

**Macon County Health Department  
Environmental Health Office  
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Phone (217) 423-6988 Environmental Health Fax (217) 423-0992**



**Public Health**  
Prevent. Promote. Protect.

Macon County Health Department

**CLOSED LOOP WELL SYSTEM CONSTRUCTION  
REPORT  
COMPLETE AND SUBMIT WITHIN 30 DAYS OF WELL COMPLETION**

Contractor: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Registration # \_\_\_\_\_ Phone # \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

Drill Operator: \_\_\_\_\_

Well Completion Date: \_\_\_\_\_ # of Holes: \_\_\_\_\_

Owner Phone # \_\_\_\_\_

Depth of Boreholes: \_\_\_\_\_

HVAC Contractor (if different than driller)

Size of Pipe/DR: \_\_\_\_\_

Phone # \_\_\_\_\_

Piping from Header to Building: Size of Pipe/DR: \_\_\_\_\_

Exchange Fluid Type Installed by :

Driller  HVAC Contractor

Trace Wire/Locators Used?  Yes  No

Exchange Fluid Type & Percentage: \_\_\_\_\_

**Grout Information**

Bentonite  Enhanced  Graphite

Bentonite  
# of Batches per hole: \_\_\_\_\_ Lbs per hole: \_\_\_\_\_

Sand  
# of Batches per hole: \_\_\_\_\_ Lbs per hole: \_\_\_\_\_

Graphite  
# of Batches per hole: \_\_\_\_\_ Lbs per hole: \_\_\_\_\_

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) \_\_\_\_\_

**Drill Log**

From	To	Formation

**Contractor Signature**



\_\_\_\_\_