-699-8839 Email: 1orifbi63@gmail.com Website: http://www.pentairprodealer.com/thorne-well-drilling-61572 (Tazewell)	Thorne Well Drilling DRYDEN D. MICHAEL 240 KNOX RD 2300 E, YATES CITY, IL, 61572 (309) 358-1163 (Knox)
Gage, John EPH Service Co. 4043 W. Jackson St. Macomb, IL 61455 (309) 837-3830 Emergency Service Number: 309-836-8094 Email: johnnage38@gmail.com Website: http://www.ephservice.com	Flatt, Kevin Flatt's Pump & Well Service 1526 90th Street Monmouth, IL 309-734-7219 Email: rclerwatson@icloud.com (Knox)	Hendricks, Andy Hendrick's Pump Service Inc. 2050 Grand Ave. Galesburg, IL 61401 309-342-2817 Email: hendrickspump@galesburgmail.com Website: http://hendrickspump.com/ (Knox)
Hollister Elec. & Plumbing Purdy, John 4007 W. Jackson Macomb, IL 61455 309-833-2921 Email: john@hollisterplumbing.com Website: http://www.hollisterhomecenter.com	Raymond, Chad P.O. Box 301 Macomb, IL 61455	Ford, James P.O. Box 214 La Harpe, IL 61450 (Hancock)