



WINNEBAGO COUNTY

— ILLINOIS —

County Administration Building
404 Elm Street
Rockford, Illinois 61101

Ann Johns
Director of Purchasing
Phone: 815-319-4380
Fax: 815-319-4381

June 28, 2021

ADDENDUM ONE

WCHD DEMOLITION AND DEBRIS REMOVAL

RFQ 21Q-2218- 310 WESTMORELAND, RFQ 21Q-2219- 5311 CLAREMONT,
RFQ 21Q-2220- 4404 WILSHIRE, RFQ 21Q-2221- 11013 EDGEMERE TERRACE,
RFQ 21Q-2222- 10869 EDGEMERE TERRACE, RFQ 21Q-2223- 11859 PEARL STREET,
RFQ 21Q-2224 – 2215 WENTWORTH, RFQ 21Q-2225 15385 WITWERT

Bidders are required to indicate on their Quote Forms that they have received and acknowledged this addendum.

Any questions should be directed to the Purchasing Department, 404 Elm Street, Room 202, Rockford, IL 61101 or by telephone 815-319-4380, or email Ann Johns at purchasing@wincoil.us.

The following are Questions that were submitted, followed by the County's responses:

General Questions to all (8) RFQ's:

1. Can you provide a listing of the following for each property so that we can bid well capping:
 - Presence of well – Y/N
 - Well Size – Depth & Diameter

310 Westmoreland

- Well sealed (See Attached)

5311 Claremont

- No well or septic records

4404 Wilshire

- Well application "proposed" 5 inch Dia. 100 ft deep (No Well Construction Report to confirm)

11013 Edgemere

- No well or septic records

10869 Edgemere Terr

- Well Construction Report (See Attached)

11859 Pearl

- No well or septic records

2215 Wentworth Ave

- No Well or septic records

15385 Wittwer

- No well or septic records

END OF ADDENDUM ONE

SE, SW, NE



WATER WELL SEALING FORM

PDF FILLABLE/SAVABLE

RETURN ALL COPIES TO IDPH OR
LOCAL HEALTH DEPARTMENT

This form shall be submitted to this Department or the local health department not more than 30 days after a water well, boring or monitoring well is sealed. Such wells are to be sealed not more than 30 days after they are abandoned in accordance with the sealing requirements in the Illinois Water Well Construction Code. THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.

1. Ownership (Name of Controlling Party) Rockford Home Finance-Carlo Michelotti

2. Well Location: Well Site Address 310 Westmoreland Ave City Rockford Zip 61102

Lot # Land I.D.# 11-19-252-021 County Winnebago Township 44N

Range 1E Section 19 SE Quarter of the NW Quarter of the SW Quarter

GPS: North Degrees 42 Minutes 16 Seconds 24.7 West Degrees 89 Minutes 09 Seconds 43.6

Report decimal minutes to minutes and seconds by multiplying the decimal part of the minutes by 60, e.g. latitude 38 degrees 46.07 minutes N would be latitude 38 degrees 46 minutes 4.2 seconds (0.07 x 60 = 4.2) N. Report GPS coordinates to the nearest 0.1 second.

3. Year Drilled unknown 4. Drilling Permit Number (and date, if known) unknown

5. Type of Well drilled 6. Total Depth (ft.) 81 Diameter (in.) 6"

7. Formation clear of obstruction NO

8. Detains of Plugging (bentonite, neat cement or other materials)

Filled with 20% solids-bentonite slurry From (ft.) 15 to (ft.) 81

Kind of plug bentonite chips From (ft.) 0 to (ft.) 15

Filled with From (ft.) to (ft.)

Kind of plug From (ft.) to (ft.)

Filled with From (ft.) to (ft.)

Kind of plug From (ft.) to (ft.)

9. CASING RECORD Upper 2 feet of casing removed yes 10. Date well was sealed 4-13-2020

11. Licensed water well driller or other person approved by the Department performing well sealing

Name Bull Well Drilling - Dave Schuur Complete License Number 102-004678

Address 4540 Buckie Rd City Rockford State IL Zip Code 61102

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631- Revised 5/09

Questions regarding the completion of this form should be directed to the local health department or the Illinois Department of Public Health 217-782-5830, TTY (for hearing impaired only) 800-547-0466.

