



CLOSED LOOP WELL SYSTEM COMPLETION REPORT

COMPLETE WITHIN 30 DAYS OF WELL COMPLETION AND SEND TO TAZEWELL COUNTY HEALTH DEPARTMENT

Date _____ Property _____

Owner: _____ Property ID# _____

Address: _____ City: _____ Zip: _____

Legal Description _____ Township: _____

Permit No: _____ Date Issued: _____ Date Closed Loop Well Completed: _____

Closed Loop Well Contractor: _____ Registration No. _____

GPS Coordinates of Center of closed loop well system

Lat: Degrees _____ Minutes _____ Seconds _____ N
 Lon: Degrees _____ Minutes _____ Seconds _____ W

| GROUTING | CONSTRUCTION INFORMATION | LOOP COMPONENTS |
|--|--|--|
| <p>Grout type used</p> <p><input type="checkbox"/> Bentonite</p> <p><input type="checkbox"/> Bentonite/sand mixture</p> <p>Lbs. sand per 50 lbs. bentonite _____</p> <p><input type="checkbox"/> Neat cement</p> <p>Aproved grout?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>No. of 50 lb. bags bentonite per Loop (not including sand)</p> <p>_____</p> <p>Grout mixed according to manufacturer's specifications?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pressure grouted from bottom to top with tremie pipe?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Boreholes: Number: _____</p> <p>Depth: _____</p> <p>Diameter: _____</p> <p>Grouting of borehole observed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date completed: _____</p> <p>Number observed: _____</p> <p>Bore Type:</p> <p><input type="checkbox"/> Vertical</p> <p><input type="checkbox"/> Horizontal</p> <p><input type="checkbox"/> Both</p> <p>Tracing wire/locators?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Average loop depth (ft.) _____</p> <p>Piping ASTM Rating</p> <p><input type="checkbox"/> ASTM D3035</p> <p><input type="checkbox"/> ASTM D2447</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Joints in vertical loop</p> <p><input type="checkbox"/> None (factory lengths)</p> <p><input type="checkbox"/> Heat butt fusion welded</p> <p><input type="checkbox"/> Heat socket fusion welded</p> <p style="text-align: center;">COOLANT</p> <p><input type="checkbox"/> Methanol <input type="checkbox"/> Ethanol</p> <p><input type="checkbox"/> USP Food grade propylene glycol</p> <p><input type="checkbox"/> Ethylene glycol</p> <p>System pressure tested at a minimum pressure of 20 psi? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

COMMENTS: _____

Completed by (please print) _____ Date: _____

Signature _____

Phone: 309-929-0272 Fax: 309-925-4100
 Email: eh@tchd.net