

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
Division of Environmental Health  
525 West Jefferson St.  
Springfield, IL 62761

**INSTALLATION REPORT FOR WATER WELL PUMPS**

Type of Installation  Replacement Date of Installation \_\_\_\_\_  
 New Construction

County \_\_\_\_\_ Permit Number \_\_\_\_\_  
(new construction only)

Owner's Name \_\_\_\_\_

Site Address:

\_\_\_\_\_, IL. \_\_\_\_\_  
Street Address City ZIP Code

Township Name \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Twp \_\_\_\_\_  N  S Range \_\_\_\_\_  E  W Section \_\_\_\_\_

Pump Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Well Depth \_\_\_\_\_ Depth Pump Set \_\_\_\_\_ Pumping Capacity \_\_\_\_\_

Static Water Level \_\_\_\_\_ Pumping Level \_\_\_\_\_

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 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.