

(1) County

Chaut

(2) DEC Well Number

CU 1010

**WELL COMPLETION REPORT**

(3) OWNER <u>Jason Jordan</u>		Ground Surface * LOG	
(4) ADDRESS <u>2273 Thornton Road Sinclairville NY 14172</u>		ft. above sea	
(5) LOCATION OF WELL <u>42° 17' 03" N - 79° 13' 08" W</u>		ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>100'</u>	(7) DEPTH TO GROUNDWATER <u>79</u>	TOP OF WELL	
CASINGS		1-5 CLAY	
(8) DIAMETER <u>6</u> in         in.		5-20 SAND	
(9) LENGTH <u>68</u> ft.         in.		5-25 SAND	
(10) SEALING <u>Cutting a bentonite</u>	(11) CASINGS REMOVED	20-30 7	
SCREENS		30-50 SAND	
(12) MAKE & MATERIAL	(13) OPENINGS	40-50 GRAVEL	
(14) DIAMETER in         in.		50-100 SAND	
(15) LENGTH ft.         in.		Bottom of Hole	
(16) DEPTH TO TOP FROM TOP OF CASING			
PUMPING TEST			
(17) DATE <u>5-02-00</u>	(18) TEST OR PERMANENT PUMP? <u>Test</u>		
(19) DURATION OF TEST <u>5</u> hours     minutes	(20) MAXIMUM DISCHARGE <u>6</u> gallons per min.		
(21) STATIC LEVEL PRIOR TO TEST ft     in below top of casing	(22) LEVEL DURING MAXIMUM PUMPING ft     in below top of casing		
(23) MAXIMUM DRAWDOWN ft	(23) Approximate time of return to normal level after cessation of pumping hours     min.		
PUMP INSTALLED			
(24) TYPE	(25) MAKE	(26) MODEL NUMBER	
(27) MOTIVE POWER	(28) MAKE	(29) H P	
(30) CAPACITY g p m against     ft. of discharge head			
(31) NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
(32) DIAMETER & (33) LENGTH		(34) DIAMETER & (35) LENGTH	
(36) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other		(37) USE OF WATER <u>domestic</u>	
(38) WORK STARTED <u>4-28-00</u>		(39) WORK COMPLETED <u>5-02-00</u>	
(40) DATE <u>5-10-00</u>	(41) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(42) REGISTRATION NO. <u>10018</u>	
*See additional instructions on back. Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See instructions as to Well Driller's Registration and Reports.			
Original - DEC Copy			

6

5-13-00  
Cup

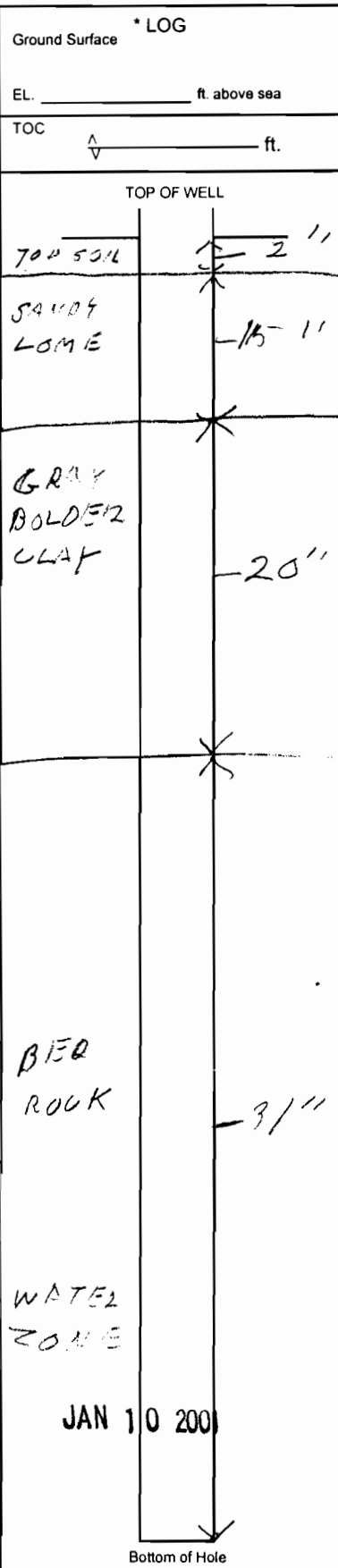
(1) County Chaut

(2) DEC Well Number

C41013

**WELL COMPLETION REPORT**

(3) OWNER <u>Matt Crowell</u>		Ground Surface * LOG	
(4) ADDRESS <u>Johnson Road Tinclear, N.Y. 14782</u>		EL. _____ ft. above sea	
(5) LOCATION OF WELL <u>42° 16' 44" N 079° 13' 26" W</u>		TOC ▲ _____ ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>78'</u>		(7) DEPTH TO GROUNDWATER <u>45' 30"</u>	
CASINGS			
(8) DIAMETER <u>6 in.</u>		TOP OF WELL	
(9) LENGTH <u>47 ft.</u>		TOP SOIL <u>2"</u>	
(10) SEALING <u>cuttings</u>		SANDY LOAM <u>15"</u>	
(11) CASINGS REMOVED		GRAY BOLD/ER CLAY <u>20"</u>	
SCREENS			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER		(15) LENGTH	
(16) DEPTH TO TOP FROM TOP OF CASING		BED ROCK <u>31"</u>	
PUMPING TEST			
(17) DATE		(18) TEST OR PERMANENT PUMP? <u>bailed</u>	
(19) DURATION OF TEST		(20) MAXIMUM DISCHARGE	
(21) STATIC LEVEL PRIOR TO TEST		(22) LEVEL DURING MAXIMUM PUMPING	
(23) MAXIMUM DRAWDOWN		(23) Approximate time of return to normal level after cessation of pumping	
PUMP INSTALLED			
(24) TYPE		(25) MAKE	
(27) MOTIVE POWER		(28) MAKE	
(26) MODEL NUMBER		(29) H.P.	
(30) CAPACITY		(30) CAPACITY	
(31) NUMBER OF BOWLS OR STAGES		(31) NUMBER OF BOWLS OR STAGES	
DROP LINE		SUCTION LINE	
(32) DIAMETER & (33) LENGTH		(34) DIAMETER & (35) LENGTH	
(36) METHOD OF DRILLING		(37) USE OF WATER	
(38) WORK STARTED		(39) WORK COMPLETED	
(40) DATE		(41) DRILLER, COMPANY	
<u>5-17-00</u>		<u>Nobles Well Drilling</u>	
		(42) REGISTRATION NO. <u>10018</u>	
* See additional instructions on back. Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See instructions as to Well Driller's Registration and Reports.			
Bottom of Hole			
<b>Original - DEC Copy</b>			



(1) County Chaut



(2) DEC Well Number CW014

**WELL COMPLETION REPORT**

(3) OWNER <u>John M Yannie</u>		* LOG Ground Surface
(4) ADDRESS <u>1865 Nelson Road Sinclairville NY 14722</u>		
(5) LOCATION OF WELL <u>42° 17' 52" N 079° 16' 35" W</u>		EL. _____ ft. above sea
(6) DEPTH OF WELL BELOW SURFACE <u>122'</u>	(7) DEPTH TO GROUNDWATER <u>70'</u>	TOC <span style="display: inline-block; width: 50px; border-bottom: 1px solid black; position: relative; top: -5px;">▲</span> _____ ft.
CASINGS		
(8) DIAMETER <u>6</u> in.   _____ in.   _____ in.   _____ in.		TOP OF WELL
(9) LENGTH <u>42</u> ft.   _____ ft.   _____ ft.   _____ in.		<u>70'</u>   <u>50' 1/2'</u>
(10) SEALING <u>cutting</u>	(11) CASINGS REMOVED -	<u>BOONW CLAY</u> <u>AND ROCKS</u>
SCREENS		
(12) MAKE & MATERIAL	(13) OPENINGS	_____ 20
(14) DIAMETER in.   _____ in.   _____ in.   _____ in.		* <u>GRAY CLAY</u>
(15) LENGTH ft.   _____ ft.   _____ ft.   _____ in.		_____ 18
(16) DEPTH TO TOP FROM TOP OF CASING		* <u>30'</u> <u>BEFORE</u>
PUMPING TEST		
(17) DATE	(18) TEST OR PERMANENT PUMP? <u>bailed</u>	
(19) DURATION OF TEST hours   _____ minutes	(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST ft.   _____ in. below top of casing	(22) LEVEL DURING MAXIMUM PUMPING in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.	(23) Approximate time of return to normal level after cessation of pumping hours   _____ min.	
PUMP INSTALLED		
(24) TYPE	(25) MAKE	(26) MODEL NUMBER <u>FRACTOR 23' ROCK WATER</u>
(27) MOTIVE POWER	(28) MAKE	(29) H.P.
(30) CAPACITY g.p.m. against   _____ ft. of discharge head		
(31) NUMBER OF BOWLS OR STAGES _____ ft. of total head		
DROP LINE		SUCTION LINE
(32) DIAMETER & (33) LENGTH	(34) DIAMETER & (35) LENGTH	
(36) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(37) USE OF WATER
(38) WORK STARTED		(39) WORK COMPLETED
(40) DATE <u>5-12-00</u>	(41) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(42) REGISTRATION NO. <u>10018</u>

JAN 17 2001

Bottom of Hole

Duplicate - Retain

DEC COPY

\*See additional instructions on back. Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See instructions as to Well Driller's Registration and Reports.

**Location of well** (use one or more of the following methods)

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 17' 52N 079° 16' 35W

Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS, Manufacturer Pioneer
- Map interpolation

Model Magellan

GU 10/19

**Location Sketch** (indicate north direction)



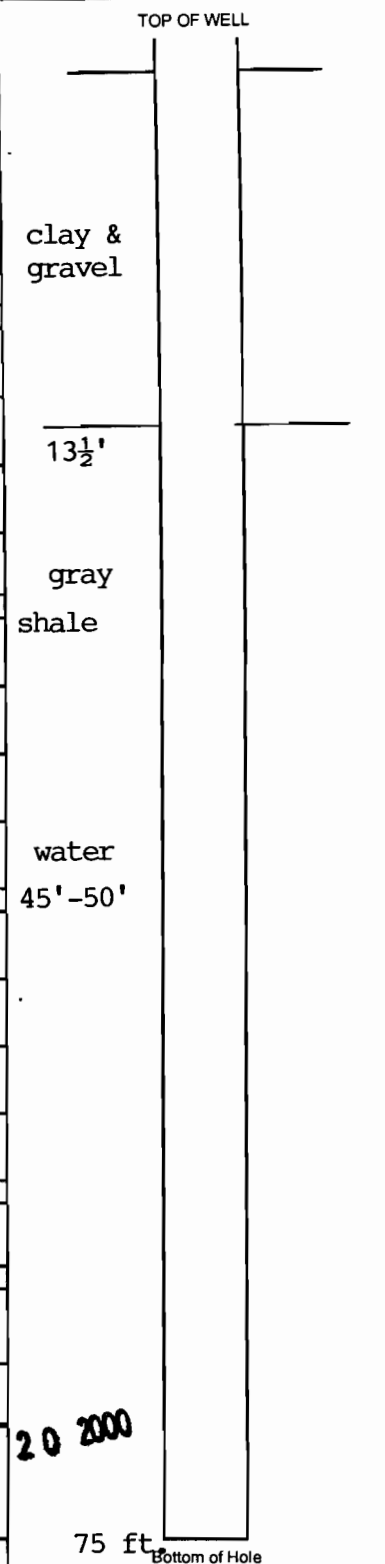
(2) DEC Well Number

CU1028

(1) County Chautauqua

**WELL COMPLETION REPORT**

(3) OWNER <b>Beth Lindstrom</b>		* LOG	
(4) ADDRESS <b>3335 Smith Road, Cassadaga, NY 14718</b>		Ground Surface EL. _____ ft. above sea level	
(5) LOCATION OF WELL <b>same (for horse barn)</b>		TOC above (+) or below (-) ground surface <b>+1</b> ft.	
(6) DEPTH OF WELL BELOW SURFACE <b>75'</b>	(7) DEPTH TO GROUNDWATER <b>45'</b>		
<b>CASINGS</b>			
(8) DIAMETER <b>6-5/8</b> in.   in.   in.   in.			
(9) LENGTH <b>13 1/2</b> ft.   ft.   ft.   in.			
(10) SEALING <b>drive shoe</b>		(11) CASINGS REMOVED	
<b>SCREENS</b>			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in.   in.   in.   in.			
(15) LENGTH ft.   ft.   ft.   in.			
(16) DEPTH TO TOP, FROM TOP OF CASING			
<b>PUMPING TEST</b>			
(17) DATE <b>June 26, 2000</b>		(18) TEST OR PERMANENT PUMP? <b>bail test</b>	
(19) DURATION OF TEST <b>30</b> minutes		(20) MAXIMUM DISCHARGE <b>5</b> gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST <b>25</b> ft.   in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING ft.   in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.		(24) Approximate time of return to normal water level after cessation of pumping minutes	
<b>PUMP INSTALLED</b>			
(25) TYPE	(26) MAKE	(27) MODEL NUMBER	
(28) MOTIVE POWER	(29) MAKE	(30) H.P.	
(31) CAPACITY g.p.m. against   ft. of discharge head			
(32) NUMBER OF BOWLS OR STAGES ft. of total head			
<b>DROP LINE</b>		<b>SUCTION LINE</b>	
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER <b>domestic</b>	
(39) WORK STARTED <b>June 17, 2000</b>		(40) WORK COMPLETED <b>June 26, 2000</b>	
(41) DATE <b>June 27, 2000</b>	(42) DRILLER, COMPANY <b>George &amp; Fritz Ehmke Ehmke Well Drillers INC.</b>	(43) REGISTRATION NO. <b>NYRD10050</b>	
* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".		75 ft. Bottom of Hole	



