WATER WELL CONSTRUCTION REPORT Complete within 30 days of well completion and send to the appropriate Health Department

1. Type of Well						13. Property Owner:	·
a. <b>Driven Well:</b> Casing	Diameter (in )	1	<b>5</b> 4 (%)			14. Driller:	
						15. Name of Drilling Company :	
b. Bored Well: Casing Diameter (in.) Buried Slab?							
c. <b>Drilled Wel</b> l: PVC Casin	g Formation F	acker set at depth	of (ft.)			18. Well Site Addres	 SS:
d. <b>Drilled Wel</b> l: Steel C	asing Mecha	nically Driven				19. Township Name	
e. Hole Diameter (in.)	to (ft.)_	; (in.)	to (ft.)	; (in.)	to (ft.)		
f. Type of Grout	# of bags	Grout Weight	From (ft.)	To (ft.)	Tremie Depth (ft.)	20. Subdivision Nam	
						21. Location: a. Cou	, ——
						c. Township:	Rang
g. Well Finished within						d. Qua	erter of the
•						e. GPS: Lat: Deg	rees
h. Kind of Gravel/Sa	and Pack	Grain Size/Suppli	er # From	(ft.) To	o (ft.)	Lon: Deg	grees
						22. Casing and Line	r Information
						Diameter (in.	.)
2. Well Use:		Well Disinfe	cted?				
3. Date Well Completed:		_			,		
4. Date Permanent Pump		Drille			pm): 		
5. Pump Capacity (gpm):			Set at c	lepth (ft.): -		23. Is the well	If yes
6. Pitless Adapter Model		_				screened?	ıı yes
and Manufacturer: Attachment to Casing:						24. Water from	
7. Well Cap Type & Manuf	facturer:					a. static wate leve	el (ft.) below c
8. Pressure Tank:	•			. 5		b. pumping level i	s (ft.)
Working Cycle (gals.): Captive Air? 9. Pump System Disinfected:						25. Ea	arth Materials I
10. Name of Pump Compa	any:						
11. Pump Installer: License #					,		
12.				- Date			
Licensed Pu	mp installation	n Contractor Sign	ature	-			
Illinois Department of P	ublic Health	IMPORTANCE N	OTICE: This sta	ate agency is	requesting disclosure		
Division of Environmen 525 West Jefferson Stre	tal Health	of information t	hat is necessar	y to accomp	lish the statutory  Disclosure of this	(Attach 2nd pa	age, if necessar
Springfield II 62761					een approved by the	, ittasii ziia pe	.g.s,ooossar

<u>information</u> is Mandatory. This form has been approved by the Springfield, IL 62761 Forms Management Center.

IL 482-0126

Well# License # 16. Permit Number: 17. Date Drilling Started: Land I.D. # Lot # ft. (above msl) b. Site Elevation Section: Quarter of the Quarter Minutes Seconds Minutes Seconds Survey use only Material, Joint Type From (ft.) To (ft.) Diameter (in.) Length (ft.) Slot Size (in.) From (ft.) at a depth of (ft.) To. (ft.) which is (in.) above ground asing for (hours) pumping (gpm) Passed Through From (ft.) To (ft.) y) (If DRY HOLE, fill out log & indicate how hole was sealed) License # Licensed Water Well Contractor Signature