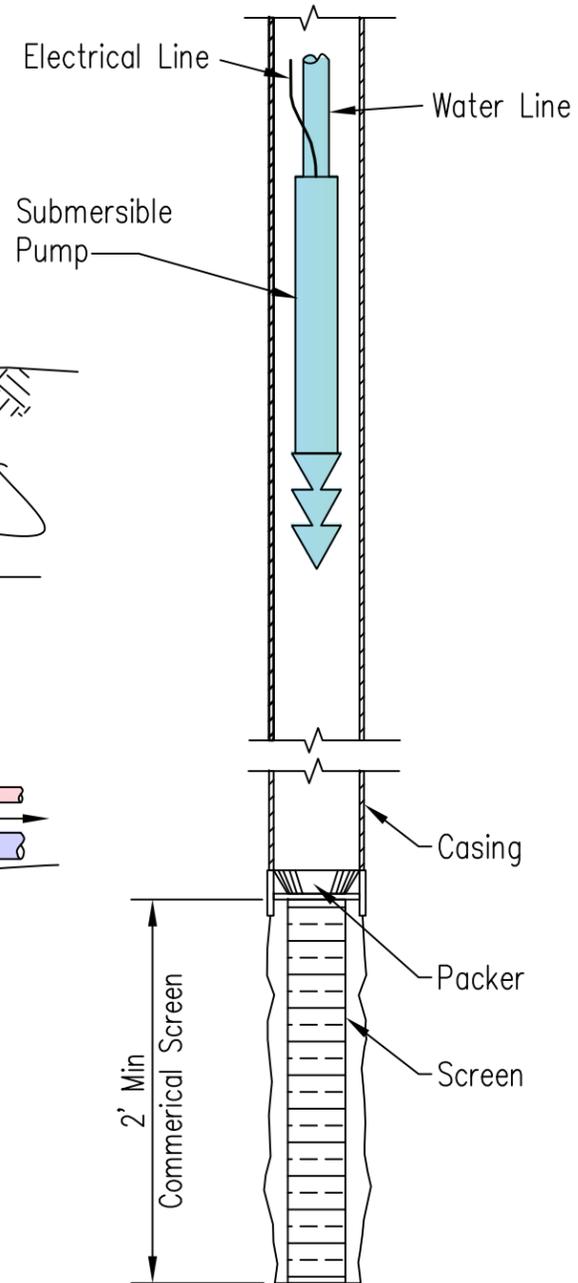


TYPICAL WELLHEAD
Not To Scale



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. Pitless 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 uphole 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

Date	9/1/13
Designed	M. QUINONES
Drawn	
Checked	
Approved	

WATER WELL



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Adapted From Alaska
Drawing AK642-0001

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? (Attach A Copy Of The Permit.) Yes No

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_____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

Date
Designed _____
Drawn M. QUINONES 9/1/13
Checked _____
Approved _____

WATER WELL



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