**Original - DEC Copy**

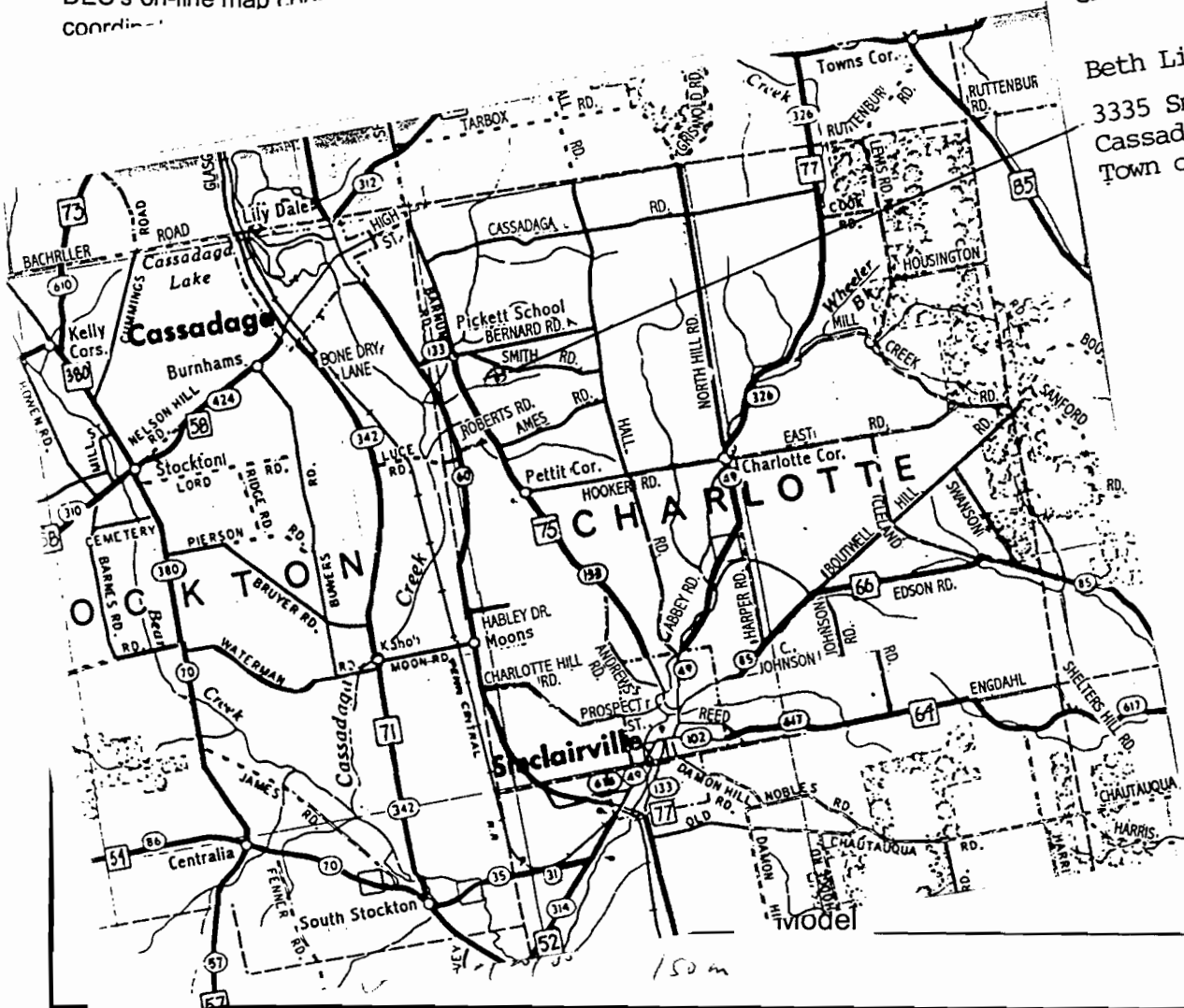
**DEC 20 2000**

**Location of well** (use one or more of the following)

**Method 1:** Enter coordinates of latitude and longitude on DEC's on-line map coordinate system.

Chautauqua County, NY

Beth Lindstrom  
3335 Smith Road  
Cassadaga, NY  
Town of Charlotte



**Location Sketch** (indicate north direction)

DEC 10 2000

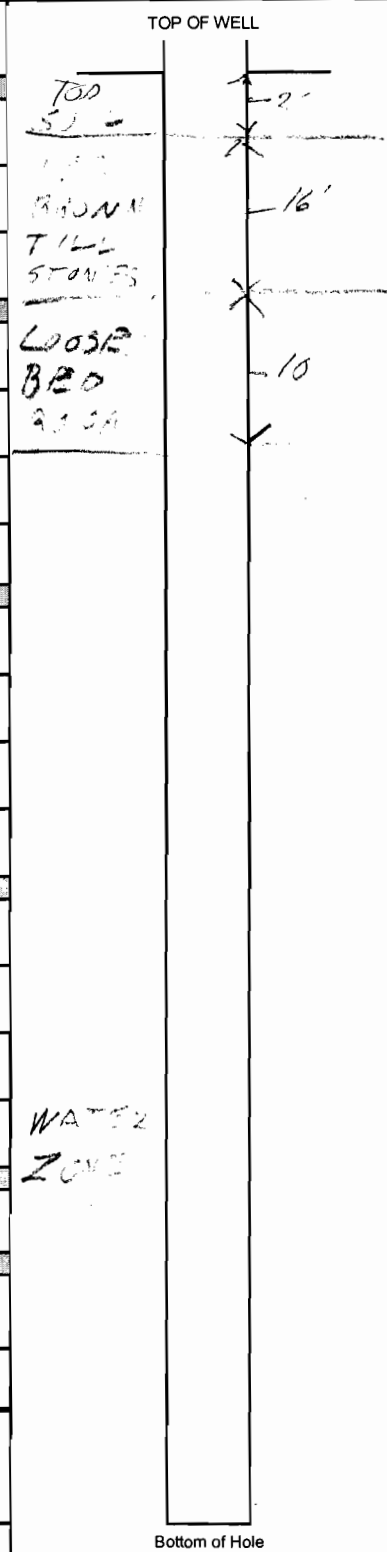
(1) County Chaut



(2) DEC Well Number CU1030

**WELL COMPLETION REPORT**

(3) OWNER <u>David Dawley</u>			* LOG		
(4) ADDRESS <u>115 Maple Street South Dayton, NY 14138</u>			Ground Surface EL. _____ ft. above sea level		
(5) LOCATION OF WELL (Also see reverse) <u>42° 19' 31" N - 079° - 07' - 07" W</u>			TOC above (+) or below (-) ground surface _____ ft.		
(6) DEPTH OF WELL BELOW SURFACE <u>23'</u>		(7) DEPTH TO GROUNDWATER <u>116'</u>			
CASINGS					
(8) DIAMETER <u>6</u> in.   in.   in.   in.					
(9) LENGTH <u>32</u> ft.   ft.   ft.   in.					
(10) SEALING <u>cuttings and bentonite</u>			(11) CASINGS REMOVED		
SCREENS					
(12) MAKE & MATERIAL			(13) OPENINGS		
(14) DIAMETER in.   in.   in.   in.					
(15) LENGTH ft.   ft.   ft.   in.					
(16) DEPTH TO TOP, FROM TOP OF CASING					
PUMPING TEST					
(17) DATE <u>6-28-00</u>			(18) TEST OR PERMANENT PUMP? <u>Test</u>		
(19) DURATION OF TEST <u>60</u> minutes			(20) MAXIMUM DISCHARGE <u>10</u> gallons per min.		
(21) STATIC LEVEL PRIOR TO TEST <u>82</u> ft.   in. below top of casing			(22) LEVEL DURING MAXIMUM PUMPING <u>2</u> ft.   in. below top of casing		
(23) MAXIMUM DRAWDOWN ft.		(24) Approximate time of return to normal water level after cessation of pumping minutes			
PUMP INSTALLED					
(25) TYPE		(26) MAKE		(27) MODEL NUMBER	
(28) MOTIVE POWER		(29) MAKE		(30) H.P.	
(31) CAPACITY g.p.m. against   ft. of discharge head					
(32) NUMBER OF BOWLS OR STAGES ft. of total head					
DROP LINE			SUCTION LINE		
(33) DIAMETER & (34) LENGTH			(35) DIAMETER & (36) LENGTH		
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____			(38) USE OF WATER		
(39) WORK STARTED			(40) WORK COMPLETED		
(41) DATE <u>6-28-00</u>		(42) DRILLER, COMPANY <u>Nobles Well Drilling</u>		(43) REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".					



**Retain - Driller Copy**

**Location of well** (use one or more of the following methods)

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map.

**Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 19' 31" N 079° 07' - 07" W

Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS, Manufacturer Pioneer
- Map interpolation

Model Magellan

**Location Sketch** (indicate north direction)



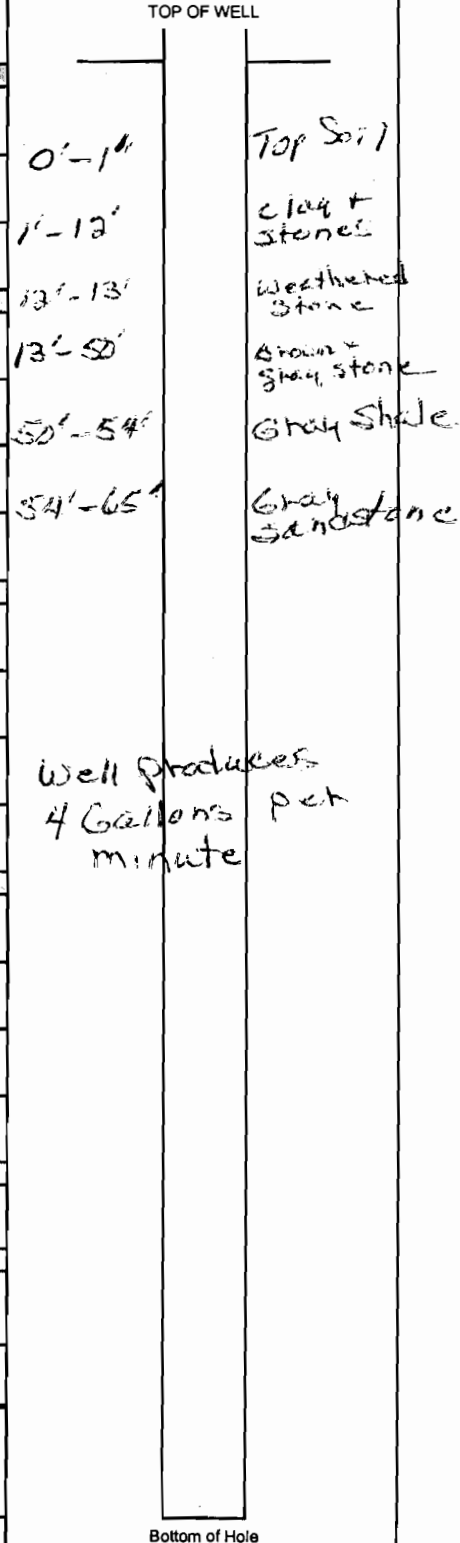


(1) County Chautauque

(2) DEC Well Number C41051

**WELL COMPLETION REPORT**

(3) OWNER <u>RICK HORTON</u>		Ground Surface * LOG	
(4) ADDRESS <u>P.O. Box 967 - Route #60</u>		EL. _____ ft. above sea	
(5) LOCATION OF WELL <u>Sinclairville, NY 14782</u>		TOC $\nabla$ _____ ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>65'</u>	(7) DEPTH TO GROUNDWATER		
<b>CASINGS</b>			
(8) DIAMETER <u>6</u> in.         in.			
(9) LENGTH <u>15</u> ft.         ft.         in.			
(10) SEALING <u>Bentonite Grout</u>		(11) CASINGS REMOVED	
<b>SCREENS</b>			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in.         in.         in.			
(15) LENGTH ft.         ft.         ft.         in.			
(16) DEPTH TO TOP FROM TOP OF CASING			
<b>PUMPING TEST</b>			
(17) DATE		(18) TEST OR PERMANENT PUMP?	
(19) DURATION OF TEST hours         minutes		(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST ft.         in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.	(23) Approximate time of return to normal level after cessation of pumping hours         min.		
<b>PUMP INSTALLED</b>			
(24) TYPE	(25) MAKE	(26) MODEL NUMBER	
(27) MOTIVE POWER	(28) MAKE	(29) H.P.	
(30) CAPACITY g.p.m. against         ft. of discharge head			
(31) NUMBER OF BOWLS OR STAGES		ft. of total head	
<b>DROP LINE</b>		<b>SUCTION LINE</b>	
(32) DIAMETER & (33) LENGTH		(34) DIAMETER & (35) LENGTH	
(36) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(37) USE OF WATER <u>Residential</u>	
(38) WORK STARTED		(39) WORK COMPLETED	
(40) DATE <u>7-12-00</u>	(41) DRILLER, COMPANY <u>Trent Caster CASTER WELL DRILLING</u>	(42) REGISTRATION NO. <u>10084</u>	



\*See additional instructions on back. Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See instructions as to Well Driller's Registration and Reports.

**Location of well** (use one or more of the following methods)

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The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map.

**Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

N 42 16.834' W 079 17.603'

Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS, Manufacturer Stumm Model GPS III
- Map interpolation

**Location Sketch** (indicate north direction)

(1) County Chaut



(3) DEC Well Number

CU 1079

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER <u>Shawn Carson</u>			LOG *		
(5) ADDRESS <u>PO, Box 951 Sinclairville, N.Y. 14782</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>46 722 00 N</u> <u>17 631227 E</u>			Top Of Casing is located <u>2' +</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>8'</u>	DATE MEASURED <u>3-7-01</u>	TOP OF WELL		
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.					
(10) LENGTH <u>32'</u> ft.         in.					
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____			
<b>SCREENS</b>					
(13) MAKE & MATERIAL		(14) OPENINGS			
(15) DIAMETER in.         in.					
(16) LENGTH ft.         in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>3-7-01</u>		(19) DURATION OF TEST	CLAY  22' 22'		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)			
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___			
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES ___ NO ___	(27) DATE	(28) PUMP INSTALLER	32' Bottom Casing  Shale Rock  60'		
(29) TYPE	(30) MAKE	(31) MODEL			
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)				
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____					
(35) USE OF WATER (see instructions for choices)			BOTTOM OF HOLE		
(36) DATE DRILLING WORK STARTED <u>3-5-01</u>		(37) DATE DRILLING WORK COMPLETED <u>3-07-01</u>			
(38) DATE REPORT FILED <u>4-6-01</u>	(39) DRILLER & COMPANY <u>Chad Miller Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>			
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
<b>NYSDEC COPY</b>					

(1) County CHAUTAUGUS



(2) DEC Well Number CU 1096

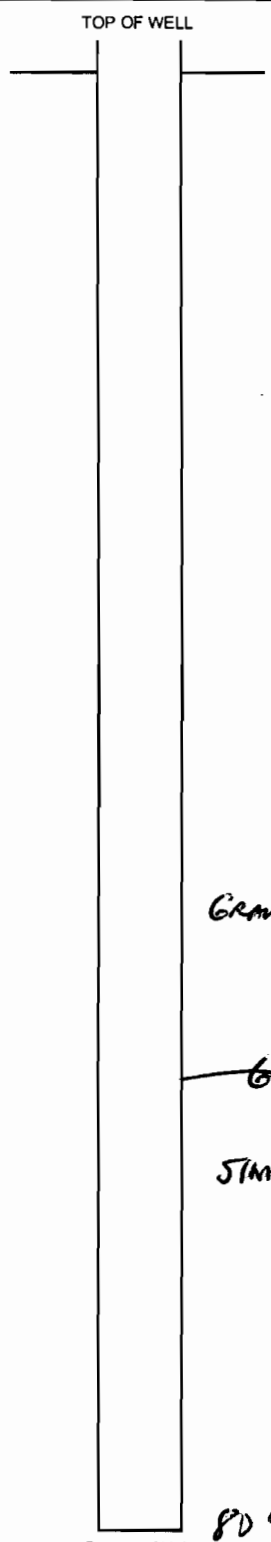
**WELL COMPLETION REPORT**

(3) OWNER <b>Heartland Homes, PO Box B, Mayville, NY 14757</b> <b>JOSEPH KRUZA</b>		
(4) ADDRESS <b>7890 BARNHAM RD, CASSAUNGA, NY, 14718</b>		
(5) LOCATION OF WELL see above Town of Charlotte (Also see reverse) <b>TO REAR OF HOUSE</b>		
(6) DEPTH OF WELL BELOW SURFACE <b>80</b>	(7) DEPTH TO GROUNDWATER <b>65'</b>	
CASINGS		
(8) DIAMETER <b>6</b> in.   in.   in.   in.		
(9) LENGTH <b>66</b> ft.   ft.   ft.   in.		
(10) SEALING	(11) CASINGS REMOVED	
SCREENS		
(12) MAKE & MATERIAL	(13) OPENINGS	
(14) DIAMETER in.   in.   in.   in.		
(15) LENGTH ft.   ft.   ft.   in.		
(16) DEPTH TO TOP, FROM TOP OF CASING		
PUMPING TEST		
(17) DATE <b>8/24/00</b>	(18) TEST OR PERMANENT PUMP? <b>BAIL TEST</b>	
(19) DURATION OF TEST <b>30 min</b> minutes	(20) MAXIMUM DISCHARGE <b>10</b> gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST <b>57'</b> ft.   in. below top of casing	(22) LEVEL DURING MAXIMUM PUMPING ft.   in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.	(24) Approximate time of return to normal water level after cessation of pumping minutes	
PUMP INSTALLED		
(25) TYPE	(26) MAKE	(27) MODEL NUMBER
(28) MOTIVE POWER	(29) MAKE	(30) H.P.
(31) CAPACITY g.p.m. against   ft. of discharge head		
(32) NUMBER OF BOWLS OR STAGES ft. of total head		
DROP LINE		
SUCTION LINE		
(33) DIAMETER & (34) LENGTH	(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		
(38) USE OF WATER <b>DOMESTIC</b>		
(39) WORK STARTED <b>8-22-00</b>	(40) WORK COMPLETED <b>8-24-00</b>	
(41) DATE <b>8/25/00</b>	(42) DRILLER, COMPANY <b>GEORGE EMMRE</b> <b>EMMRE WELL DRILLERS INC</b>	(43) REGISTRATION NO. <b>NYRD-10050</b>

\* LOG

Ground Surface EL. \_\_\_\_\_ ft. above sea level

TOC above (+) or below (-) ground surface **+ 1** ft.



\* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".

**Original - DEC Copy**

**Location of well** (use one or more of the following methods)

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS, Manufacturer \_\_\_\_\_ Model \_\_\_\_\_
- Map interpolation

**Location Sketch (indicate north direction)**

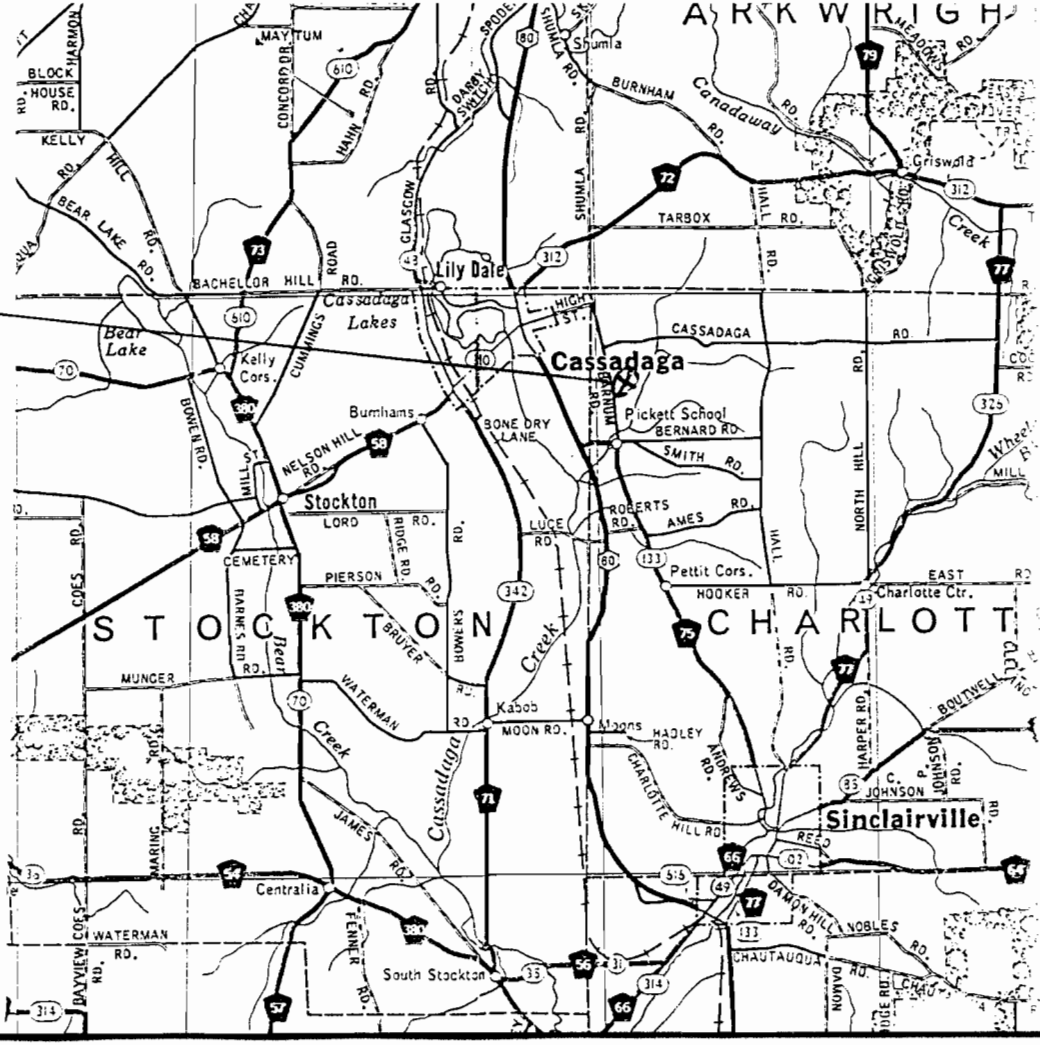
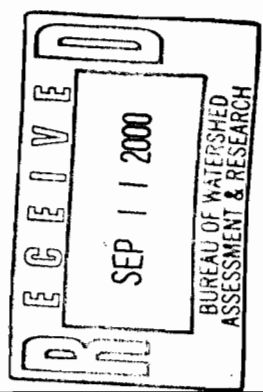


BARCLAY ST



New York State  
Chautauqua County  
Heartland Homes  
7890 Barnham Road  
Tn. of Charlotte  
(Joe Krupa residence)

C4 1096



(1) County CHAUTAUGUS

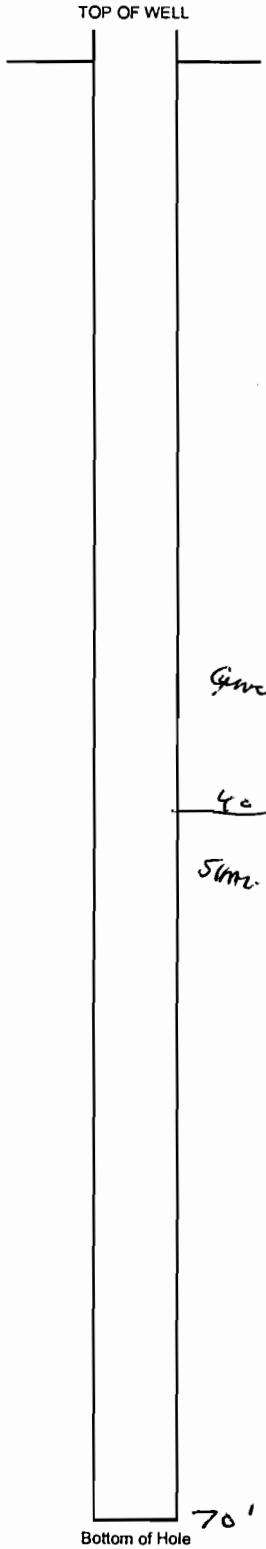


(2) DEC Well Number

DEC 4 CU-1098

**WELL COMPLETION REPORT**

(3) OWNER <u>TRAVIS WALKER</u>		* LOG	
(4) ADDRESS <u>14th RD, S.W. CHAMBERS NY 14782</u>			
(5) LOCATION OF WELL (Also see reverse) <u>TO ROAD &amp; RIGHT OF WAY 50'</u>		Ground Surface EL. _____ ft. above sea level	
(6) DEPTH OF WELL BELOW SURFACE <u>70'</u>		(7) DEPTH TO GROUNDWATER <u>40', 45'</u>	
CASINGS			
(8) DIAMETER <u>6</u> in.         in.		(9) LENGTH <u>41'-2"</u> ft.         in.	
(10) SEALING		(11) CASINGS REMOVED	
SCREENS			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in.         in.		(15) LENGTH ft.         in.	
(16) DEPTH TO TOP, FROM TOP OF CASING			
PUMPING TEST			
(17) DATE <u>8/31/00</u>		(18) TEST OR PERMANENT PUMP? <u>BMC RES.</u>	
(19) DURATION OF TEST <u>30</u> minutes		(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST <u>30</u> ft.         in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING ft.         in. below top of casing	
(23) MAXIMUM DRAWDOWN <u>Dom</u> ft.		(24) Approximate time of return to normal water level after cessation of pumping minutes	
PUMP INSTALLED			
(25) TYPE	(26) MAKE	(27) MODEL NUMBER	
(28) MOTIVE POWER	(29) MAKE	(30) H.P.	
(31) CAPACITY g.p.m. against         ft. of discharge head			
(32) NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER <u>DOMESTIC</u>	
(39) WORK STARTED <u>8/28/00</u>		(40) WORK COMPLETED <u>8/31/00</u>	
(41) DATE <u>9/1/00</u>	(42) DRILLER, COMPANY <u>PRICE DRILLER</u> <u>ENTIRE WELL DRILLED IN</u>	(43) REGISTRATION NO. <u>NYRD-10250</u>	
* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".			



**Original - DEC Copy**

**Location of well** (use one or more of the following methods)

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

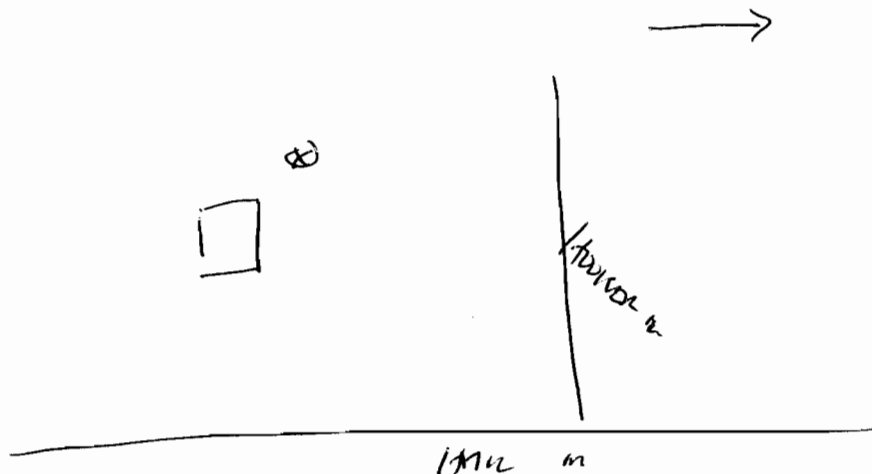
Longitude (degrees minutes seconds)

Example: 42 36 01.7 N 73 24 51.1 W

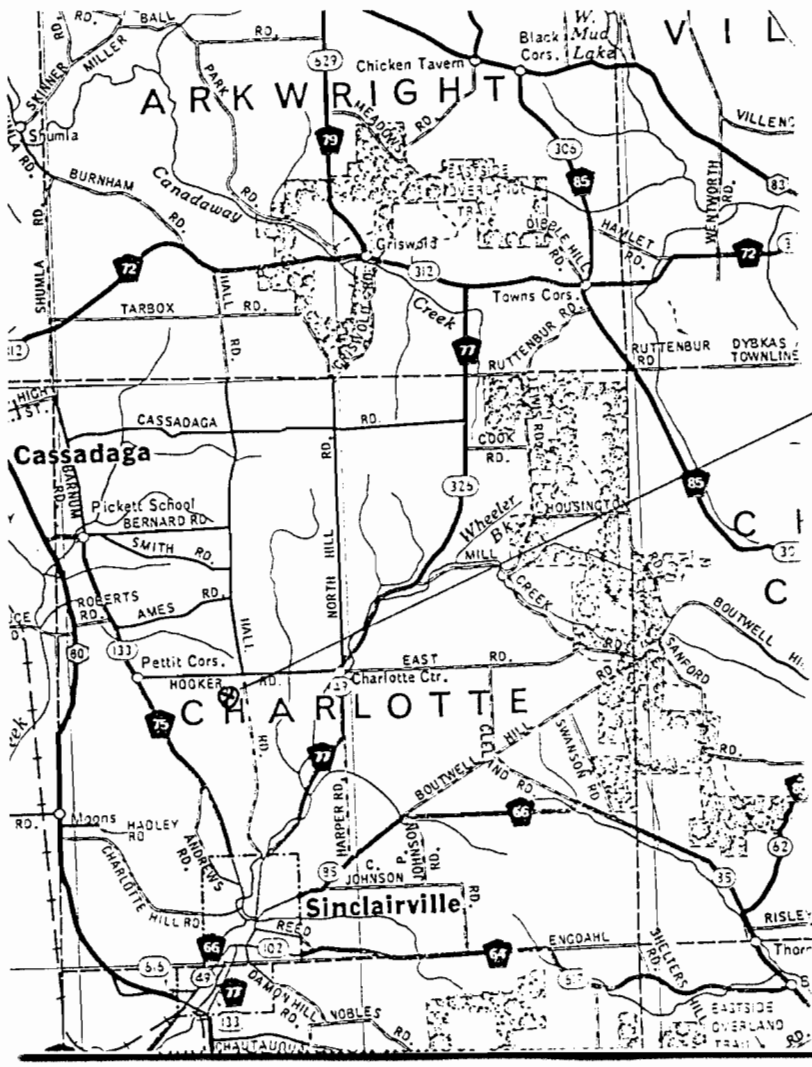
**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS, Manufacturer \_\_\_\_\_ Model \_\_\_\_\_
- Map interpolation

**Location Sketch** (indicate north direction)







New York State  
Chautauque County  
Travis Walker  
Hall Road  
Town of Charlotte

