[illegible] 1LU535-06 [illegible]

Alton Municipal
Madison County

REFERENCE [illegible]
SITE NAME Alton L.F.
SITE ID ILD980417614

5.le T6N R10W Sec 35

3mile T6N R10W Sec 13, 14, 21, 22, 23, 24
25, 26, 27, 28, 33, 34, 35, 36

T6N R9W Sec 19, 29, 30 31 32,

EPA Region 5 Records Ctr.
288693

Madison County

T6N R10W	
Section	# Wells
13	5
14	6
21	5
22	2
23	1
24	1
25	1
26	0
27	4
28	0
33	0
34	4
35	0
36	0
	29

T6N R9W	
Section	# Wells
19	0
29	5
30	0
31	4
32	1
	10

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 X. Hole Diam. 36 in. Depth 45 ft.
   Curb material ____. Buried Slab: Yes ____ No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled ____. Finished in Drift X. In Rock ____.
   Tubular ____. Gravel Packed ____.
   d. Grout:

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

2. Distance to Nearest:
   Building 50 Ft. Seepage Tile Field ____
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 120 Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed NOV - 1976
5. Permanent Pump Installed? Yes ____ Date ____ No X
   Manufacturer ____ Type ____ Location ____
   Capacity ____ gpm. Depth of Setting ____ Ft.
6. Well Top Sealed? Yes ____ No ____ Type ____
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 ____ No ____
10. Pressure Tank Size ____ gal. Type ____
    Location ____
11. Water Sample Submitted? Yes ____ No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner DON GIBBONS Well No. ____
    Address PIERCE LANE GODFREY
    Driller HENRY BLUM License No. 12-[illegible]
11. Permit No. 54469 Date 3-28-77
12. Water from SAND (Formation) 13. County MADISON
    at depth 35 to 36 ft.
    14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____
    Sec. 27
    Twp. 5N
    Rge. 10W
    Elev. ____

SHOW LOCATION IN SECTION PLAT
SW SW NW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
36	CONCRETE	-45	-16
6	PLASTIC - SCHED 40	-10	+1

16. Size Hole below casing: ____ in.
17. Static level 31 ft. below casing top which is 1 ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
TOP SOIL	3	3
CLAY	32	35
SAND	1	36
DRIFT	9	45
BLOCK @ 45FT		

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Henry E Blum DATE 3-28-77

IDPH 4.065
1/74 – KNB-1

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

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. 72 in. Depth 48 ft.
   Curb material None. 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. Well furnishes water for human consumption? Yes ✓ No ____
4. Date well completed 1-22-76
5. Permanent Pump Installed? Yes ____ Date ____ No ✓
   Manufacturer ____ Type ____ Location ____
   Capacity ____ gpm. Depth of Setting ____ Ft.
6. Well Top Sealed? Yes ✓ No ____ Type ____
7. Pitless Adapter Installed? Yes ____ No ✓
   Manufacturer ____ Model Number ____
   How attached to casing? ____
8. Well Disinfected? Yes ____ No ✓
9. Pump and Equipment Disinfected? Yes ____ No ✓
10. Pressure Tank Size ____ gal. Type ____
    Location ____
11. Water Sample Submitted? Yes ____ No ✓

REMARKS:

Never Count - no Rlly yet.

IDPH 4.065
1/74 – KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner [illegible] Well No. ____
    Address [illegible]
    Driller [illegible] License No. 92-477
11. Permit No. 44079 Date 1-5-76
12. Water from [illegible] Formation 13. County [illegible]
    at depth 24 to 28 ft.
    Sec. 27 Sq
    Twp. 6N
    Rge. 10W
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____

SHOW LOCATION IN SECTION PLAT
SW NW NW

15. Casing and Liner Pipe

Diam (In.)	Kind and Weight	From (Ft.)	To (Ft.)
6	[illegible]		10
36	Concrete		48

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

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay		24
sand		28
blue clay		48

