

**Request to Reuse A Decommissioned/ Abandoned Well**

Well Location: \_\_\_\_\_

What will the well be used for? \_\_\_\_\_

What interim protective measures will be taken to prevent groundwater contamination?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When will these measures be completed? \_\_\_\_\_

When will the well be reactivated? \_\_\_\_\_

**Compliance Commitment Agreement**

I, the undersigned, agree to have the abandoned well at the above described location upgraded properly (or sealed) in accordance with the Illinois Private Water Well Construction Code and then reused in the time frame indicated above. I agree to employ the interim protective measures within 30 days of signing this agreement. I also agree to have the well water tested upon activation. I understand that failure to properly upgrade (or seal) the well violates State and County groundwater protection rules and regulations.

Signature of property owner: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*FOR OFFICE USE ONLY\*\*\***

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Department Representative

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_