

## APPENDIX C

### ILLINOIS WATER WELL DECOMMISSIONING (WDP) PROGRAM GUIDELINES AND APPLICATION FORMS

351A	Well Decommissioning (#)	60% not to exceed \$400
351B	Irrigation Well Decommissioning	60% not to exceed \$750

#### **BACKGROUND**

State agencies estimate that there are at least 100,000 improperly abandoned wells in Illinois that pose a significant threat to local health and safety. Improperly abandoned wells may be a direct conduit for pollutants to enter aquifers and contaminate groundwater shared by all citizens.

In August 2000, the Association of Illinois Soil and Water Conservation District passed a resolution establishing the sealing of abandoned wells as a top priority for Soil and Water Conservation Districts. In response, the Illinois Department of Agriculture (IDOA), in cooperation with Illinois Water Well Sealing Coalition, has developed the Water Well Decommissioning Practice (WDP) as a part of the program. Each SWCD may fund up to **twelve** well sealing projects for FY 09.

#### **PURPOSE**

The purpose of the Water Well Decommissioning Practice (WDP) is to provide technical and financial assistance to owners of improperly abandoned wells who wish to seal those wells to protect groundwater from potential contamination.

Specific objectives for the Practice are:

- Establish cooperative relationships among participating SWCDs, local health departments and other agencies that provide technical and/or financial assistance for proper well abandonment;
- Ensure that state and local standards for well abandonment are followed;
- Establish priorities for cost-share assistance to target those wells that pose the greatest risk to groundwater resources;
- Maximize opportunities to coordinate WDP educational activities with Illinois and water resource protection programs of the University of Illinois Extension; and

#### **LOCAL PROGRAM COORDINATION**

Each SWCD will develop local guidelines for program administration that are consistent with the WDP guidelines and applicable local health regulations. SWCDs are responsible for coordination with local agencies including the municipal, county or regional health department. Soil and Water Conservation Districts are responsible for taking applications from persons interested in decommissioning a water well, providing incentive payments to well owners who have successfully completed their project and maintaining proper records. The local health department is responsible for assuring that the well is decommissioned according to applicable standards and assuring that the appropriate forms are completed and properly processed (either the WDP-1A or the IDPH Water Well Sealing Form).

#### **MAXIMUM EXPENDITURE LIMITS**

In FY 2010, each participating SWCD may fund a maximum of **twelve** well sealing projects.

## **ELIGIBILITY FOR COST-SHARING ASSISTANCE**

Any individual who owns or manages abandoned water well<sup>1</sup> within Illinois is eligible for cost-share assistance to properly seal the well.

## **FY 2010 LIMITATIONS**

Cost-share cannot exceed \$400 or 60% of the actual cost, whichever is less. Cost-share on irrigation wells cannot exceed \$750 or 60% of the actual cost, whichever is less.

## **REQUIRED APPLICATION FORMS AND DEADLINES**

Applicants must file the following forms with the SWCD to be eligible for cost-share assistance.

- **WDP-1, Well Decommissioning Practice** - A request for cost-share funds to decommission a water well
- **WDP-1A Water Well Sealing Plan or IDPH Water Well Sealing Form** - 77 Ill. Adm. Code 920.120 requires a well sealing plan only if the well owner applies this Practice without the assistance of a licensed contractor. However, the Illinois Department of Agriculture requires the SWCD to retain a completed copy of the WDP-1A **or** IDPH Water Well Sealing Form in the SWCD's files.

**NOTE:** The ESC-1A is not required for a well decommissioning project. It is a contract stating the maximum amount of cost share/incentive payments that will be made available to the recipient and requiring project maintenance for a specified amount of time. There is no maintenance required once a well has been sealed.