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [illegible] DATE 1-22-76

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. 30 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 100 Ft. Seepage Tile Field ____
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank NO Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Well furnishes water for human consumption? Yes ✓ No ____
4. Date well completed ____
5. Permanent Pump Installed? Yes ____ Date ____ No ✓
   Manufacturer ____ Type ____ Location ____
   Capacity ____ gpm. Depth of Setting ____ Ft.
6. Well Top Sealed? Yes ✓ No ____ Type ____
7. Pitless Adapter Installed? Yes ____ No ✓
   Manufacturer ____ Model Number ____
   How attached to casing? ____
8. Well Disinfected? Yes ✓ No ____
9. Pump and Equipment Disinfected? Yes ____ No ____
10. Pressure Tank Size ____ gal. Type ____
    Location ____
11. Water Sample Submitted? Yes ____ No ✓

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Richard Cross Well No. ____
    Address Godfrey IL
    Driller [illegible] License No. 92-672
11. Permit No. 32223 Date ____
12. Water from Clay (Formation) 13. County Madison
    at depth ____ to ____ ft. Sec. 24
14. Screen: Diam. ____ in. Twp. 4N
    Length: ____ ft. Slot ____ Rge. 10W
    Elev. ____

SHOW LOCATION IN SECTION PLAT
NW NW SE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	concrete	39	

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

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	38	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [illegible] DATE 3-2-76

IDPH 4.085
1/74 – KNB-1

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. 36 in. Depth 45 ft.
   Curb material CONCRETE 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 N
   Cess Pool N Sewer (non Cast iron) ✓
   Privy N Sewer (Cast iron) N
   Septic Tank N Barnyard ✓
   Leaching Pit N Manure Pile ✓
3. Well furnishes water for human consumption? Yes ✓ No ____
4. Date well completed SEPT 1961
5. Permanent Pump Installed? Yes X Date OCT 1961 No ____
   Manufacturer RED JACKET Type SUB Location WELL
   Capacity 10 gpm. Depth of Setting 45 Ft.
6. Well Top Sealed? Yes X No ____ Type CAP
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer MERRIL Model Number MBP1
   How attached to casing? CLAMPED
8. Well Disinfected? Yes X No ____
9. Pump and Equipment Disinfected? Yes ____ No ____
10. Pressure Tank Size ____ gal. Type ____
    Location ____
11. Water Sample Submitted? Yes ____ No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Caroline Schatter Well No. ____
    Address [illegible]
    Driller [illegible] License No. [illegible]
11. Permit No. [illegible] (95691) Date [illegible]
12. Water from SAND (Formation) 13. County [illegible]
    at depth 21 to 24 ft. Sec. 22 SE
    14. Screen: Diam. ____ in. Twp. 6N
    Length: ____ ft. Slot ____ Rge. 10W
    Elev. ____

SHOW LOCATION IN SECTION PLAT
NE NE SW

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
36	[illegible]	-45	-16
6	[illegible]	-10	+1

16. Size Hole below casing: ____ in.
17. Static level 21 ft. below casing top which is 1 ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
top soil	3	3
yellow clay	18	21
[illegible]	3	24
clay	21	45

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [illegible] DATE 1/13/61

IDPH 4.065
1/74 – KNB-1

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

INSTRUCTIONS TO D' 'ERS

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.

5

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored X. Hole Diam. 36 in. Depth 50 ft.
   Curb material CONCRETE Buried Slab: Yes ____ No X
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled ____. Finished in Drift X. In Rock ____.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
CONCRETE	–10	GRADE

2. Distance to Nearest:
   Building 50 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 X No ____
4. Date well completed 9-17-74
5. Permanent Pump Installed? Yes ____ No X
   Manufacturer ____ Type ____
   Capacity ____ gpm. Depth of setting ____ ft.
6. Well Top Sealed? Yes X No ____
7. Pitless Adaptor Installed? Yes ____ No X
8. Well Disinfected? Yes X No ____
9. Water Sample Submitted? Yes ____ No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Wm. KALISKI & BRANDY Well No. ____
    Address R11 2 RODRIEY
    Driller H. L. BUSH License No. 92-3446
11. Permit No. 20371 Date 3-20-74
12. Water from CLAY (Formation) 13. County MADISON
    at depth 31 to 32 ft. Sec. 21
    14. Screen: Diam. ____ in. Twp. 6N
    Length: ____ ft. Slot ____ Rge. 10W
    Elev. ____

