

Illinois Department of Public Health
WATER WELL CONSTRUCTION REPORT

TYPE OR PRESS FIRMLY WITH BLACK INK PEN: COMPLETE FORM WITHIN 30 DAYS OF WELL COMPLETION AND SEND TO: LIVINGSTON COUNTY HEALTH DEPARTMENT

Date: _____
 GEOLOGICAL AND WATER SURVEY WELL RECORD

1. Type of Well: A. Driven Well: Casing Diam. _____ in. Depth _____ ft.
 A Bored Well: Buried Slab [] yes [] no
 Hole Diam. _____ in. to _____ ft. _____ in. to _____ ft.
 B. Drilled Well PVC casing Formation Packer set at a depth of _____ ft.
 Hole Diam. _____ in. to _____ ft. _____ in. to _____ ft.

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

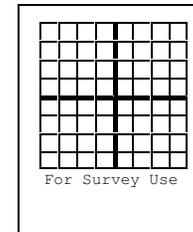
13. Property Owner _____ Well # _____
 14. Driller _____ License Number _____
 15. Name of Drilling Company _____
 16. Permit No. _____ Date Issued _____
 17. Date Drilling Started _____
 18. Well **SITE** Address _____
 19. Township Name _____ Land ID# _____
 20. Subdivision Name _____ Lot # _____
 21. Location: a. County _____
 b. Township _____ Range _____ Section _____
 c. _____ Quarter _____ Quarter _____
 d. Coordinates _____ Site Elevation _____ Ft. (msl)

- D. Drilled Well: Steel Casing---Mechanically Driven [] yes [] no
 Hole Diam. _____ in. to _____ ft. _____ in. to _____ ft.

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

22. Casing, Liners *, & Screen Information

Diam.(in)	Material	Joint	Slot Size	From(ft)	To(ft)



* _____
 (list reason for liner, type of upper and lower seals installed)

E. Well finished within [] Unconsolidated Materials [] Bedrock

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

2. Well Use: [] Domestic [] Irrigation [] Commercial [] Livestock
 [] Monitoring [] Other _____
 3. Date Well Completed: _____ Well Disinfected [] yes [] no
 Driller's estimated well yield _____ gpm
 4. Date permanent pump installed? _____
 5. Pump Capacity _____ gpm Set at (depth) _____ ft.
 6. Pitless Adapter Model & Manufacturer _____
 7. Well Cap Type & Manufacturer: _____
 8. Pressure Tank: Working Cycle _____ gals. Captive Air: [] yes [] no
 9. Pump System Disinfected: [] yes [] no
 10. Name of Pump Company _____

23. Water from _____ at a depth of _____ ft. to _____ ft.
 a. static water level _____ ft. below casing which is _____ in. above ground
 b. pumping level is _____ ft. pumping _____ gpm for _____ hours

11. Pump Installer: _____ License # _____

12. _____ License # _____
 Licensed Pump Contractor Signature

24. Earth Materials Passed through _____ From (ft.) To (ft.)

	From (ft.)	To (ft.)

Livingston County Health Department
 310 E. Torrance Ave., POB 650
 Pontiac, IL 61764

DO NOT write on these lines

Continue on separate sheet if necessary.
 (If DRY HOLE, fill out log & indicate how hole was sealed)

IMPORTANT NOTICE: This County 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.

Signed _____
 Licensed Water Well Contractor Signature License Number

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ADDITIONAL INFORMATION

One Square-Mile Grid Guide

The following are explanations for select numbered items on the front of this document.

1a - f and 22.

Identify type of well constructed and give specifics on the hole, casing, liner, packer, screen, grouting, and gravel pack for the well (these are required).

10 and 15

Refers to company doing the construction or maintenance work at the well location.

11 and 14

Pump installer and person drilling the well refers to individual doing the actual work at the well location.

18 Well Site address refers to the mailing address at the well location. This may be different than the owner's address.

21b Township, Range, and Section refer to the legal location of the well, and can be found on the property documents and within a county plat book. A township direction is either north (N) or south (S) of a baseline, and a range direction is either east (E) or west (W) of a principal meridian (see description page in plat book for details).

21c Quarter-Quarter-Quarter Location

Each Section within the legal location format, can be sub-divided into 64 equal portions with each containing 10 acres. When the section is divided into this format, each box is a quarter of one another, and thus the name.

In order to locate a well within its specific quarter/quarter/quarter section, refer to the following description (refers to grid guide in next column).

This grid guide depicts a 1-mile square section divided into the quarter/quarter/quarters. The TOP character should be placed in the FIRST LEFT QUARTER BLANK (10-acre size), the MIDDLE in the MIDDLE BLANK (40-acre size), and the BOTTOM in the RIGHT QUARTER BLANK (160-acre size).

A well located in the highlighted area is written as NE Qtr of the SE Qtr of the NW Qtr.

NW	NE	NW	NE	NW	NE	NW	NE
NW	NW	NE	NE	NW	NW	NE	NE
NW	NW	NW	NW	NE	NE	NE	NE
SW	SE	SW	SE	SW	SE	SW	SE
NW	NW	NE	NE	NW	NW	NE	NE
NW	NW	NW	NW	NE	NE	NE	NE
NW	NE	NW	NE	NW	NE	NW	NE
SW	SW	SE	SE	SW	SW	SE	SE
NW	NW	NW	NW	NE	NE	NE	NE
SW	SE	SW	SE	SW	SE	SW	SE
SW	SW	SE	SE	SW	SW	SE	SE
NW	NW	NW	NW	NE	NE	NE	NE
NW	NE	NW	NE	NW	NE	NW	NE
NW	NW	NE	NE	NW	NW	NE	NE
SW	SW	SW	SW	SE	SE	SE	SE
SW	SE	SW	SE	SW	SE	SW	SE
NW	NW	NE	NE	NW	NW	NE	NE
SW	SW	SW	SW	SE	SE	SE	SE
NW	NE	NW	NE	NW	NE	NW	NE
SW	SW	SE	SE	SW	SW	SE	SE
SW	SW	SW	SW	SE	SE	SE	SE

21D coordinates refer to map projection values. The common, or global projection uses latitude and longitude, reported in degrees, minutes, seconds, based upon North American Datum of 1983. The Universal Transverse Mercator, UTM, grid system used by GPS equipment reports a location by values of easting and northing reported in meters measured within a zone. Each zone is defined as 6° wide and 8° high (north-south), Illinois lies within parts of zones S15 and T15 west of longitude 90W and to the east S16 lies south of and T16 lies north of latitude 40N. (Often the "s" and "t" are not used.)

22. Examples of casing (liner) material and joint type are as follows:
 Steel, ASTM A53A - welded
 Steel, ASTM A53B - coupling
 VC, SDR 21, ASTM F480 - solvent welded

Note: The above codes are examples and are not meant to limit the type description.

Questions regarding completion of this form should be directed to the health department where the water well permit was issued or to the Illinois Department of Public Health at 217/782-5830, TTY (for the hearing impaired only) 800/547-0466