PDF FILLABLE/SAVABLE	DIVISION OF ENVIRONMEN 525 W. JEFFERSON SPRINGFIELD, IL 63	IST.	
	LLATION REPORT FOR W lete within 30 days and send to appro		
	ew Construction Date of Installation		
County	Perm	nit Number	
Owner's Name			new construction only)
Well Location:	ess Ci	ty	, IL Zip
Pump Manufacturer		Model	
Well Depth (ft.)	Depth Pump Set (ft.)	Pur	mping Capacity (gpm)
Static Water Level (ft.) Below Top of Casing	Pumping Level (ft.) Below Top of Casing		
Pitless Adapter Manufacturer		Mode	<u></u>
How Attached to Casing:	Screw On Welded		ession
Type of Well Cap			
Tank Working Cycle (gallons)	Captive Air:	Yes	No
Pump Equipment Disinfected:	Yes No		
Pump Installation Contractor		Lice	ense Number
Comments:			
cc: One Copy - Local Health De One Copy - Contractor One Copy - Homeowner	partment		

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

THE STATE OF

IMPORTANT NOTICE

This state agency is requesting discolsure 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