CW1098

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) County Chaut

(2) Township Cherry Creek

(3) DEC Well Number Cu1104

**WELL COMPLETION REPORT**

(4) OWNER <u>Clyde Rodgers</u>		LOG *
(5) ADDRESS <u>7400 N Route 83 Cherry Creek NY</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (Also see reverse) <u>42° 18' 21" N 079° 08' 36" W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>82'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>59'</u>	TOP OF WELL
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.		TOP SOIL <u>1'</u>
(10) LENGTH <u>62</u> ft.                        ft.                        ft.                        in.		BROWN CLAY <u>18'</u>
(11) GROUT TYPE <u>cutting-bed note</u>	(12) GROUT INTERVAL (Feet) FROM _____ TO _____	RED ROCK CHIPS
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in.                        in.                        in.                        in.		UNSTABLE BEDROCK BROWN <u>20'</u>
(16) LENGTH ft.                        ft.                        ft.                        in.		Fault at 60'
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>10-29-00</u>	(19) DURATION OF TEST <u>16 hours</u>	HARD BED ROCK GRAY <u>15'</u>
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>4</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>75'</u>	
(24) RECOVERY (Time in hours/minutes) <u>2 hours</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	LOOSE CAVING ROCK <u>5'</u>
<b>PUMP INSTALLATION</b>		
(26) DATE	(27) PUMP INSTALLED? YES ___ NO ___	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED	
(38) DATE <u>11-1-00</u>	(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>16018</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work.		BOTTOM OF HOLE
See further instructions titled "Instructions for New York State Well Completion Report".		<b>ORIGINAL - DEC COPY</b>

# LOCATION OF WELL

DEC WELL #: \_\_\_\_\_

(USE ONE OR MORE OF THE FOLLOWING METHODS)

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 18' 21N      079° 08' 56W

Example: 42 36 01.7 N 73 24 51.1 W

## How were coordinates determined?

DEC on-line map coordinate assistant

GPS Manufacturer Magellan

Model Pioneer

Map interpolation

## LOCATION SKETCH (indicate north direction and road intersections)

(1) County Chaut



(2) DEC Well Number CW1111

**WELL COMPLETION REPORT**

(3) OWNER <u>Robert Carlston</u>		* LOG	
(4) ADDRESS <u>Hall Road Sinclairville NY 14782</u>		Ground Surface EL. _____ ft. above sea level	
(5) LOCATION OF WELL (Also see reverse) <u>42°17' 40.4" - 079° 15' 16.0" W</u>		TOC above (+) or below (-) ground surface _____ ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>119</u>	(7) DEPTH TO GROUNDWATER <u>60'</u>	<p style="text-align: center;">TOP OF WELL</p> <p style="text-align: right;">Bottom of Hole</p>	
<b>CASINGS</b>			
(8) DIAMETER <u>6</u> in.                        in.                        in.                        in.			
(9) LENGTH <u>50</u> ft.                        ft.                        ft.                        in.			
(10) SEALING <u>cutting</u>	(11) CASINGS REMOVED		
<b>SCREENS</b>			
(12) MAKE & MATERIAL	(13) OPENINGS		
(14) DIAMETER in.                        in.                        in.                        in.			
(15) LENGTH ft.                        ft.                        ft.                        in.			
(16) DEPTH TO TOP, FROM TOP OF CASING			
<b>PUMPING TEST</b>			
(17) DATE <u>9-24-00</u>	(18) TEST OR PERMANENT PUMP? <u>test</u>		
(19) DURATION OF TEST <u>16 hours</u> minutes	(20) MAXIMUM DISCHARGE <u>24</u> gallons per min.		
(21) STATIC LEVEL PRIOR TO TEST <u>6</u> ft.                        in. below top of casing	(22) LEVEL DURING MAXIMUM PUMPING <u>70</u> ft.                        in. below top of casing		
(23) MAXIMUM DRAWDOWN <u>70</u> ft.	(24) Approximate time of return to normal water level after cessation of pumping <u>20</u> minutes		
<b>PUMP INSTALLED</b>			
(25) TYPE	(26) MAKE	(27) MODEL NUMBER	
(28) MOTIVE POWER	(29) MAKE	(30) H.P.	
(31) CAPACITY g.p.m. against                        ft. of discharge head			
(32) NUMBER OF BOWLS OR STAGES ft. of total head			
<b>DROP LINE</b>		<b>SUCTION LINE</b>	
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER	
(39) WORK STARTED		(40) WORK COMPLETED	
(41) DATE <u>9-29-00</u>	(42) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(43) REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".			
<b>Retain - Driller Copy</b>			

**Location of well** (use one or more of the following methods)

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 17' 40" N 079° 15' 16" W

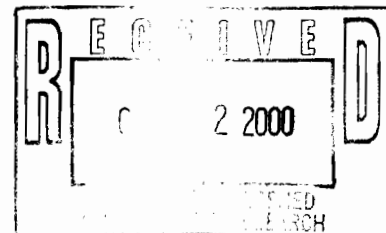
Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS, Manufacturer Pioneer
- Map interpolation

Model Magellan

**Location Sketch** (indicate north direction)



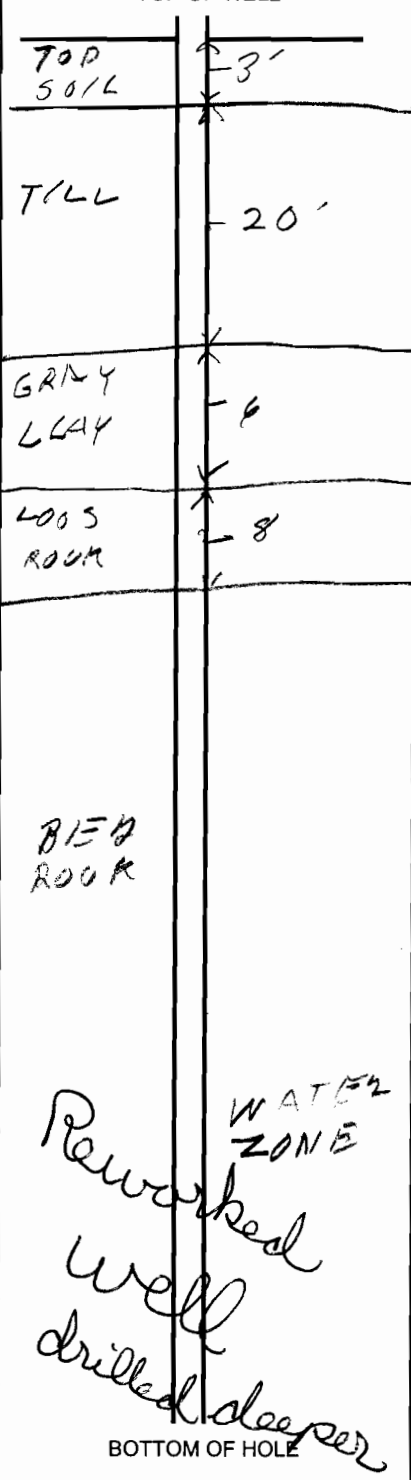
(1) County Chaut  
 (2) Township Charlotte



(3) DEC Well Number CU115

**WELL COMPLETION REPORT**

(4) OWNER <u>Madora Grant</u>			<b>LOG *</b>		
(5) ADDRESS <u>2562 East Road Sinclairville NY 14782</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (Also see reverse) <u>42° 18' 18N 079° 13' 45W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>1151</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>100'</u>		TOP OF WELL	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.   in.   in.   in.					
(10) LENGTH <u>38</u> ft.   ft.   ft.   in.					
(11) GROUT TYPE <u>cutting-bedrate</u>			(12) GROUT INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.					
(16) LENGTH ft.   ft.   ft.   in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>12-13-00</u>			(19) DURATION OF TEST <u>2 hour</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) DATE		(27) PUMP INSTALLED? YES ___ NO ___		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>12-11-00</u>			(37) DATE DRILLING WORK COMPLETED <u>12-13-00</u>		
(38) DATE <u>12-23-00</u>		(39) DRILLER & COMPANY <u>Noble Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work.					
See further instructions titled "Instructions for New York State Well Completion Report".					



**ORIGINAL - DEC COPY**

# LOCATION OF WELL

(USE ONE OR MORE OF THE FOLLOWING METHODS)

DEC WELL #: CW115

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)      Longitude (degrees minutes seconds)

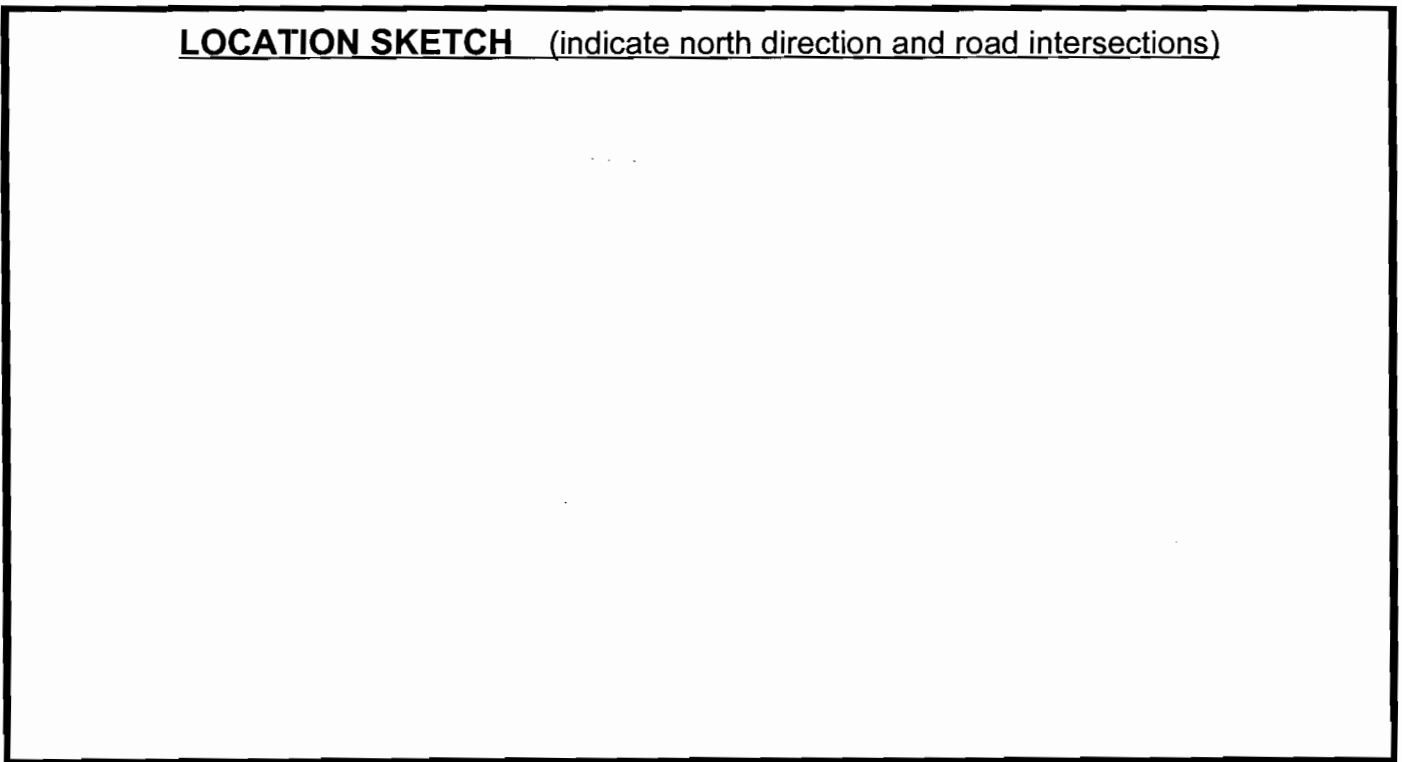
42° 18' 18" N      079° 13' 45" W

Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS Manufacturer Pioneer      Model Magellan
- Map interpolation

**LOCATION SKETCH** (indicate north direction and road intersections)



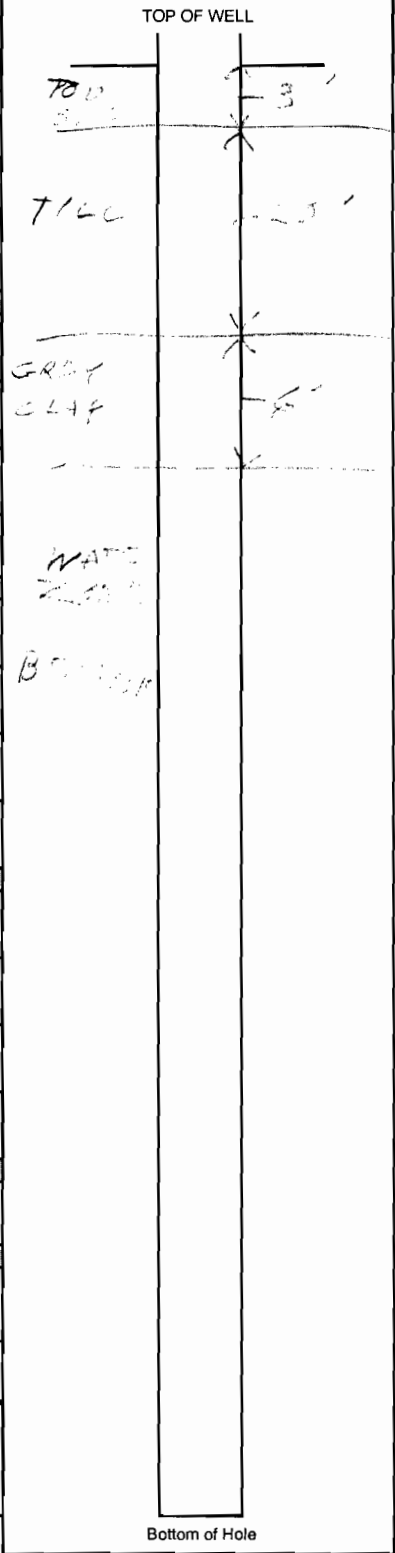
(1) County Chaut



(2) DEC Well Number CU1115

**WELL COMPLETION REPORT**

(3) OWNER <u>Madora Grant</u>		* LOG	
(4) ADDRESS <u>2562 Cast Road Sinclairville NY 14782</u>		Ground Surface EL. _____ ft. above sea level	
(5) LOCATION OF WELL (Also see reverse) <u>42° 18' 12N 079° 13' 45W</u>		TOC above (+) or below (-) ground surface _____ ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>52'</u>	(7) DEPTH TO GROUNDWATER <u>40'</u>		
<b>CASINGS</b>			
(8) DIAMETER <u>6</u> in.   in.   in.   in.			
(9) LENGTH <u>31</u> ft.   ft.   ft.   in.			
(10) SEALING <u>cutting</u>		(11) CASINGS REMOVED	
<b>SCREENS</b>			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in.   in.   in.   in.			
(15) LENGTH ft.   ft.   ft.   in.			
(16) DEPTH TO TOP, FROM TOP OF CASING			
<b>PUMPING TEST</b>			
(17) DATE <u>10</u>		(18) TEST OR PERMANENT PUMP? <u>baled</u>	
(19) DURATION OF TEST minutes		(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST ft.   in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING ft.   in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.		(24) Approximate time of return to normal water level after cessation of pumping minutes	
<b>PUMP INSTALLED</b>			
(25) TYPE	(26) MAKE	(27) MODEL NUMBER	
(28) MOTIVE POWER	(29) MAKE	(30) H.P.	
(31) CAPACITY g.p.m. against   ft. of discharge head			
(32) NUMBER OF BOWLS OR STAGES ft. of total head			
<b>DROP LINE</b>		<b>SUCTION LINE</b>	
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER	
(39) WORK STARTED		(40) WORK COMPLETED	
(41) DATE <u>10-5-00</u>	(42) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(43) REGISTRATION NO. <u>10018</u>	



E

\* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".

