



Public Health
Prevent. Promote. Protect.

Henry & Stark County Health Department
Environmental Health
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www.henrystarkhealth.com

Henry County

Stark County

CLOSED LOOP WELL SYSTEM CONSTRUCTION REPORT

COMPLETE AND SUBMIT WITHIN 30 DAYS OF WELL COMPLETION

Contact/Location Information

Owner's Name _____ Home Phone _____ Cell Phone _____

Site Address _____ City _____ Parcel # _____

Township _____ Section # _____ 1/4 of the _____ 1/4 of the _____ 1/4

Permit # : _____

Bored by (apprentice/employee) _____ Cell Number _____

Registered Contractor's Name _____ Phone Number _____ Registration # _____

Construction Information

Well Completion Date: _____

GPS Coordinates of Center- LAT: _____ degrees _____ minutes _____ seconds N

LONG: _____ degrees _____ minutes _____ seconds W

GENERAL

Piping from header to home:
ASTM _____
Size _____ in

Borehole s/Trenches:
Number _____
Depth _____
Diameter _____

Boring Type:
 Vertical
 Horizontal
 Both
 Body of Water

Trace Wire/Locators?
 Yes No

GROUTING

Type:
 Bentonite
 Bentonite/Sand
Describe _____
 Neat Cement
Describe _____

Method:
 Pressure from bottom to top with tremie pipe?
 Other _____

LOOPS

Average Depth _____
Piping: ASTM _____ Size _____ in
Joints:
 In vertical loop
 Heat butt welded
 Heat socket welded
 None
 Other _____

Coolant:
 Methanol at _____ %
 Propylene Glycol at _____ %
 Calcium Chloride at _____ %
 Ethanol at _____ %
 Ethylene Glycol at _____ %
 Other _____
Pressure tested to at 20psi minimum?
 Yes No

\$50.00 Penalty fee if not submitted within 30 days of well completion.

Comments: _____

Completed By (please print): _____ Contractor Apprentice Employee

Signature

Date