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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 W. JEFFERSON ST.
SPRINGFIELD, IL 62761

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: _____ (Well Site Address) _____ (City), IL _____ (Zip)

Pump Manufacturer _____ Model _____

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

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

Pumping Level (ft.) 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