**Retain - Driller Copy**



**Location of well** (use one or more of the following methods)

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 18' 18N      079° 13' 45W

Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS, Manufacturer Pioneer
- Map interpolation

Model

Magellan

**Location Sketch** (indicate north direction)

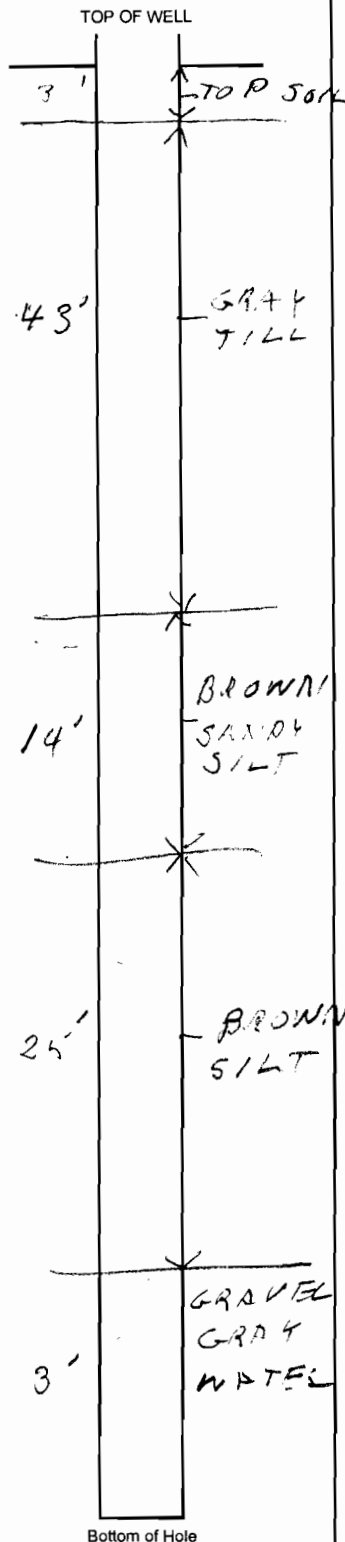
(1) County Chaut



(2) DEC Well Number CU1119

**WELL COMPLETION REPORT**

✓ (3) OWNER <u>Harry Loomis</u>			* LOG		
(4) ADDRESS <u>7495 Harrington Hollow Cherry Creek NY</u>					
(5) LOCATION OF WELL (Also see reverse) <u>42°19'06N 079°09'25W</u>			Ground Surface EL. _____ ft. above sea level		
(6) DEPTH OF WELL BELOW SURFACE <u>97'</u>		(7) DEPTH TO GROUNDWATER <u>73'</u>		TOC above (+) or below (-) ground surface <u>2'</u> ft.	
<b>CASINGS</b>					
(8) DIAMETER <u>6</u> in.   in.   in.   in.					
(9) LENGTH <u>99</u> ft.   ft.   ft.   in.					
(10) SEALING <u>cutting</u>			(11) CASINGS REMOVED		
<b>SCREENS</b>					
(12) MAKE & MATERIAL			(13) OPENINGS		
(14) DIAMETER in.   in.   in.   in.					
(15) LENGTH ft.   ft.   ft.   in.					
(16) DEPTH TO TOP, FROM TOP OF CASING					
<b>PUMPING TEST</b>					
(17) DATE			(18) TEST OR PERMANENT PUMP? <u>Test</u>		
(19) DURATION OF TEST <u>16 hour</u> minutes			(20) MAXIMUM DISCHARGE <u>6</u> gallons per min.		
(21) STATIC LEVEL PRIOR TO TEST <u>73</u> ft.   in. below top of casing			(22) LEVEL DURING MAXIMUM PUMPING <u>65</u> ft.   in. below top of casing		
(23) MAXIMUM DRAWDOWN ft.		(24) Approximate time of return to normal water level after cessation of pumping <u>15</u> minutes			
<b>PUMP INSTALLED</b>					
(25) TYPE		(26) MAKE		(27) MODEL NUMBER	
(28) MOTIVE POWER		(29) MAKE		(30) H.P.	
(31) CAPACITY g.p.m. against   ft. of discharge head					
(32) NUMBER OF BOWLS OR STAGES ft. of total head					
<b>DROP LINE</b>			<b>SUCTION LINE</b>		
(33) DIAMETER & (34) LENGTH			(35) DIAMETER & (36) LENGTH		
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____			(38) USE OF WATER		
(39) WORK STARTED			(40) WORK COMPLETED		
(41) DATE <u>10-20-00</u>		(42) DRILLER, COMPANY <u>Nobles Well Drilling</u>		(43) REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".					



**Retain - Driller Copy**

**Location of well** (use one or more of the following methods)

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 19' 06N

079° 09' 25W

Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS, Manufacturer Mogeller
- Map interpolation

Model Pioneer

**Location Sketch** (indicate north direction)

(1) County Chaut



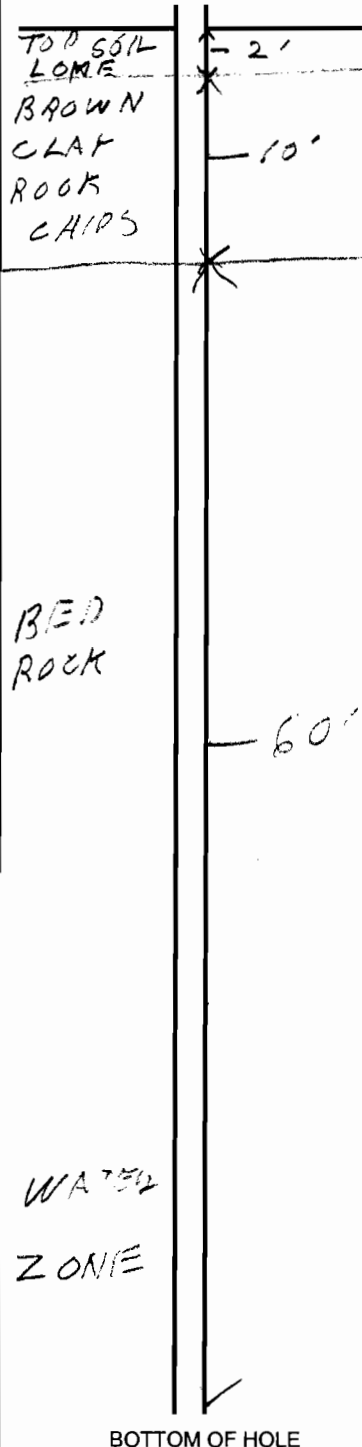
(3) DEC Well Number

CU 1135

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

(4) OWNER <u>Thomas Spier</u>		LOG *	
(5) ADDRESS <u>200 River Road North Tonawanda NY 14120</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (Also see reverse) <u>42° 17' 30" N 079° 07' 27" W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>76'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>26</u>	TOP OF WELL	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>15'</u> ft.         in.			
(11) GROUT TYPE <u>cutting</u>		(12) GROUT INTERVAL (Feet) FROM <u>13</u> TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER _____ in.         in.			
(16) LENGTH _____ ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>11-15-00</u>		(19) DURATION OF TEST <u>2 hours</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>26'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>45'</u>	
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
<b>PUMP INSTALLATION</b>			
(26) DATE	(27) PUMP INSTALLED? YES ___ NO ___	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>11-13-00</u>		(37) DATE DRILLING WORK COMPLETED <u>11-15-00</u>	
(38) DATE <u>11-20-00</u>	(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work.			
See further instructions titled "Instructions for New York State Well Completion Report".			



**ORIGINAL - DEC COPY**

# LOCATION OF WELL

(USE ONE OR MORE OF THE FOLLOWING METHODS)

DEC WELL #: \_\_\_\_\_

**Method 1:** Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. **NOTE:** The method of determining coordinates **MUST** be shown. The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 3:** If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**Method 4:** Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)      Longitude (degrees minutes seconds)

42°17'30N - 079°07'27W

Example: 42 36 01.7 N 73 24 51.1 W

**How were coordinates determined?**

- DEC on-line map coordinate assistant
- GPS Manufacturer Magellan      Model Pioneer
- Map interpolation

**LOCATION SKETCH** (indicate north direction and road intersections)

(1) County Chaut.



(3) DEC Well Number

CU 1185

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER <u>Nathanael DeuField</u>			LOG *		
(5) ADDRESS <u>3165 Southwestern Blv Orchard Park NY 14127</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N. Hill Sinclairville</u> <u>42° 20' 17" N</u> <u>79° 14' 02" W</u>			Top Of Casing is located _____ ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>90'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>30'</u>		DATE MEASURED <u>5-16-01</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.					
(10) LENGTH <u>42</u> ft.         ft.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.					
(16) LENGTH ft.         ft.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>5-16-01</u>			(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>25 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60 ft</u>		
(24) RECOVERY (Time in hours/minutes) <u>5 min</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES _____ NO _____		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>5-15-01</u>			(37) DATE DRILLING WORK COMPLETED <u>5-16-01</u>		
(38) DATE REPORT FILED <u>5-17-01</u>		(39) DRILLER & COMPANY <u>CHAD MILLER Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
TOP OF WELL 2 ft + 0 TOP SOIL 3' 3' GRAVEL + SAND 15' 15' SHALE + CLAY 30' 30' 40' 40' Bottom of Casing SHALE ROCK 90' BOTTOM OF HOLE					
<b>NYSDEC COPY</b>					

(1) County CHAUTAUQUE



(3) DEC Well Number

CU 1196

(2) Township PORTLAND

**WELL COMPLETION REPORT**

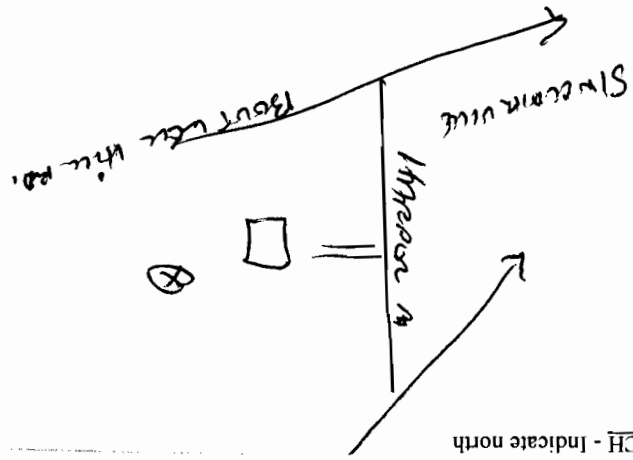
(4) OWNER <u>RECK JAROSZYNSKI</u>		LOG *
(5) ADDRESS <u>HARPER RD, SINCLAIRVILLE, NY, 14782</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input checked="" type="checkbox"/> Map Interpolation		Top Of Casing is located <u>1</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>55</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.         in.         in.		
(10) LENGTH <u>33'-8"</u> ft.         ft.         ft.         in.		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL FROM _____ TO _____
<b>SCREENS</b>		
(13) MAKE & MATERIAL		(14) OPENINGS
(15) DIAMETER in.         in.         in.         in.		
(16) LENGTH ft.         ft.         ft.         in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>5/14/01</u>		(19) DURATION OF TEST <u>30 MINUTES</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>35 GPM</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>2'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>
(24) RECOVERY (Time in hours/minutes) <u>IMMEDIATE</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES _____ NO _____		(27) DATE
(29) TYPE		(28) PUMP INSTALLER
(30) MAKE		(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>DOMESTIC</u>
(36) DATE DRILLING WORK STARTED <u>5/12/01</u>		(37) DATE DRILLING WORK COMPLETED <u>5/14/01</u>
(38) DATE REPORT FILED <u>5/15/01</u>	(39) DRILLER & COMPANY <u>MATTHEW KOWLER EAMKE WELL DRILLING INC</u>	(40) DEC REGISTRATION NO. <u>10050</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">TOP OF WELL</p> <hr/> <p style="text-align: center;">33' 8"</p> <p style="text-align: center;">SHALE ROCK</p> <p style="text-align: center;">55'</p> <p style="text-align: center;">BOTTOM OF HOLE</p> </div>
See further instructions titled "Instructions for New York State Well Completion Report".		

**NYSDEC COPY**

CHARLOTTE COVINO

CH 1196

→ TO OTHER SIDE



↑ NORTH

LOCATION SKETCH - Indicate north



(1) County Chautauqua



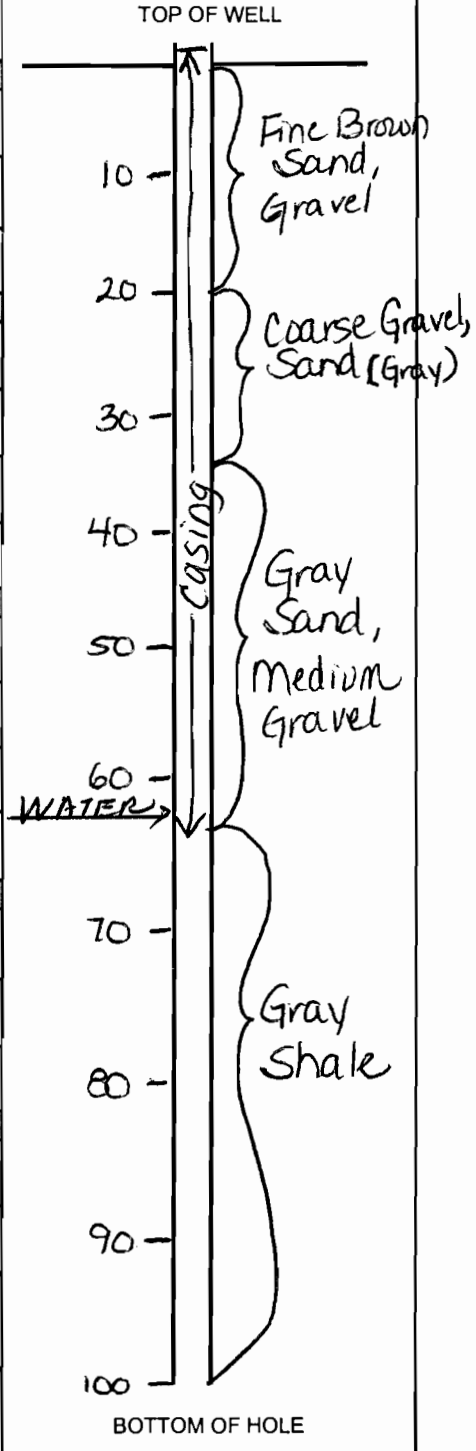
(3) DEC Well Number

CU 1212

(2) Township Charlotte

**WELL COMPLETION REPORT**

(4) OWNER <u>Peter &amp; Nicole Snyder</u>			LOG *		
(5) ADDRESS <u>Road Road, Sinclairville, NY 14782</u>			Ground Surface EL. <u>1744</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N 42° 19' 20.22"</u> <u>W 79° 12' 59.34"</u>			Top Of Casing is located <u>+1 1/2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>100'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>20'</u>		DATE MEASURED <u>6-4-01</u>		
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.   in.   in.   in.					
(10) LENGTH <u>63'</u> ft.   ft.   ft.   in.					
(11) GROUT TYPE / SEALING <u>None</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL <u>None</u>			(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.					
(16) LENGTH ft.   ft.   ft.   in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>6-4-01</u>			(19) DURATION OF TEST <u>45 min</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>10 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>90'</u>		
(24) RECOVERY (Time in hours/minutes) <u>11 min</u>			(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO ___		(27) DATE <u>6-5-01</u>	(28) PUMP INSTALLER <u>DRILLER</u>		
(29) TYPE <u>SUBMERSIBLE</u>		(30) MAKE <u>AERMOTOR</u>	(31) MODEL <u>T12-56-305</u>		
(32) MAXIMUM CAPACITY (GPM) <u>12 GPM</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>95</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-1-01</u>			(37) DATE DRILLING WORK COMPLETED <u>6-4-01</u>		
(38) DATE REPORT FILED <u>9-10-01</u>		(39) DRILLER & COMPANY <u>Dave Diekenbach Sales &amp; Service, Inc</u>		(40) DEC REGISTRATION NO. <u>NYRD 10143</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					



