



PDF FILLABLE/SAVABLE

INSTALLATION REPORT FOR WATER WELL PUMPS

Complete within 30 days and send to appropriate Health Department

Type of Installation: Replacement New Construction
Date of Installation _____

County _____ Permit Number _____
(new construction only)

Owner's Name _____

Well Location: _____, IL _____
Well Site Address _____ City _____ Zip _____

Pump Manufacturer _____ Model _____

Well Depth (ft.) _____ Depth Pump Set (ft.) _____ Pumping Capacity (gpm) _____

Static Water Level (ft.) _____ Pumping Level (ft.) _____
Below Top of Casing _____ Below Top of Casing _____

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:

cc: One Copy - Local Health Department
One Copy - Contractor
One Copy - Homeowner

IMPORTANT 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. IL 482-0631- Revised 1/10