

# 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  
 310 E. TORRANCE AVE., P.O. BOX 886, PONTIAC, IL 61764

Date: \_\_\_\_\_  
 GEOLOGICAL AND WATER SURVEYS WELL RECORD

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

- D. Drilled Well: Steel Casing Mechanically Driven  yes  no  
 Hole Diam. \_\_\_ in. to \_\_\_ ft. \_\_\_ in. to \_\_\_ ft. \_\_\_ in. to \_\_\_ ft.  
 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.)

- E. Well finished within  Unconsolidated Materials  Bedrock  
 Kind of Gravel/Sand Pack Grain Size/Supplier # From (ft.) To (ft.)

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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 \_\_\_\_\_  
 Attachment to Casing:  Threaded  Welded  Compression  
 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 \_\_\_\_\_  
 11. Pump Installer: \_\_\_\_\_ License # \_\_\_\_\_  
 12. \_\_\_\_\_ License # \_\_\_\_\_  
 Licensed Pump Contractor Signature \_\_\_\_\_

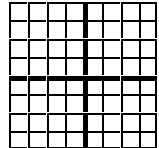
General Comments:

**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.

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 \_\_\_\_\_ Property ID# \_\_\_\_\_  
 20. Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_  
 21. Location: a. County \_\_\_\_\_

- b. Township \_\_\_\_\_ N Range \_\_\_\_\_ E Section \_\_\_\_\_  
 c. \_\_\_ ¼ of the \_\_\_ ¼ of the \_\_\_ ¼



22. Casing, Liners \*, & Screen Information

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

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

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

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

	From (ft.)	To (ft.)

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

Signed \_\_\_\_\_  
 Licensed Water Well Contractor Signature \_\_\_\_\_ License Number \_\_\_\_\_