EPA Region 5 Records Ctr.

393199

Wh[illegible] copy --
Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 6 in. Depth 180 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 6 in. Depth 162 ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 20 Ft. Seepage Tile Field ____
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed May 7, 1979
5. Permanent Pump Installed? Yes X Date 5/79 No ____
   Manufacturer Sta-Rite Type Subm. Location ____
   Capacity 70 gpm. Depth of Setting 84 Ft.
6. Well Top Sealed? Yes X No ____ Type 6 X 3 Seal
7. Pitless Adapter Installed? Yes ____ No X
   Manufacturer ____ Model Number ____
   How attached to casing? ____
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes X No ____
10. Pressure Tank Size – gal. Type –
    Location ____
11. Water Sample Submitted? Yes ____ No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner LENNIGER MID STATES Well No. ____
    Address 323 S. Center St., Hillside
    Driller L. R. Hoover License No. 102-783
11. Permit No. 85260 Date May 3, 1979
12. Water from Limestone (Formation) 13. County Cook
    at depth 162 to 180 ft.
    Sec. 6 (16)
    Twp. 42N
    Rge. 11E
    Elev. ____
14. Screen: Diam. – in.
    Length: – ft. Slot –

SHOW LOCATION IN SECTION PLAT

100'S 250'W NE/c SW/4 NW/4

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
6	New Black Steel	0	162
	T&C 20 PPF-ASTM		
	A-53 Youngstown		

16. Size Hole below casing: 6 in. (Industrial + Commercial operation)
17. Static level 35 ft. below casing top which is 1 ft. above ground level. Pumping level 47 ft. when pumping at 80 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Hardpan	58	58
Clay	22	80
Sandy clay	12	92
Hardpan	39	131
Clay	29	160
Limestone gravel	2	162
Limestone	18	180

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Lonny R. Hoover/ign DATE 6/1/79

IDPH 4.065
1/74 – KNB-1

W-2
P.B

City _____ County _____

Section 6, 1a Twp. No. 42N Range 11E.

Location (in feet from section corner) 600'W + 50'N of SE corner of Sec 6

Owner Bream Authority C. Smelter and Otto

Contractor Co. Smelter Address _____

Date drilled _____ Elev. above sea level top of well 711

Depth 176'

Log Rock 152'

Were drill cuttings saved _____ Where filed _____

Size hole _____ If reduced, where and how much _____

Casing record _____

Distance to water when not pumping _____ Distance to water is _____

feet after pumping at _____ G. P. M. for _____ hours.

Reference point for above measurements _____

Type of pump _____ Distance to cylinder _____

Length of cylinder _____ Length of suction pipe below cylinder _____

Length stroke _____ Speed _____

Hours used per day _____ Type of power _____

Rating of motor _____ Rating of pump in G. P. M. _____

Can following be measured: (1) Static water level _____

(2) Pumping level _____ (3) Discharge _____

(4) Influence on other wells _____

Temperature of water _____ Was water sample collected _____

Date _____ Effect of water on meters, hot water

coils, etc. _____

Date of Analysis _____ Analysis No. _____

Recorder _____

Date _____

2807-22617 12

White Copy – Ill. Dept. of P. Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. ____ in. Depth ____ ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ____.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building ____ Ft. Seepage Tile Field ____
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes ✓ No ____
4. Date well completed 5-5-69
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Bell Jacket Type Submersible
   Capacity 12 gpm. Depth of setting 189 ft.
6. Well Top Sealed? Yes ____ No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ✓ No ____

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner A Pattersfield Well No. 1
    Address Country Club Terr Heights
    Driller Henry Ferguson Co. License No. 95-480
11. Permit No. 7314 Date 4-22-69
12. Water from Limestone (Formation) 13. County Lake
    at depth ____ to ____ ft. Sec. 36
    14. Screen: Diam. ____ in. Twp. 43N
    Length: ____ ft. Slot ____ Rge. 10E
    Elev. ____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	galv.	0	184
			186.5

