

1. Type of Well

a. **Driven Well:** Casing Diameter (in.) _____ Depth (ft.) _____

b. **Bored Well:** Casing Diameter (in.) _____ Buried Slab? _____

c. **Drilled Well:** PVC Casing Formation Packer set at depth of (ft.) _____

d. **Drilled Well:** Steel Casing Mechanically Driven _____

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.)

Type of Grout	# of bags	Grout Weight	From (ft.)	To (ft.)	Tremie Depth (ft.)

g. Well Finished within _____

h. Kind of Gravel/Sand Pack Grain Size/Supplier # From (ft.) To (ft.)

Kind of Gravel/Sand Pack	Grain Size/Supplier #	From (ft.)	To (ft.)

2. Well Use: _____ Well Disinfected? _____

3. Date Well Completed: _____ Driller's Estimated Well Yield (gpm): _____

4. Date Permanent Pump Installed: _____ Set at depth (ft.): _____

5. Pump Capacity (gpm): _____

6. Pitless Adapter Model and Manufacturer: _____ Attachment to Casing: _____

7. Well Cap Type & Manufacturer: _____

8. Pressure Tank: Working Cycle (gals.): _____ Captive Air? _____

9. Pump System Disinfected: _____

10. Name of Pump Company: _____

11. Pump Installer: _____ License # _____

12. _____ Date _____
Licensed Pump Installation Contractor Signature

Illinois Department of Public Health
Division of Environmental Health
525 West Jefferson Street
Springfield, IL 62761

IL 482-0126

IMPORTANCE NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act-0863. Disclosure of this information is Mandatory. This form has been approved by the Forms Management Center.

13. Property Owner: _____ Well # _____

14. Driller: _____ License # _____

15. Name of Drilling Company: _____ 16. Permit Number: _____
Date Issued: _____ 17. Date Drilling Started: _____

18. Well Site Address: _____

19. Township Name: _____ Land I.D. # _____

20. Subdivision Name: _____ Lot # _____

21. Location: a. County _____ b. Site Elevation _____ ft. (above msl)

c. Township: _____ Range: _____ Section: _____

d. _____ Quarter of the _____ Quarter of the _____ Quarter

e. GPS: Lat: Degrees _____ Minutes _____ Seconds _____
Lon: Degrees _____ Minutes _____ Seconds _____

22. Casing and Liner Information

Diameter (in.)	Material, Joint Type	From (ft.)	To (ft.)

23. Is the well screened? If yes Diameter (in.) Length (ft.) Slot Size (in.) From (ft.) To (ft.)

Diameter (in.)	Length (ft.)	Slot Size (in.)	From (ft.)	To (ft.)

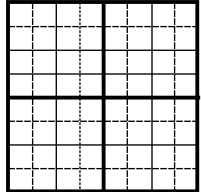
24. Water from _____ at a depth of (ft.) _____ To. (ft.) _____

a. static wate level (ft.) below casing _____ which is (in.) above ground _____

b. pumping level is (ft.) _____ pumping (gpm) _____ for (hours) _____

25. Earth Materials Passed Through From (ft.) To (ft.)

Earth Materials Passed Through	From (ft.)	To (ft.)



(Attach 2nd page, if necessary) (If DRY HOLE, fill out log & indicate how hole was sealed)

Licensed Water Well Contractor Signature License # _____