

**INSTALLATION REPORT FOR WATER WELL PUMPS**

Type of Installation  Existing (no pump)  
 Replacement (pump) 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 \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE**

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 86-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.