**NYSDEC COPY**

(1) County Chaut

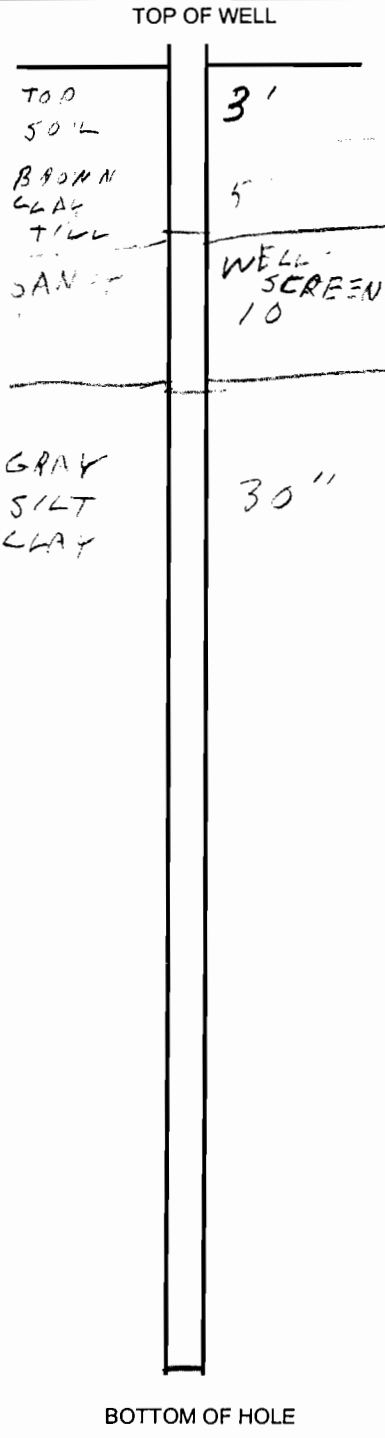


(3) DEC Well Number C41219

(2) Township Stockton

**WELL COMPLETION REPORT**

(4) OWNER <u>Pleasant Valley Church (Dave Snyder)</u>			LOG *		
(5) ADDRESS <u>6677 Bowers Cascadaga, NY 14718</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>48'6"</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>17'</u>		DATE MEASURED <u>6 01</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>4</u> in.         in.					
(10) LENGTH <u>50</u> ft.         ft.         in.					
(11) GROUT TYPE / SEALING <u>Bentonite</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>5'</u> TO <u>10'</u>		
<b>SCREENS</b>					
(13) MAKE & MATERIAL <u>plastic</u>			(14) OPENINGS		
(15) DIAMETER <u>4</u> in.         in.					
(16) LENGTH <u>10</u> ft.         ft.         in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) <u>10</u>					
<b>YIELD TEST</b>					
(18) DATE <u>6-13-01</u>			(19) DURATION OF TEST <u>2 hour</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>3</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>20'</u>		
(24) RECOVERY (Time in hours/minutes) <u>3 minutes</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-11-01</u>			(37) DATE DRILLING WORK COMPLETED <u>6-13-01</u>		
(38) DATE REPORT FILED <u>6-18-01</u>		(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					



**NYSDEC COPY**

(1) County Chaut



(3) DEC Well Number CU1236

(2) Township Charlotte

**WELL COMPLETION REPORT**

*readdress*  
*different GPS*

(4) OWNER <u>Cindy Miller</u>			LOG *					
(5) ADDRESS <u>10300 Pourquet Lane East Concord NY 14055</u>			Ground Surface EL. <u>150</u> ft. above sea level					
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 16' 9" N 079° 13' 68" W</u>			Top Of Casing is located <u>92</u> ft. above (+) or below (-) ground surface					
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>52'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>36</u>		DATE MEASURED <u>8-22-2002</u>				
<b>CASINGS</b>								
(9) DIAMETER <u>6</u> in.         in.			TOP OF WELL					
(10) LENGTH <u>40</u> ft.         in.								
(11) GROUT TYPE / SEALING <u>bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>2</u> TO <u>8</u>		Topsoil Brown Gravel 31 301				
<b>SCREENS</b>								
(13) MAKE & MATERIAL			(14) OPENINGS					
(15) DIAMETER in.         in.			Gray Till 7					
(16) LENGTH ft.         ft.         in.								
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			Bed Rock Water Zone 18'					
<b>YIELD TEST</b>								
(18) DATE <u>8-22-2002</u>		(19) DURATION OF TEST <u>24 hours</u>						
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>6</u>						
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>35</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>6'</u>						
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
<b>PUMP INSTALLATION</b>								
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER				
(29) TYPE		(30) MAKE		(31) MODEL				
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)					
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>					
(36) DATE DRILLING WORK STARTED <u>8-16-2002</u>			(37) DATE DRILLING WORK COMPLETED <u>8-23-2002</u>					
(38) DATE REPORT FILED <u>8-24-2002</u>		(39) DRILLER & COMPANY <u>Nobles Well Drill</u>		(40) DEC REGISTRATION NO. <u>10018</u>				
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.								
See further instructions titled "Instructions for New York State Well Completion Report".								
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<b>NYSDEC COPY</b>								

(1) County Chaut



(3) DEC Well Number

CU1259

(2) Township Chalotte

**WELL COMPLETION REPORT**

(4) OWNER <u>Chris McQuiggen &amp; Rebecca Malepa</u>			LOG *	
(5) ADDRESS <u>312 Buckner St. Dunkirk NY 14048</u>			Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°18'05N 079°16'32W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>92</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>30</u>	DATE MEASURED <u>8-01-01</u>	TOP OF WELL	
<b>CASINGS</b>				
(9) DIAMETER <u>6</u> in.         in.			<u>TOP SOIL</u>   <u>2</u>	
(10) LENGTH <u>55</u> ft.         in.			<u>BEGINN</u>	
(11) GROUT TYPE / SEALING <u>cutting benonite</u>			<u>TILL</u>   <u>10</u>	
(12) GROUT / SEALING INTERVAL (Feet) FROM <u>53</u> TO <u>53</u>			<u>GRAY</u>   <u>4' 11"</u>	
<b>SCREENS</b>				
(13) MAKE & MATERIAL			<u>TILL</u>	
(14) OPENINGS				
(15) DIAMETER in.         in.				
(16) LENGTH ft.         in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			<u>WATER ZONE</u>	
<b>YIELD TEST</b>				
(18) DATE <u>8-02-01</u>		(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>60 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>85'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>				
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other			(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7-01-<del>8-02-01</del></u>			(37) DATE DRILLING WORK COMPLETED <u>8-02-01</u>	
(38) DATE REPORT FILED <u>8-8-01</u>		(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE	
See further instructions titled "Instructions for New York State Well Completion Report".			<b>NYSDEC COPY</b>	

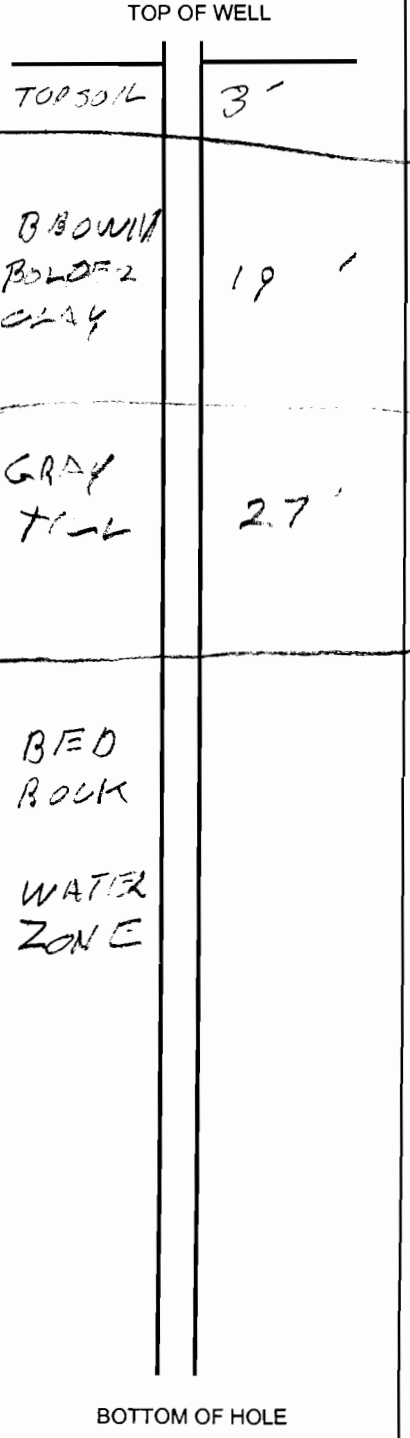
(1) County Chaut  
 (2) Township Chollatie



(3) DEC Well Number CU 1298

**WELL COMPLETION REPORT**

(4) OWNER <u>Roger + Tina King</u>			LOG *		
(5) ADDRESS <u>116 Euclid Ave Perry NY 14530</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°18'94N 079°16'45W</u>			Top Of Casing is located <u>5</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>45'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>30</u>		DATE MEASURED <u>8-8-01</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.   in.   in.   in.					
(10) LENGTH <u>57</u> ft.   ft.   ft.   in.					
(11) GROUT TYPE / SEALING <u>bentonite</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>2</u> TO <u>49</u>		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.					
(16) LENGTH ft.   ft.   ft.   in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>8-9-01</u>			(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>8</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10'</u>		
(24) RECOVERY (Time in hours/minutes) <u>2 hour</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-6-01</u>			(37) DATE DRILLING WORK COMPLETED <u>8-10-01</u>		
(38) DATE REPORT FILED <u>8-20-01</u>		(39) DRILLER & COMPANY <u>Nobles Well</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					



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(1) County Chaut



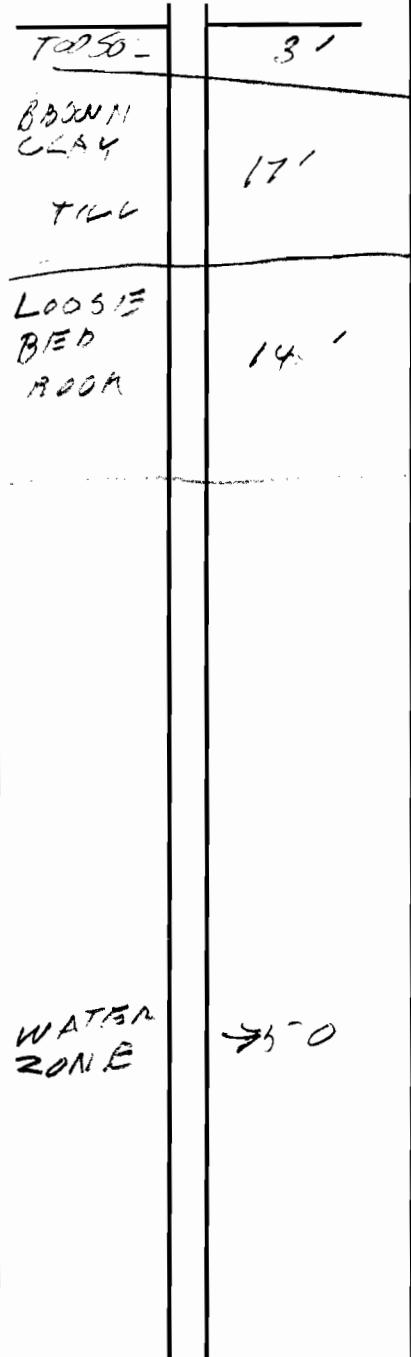
(3) DEC Well Number

CU1321

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

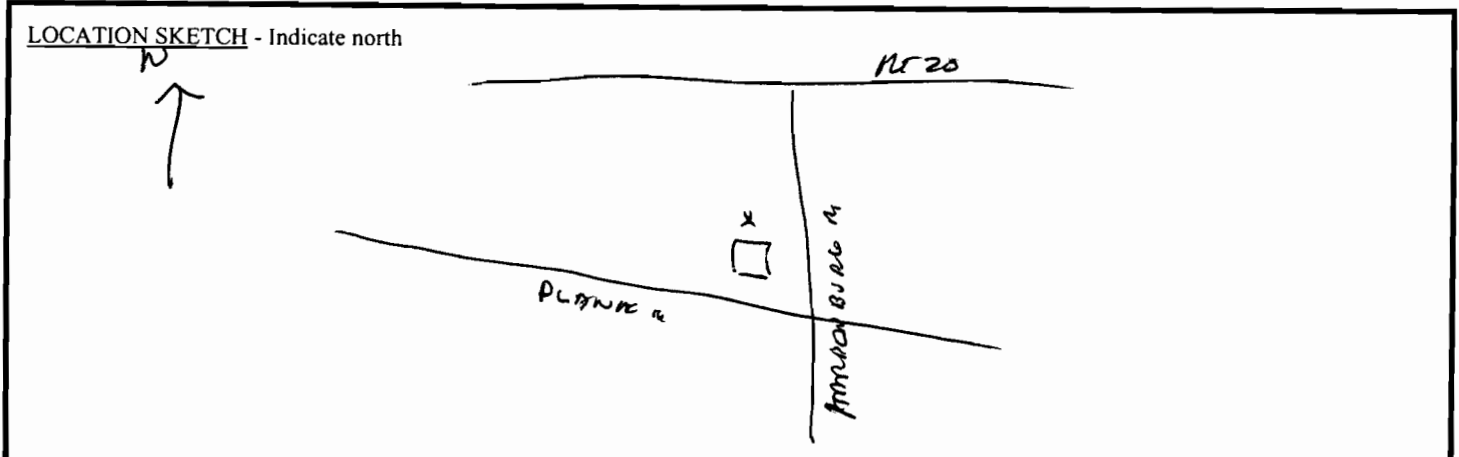
(4) OWNER <u>Bruce Thompson</u>			LOG *		
(5) ADDRESS <u>6813 Main Street Cherry Creek, NY 14723</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°18'87N 079°09'54W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>58'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>25'</u>		DATE MEASURED <u>09-21-01</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.   in.   in.   in.					
(10) LENGTH <u>34</u> ft.   ft.   ft.   in.					
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>70</u> TO <u>20</u>		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.					
(16) LENGTH ft.   ft.   ft.   in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>09-20-01</u>			(19) DURATION OF TEST <u>2 hour</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>6</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>34'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hours</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>09-18-01</u>			(37) DATE DRILLING WORK COMPLETED <u>09-21-01</u>		
(38) DATE REPORT FILED <u>09-24-01</u>		(39) DRILLER & COMPANY <u>Nobles Well</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.  See further instructions titled "Instructions for New York State Well Completion Report".					
See further instructions titled "Instructions for New York State Well Completion Report".					