SHOW LOCATION IN SECTION PLAT
SE NE SE

16. Size Hole below casing: ____ in.
17. Static level 170 ft. below casing top which is 180 ft. above ground level. Pumping level ____ ft. when pumping at 8 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay & boulders	150	150
Limestone ledge	9	159
boulders & clay	11	170
Clay	8	178
Clay & sand	2	180
Gravel	6	186
Limestone	14	200

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 3/25/70

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material_____. Buried Slab: Yes____No____
   b. Driven_____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled X. Finished in Drift_____. In Rock X.
   Tubular_____. Gravel Packed_____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field over 75'
   Cess Pool none Sewer (non Cast iron) none
   Privy none Sewer (Cast iron) none
   Septic Tank over 50' Barnyard none
   Leaching Pit none Manure Pile none
3. Is water from this well to be used for human consumption?
   Yes X No____
4. Date well completed 8-10-73
5. Permanent Pump Installed? Yes X No____
   Manufacturer Reda Type Suburban
   Capacity 12 gpm. Depth of setting 152 ft.
6. Well Top Sealed? Yes X No____
7. Pitless Adaptor Installed? Yes X No____
8. Well Disinfected? Yes X No____
9. Water Sample Submitted? Yes____ No X

REMARKS:

IPPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Bilt-Rite Co. Well No.____
    Address Lot 126 Shenandoah Lane Long Grove
    Driller Patrick Liberg License No. 162-39
11. Permit No. 23580 Date 6-12-73
12. Water from Limestone Formation 13. County Lake
    at depth 174 to 225 ft.
    Sec. 36
    Twp. 43N
    Rge. 10E
    Elev.____
14. Screen: Diam.____in.
    Length:____ft. Slot____

SHOW LOCATION IN SECTION PLAT
60'N 160'W SE/c
SE NW SE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15# per ft	0	225

16. Size Hole below casing: 5 in.
17. Static level 103 ft. below casing top which is 1 ft. above ground level. Pumping level 110 ft. when pumping at 10+ gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Black Dirt	2	2
Brown Clay	3	5
Blue Clay	25	30
Sand & Gravel	5	35
Till	5	40
Gravel	3	43
Blue Clay	32	75
Till	55	130
Blue Clay	15	145
Gravel	29	174
Limestone	51	225

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Patrick A. Liberg DATE 10-25-73
78
Meadow Equipment Sales + Service Inc.

White Copy – Ill. Dept. of Publ Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTE. ND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. ____ in. Depth ____ ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

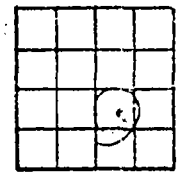
2. Distance to Nearest:
   Building 22 Ft. Seepage Tile Field over 75'
   Cess Pool none Sewer (non Cast iron) none
   Privy none Sewer (Cast iron) none
   Septic Tank over 50' Barnyard none
   Leaching Pit none Manure Pile none
3. Is water from this well to be used for human consumption?
   Yes X No ____
4. Date well completed 10-18-73
5. Permanent Pump Installed? Yes X No ____
   Manufacturer Red Jacket Type Submersible
   Capacity 10 gpm. Depth of setting 131 ft.
6. Well Top Sealed? Yes X No ____
7. Pitless Adapter Installed? Yes X No ____
8. Well Disinfected? Yes X No ____
9. Water Sample Submitted? Yes ____ No X

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Joe Kern Bldrs Well No. ____
    Address Lot 414, Shenandoah Lane, Long Grove
    Driller Patrick Liberg License No. 102 034
11. Permit No. 24233 Date 7-18-73
12. Water from Limestone (Formation) 13. County Lake
    at depth 177 to 225 ft.
    Sec. 36
    Twp. 43N
    Rge. 10 E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____



SHOW LOCATION IN SECTION PLAT
60'S 140'E NW/C
SE NW SE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black	0	177
	15# per ft		

16. Size Hole below casing: 5 in.
17. Static level 70 ft. below casing top which is 1 ft. above ground level. Pumping level 95 ft. when pumping at 10+ gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Fill Clay	3	3
Brown Clay	7	10
Grey Clay	50	60
Gravel	15	75
Gray Blue Clay	25	100
Blue Clay	10	110
~~Sand + Gravel~~	~~10~~	~~120~~
Gray Clay Hard Pan	45	165
Broken Lime + Gravel	12	177
Limestone	48	225

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Patrick A. Liberg VB DATE 11-26-73

Meadow Equipment Sales + Service Inc.

