

CO# _____

AR# _____

RP# _____

Date received _____

CK# _____

**WILL COUNTY HEALTH DEPARTMENT
APPLICATION FOR WATER WELL SEALING**

*DRAWING OF WELL LOCATION MUST BE
ATTACHED*

Location of Well to be Sealed:

Owner Name _____

Address _____

PIN # _____

Contractor Information:

Company _____

Licensed Contractor _____

License Number _____

Well Information:

Type of Well _____ Depth _____ Diameter _____

Reason for Abandonment _____

Method of Abandonment _____

Contractor Signature _____ Date _____

CO initiated By _____ Date _____