Illinois Department of Public Health
WATER WELL CONSTRUCTION REPORT

Date: 11/29/04

TYPE OR PRESS FIRMLY WITH BLACK INK PEN. COMPLETE WITHIN 30 DAYS OF WELL COMPLETION AND SEND TO THE APPROPRIATE HEALTH DEPARTMENT.

1. Type of Well. a. Driven Well Casing diam. in. Depth ft.
 b. Bored Well Buried Slab Yes No
 Hole Diameter in. to ft.; in. to ft.; in. to ft.
 c. Drilled Well PVC casing. Fromation packer set at depth of ft.
 Hole Diameter in. to ft.; in. to ft.; in. to ft.

Type of Grout	# of Bags	Grout Weight	From (ft.)	To (ft.)	Tremie Depth (ft.)

- d. Drilled Well Steel Casing --- Mechanically Driven Yes No
 Hole Diameter 5 in. to 48 ft.; in. to ft.; in. to ft.
 Type of Grout # of Bags Grout Weight From (ft.) To (ft.) Tremie Depth (ft.)

Type of Grout	# of Bags	Grout Weight	From (ft.)	To (ft.)	Tremie Depth (ft.)
BENSEAL	1	9.4	0		

- e. Well finished within Unconsolidated Materials Bedrock
 f. Kind of Gravel Sand Pack Grain Size/Supplier # From (ft.) To (ft.)

Kind of Gravel Sand Pack	Grain Size/Supplier #	From (ft.)	To (ft.)

2. Well Use Domestic Irrigation Commercial Livestock
 Monitoring Other

3. Date Well Completed 11/20/04 Well Disinfected Yes No
 Driller's estimated well yield 20 gpm.

4. Date Permanent Pump Installed 11/27/04
 5. Pump Capacity 12 gpm Set at (depth) 20 ft.

6. Pitless Adapter Model and Manufacturer MARTISON BP-10X
 7. Well Cap Type and Manufacturer BAKER SWE1

8. Pressure Tank Workin Cycle 9 gals. Captive Air Yes No
 9. Pump System Disinfected Yes No

10. Name or Pump Company JRB WELL DRILLING

11. Pump Installer JESSIE BEAMAN License # 101-001980
 12. Jessie Beaman License # 101-001980
 Licensed Pump Contractor Signature

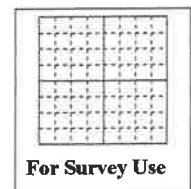
Illinois Department of Public Health
 Division of Environmental Health
 525 W. Jefferson St.
 Springfield, IL 62761

DO NOT write on these lines

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. DISCLOSURE OF THIS INFORMATION IS MANDATORY. This form has been approved by the Form Management Center.

GEOLOGICAL WATER SURVEY WELL RECORD

13. Property Owner MIKE HOLLENBECK Well # 12404
 14. Driller JESSIE BEAMAN License # 092-005990
 15. Name of Drilling Co. JRB WELL DRILLING
 16. Permit No. 3488 Date Issued 11/12/04
 17. Date Drilling Started 11/20/04 Pin No. 04-32-327-036
 18. Well SITE Address 10869 EDGEMERE TERRACE
 19. Township Name ROSCOE Land ID #
 20. Subdivision Name RIVERDALE Lot #
 21. Location a. County WINN
 b. Township 46N Range 2E Section 32
 c. SE Quarter NE Quarter SW Quarter
 d. Coordinates Site Elevation ft (msl)



22. Casings, Liners * and Screen Information

Diam. (in)	Material	Joint	Slot Size	From (ft.)	To (ft.)
5	STEEL ASTM-A53B	T & C		+5	44
4	PVC SCH 80	K-PACKER	18	44	48

(*)
 (List reason for liner, type of upper and lower seals installed)

23. Water from SAND & GRAVEL at a depth of 44 ft. to 48 ft.
 a. Static Water level 12 ft. below casing which is 72 in. above ground
 b. Pumping level is 15 ft. pumping 15 gpm after pumping for 2 hours

24. Earth Materials Passed Through

Earth Materials Passed Through	From (ft)	To (ft)
BLACK DIRT	0	5
FINE SAND	5	25
SAND & GRAVEL	25	48

(If dry hole, fill out log indicate how hole was sealed)

 092-005990
 25. Licensed Water Well Contractor Signature License Number