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. ____ in. Depth ____ ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 50 Ft. Seepage Tile Field 75'
   Cess Pool None Sewer (non Cast iron) None
   Privy None Sewer (Cast iron) None
   Septic Tank 50 Barnyard None
   Leaching Pit None Manure Pile None
3. Is water from this well to be used for human consumption?
   Yes ✓ No ____
4. Date well completed 10-30-73
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Red Type Sub-
   Capacity 7½ gpm. Depth of setting 1 ft.
6. Well Top Sealed? Yes X No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes X No ____
9. Water Sample Submitted? Yes ____ No X

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Smith & Brownlee Well No. ____
    Address Lot #125 Shoreland Lane, Long Grove
    Driller Patrick Liberg License No. 102-34
11. Permit No. 26,322 Date Oct 26, 1973
12. Water from Limestone (Formation) 13. County Lake
    at depth 175 to 225 ft.
    Sec. 36 3C
    Twp. 43N
    Rge. 10E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	Black	1	175
	15# per ft		

SHOW LOCATION IN SECTION PLAT
200'N 200'E of SW/C SE NW SE

16. Size Hole below casing: 5 in.
17. Static level 80 ft. below casing top which is 1 ft. above ground level. Pumping level 85 ft. when pumping at 14 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Brown Clay	10	10
Grey Clay	80	90
Blue Clay	60	150
Sand & Gravel	25	175
Limestone	50	225

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Patrick C. Liberg DATE 12- 73
By: June Liberg
Meadow Environmental Consultants

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. ____ in. Depth ____ ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 25 Ft. Seepage Tile Field 75
   Cess Pool none Sewer (non Cast iron) none
   Privy none Sewer (Cast iron) none
   Septic Tank 65 Barnyard none
   Leaching Pit none Manure Pile none.
3. Is water from this well to be used for human consumption?
   Yes X No ____
4. Date well completed 8-31-73
5. Permanent Pump Installed? Yes X No ____
   Manufacturer Red Jacket Type Submersible
   Capacity 10 gpm. Depth of setting 152 ft.
6. Well Top Sealed? Yes X No ____
7. Pitless Adapter Installed? Yes X No ____
8. Well Disinfected? Yes X No ____
9. Water Sample Submitted? Yes ____ No X

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Joe Kevin Builder Well No. ____
    Address Lot 116 Shenandoah Lane, Lake Zurich.
    Driller Edward H. Sisson License No. 102-46
11. Permit No. 24232 Date July 18 1973
12. Water from Limestone Formation 13. County Lake
    at depth 178 to 225 ft. Sec. 36
    14. Screen: Diam. ____ in. Twp. 43N
    Length: ____ ft. Slot ____ Rge. 10E
    Elev. ____

SHOW LOCATION IN SECTION PLAT
60'N 140'E SW/C NE NW SE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	Black 15# per ft	1	178

16. Size Hole below casing: 5" in.
17. Static level 105 ft. below casing top which is 1 ft. above ground level. Pumping level 110 ft. when pumping at 12 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Brown Clay	10	10
Grey clay	80	90
Sand & gravel	5	95
Grey Clay Sand Seam	10	105
Blue Clay	50	155
Sand & gravel	10	165
Gravel	13	178
Limestone	47	225

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Edward H. Sisson DATE 11-16-73
by Jane Liberg.