## **PRIORITIZATION**

Each SWCD will review applications and prioritize wells for cost-sharing on the basis of the location of the well and its condition. (Highest priority will always be assigned to private water wells posing the greatest risks.) The primary basis for prioritizing is the location of the well in relation to public water supplies and other vulnerable water resources. The priorities are:

1. abandoned wells within setback zones of community water supply wells;
2. abandoned wells within regulated recharge area of a community water supply well;
3. abandoned wells within setback zones of non-community public water supply wells (e.g., schools, restaurants, churches);
4. abandoned wells within 200 feet of private or semi-private wells;
5. abandoned wells within watersheds of community surface water supplies;
6. abandoned wells in disrepair with potential to contaminate groundwater supplies; and
7. abandoned wells that pose a threat to public or personal safety.

Within each of these priority areas, abandoned wells should be further prioritized for cost-share based on the condition of the well and the risk to groundwater and public health and safety. Licensed water well.

1. An unused well in extreme disrepair to the extent that the well poses an immediate health and safety risk and does not comply with requirements of the Illinois Water Well Construction Code.
2. A well in such state of disrepair that the well has the potential to transmit contaminants to an aquifer or otherwise threaten public health and safety and does not comply with Code requirements.
3. An unused well with minimal health and safety risk that may or may not meet Code requirements.

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<sup>1</sup> *Abandoned Well means a water or monitoring well which is no longer used to supply water, or which is in such a state of disrepair that the well or boring has the potential for transmitting contaminants into an aquifer or otherwise threatens the public health or safety (77 Ill. Adm. Code 920.10).*

4. A well that poses a threat to public health and safety as determined by more stringent local health department or water district guidelines, but does comply with Code requirements.

Applications which have been assigned a high priority but can not be funded because of insufficient cost-share funds, should, in subsequent years, be funded first among applications of equal priority.

### **SWCD RESPONSIBILITIES**

The responsibilities of SWCDs participating in the WDP are:

- Develop local administrative procedures in cooperation with local health departments and other agencies that provide technical and financial assistance in proper well abandonment.
- Conduct public information programs to encourage well owner participation.
- Distribute application forms and other necessary materials.
- Review and prioritize applications for cost-share.
- Evaluate well-sealing plans for compliance with Illinois Water Well Code and local ordinances.
- Evaluate reasonableness of cost estimates.
- Disburse funds to well owners upon receipt of evidence of completion of project, filing of Water Well Sealing Form with the local health department, submittal of total costs of well sealing, and having received payment authorization from the Department.
- Maintain copies of all applications received, priority lists, cost estimates, and well sealing plans.

### **WELL OWNER RESPONSIBILITIES**

The cost-share recipient must:

- Submit a properly completed application, a WDP-1A or Public Health Well Sealing form and cost estimates to the SWCD.
- Comply with all state and local water well codes and other safeguards established by the SWCD and local health department.
- Notify the local health department at least 48 hours prior to commencing the well closure.
- File a WDP-1A or Public Health Well Sealing form with the local health department within 30 days of well sealing. If the well is not sealed by a licensed contractor, the SWCD can assist the well owner in completing the WDP-1A.
- Submit to the SWCD evidence of completion of project, filing of WDP-1A or Public Health Well Sealing form with the local health department, and total costs of well sealing.

### **REQUIRED REPORTING BY SWCDs**

For each well decommissioning project, the SWCD must mail the WDP-1 to the Regional Representative and obtain a payment authorization from the Department.

<b>Form C-2000/WDP-1</b> <b>WATER WELL DECOMMISSIONING PRACTICE</b> <b>Application/Payment Form</b> VERSION 1.1	<b>FY Account</b> CPP _____ TMDL _____ BOND _____ INTEREST _____	Approval Yes _____ No _____ Date Approved: _____ Start/End Date: _____ Amendment Date: _____
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SWCD: 0 Application No. 0 Application Date: \_\_\_\_\_