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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chautauqua



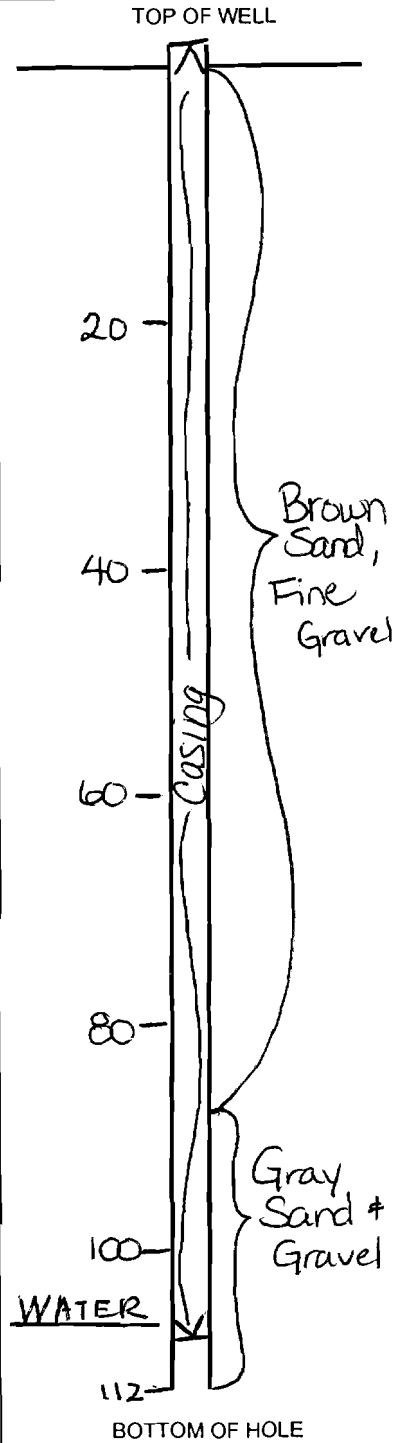
(3) DEC Well Number

CU 1324

(2) Township Stockton

**WELL COMPLETION REPORT**

(4) OWNER <u>Albert VanDette</u>		LOG *	
(5) ADDRESS <u>2071 Main Rd, Silver Creek, NY 14136</u>		Ground Surface EL. <u>1327</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>Route 60 N 42° 19' 31.14"</u> <u>Cassadaga, NY W 79° 17' 29.88"</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>+1'6"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>112'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>10'</u>	DATE MEASURED <u>8-27-01</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6"</u> in.   in.   in.   in.			
(10) LENGTH <u>110'</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING <u>None</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL <u>None</u>		(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.			
(16) LENGTH ft.   ft.   ft.   in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>8-27-01</u>		(19) DURATION OF TEST <u>1 HR</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>11'6"</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>81'6"</u>	
(24) RECOVERY (Time in hours/minutes) <u>11 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>8-31-01</u>	(28) PUMP INSTALLER <u>DRILLER</u>
(29) TYPE <u>SUBMERSIBLE</u>		(30) MAKE <u>MYERS</u>	(31) MODEL <u>2NFL52-12</u>
(32) MAXIMUM CAPACITY (GPM) <u>12 GPM</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>101 1/2 FT</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>8-23-01</u>		(37) DATE DRILLING WORK COMPLETED <u>8-27-01</u>	
(38) DATE REPORT FILED <u>11-28-01</u>		(39) DRILLER & COMPANY <u>Dave Diefenbach Sales &amp; Service</u>	(40) DEC REGISTRATION NO. <u>NYRD 10143</u>



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

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(1) County Chaut.



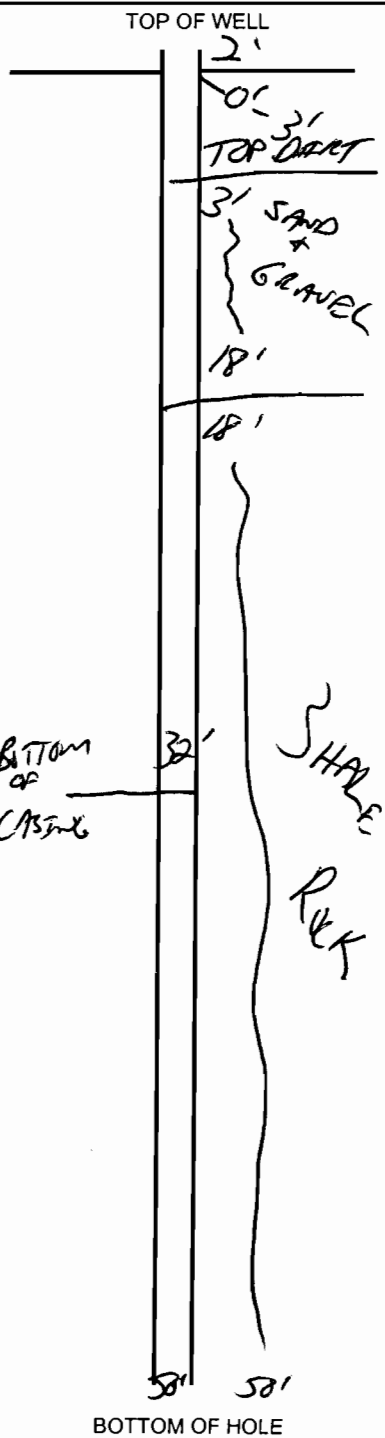
(3) DEC Well Number

**CU-1337**

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER <u>Archie Krzyzanowski</u>		LOG *	
(5) ADDRESS <u>1605 Rt. 60 Sinclairville N.Y. 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42 16 05 N</u> <u>79 17 33 W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>5'</u>	DATE MEASURED <u>8-29-01</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.   in.   in.   in.			
(10) LENGTH <u>34'</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.			
(16) LENGTH ft.   ft.   ft.   in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>8/30/01</u>		(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5 FT.</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>30 FT.</u>	
(24) RECOVERY (Time in hours/minutes) <u>15 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>8-31-01</u>	(28) PUMP INSTALLER <u>MAH Tom Miller</u>
(29) TYPE <u>Sub.</u>		(30) MAKE <u>MYERS</u>	(31) MODEL <u>#26.4M RUSTLER</u>
(32) MAXIMUM CAPACITY (GPM) <u>12 G.P.M.</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>48 FT.</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>8-28-01</u>		(37) DATE DRILLING WORK COMPLETED <u>8-29-01</u>	
(38) DATE REPORT FILED <u>9-6-01</u>		(39) DRILLER & COMPANY <u>Chad Miller Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u># 10203</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



**NYSDEC COPY**



(1) County Chaut.



(3) DEC Well Number CU 1343

(2) Township Charlotte

**WELL COMPLETION REPORT**

(4) OWNER <u>Mike Johnson</u>			LOG *	
(5) ADDRESS <u>7370 North Hill Rd. Sinclairville, NY</u>			Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>N 42° 19.294'</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>W 079° 14.135'</u>			Top Of Casing is located <u>+</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	TOP OF WELL	
<b>CASINGS</b>				
(9) DIAMETER <u>6</u> in.         in.				
(10) LENGTH <u>38'</u> ft.         in.				
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>				
(13) MAKE & MATERIAL		(14) OPENINGS		
(15) DIAMETER in.         in.				
(16) LENGTH ft.         in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) <u>38-65</u>				
<b>YIELD TEST</b>				
(18) DATE		(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___		
<b>PUMP INSTALLATION</b>				
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL		
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>9-4-01</u>		(37) DATE DRILLING WORK COMPLETED <u>9-5-01</u>		
(38) DATE REPORT FILED <u>9-5-01</u>	(39) DRILLER & COMPANY <u>Tom Jones Jones Well Drilling, NYSD-10091</u>		(40) DEC REGISTRATION NO.	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.				
See further instructions titled "Instructions for New York State Well Completion Report"				
			BOTTOM OF HOLE	
<b>NYSDEC COPY</b>				

E

0-10 BROWN DIRT  
10-20 Blue Clay & Stones  
20-30 " "  
30-38 Clay-Stones  
38-65 Shale  
15 GPM

(1) County Chautauqua



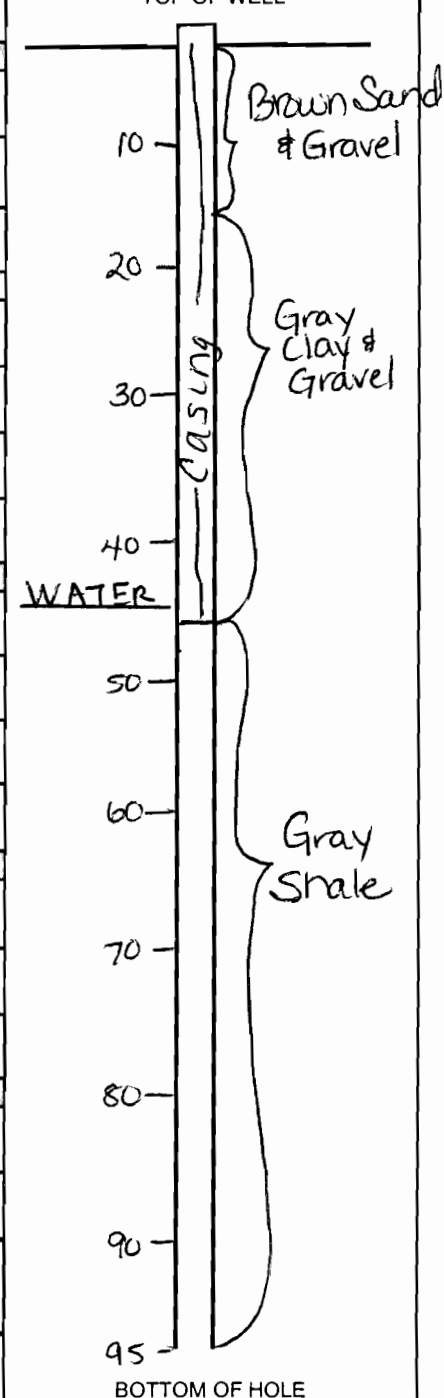
(3) DEC Well Number

CU1362

(2) Township Stockton

**WELL COMPLETION REPORT**

(4) OWNER <u>Roger Sutter</u>			LOG *		
(5) ADDRESS <u>6714 Bowers Rd, Cassadaga, NY 14718</u>			Ground Surface EL. <u>1381</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>Same</u> <u>N 42° 17' 42.90"</u> <u>W 79° 19' 22.32"</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>+2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>95'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED <u>10/10/01</u>	TOP OF WELL		
<b>CASINGS</b>					
(9) DIAMETER <u>6"</u> in.   in.   in.   in.					
(10) LENGTH <u>47'</u> ft.   ft.   ft.   in.					
(11) GROUT TYPE / SEALING <u>None</u>			(12) GROUT / SEALING INTERVAL FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL <u>None</u>			(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.					
(16) LENGTH ft.   ft.   ft.   in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>10-10-01</u>			(19) DURATION OF TEST <u>1 HR</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>12 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>42</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50</u>		
(24) RECOVERY (Time in hours/minutes) <u>NO DRAWDOWN</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>10-15-01</u>	(28) PUMP INSTALLER <u>DRILLER</u>		
(29) TYPE <u>SUBMERSIBLE</u>		(30) MAKE <u>GOULDS</u>	(31) MODEL <u>BRUISER 125B05A2</u>		
(32) MAXIMUM CAPACITY (GPM) <u>12 GPM</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>92'</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-8-01</u>			(37) DATE DRILLING WORK COMPLETED <u>10-10-01</u>		
(38) DATE REPORT FILED <u>1-25-02</u>		(39) DRILLER & COMPANY <u>Dave Diefenbach Sales &amp; Service, Inc</u>		(40) DEC REGISTRATION NO. <u>NYRD10143</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
<b>NYSDEC COPY</b>					



(1) County Chaut



(3) DEC Well Number CU1378

(2) Township Villenova

**WELL COMPLETION REPORT**

(4) OWNER <u>Douglas Bunker</u>			LOG *		
(5) ADDRESS <u>783 Huriburt Road Forestville NY 14062</u>			Ground Surface EL <u>500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°16'24N 079°07'04W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>18'</u>	DATE MEASURED <u>10-19-01</u>	TOP OF WELL		
<b>CASINGS</b>			BOLDERS 10"  LOSE 13" 2" ROCK  WATER ZONE 7  BFE 2 ROCK		
(9) DIAMETER <u>6</u> in.         in.					
(10) LENGTH <u>18</u> ft.         in.					
(11) GROUT TYPE / SEALING <u>cutting</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>10</u>				
<b>SCREENS</b>					
(13) MAKE & MATERIAL	(14) OPENINGS				
(15) DIAMETER in.         in.	(16) LENGTH ft.         in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>10-19-01</u>	(19) DURATION OF TEST <u>2 hours</u>				
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>15</u>				
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>18</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>				
(24) RECOVERY (Time in hours/minutes) <u>1 1/2 hours</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>10-22-01</u>	(28) PUMP INSTALLER			
(29) TYPE <u>submersible</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>10GS05422</u>			
(32) MAXIMUM CAPACITY (GPM) <u>10</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>57'</u>				
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>domestic</u>				
(36) DATE DRILLING WORK STARTED <u>10-17-01</u>	(37) DATE DRILLING WORK COMPLETED <u>10-22-01</u>				
(38) DATE REPORT FILED <u>10-23-01</u>	(39) DRILLER & COMPANY <u>Nobles Well Drill</u>	(40) DEC REGISTRATION NO. <u>10018</u>			
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE		
See further instructions titled "Instructions for New York State Well Completion Report".			<b>NYSDEC COPY</b>		



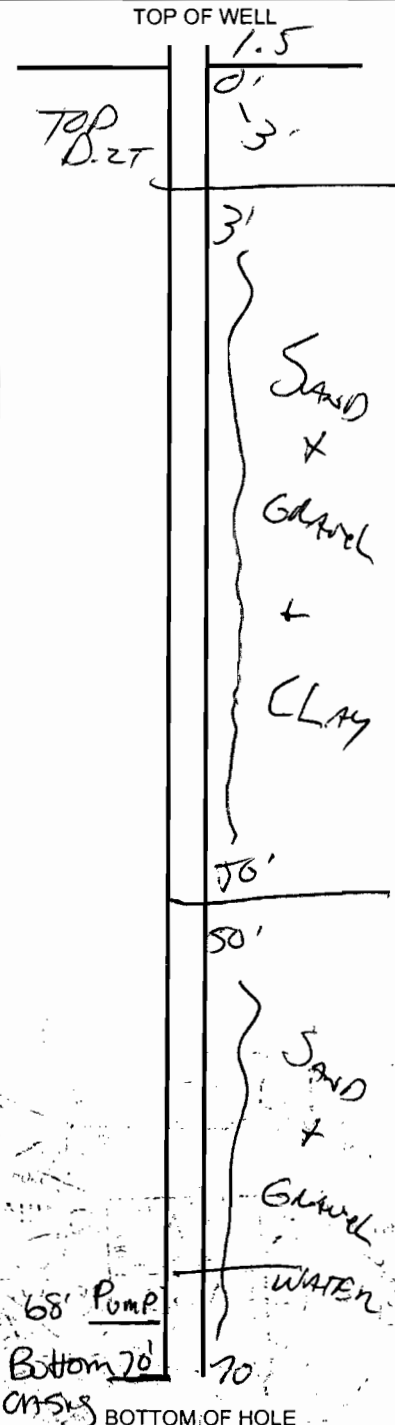
(1) County Chaut.