Whit[illegible]y –
Ill. [illegible]pt. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION [illegible]QUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material _____. Buried Slab: Yes____No____
   b. Driven ✓. Drive Pipe Diam.____in. Depth ✓ ft.
   c. Drilled ✓. Finished in Drift____. In Rock ✓.
   Tubular____. Gravel Packed____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 10 Ft. Seepage Tile Field 81
   Cess Pool____ Sewer (non Cast iron)____
   Privy____ Sewer (Cast iron)____
   Septic Tank 61 Barnyard____
   Leaching Pit____ Manure Pile____
3. Is water from this well to be used for human consumption?
   Yes ✓ No____
4. Date well completed JAN 18, 1978
5. Permanent Pump Installed? Yes ✓ No____
   Manufacturer RED JACKET Type SUBMERSIBLE
   Capacity 10 gpm. Depth of setting 185 ft.
6. Well Top Sealed? Yes ✓ No____
7. Pitless Adaptor Installed? Yes ✓ No____
8. Well Disinfected? Yes ✓ No____
9. Water Sample Submitted? Yes____ No ✓

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner DAVE CHRISOS Well No. 14-77
    Address 210 CHECKER LONG GROVE
    Driller T STYMANSKI License No. 103-108
11. Permit No. 703177 Date DEC. 15 1977
12. Water from LIMESTONE (Formation) 13. County LAKE
    at depth 184 to 195 ft.
    Sec. 36
    Twp. 43N
    Rge. 10E
    Elev.____
14. Screen: Diam.____in.
    Length:____ft. Slot____

SHOW LOCATION IN SECTION PLAT
Lot 97, Long Grove Center Club Est., Unit 2, NE NW SE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	GAL. #15	0	184

16. Size Hole below casing 4 7/8 in.
17. Static level 98 ft. below casing top which is ONE ft. above ground level. Pumping level 106 ft. when pumping at 18 gpm for 15 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
CLAY	24	24
GRAVEL + SAND	37	61
SAND	09	70
GRAVEL + SAND	07	77
CLAY + GRAVEL	104	181
GRAVEL + SAND	03	184
LIMESTONE	11	195

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ted Stymanski (Partner) DATE Jan 19, 1978

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material____. Buried Slab: Yes____No____
   b. Driven____. Drive Pipe Diam. 5 in. Depth____ft.
   c. Drilled ✓. Finished in Drift____. In Rock ✓.
   Tubular____. Gravel Packed____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 10 Ft. Seepage Tile Field 80
   Cess Pool____ Sewer (non Cast iron)____
   Privy____ Sewer (Cast iron)____
   Septic Tank 70 Barnyard____
   Leaching Pit____ Manure Pile____
3. Is water from this well to be used for human consumption?
   Yes ✓ No____
4. Date well completed 4/7/62
5. Permanent Pump Installed? Yes ✓ No____
   Manufacturer Layne Type Submerge
   Capacity 100 gpm. Depth of setting 120 ft.
6. Well Top Sealed? Yes ✓ No____
7. Pitless Adaptor Installed? Yes ✓ No____
8. Well Disinfected? Yes ✓ No____
9. Water Sample Submitted? Yes____ No ✓

REMARKS:

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Dept. Mines and Minerals permit No. 4200 Year 62
11. Property owner William Bolgman Well No.____
    Address 7140 Clay Dr. Tinley Park Ill
    Driller Sat. Bolgman License No. 00-72
12. Water from Limestone (Formation) 13. County Lake
    at depth 175 to 192 ft.
    Sec. 30
    Twp. 42N
    Rng. 10E
    Elev.____
14. Screen: Diam.____in.
    Length:____ft. Slot____

SHOW LOCATION IN SECTION PLAT

NW SW NE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	galv 15 lbs	0	175

16. Size Hole below casing: 5 in.
17. Static level 55 ft. below casing top which is 1 ft. above ground level. Pumping level 55 ft. when pumping at 25 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	2	2
Yellow Clay	8	10
Sand & Clay	10	20
Sand & Gr	95	115
Sand	30	145
Sand, Gravel	10	155
Gravel	20	175
(CONTINUE ON SEPARATE SHEET IF NECESSARY)	17	192

Limestone

SIGNED John Bolgman DATE 5/11/62

White Copy — Ill. Dept. Public Health
Yellow Copy — Well Contractor
Blue Copy — Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. ____ in. Depth ____ ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 210 ft.
   c. Drilled ✓. Finished in Drift ____. In Rock ✓.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 16 Ft. Seepage Tile Field 85
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 60 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes ✓ No ____
4. Date well completed 6/24/71
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Layne Type Submersible
   Capacity 10 gpm. Depth of setting 120 ft.
6. Well Top Sealed? Yes ✓ No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Ronald Stuber Well No. ____
    Address Rt. 53 Hicks Rd Palatine
    Driller Gene Bizzel License No. 82-22
11. Permit No. 13844 Date ____
12. Water from Silurian Formation 13. County Lake
    at depth 157 to 210 ft. Sec. 35
    14. Screen: Diam. ____ in. Twp. 42N
    Length: ____ ft. Slot ____ Rge. 10E
    Elev. ____