APPLICANT  Check box of person to be paid LANDOWNER

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Project ID	GPS Coord. (dec./ deg.) Latitude / Longitude	Target TMDL Watershed Name	12-digit HUC	1/4 Sec.	Sec.	TWP N or S	Range E or W	P.M.
		#N/A						
		#N/A						
		#N/A						

(A) Project ID	(B) Well Type	(C) Well Diameter (inches)	(D) Total Well Depth ft.	(E) Priority Rank	(F) Estimated Cost	(G) Approved for cost-share: Yes or No	(H) Sealed by: Well Owner or Licensed Contractor

Application/Section						Payment Section		
(A) Project ID	(B) Practice Code	(C) Practice Components	(D) Estimated Units	(E) Average Cost/Unit	(F) Estimated Cost DxE=F	(G) Installed Units	(H) Total Avg. Cost ExG=H	(I) Actual Cost
	351	WELL DECOMMISSIONING		0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
				0.00	0.00		-	
<b>Totals</b>					<b>0.00</b>		<b>\$ -</b>	<b>\$ -</b>

Project ID 01	\$ -	60%	\$ -	Average Cost or	\$ -	60%	\$ -
	Estimated Cost	X Cost-Share %	= Estimated Payment	Actual Cost	X Cost-Share%	Payment Amount	
Project ID 02	\$ -	60%	\$ -	Average Cost or	\$ -	60%	\$ -
	Estimated Cost	X Cost-Share %	= Estimated Payment	Actual Cost	X Cost-Share %	Payment Amount	
Project ID 03	\$ -	60%	\$ -	Average Cost or	\$ -	60%	\$ -
	Estimated Cost	X Cost-Share %	= Estimated Payment	Actual Cost	X Cost-Share %	Payment Amount	

**Total Estimated Payment** \$ -      **Total Payment** \$ -

I hereby certify that the materials, labor and equipment listed above were used in installing the above-referenced conservation projects and no items or costs listed above have been included on another claim for payment under this agreement or as a claim under any other cost-share program. I understand the payment amount is based upon the actual cost not to exceed the average cost on a per project basis, and that I am entitled to no more than the stated percentage of the lesser amount.

Check Payable to (Please Print)      Cost-Share Payment      Landowner Contribution      Participants Completion Certification      Date

\$ -      \$0.00

**SWCD CERTIFICATION**  
 The Directors of the 0 County SWCD, certify that the receipts and costs incurred are correct and that all items listed were necessary and authorized.

**TECHNICAL CERTIFICATION**  
 I hereby certify that the claimant did apply all agreed upon projects and they are installed properly and adequately according to technical specifications required.

SWCD Board Chairman/Designee (Date)      Technician's Signature/Title (Date)

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 West Jefferson Street, 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 \_\_\_\_\_ 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

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.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 525 W. JEFFERSON ST.  
 SPRINGFIELD, IL 62761

**WATER WELL SEALING FORM**

RETURN ALL COPIES TO IDPH OR  
 LOCAL HEALTH DEPARTMENT

TYPE OR PRESS FIRMLY

This form shall be submitted to this Department or the local health department not more than 30 days after a water well, boring or monitoring well is sealed. Such wells are to be sealed not more than 30 days after they are abandoned in accordance with the sealing requirements in the Water Well Construction Code. **THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.**

1. Ownership (Name of Controlling Party) \_\_\_\_\_
2. Well Location \_\_\_\_\_  
     Address - Lot Number \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
     General Description    Township \_\_\_\_\_ (N)(S)    Range \_\_\_\_\_ (E)(W)    Section \_\_\_\_\_  
     \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter
3. Year Drilled \_\_\_\_\_
4. Drilling Permit Number (and date, if known) \_\_\_\_\_
5. Type of Well    Bored \_\_\_\_\_    Drilled \_\_\_\_\_    Other \_\_\_\_\_
6. Total Depth \_\_\_\_\_ Diameter (inches) \_\_\_\_\_
7. Formation clear of obstruction    Yes \_\_\_\_\_    No \_\_\_\_\_
8. DETAILS OF PLUGGING  
     Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.  
         (cement or other materials)  
     Kind of plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.  
     Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.  
     Kind of plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.  
     Filled with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.  
     Kind of plug \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.
9. CASING RECORD    Upper 2 feet of casing removed    Yes \_\_\_\_\_    No \_\_\_\_\_
10. Date well was sealed    Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_
11. Licensed water well driller or other person approved by the Department performing well sealing.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Complete License Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State/ZIP

