

LIVINGSTON COUNTY PUBLIC HEALTH DEPARTMENT
Division of Environmental Health
310 E. Torrance Ave., P.O. Box 650
Pontiac, IL 61764

INSTALLATION REPORT FOR WATER WELL PUMPS

Type of Installation Replacement Date of Installation _____
 New Construction

County Livingston Permit Number 105- - _____
(New construction only)

Owner's Name _____

Site Address:

_____, IL _____
Street Address City Zip Code

Township Name _____ Subdivision Name _____

Twp _____ []N []S Range _____ []E []W Section _____

Pump Manufacturer _____ Model _____

Well Depth _____ Depth Pump Set _____ Pumping Capacity _____

Static Water Level _____ Pumping Level _____

Pitless Adapter Manufacturer _____ Model _____

How Attached to Casing? Screw On Welded Compression

Type of Well Cap _____

Tank Working Cycle _____ Gallons Captive Air? Yes No

Pump Equipment Disinfected? Yes No

Pump Installation Contractor License Number

Comments _____