SHOW LOCATION IN SECTION PLAT
SE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	galv. 15 lbs	0	157

16. Size Hole below casing: 5 in.
17. Static level 40 ft. below casing top which is 1 ft. above ground level. Pumping level 40 ft. when pumping at 25 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top soil	3	3
Yellow clay	12	15
Gray clay	65	80
Gravel & Clay	30	110
Sand & clay	10	120
Gravel & Clay	10	130
Sand & gravel	27	157
Limestone	53	210

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED John Gilgard DATE 6/24/71

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62701. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5" in. Depth 225' ft.
   Curb material ____. Buried Slab: Yes ____ No X
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Clay	0'	20'

2. Distance to Nearest:
   Building 25' Ft. Seepage Tile Field 90'
   Cess Pool — Sewer (non Cast iron) —
   Privy — Sewer (Cast iron) —
   Septic Tank 60 Barnyard —
   Leaching Pit — Manure Pile —
3. Is water from this well to be used for human consumption?
   Yes X No ____
4. Date well completed 10-14-76
5. Permanent Pump Installed? Yes X No ____
   Manufacturer Red Jacket Type Sub.
   Capacity 15 gpm. Depth of setting 180' ft.
6. Well Top Sealed? Yes X No ____
7. Fitless Adaptor Installed? Yes X No ____
8. Well Disinfected? Yes X No ____
9. Water Sample Submitted? Yes ____ No X

REMARKS:

NONE

IDPH 4.065
10-72
KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Al Sutherland Well No. 1
    Address Lot #6 Knoll Ct. – Long Grove
    Driller Subuebon License No. 103-201
11. Permit No. 51899 Date 9-7-76
12. Water from Niagara Formation 13. County Lake
    at depth 183' to 225' ft.
    Sec. 35
    Twp. 43N
    Rge. 10E
    Elev. —
14. Screen: Diam. — in.
    Length: — ft. Slot —

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	Blk 15#	0'	183'

SHOW LOCATION IN SECTION PLAT
400's 200' of NE/c NE/NW/NE

16. Size Hole below casing: 5" in.
17. Static level 140 ft. below casing top which is 1' ft. above ground level. Pumping level 160' ft. when pumping at 15 gpm for 24 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Brown Clay	15'	15
Gray Clay	48'	63'
Gray Sand & Gravel	113'	176
Gray Lime	49'	225

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 10-14-76

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIO[illegible] 'O DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. 5 in. Depth 123 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled X. Finished in Drift X. In Rock ____.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building ____ Ft. Seepage Tile Field ____
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 5/5/80
5. Permanent Pump Installed? Yes X Date 5/7/80 No ____
   Manufacturer Red Jacket Type subm. Location ____
   Capacity 10 gpm. Depth of Setting 95 Ft.
6. Well Top Sealed? Yes X No ____ Type ____
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer Williams Model Number ____
   How attached to casing? clamp
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes X No ____
10. Pressure Tank Size 120 gal. Type galv. w/float
    Location ____
11. Water Sample Submitted? Yes X No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner ROLAND BLDRS. Well No. Marden ESt.
    Address 1 Lisa Ln., Hawthorn Woods, IL.
    Driller GEORGE E. GAEFKE License No. 102-234
11. Permit No. 93285 Date 4/7/80
12. Water from Gravel Formation
    at depth 115 to 123 ft.
13. County Lake
    Sec. 25 6e
    Twp. 43N
    Rge. 10E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____

	x		

SHOW LOCATION IN SECTION PLAT
75'N, 50'E, SW/c SE NW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	PVC 2' abv. grd.		102
5	Black Steel	102	123

