



CLOSED LOOP WELL SYSTEM CONSTRUCTION REPORT

COMPLETE AND SUBMIT WITHIN 30 DAYS OF WELL COMPLETION

Champaign-Urbana Public Health District ♦ Champaign County Public Health Department

201 W. Kenyon Road, Champaign, IL 61820

Phone: (217) 373-7900 or (217) 363-3269

E-mail: eh@c-uphd.org

Contractor: _____

Registration # _____ Phone # _____

Drill Operator _____

Well Completion Date _____ # of Holes _____

Depth of Boreholes _____

Diameter of Holes _____ Size of Pipe/DR _____

Piping from header to building: Size of Pipe/DR _____

Trace Wire /Locators Used? Yes No

Property Owner _____

Jobsite Address _____

Owner Phone # _____

HVAC Contractor (if different than driller):

_____ Phone # _____

Antifreeze Installed By Driller HVAC Contractor

Antifreeze Type & Percentage _____

Grout Information

Bentonite Enhanced Graphite

Bentonite

of Batches per hole _____ Lbs per batch _____

Sand

of Batches per hole _____ Lbs per batch _____

Graphite

of Batches per hole _____ Lbs per batch _____

Plugs Used? Yes No

Method: Tremie Pipe Other

If Method is "Other", Explain: _____

System Location: _____

GPS Coordinate W _____

GPS Coordinate N _____

Variance obtained for this jobsite? Yes No

Was there any deviation from the permit application for this jobsite? Yes No

Explain (attach drawing when needed) _____

Contractor Signature _____

DRILL LOG

FROM	TO	FORMATION