

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF PUBLIC WATER SUPPLIES - PERMIT SECTION  
1021 NORTH GRAND AVENUE, EAST - POST OFFICE BOX 19276  
SPRINGFIELD, IL 62794-9276

Schedule C-II - Well Completion

1. Name of Public Water Supply \_\_\_\_\_.
2. Name of Project \_\_\_\_\_.
3. Has application been made to IEPA for a permit to drill only?                      Yes                      No  
If yes:      Permit Number \_\_\_\_\_ Permit Date \_\_\_\_\_.  
If no: Submit Schedule C-I (Drilling Only)
4. Well Pump:
  - A. Manufacturer \_\_\_\_\_ Type \_\_\_\_\_.
  - B. Capacity \_\_\_\_\_ GPM; Head Rating \_\_\_\_\_ Ft. TDH at pump discharge.
  - C. Depth of pump setting \_\_\_\_\_ Ft. below top of casing.
5. Estimated pumping level \_\_\_\_\_ Ft. below top of casing.
6. Attach pump curve with pump operating range identified.
7. Sealing of Casing:
  - A. Above base discharge pumps: \_\_\_\_\_.
8. Submit a log of the completed well. If the application is being made for both drilling and completion, only the expected log need be submitted initially. The log of the well must be submitted after completion.
9. Installed Screen Details \_\_\_\_\_.
10. Column Pipe: Diameter \_\_\_\_\_ Length \_\_\_\_\_ Material \_\_\_\_\_.  
Joint \_\_\_\_\_.
11. Discharge Pipe: Diameter \_\_\_\_\_ Material \_\_\_\_\_ Depth of Cover \_\_\_\_\_.  
Type Valving Provided \_\_\_\_\_.

This Agency is authorized to require this information under the Illinois Compiled Statutes, 415 ILCS 5/39 (1998). Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

- 12. Casing Vent: Size\_\_\_\_\_ Vent must be down turned/Screen Material & Mesh \_\_\_\_\_.
- 13. Air Lines: Length of Line \_\_\_\_\_ft. Air line extends from \_\_\_\_\_ In. (above / below) casing top to \_\_\_\_\_ Ft. below casing top.
- 14. Raw water sampling tap location: \_\_\_\_\_.
- 15. Disinfection: Give page number in specifications that covers disinfection. \_\_\_\_\_.
- 16. Provisions must be made for collection of water samples from well for bacteriological analysis on two consecutive days, collected 24 hours apart.
- 17. Mineral Analysis: Submit a copy of the representative mineral analysis performed on a water sample collected from the completed as required by the Public Water Supplies Rules.
- 18. Safe yield of well: \_\_\_\_\_ GPM. Attach pump test.
- 19. Well House Construction:            Yes            No
  - A. Plan size \_\_\_\_\_ ft x \_\_\_\_\_ ft; Clear ceiling height \_\_\_\_\_Ft.
  - B. Roof hatch placed over well:            Yes            No
  - C. Material of construction: \_\_\_\_\_.
  - D. Location of floor drain(s) \_\_\_\_\_.
  - \_\_\_\_\_.
  - E. Material and joints of floor drain line(s) \_\_\_\_\_.
  - \_\_\_\_\_.
  - F. Floor drain line discharge point \_\_\_\_\_.
  - \_\_\_\_\_.
- 20. Is access to the well site available for use by heavy trucks and equipment:            Yes            No  
Describe road briefly \_\_\_\_\_.
- \_\_\_\_\_.

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