16. Size Hole below casing: 5 in.
17. Static level 70 ft. below casing top which is 1 ft. above ground level. Pumping level ____ ft. when pumping at 15 gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Brown Clay	13	13
Blue Clay	102	115
Gravel - Broken Rock	8	123

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 6/23/80

IDPH 4.065
1/74 - KNB-1

ite Copy —
Dept. of Public Health
ow Copy — Well Cont
ite Copy — Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material _____. Buried Slab: Yes____No____
   b. Driven _____. Drive Pipe Diam. 5 in. Depth 208 ft.
   c. Drilled ✓. Finished in Drift _____. In Rock ✓.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 30 Ft. Seepage Tile Field 100
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 80 Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Is water from this well to be used for human consumption?
   Yes ✓ No _____
4. Date well completed 7/23/71
5. Permanent Pump Installed? Yes ✓ No _____
   Manufacturer Peerless Type Submersible
   Capacity 10 gpm. Depth of setting 170 ft.
6. Well Top Sealed? Yes ✓ No _____
7. Pitless Adaptor Installed? Yes ✓ No _____
8. Well Disinfected? Yes ✓ No _____
9. Water Sample Submitted? Yes _____ No ✓

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Gene M Walker Well No. _____
    Address Lot 2 W. Madison Dr. Long Grove
    Driller Bill Bilgard License No. 92-72
11. Permit No. 14302 Date _____
12. Water from Limestone (Formation) 13. County Lake
    at depth 205 to 208 ft.
14. Screen: Diam. _____ in.
    Length: _____ ft. Slot _____

Sec. 25.7d
Twp. 43N
Rge. 10E
Elev. _____

SHOW LOCATION IN SECTION PLAT
NE NW SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	galv 15 lbs	0	205

16. Size Hole below casing: 5 in.
17. Static level 110 ft. below casing top which is 1 ft. above ground level. Pumping level 110 ft. when pumping at 50 gpm for 3 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Topsoil	2	2
yellow clay	5	7
yellow clay & gravel	8	15
Gray clay	35	50
clay & gravel	110	160
Sand	35	195
Sand & gravel	10	205
Limestone	3	208

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED John Bilgard DATE 10/9/71

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored ____. Hole Diam. ____ in. Depth ____ ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 156 ft.
   c. Drilled ✓. Finished in Drift ✓. In Rock ____.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 15 Ft. Seepage Tile Field 85
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 60 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes ✓ No ____
4. Date well completed 6-6-73
5. Permanent Pump Installed? Yes ✓ No ____
   Manufacturer Red Jacket Type ____
   Capacity 10 gpm. Depth of setting 85 ft.
6. Well Top Sealed? Yes ____ No ____
7. Pitless Adaptor Installed? Yes ✓ No ____
8. Well Disinfected? Yes ✓ No ____
9. Water Sample Submitted? Yes ____ No ✓

REMARKS:

IDPH 4 065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Allen Carterer Well No. ____
    Address Lot 4 Hidden Valley
    Driller Peter Pilgard License No. 92-72
11. Permit No. 21775 Date Feb 5, 1973
12. Water from Gravel (Formation) 13. County Lake
    at depth 156 to ____ ft.
    Sec. 26
    Twp. 43N
    Rge. 10E
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____

SHOW LOCATION IN SECTION PLAT
NE N G SG

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Galv. 15 lb.	0	156

16. Size Hole below casing: 5 in.
17. Static level 30 ft. below casing top which is 1 ft. above ground level. Pumping level 30 ft. when pumping at 20 gpm for 3 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top Soil	3	3
Clay	7	10
Sand	5	15
Clay	110	125
Sand Dirty Gravel	25	150
Gravel	6	156

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED D. R. Pilgard DATE 9-12-73

