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## 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