**Office of Mines and Minerals**

 Land Reclamation Division One Natural Resources Way

 (217) 782-4970 Springfield, Illinois 62702-1271

**PLUGGING AFFIDAVIT**

[ ]  **BOREHOLE** [ ]  **GROUNDWATER MONITORING WELL**

COMPANY NAME: Company Name PERMIT NO.: Permit #

MINE/FACILITY NAME: Mine Name`

WELL ID/NUMBER: Well ID # BOREHOLE NAME: Name

PURPOSE OF BOREHOLE: Purpose

**LOCATION OF BOREHOLE/WELL:**

LAT: Decimal Degrees LONG: Decimal Degrees

SECTION: Section TOWNSHIP: Township RANGE: Range OF THE PM Name PRINCIPAL MERIDIAN, County COUNTY, ILLINOIS.

**DETAILS OF PLUGGING:**

FILLED WITH: Specify Filling Material FROM: Measurement TO: Measurement

KIND OF PLUG: Plug Type FROM: Measurement TO: Measurement

FILLED WITH: Specify Filling Material FROM: Measurement TO: Measurement

KIND OF PLUG: Plug Type FROM: Measurement TO: Measurement

**BORING/ WELL INFORMATION:**

IPR/IBR/REV NO.: ## DRILL/INSTALLATION DATE: Date

DATE PLUGGING COMPLETED: Plugging Date

TOTAL DEPTH: Measurement WELL DIAMETER: Inches IN.

UPPER 2 FEET OF CASING REMOVED? Yes/No TYPE OF CASING: Casing Type

PROPERTY OWNER AND ADDRESS: Owner Name

Owner Address

DRILLING CONTRACTOR & ADDRESS: Contractor Name

Contractor Address

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS FORM, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

 Date of Signature

SIGNATURE OF COMPANY REPRESENTATIVE DATE

Signee’s Title

TITLE