White Copy
Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1/67

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material_____. Buried Slab: Yes_____No_____
   b. Driven ✓. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled ✓ Finished in Drift_____. In Rock_____.
   Tubular____ Gravel Packed_____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 8 Ft. Seepage Tile Field 88
   Cess Pool_____ Sewer (non Cast iron)_____
   Privy_____ Sewer (Cast iron)_____
   Septic Tank 68 Barnyard_____
   Leaching Pit_____ Manure Pile_____
3. Is water from this well to be used for human consumption?
   Yes ✓ No_____
4. Date well completed_____
5. Permanent Pump Installed? Yes ✓ No_____
   Manufacturer REDJACKET Type SUBMERSIBLE
   Capacity 10 gpm. Depth of setting 186 ft.
6. Well Top Sealed? Yes ✓ No_____
7. Pitless Adapter Installed? Yes ✓ No_____
8. Well Disinfected? Yes ✓ No_____
9. Water Sample Submitted? Yes_____ No ✓

REMARKS:

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Dept. Mines and Minerals permit No. 6980 Year 1969
11. Property owner S. K. HOLCOMB JR. Well No. 5
    Address 129 EXETER RD. FARMINGTON
    Driller T. SZUMANSKI License No. 92-78
12. Water from LIMESTONE (Formation) 13. County LAKE
    at depth 186 to 190 ft.
    Sec. 26 5d
    Twp. 43N
    Rng. 10E
    Elev. 84
14. Screen: Diam._____in.
    Length:_____ft. Slot_____

SHOW LOCATION IN SECTION PLAT
NE NE SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	GALVANIZED #15	0	186
4 7/8	LIMESTONE	186	190

16. Size Hole below casing: 4 7/8 in.
17. Static level 60 ft. below casing top which is ONE ft. above ground level. Pumping level 64 ft. when pumping at 20 gpm for 12 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
CLAY	72	72
CLAY + SAND	24	96
CLAY	70	166
GRAVEL + SAND	20	186
LIMESTONE	4	190
(CONTINUE ON SEPARATE SHEET IF NECESSARY)		

SIGNED_____ DATE 4-10-69

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material_____. Buried Slab: Yes_____ No_____
   b. Driven ✓. Drive Pipe Diam. 5 in. Depth 157 ft.
   c. Drilled ✓. Finished in Drift ✓. In Rock ___.
   Tubular_____. Gravel Packed_____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 15 Ft. Seepage Tile Field 90
   Cess Pool_____ Sewer (non Cast iron)_____
   Privy_____ Sewer (Cast iron)_____
   Septic Tank 65 Barnyard_____
   Leaching Pit_____ Manure Pile_____
3. Well furnishes water for human consumption? Yes ✓ No_____
4. Date well completed JUNE 77
5. Permanent Pump Installed? Yes ✓ Date JUNE 77 No_____
   Manufacturer RED JACKET Type Subm Location Well
   Capacity 10 gpm. Depth of Setting 80 Ft.
6. Well Top Sealed? Yes ✓ No_____ Type WILLIAMS
7. Pitless Adapter Installed? Yes ✓ No_____
   Manufacturer Williams Model Number B50AC
   How attached to casing? UNDER System Pressure
8. Well Disinfected? Yes ✓ No_____
9. Pump and Equipment Disinfected? Yes ✓ No_____
10. Pressure Tank Size 80 gal. Type Well-X-Trol
    Location Basement
11. Water Sample Submitted? Yes_____ No ✓

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Siegfried Voltl Well No._____
    Address Oak Hill Ln. Long Grove
    Driller Peter Pilgard License No. 102-94
11. Permit No. 58943 Date Apr 14, 1977
12. Water from GRAVEL (Formation) 13. County LAKE
    at depth 134 to 157 ft.
    Sec. 24 SE
    Twp. 43N
    Rge. 10E
    Elev._____
14. Screen: Diam._____in.
    Length:_____ft. Slot_____

SHOW LOCATION IN SECTION PLAT
SE SE SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	GALV 15#	0	157

16. Size Hole below casing:_____in.
17. Static level 45 ft. below casing top which is 1 ft. above ground level. Pumping level 45 ft. when pumping at 20 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
PEAT	12	12
Yellow Clay	9	21
Gray Clay	88	109
GRAVEL & CLAY	25	134
GRAVEL	23	157