SHOW LOCATION IN SECTION PLAT

NW NE SE

15. Casing and Liner Pipe

Diam (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	CONCRETE	–50	+1

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

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
TOP SOIL	3	3
RED CLAY	28	31
SANDY CLAY	1	32
CLAY (YELLOW RED MIX)	8	40
DRIFT	10	50

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED H. L. Bush DATE 3-20-74

IDPH 4.065
10-72
RNB-1

State of Illinois — White Copy – Well Contractor; Copy – Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED . . . 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.

9

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

. Type of Well

a. Dug ____. Bored X. Hole Diam. 36 in. Depth 35 ft.

Curb material ____. Buried Slab: Yes ____ No X

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.)
CONCRETE	-10	GRADE

. Distance to Nearest:

Building 15 Ft. Seepage Tile Field 100

Cess Pool ____ Sewer (non Cast iron) ____

Privy ____ Sewer (Cast iron) ____

Septic Tank 100 Barnyard ____

Leaching Pit ____ Manure Pile ____

. Is water from this well to be used for human consumption?

Yes ____ No ____

Date well completed AUG 1974

Permanent Pump Installed? Yes ____ No X

Manufacturer ____ Type ____

Capacity ____ gpm. Depth of setting ____ ft.

. Well Top Sealed? Yes X No ____

7. Pitless Adaptor Installed? Yes ____ No ____

8. Well Disinfected? Yes X No ____

. Water Sample Submitted? Yes ____ No ____

MARKS:

DPH 4.065
'68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner JOHN SHEA Well No. ____

Address 7107 MONTCLAIRE

Driller RICHARD BUSH License No. ____

11. Permit No. 32048 Date ____

12. Water from SAND (Formation) 13. County MADISON

at depth 20 to 21 ft. Sec. 14

14. Screen: Diam. ____ in. Twp. 6N

Length: ____ ft. Slot ____ Rge. 10W

Elev. ____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
36	CONCRETE	-10	+1

SHOW LOCATION IN SECTION PLAT

NW NW SE

16. Size Hole below casing: ____ in.

17. Static level 20 ft. below casing top which is 1 ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
TOP SOIL	5	5
CLAY	15	20
SAND	1	21
DRIFT	14	35

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED ____ DATE 8-26-74

White Copy – Dep. Of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUIRED 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. 30 in. Depth 39 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 75 Ft. Seepage Tile Field ____
   Cess Pool 250 Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank 150 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 ____ Type ____
   Capacity ____ gpm. Depth of setting ____ 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 Dick Hogan Well No. ____
    Address Hoffman Ill
    Driller Gust Bekemeyer License No. 92-4174
11. Permit No. WF 07471 Date ____
12. Water from Clay (Formation) 13. County Madison
    at depth ____ to ____ ft.
    Sec. 13, 1a
    Twp. 6N
    Rge. 10W
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
30	Concrete	39	1

SHOW LOCATION IN SECTION PLAT
SE SE SE

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

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	39	

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Gust Bekemeyer DATE 10-21-71

Yellow Copy – Well Contractor
Blue Copy – Well Owner

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.

