TYPICAL WELLHEAD
Not To Scale

TYPICAL WATER WELL
Not To Scale

Notes:
1. Water well and pump installation shall comply with all applicable local and state regulations.
2. Excavations and all other work shall conform to OSHA regulations.
3. Electrical wiring must comply with local codes and manufacturer's requirements.
4. Pittless Adapter and waterline may be installed above the frost line only when the well is used seasonally.
5. When an oversized drill hole is constructed for the installation of the casing, the diameter of the drill hole shall be a minimum of 3 inches greater than the outer diameter of the casing or coupling, whichever is greater.
6. Casing diameter shall be sized so that the upheole velocity is less than 5 ft/sec.
7. Only steel casing shall be used for driven wells.
8. Minimum casing strength shall be determined as described in IL Practice Standard 642, Water Well.
9. The screen shall be sized to permit water entrance at no greater than 0.7 ft/sec.
10. Pump intake shall not be placed inside well screen.
11. An airline shall be installed where the water level lies more than 250 feet below the ground surface. This airline can be composed of copper, polyethylene or galvanized tubing and shall have a Presta valve installed to allow the connection of an air compressor. Airline must be airtight and its exact length must be documented.
12. The well cap shall be removable to allow for measurement of depth to water surface or pressure.
13. After construction is complete, the well shall be disinfected per local or state requirements.
DESIGN DIMENSIONS

Estimated Well Depth = _______(ft)
Required Production = _______(gpm) minimum

Casing Materials:  □ Plastic  □ Steel

Casing Diameter = _______(in)
Wall Thickness = _______(in)

SDR = __________

Pitless Adapter =  □ Yes  □ No

RECORD OF WELL INSTALLATION (As Built)

Name Of Landowner ___________________________
Date Of Completion _________

Name Of Person Performing Well Construction ___________________________

Company ___________________________
Address ___________________________

Was a Water Well Construction Permit Obtained From The IL Dept Of Health or Approved Local Health Department Prior to Construction?  □ Yes  □ No
(Attach A Copy Of The Permit.)

Were the Water Well Construction and Pump Installation Reports Submitted to the appropriate Health Department?  □ Yes  □ No
(Attach A Copy Each Report)

Was An Airline Installed?  □ Yes  □ No __________Ft. Length  □ No

Actual Well Depth ________(ft)
Depth Pump Set ________(ft)
Pumping Capacity ________(gpm)

I certify that this practice has been completed in accordance with this plan and specifications and the above record of well installation.

Well Driller ___________________________  __________________
Sign Here  Date

As Built Practice Meets NRCS Specifications

_____________________________  __________________
NRCS Certification  Date