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 this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631





## **WDP PRIORITIZATION DEFINITIONS**

### **1. WITHIN SETBACK OF COMMUNITY WATER SUPPLY WELL**

Is the abandoned well within the setback zone of the community water supply well? In some areas the setback zone is within 200'; other places it is within 400' and in some municipalities it is up to 1000'. Please consult with the local public health department or with Illinois EPA Groundwater Division (217) 785-4787 for information regarding setback zones.

### **2. WITHIN REGULATED RECHARGE AREA OF COMMUNITY WATER SUPPLY**

Some municipal wells have a recharge area (as set by the Pollution Control Board). Again, consult the local public health department or Illinois EPA Groundwater Division at (217) 785-4787 for information regarding recharge areas.

### **3. WITHIN SETBACK ZONES OF NON-COMMUNITY PUBLIC WATER SUPPLY**

Schools, restaurants, churches and other places where the public may gather may have established setback zones. Please consult with the local public health department or with Illinois EPA Groundwater Division (217) 785-4787 for information regarding setback zones.

### **4. WITHIN 200 FEET OF PRIVATE WELL**

Self-explanatory, almost always on farmsteads, or on older farmland sites now surrounded by new homes or land in non-cropland uses.

### **5. LOCATED IN WATERSHED OF COMMUNITY WITH SURFACE WATER SUPPLY**

Many communities in southern Illinois and the Chicago Metro Area rely on surface water as their primary water source. (Some other municipalities do as well.)  
If you don't know whether or not the abandoned well lies in a surface water supply area, contact your local public health department.

### **6. UNSEALED WELL IN DISREPAIR WITH POTENTIAL TO CONTAMINATE WATER**

**(May be wise to consult with local public health dept. for determination)**

6 PTS: EXAMPLE: Open dug well, well pit, well casing breaking apart

4 PTS: EXAMPLE: bored or drilled wells with pipe cut at land surface, open wells at low point on landscape.

2 POINT EXAMPLE: well with pipe above ground, may have bad hand pump or the pump in the well is broken.

1 ADDITIONAL POINT: for those counties who have more stringent guidelines regarding abandoned wells, add this point to above examples or just use 1 point if the abandoned well does not happen to fit into the 1-3 point examples.

### **7. POOR SITE CONDITIONS PRESENT (SOILS, TOPOGRAPHY, LANDUSE, ETC.)**

6 PTS: Gravelly soils or shallow to bedrock/limestone.

Strongly sloping land where the abandoned well at a location where most or all of the surface water drains to the well.

Abandoned well on livestock site or near landfill or other "high contamination potential" site.

4 PTS: Sandy soils, moderately sloping (5-10%) land w/well at bottom, or adjacent to livestock or other potential contamination site.

2 POINT: Other soils, slightly sloping land, land not directly adjacent to potential contamination sites.

### **8. SAFETY**

6 PTS: Open dug wells or larger diameter bored wells with no cover

4 PTS: Dug wells or larger diameter bored wells with poor cover (wood, dirt, etc.) capable of eroding, rotting or being removed by children

2 POINT: Wells with solid cover incapable of being removed by children

### **9. DEPTH OF WELL**

2 POINT: Wells finished in deep aquifers have the potential of causing greater and more permanent damage to the aquifer.

0 PTS: Shallow wells, generally less than 50 feet deep, are not as great a long-term threat to the aquifer.