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Dennis Pilgard DATE 1-9-78

IDPH 4.085
1/74 – KHE-1

White Copy – Ill Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIO' TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material _____. Buried Slab: Yes_____No_____
   b. Driven ____. Drive Pipe Diam. 5 in. Depth 219 ft.
   c. Drilled ✓. Finished in Drift_____. In Rock ✓.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 50 Ft. Seepage Tile Field 100
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 90 Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes ✓ No ____
4. Date well completed 9-28-79
5. Permanent Pump Installed? Yes ✓ Date 10-79 No ____
   Manufacturer Sta-Rite Type Sub Location Well
   Capacity 10 gpm. Depth of Setting 140 Ft.
6. Well Top Sealed? Yes ✓ No ____ Type LB-5
7. Pitless Adapter Installed? Yes ✓ No ____
   Manufacturer Martinson Model Number BP-10
   How attached to casing? Pressure
8. Well Disinfected? Yes ✓ No ____
9. Pump and Equipment Disinfected? Yes ✓ No ____
10. Pressure Tank Size 82 gal. Type _____
    Location Basement
11. Water Sample Submitted? Yes ____ No ✓
REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Peter Pestlewaite Well No. _____
    Address Andover Dr. Kildeer
    Driller Pilgard License No. 102-94
11. Permit No. 83060 Date 12-22-1978
12. Water from Limestone (Formation) 13. County Lake
    at depth 193 to 219 ft. Sec. 26 SE
    14. Screen: Diam. _____ in. Twp. 43N
    Length: _____ ft. Slot _____ Rge. 10E
    Elev. _____

SHOW LOCATION IN SECTION PLAT
SW NW SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Galv 15#	0	193

16. Size Hole below casing: 5 in.
17. Static level 75 ft. below casing top which is 1 ft. above ground level. Pumping level 85 ft. when pumping at 25 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Brown Clay - Hard	5	5
Gray Clay	75	80
Clay + Gravel	25	105
Sandy Gray Clay	33	138
Gravel	3	141
Sand	7	148
Sandy Clay + Gravel	32	180
Sand + Gravel	13	193
Limestone	26	219

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Dennis Pilgard DATE 12/10/79

IDPH 4.065
1/74 – KNB-1

White Copy — Ill. Dept. of P[illegible] Health
Yellow Copy — [illegible] Contractor
Blue Copy — Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUES[illegible] AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, S[illegible]TE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1/67

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material____. Buried Slab: Yes____No____
   b. Driven____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled ✓. Finished in Drift____. In Rock ✓.
   Tubular____. Gravel Packed____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 15 Ft. Seepage Tile Field 114
   Cess Pool____ Sewer (non Cast iron)____
   Privy____ Sewer (Cast iron)____
   Septic Tank 94 Barnyard____
   Leaching Pit____ Manure Pile____
3. Is water from this well to be used for human consumption?
   Yes ✓ No____
4. Date well completed May 30, 1971
5. Permanent Pump Installed? Yes ✓ No____
   Manufacturer Goldsmith Type Submersible
   Capacity 20 gpm. Depth of setting 151 ft.
6. Well Top Sealed? Yes ✓ No____
7. Pitless Adaptor Installed? Yes____ No____
8. Well Disinfected? Yes ✓ No____
9. Water Sample Submitted? Yes____ No ✓

REMARKS:

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Dept. Mines and Minerals permit No. 11677 Year 1971
11. Property owner J Felton Well No. 1
    Address 1 Appleton Drive
    Driller T. Summers License No. [illegible]
12. Water from Limestone (Formation) 13. County Lake
    at depth 94 to 252 ft.
14. Screen: Diam.____in.
    Length:____ft. Slot____
    Sec. 26 Twp. 43N Rng. 10E Elev.____

SHOW LOCATION IN SECTION PLAT
NW NW SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Gal. #15	0	94
4 7/8	Limestone	94	252

16. Size Hole below casing: 4 7/8 in.
17. Static level 91 ft. below casing top which is [illegible] ft. above ground level. Pumping level 94 ft. when pumping at 20 gpm for 1.5 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	110	110
Gravel + Clay	65	175
Sand + Gravel	41	216
Limestone	38	254
(CONTINUE ON SEPARATE SHEET IF NECESSARY)		

SIGNED [illegible] DATE 5-30-71
Partner