8

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug ____. Bored X. Hole Diam. 36 in. Depth 50 ft.
   Curb material CONCRETE Buried Slab: Yes X No ____
   b. Driven ____. Drive Pipe Diam. ____ in. Depth ____ ft.
   c. Drilled ____. Finished in Drift X. In Rock ____.
   Tubular ____. Gravel Packed ____.
   d. Grout:

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

2. Distance to Nearest:
   Building 30 Ft. Seepage Tile Field N/A
   Cess Pool N/A Sewer (non Cast iron) N/A
   Privy N/A Sewer (Cast iron) N/A
   Septic Tank N/A Barnyard N/A
   Leaching Pit N/A Manure Pile ____
3. Well furnishes water for human consumption? Yes X No ____
4. Date well completed 10-80
5. Permanent Pump Installed? Yes X Date 10-80 No ____
   Manufacturer RED JACKET Type SCB Location WELL
   Capacity 10 gpm. Depth of Setting 45 Ft.
6. Well Top Sealed? Yes X No ____ Type CAP
7. Pitless Adapter Installed? Yes X No ____
   Manufacturer MERRIL Model Number MBP 1
   How attached to casing? CLAMPED
8. Well Disinfected? Yes Y No ____
9. Pump and Equipment Disinfected? Yes ____ No X
10. Pressure Tank Size 20 gal. Type CAPTIVE AIR
    Location HOUSE
11. Water Sample Submitted? Yes ____ No ____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner R. Williams [illegible] Well No. ____
    Address [illegible]
    Driller [illegible] License No. [illegible]
11. Permit No. 91011 Date 1/13/81
12. Water from SAND (Formation) 13. County [illegible]
    at depth 30 to 33 ft.
    Sec. 3/4
    Twp. 6N
    Rge. 5W
    Elev. ____
14. Screen: Diam. ____ in.
    Length: ____ ft. Slot ____

SHOW LOCATION IN SECTION PLAT
SE SE NE

15. Casing and Liner Pipe

Diam. (In.)	Kind and Weight	From (Ft.)	To (Ft.)
36	Concrete	-50	-10
6	sched 40 plastic	-10	+1

16. Size Hole below casing: ____ in.
17. Static level 26 ft. below casing top which is 1 ft. above ground level. Pumping level ____ ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Top soil	2	2
yellow clay	28	30
clay & sand	3	33
drift	17	50

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Henry L Bush DATE 1/13/81

IDPH 4.065
1/74 – KNB-1

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

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 X. Hole Diam. 36 in. Depth 45 ft.
   Curb material CONCRETE. Buried Slab: Yes X No____
   b. Driven____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled____. Finished in Drift X. In Rock____.
   Tubular____. Gravel Packed____.
   d. Grout:

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

2. Distance to Nearest:
   Building 400 Ft. Seepage Tile Field N
   Cess Pool N Sewer (non Cast iron) N
   Privy____ Sewer (Cast iron)____
   Septic Tank N Barnyard N
   Leaching Pit N Manure Pile N
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed AUG 1974
5. Permanent Pump Installed? Yes X Date SEPT 74 No____
   Manufacturer RED JACKET Type SUB Location WELL
   Capacity 10 gpm. Depth of Setting 43 Ft.
6. Well Top Sealed? Yes X No____ Type CAP
7. Pitless Adapter Installed? Yes X No____
   Manufacturer MERRIL Model Number MBP 1
   How attached to casing? CLAMPED
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes X No____
10. Pressure Tank Size 20 gal. Type CAPTIVE AIR
    Location HOUSE
11. Water Sample Submitted? Yes____ No____

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner [illegible] Well No.____
    Address [illegible]
    Driller [illegible] License No. [illegible]
11. Permit No. [illegible] Date [illegible]
12. Water from SAND (Formation) 13. County [illegible]
    at depth 31 to 34 ft. Sec. 29 NE
    14. Screen: Diam.____in. Twp. 6 N
    Length:____ft. Slot____ Rge. 7 W
    Elev.____

SHOW LOCATION IN SECTION PLAT
SW NW SE

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
36	Concrete	-45	-10
6	sched 40 plastic	-10	+2

16. Size Hole below casing:____in.
17. Static level 20 ft. below casing top which is 2 ft. above ground level. Pumping level____ft. when pumping at____gpm for____hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
top soil	3	3
yellow clay	27	30
clayey sand	4	34
drift	11	45

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Henry L Buck DATE 1/13/81

IDPH 4.065
1/74 – KNB-1