(2) Township Sunclawville

(3) DEC Well Number C41464

**WELL COMPLETION REPORT**

(4) OWNER <u>Kevin Oakes</u>			LOG *		
(5) ADDRESS <u>2812 Hooker Rd, Sunclawville, NY 14782</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>1.5'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>70'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>2'</u>		DATE MEASURED	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.					
(10) LENGTH <u>72</u> ft.         in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.					
(16) LENGTH ft.         in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE			(19) DURATION OF TEST <u>30 min</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>70'</u>		
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>10-11-01</u>		(28) PUMP INSTALLER	
(29) TYPE <u>sub.</u>		(30) MAKE <u>Goulds</u>		(31) MODEL <u>1/2 hp. 10 gpm</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>68'</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-8-01</u>			(37) DATE DRILLING WORK COMPLETED <u>10-11-01</u>		
(38) DATE REPORT FILED <u>11-26-01</u>		(39) DRILLER & COMPANY <u>Tom Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					



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(1) County Chaut.



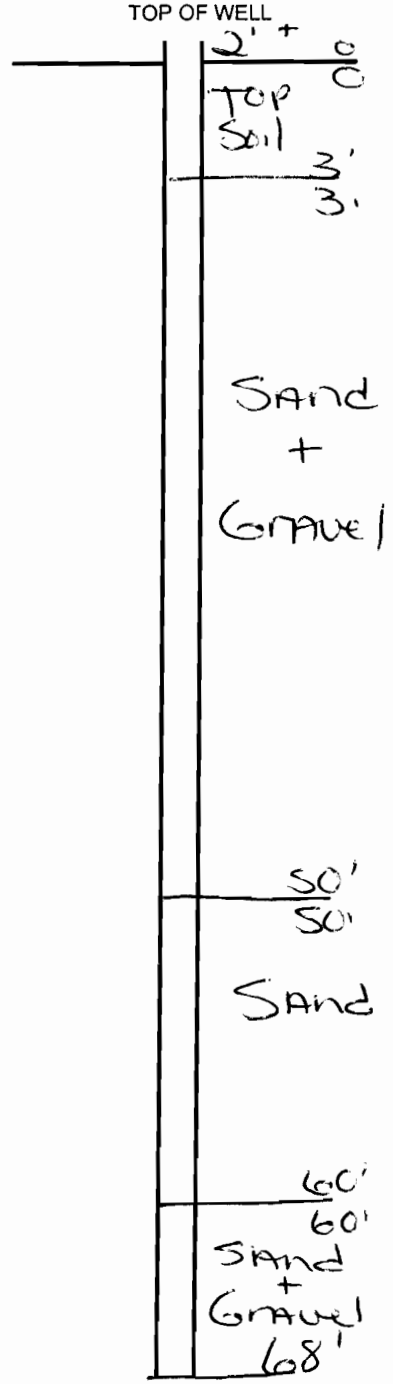
(3) DEC Well Number

C41465

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

(4) OWNER <u>Jim Morrison</u>		LOG *	
(5) ADDRESS <u>Risley Rd. Cherry Creek, 14723</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>68'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>25'</u>	DATE MEASURED <u>9-18-01</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.   in.   in.   in.			
(10) LENGTH <u>70</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.			
(16) LENGTH ft.   ft.   ft.   in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>9-18-01</u>		(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>25 gal</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>25 ft.</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50 ft.</u>	
(24) RECOVERY (Time in hours/minutes) <u>10 min.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES ___ NO ___		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9-17-01</u>		(37) DATE DRILLING WORK COMPLETED <u>9-18-01</u>	
(38) DATE REPORT FILED <u>12-12-01</u>	(39) DRILLER & COMPANY <u>Chad Miller Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



**NYSDEC COPY**

(1) County Chaut.  
 (2) Township Cherry Creek



(3) DEC Well Number C4 1497

**WELL COMPLETION REPORT**

(4) OWNER <u>Philip Peters</u>			LOG *		
(5) ADDRESS <u>7778 Aldrich Hill Cherry Creek NY</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42 20 348 N / 79 06 903 W</u> <u>14723</u>			Top Of Casing is located <u>21+</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>103'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>103'</u>		DATE MEASURED <u>4-21-02</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.					
(10) LENGTH <u>105'</u> ft.         in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.					
(16) LENGTH ft.         in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>4-21-02</u>			(19) DURATION OF TEST <u>30 min</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>25'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>		
(24) RECOVERY (Time in hours/minutes) <u>15 min.</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>04-18-02</u>			(37) DATE DRILLING WORK COMPLETED <u>04-21-02</u>		
(38) DATE REPORT FILED <u>4-29-02</u>		(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
			TOP OF WELL		
			21+		
			0		
			TOP SOIL		
			3'		
			3'		
			Sand		
			Gravel		
			25'		
			25'		
			Clay		
			Course		
			Gravel		
			80'		
			80'		
			FINE SAND		
			Gravel		
			100'		
			100'		
			Sand		
			Gravel		
			103'		
			Bottom Casings		
			BOTTOM OF HOLE		
<b>NYSDEC COPY</b>					

(1) County Chaut



(3) DEC Well Number

C4 1500

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER <u>Fred Johnson</u>		LOG *	
(5) ADDRESS <u>Rt. 60 Sinclairville, NY 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42-15-862 N / 079-17-361 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2' +</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>45'</u>	DATE MEASURED <u>4-24-02</u>	<p>TOP OF WELL</p> <p><u>2' +</u></p> <p>0</p> <p>0</p> <p>TOP SOIL</p> <p>3</p> <p>3</p> <p>Sand + Gravel</p> <p>32'</p> <p>32'</p> <p>Shale</p> <p>50'</p> <p>BOTTOM OF HOLE</p>
<b>CASINGS</b>			
(9) DIAMETER <u>6 3/8</u> in.   in.   in.   in.			
(10) LENGTH <u>32</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.		(16) LENGTH ft.   ft.   ft.   in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>4-24-02</u>	(19) DURATION OF TEST <u>30 min</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>45+ gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>35'</u>		
(24) RECOVERY (Time in hours/minutes) <u>5 m.r.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES ___ NO ___	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>4-24-02</u>		(37) DATE DRILLING WORK COMPLETED <u>4-24-02</u>	
(38) DATE REPORT FILED <u>4-29-02</u>	(39) DRILLER & COMPANY <u>DAVE Tubbs Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			

**NYSDEC COPY**



(1) County Chaut.

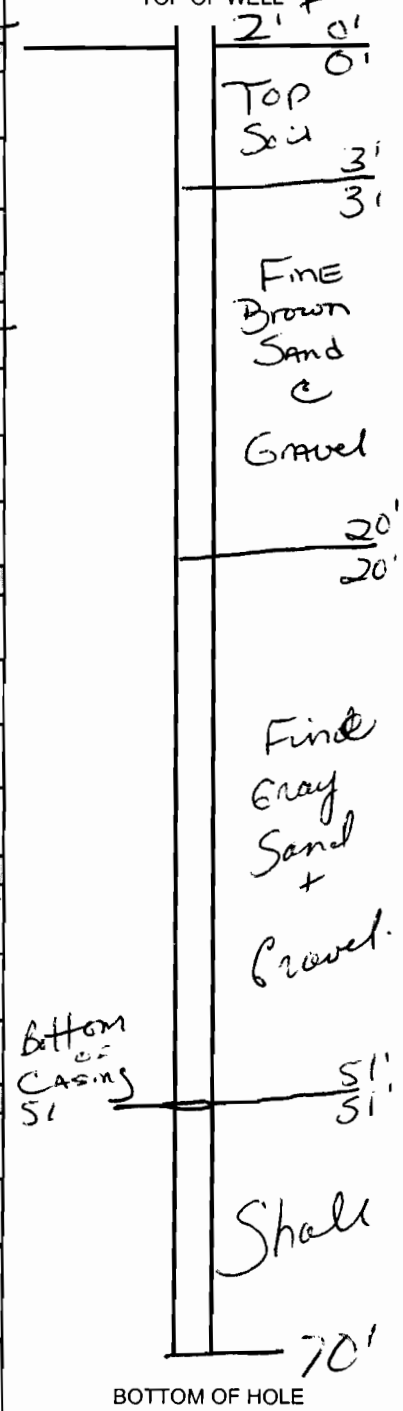
(2) Township Sinclairville

(3) DEC Well Number

CU 1501

**WELL COMPLETION REPORT**

(4) OWNER <u>Ken Oakes</u>		LOG *	
(5) ADDRESS <u>2862 Hooker Rd. Sinclairville, NY 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42-18-350N/079-15-010W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2' 1"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>70'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>55'</u>	DATE MEASURED <u>4-24-02</u>	TOP OF WELL <u>2' +</u>
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>53</u> ft.         in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL FROM _____ TO _____ (Feet)	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) <u>20'</u>			
<b>YIELD TEST</b>			
(18) DATE <u>4-24-02</u>	(19) DURATION OF TEST <u>30 min.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>5 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>70'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hr.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>4-26-02</u>	(37) DATE DRILLING WORK COMPLETED <u>4-29-02</u>		
(38) DATE REPORT FILED <u>May 3, 2002</u>	(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u># 10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



**NYSDEC COPY**



(1) County Chaut



(3) DEC Well Number CU 1504

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

(4) OWNER <u>David Young</u>			LOG *		
(5) ADDRESS <u>5204 Fairgrounds Rd. Hamburg NY 14075</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°17'48N 079°09'12W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>10</u>		DATE MEASURED <u>4-30-02</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.					
(10) LENGTH <u>20</u> ft.                        ft.                        ft.   <u>2 1/2</u> in.					
(11) GROUT TYPE / SEALING <u>bentonite-culting</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>14</u> TO <u>3</u>		
<b>SCREENS</b>					
(13) MAKE & MATERIAL					
(14) OPENINGS					
(15) DIAMETER in.                        in.                        in.                        in.					
(16) LENGTH ft.                        ft.                        ft.                        in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>5-01-02</u>			(19) DURATION OF TEST <u>16 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>7 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>12'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>3'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>5-01-2002</u>		(28) PUMP INSTALLER <u>Higley Mobles</u>	
(29) TYPE <u>Submersible</u>		(30) MAKE <u>Goulds</u>		(31) MODEL <u>10G505422</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10</u>			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>45'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>4-29-02</u>			(37) DATE DRILLING WORK COMPLETED <u>5-01-02</u>		
(38) DATE REPORT FILED <u>5-02-2002</u>		(39) DRILLER & COMPANY <u>Nobles Well</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
			TOP OF WELL		
			<u>TOP SOIL</u>   <u>2'</u>		
			<u>BRINA' CLAY BED ROCK CHIPS</u>   <u>12'</u>		
			<u>LOOSE BED ROCK</u>   <u>8'</u>		
			<u>WATER ZONE</u>   <u>30</u>		
			<u>BED ROCK</u>		
			<u>GRAY</u>		
			BOTTOM OF HOLE		
NYSDEC COPY					

E

(1) County Chaut.



(3) DEC Well Number

CU 1512

~~CU 1509~~

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER Harley Goodwin

(5) ADDRESS 2552 Cassadaga Rd. Sinclairville

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used: 42-20-530 N 1079-13-817 W  
 GPS  DEC Website  Map Interpolation

(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 65

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 25' DATE MEASURED 5-3-02

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 23 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING

(12) GROUT / SEALING INTERVAL (Feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL

(14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 5-3-02

(19) DURATION OF TEST 30 min

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 18 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 8F

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 65'

(24) RECOVERY (Time in hours/minutes) 20 min

(25) Was the water produced during test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO

(27) DATE

(28) PUMP INSTALLER

(29) TYPE Sub

(30) MAKE Goulds

(31) MODEL 1 hp 25 gal. e.m.m.

(32) MAXIMUM CAPACITY (GPM) 25 gpm

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 21'

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_

(35) USE OF WATER (see instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 5-2-02

(37) DATE DRILLING WORK COMPLETED 5-3-02

(38) DATE REPORT FILED 2  
5-3-03

(39) DRILLER & COMPANY Tom Miller Miller Well Drilling

(40) DEC REGISTRATION NO. #10203

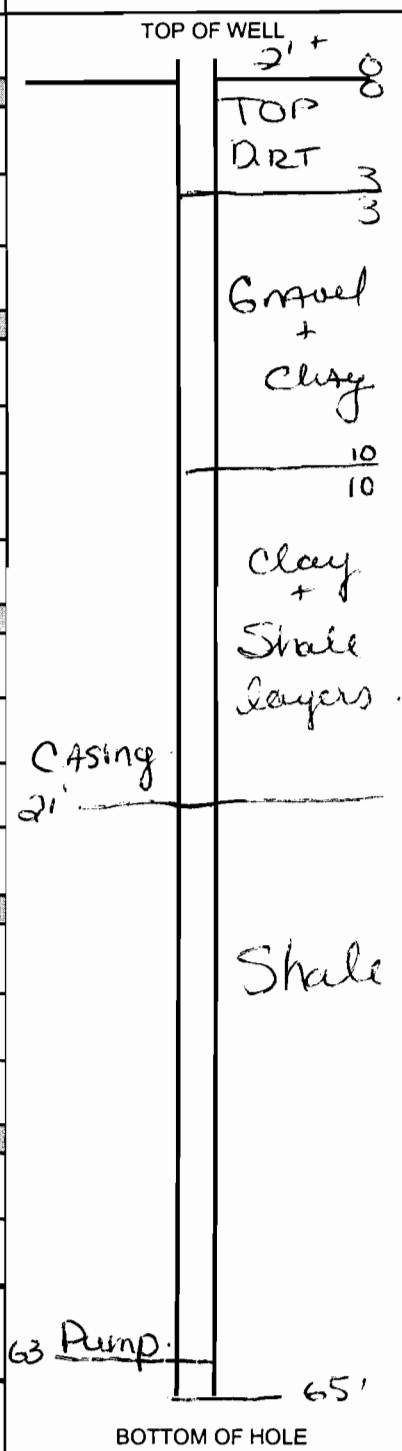
\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

LOG \*

Ground Surface EL. \_\_\_\_\_ ft. above sea level

Top Of Casing is located \_\_\_\_\_ ft. above (+) or below (-) ground surface



BOTTOM OF HOLE

**NYSDEC COPY**

(1) County Chaut  
 (2) Township Cherry Creek



(3) DEC Well Number CU 1517

**WELL COMPLETION REPORT**

(4) OWNER <u>Bob Astry</u>		LOG *												
(5) ADDRESS <u>125 Oak Street South Dayton, NY 14138</u>		Ground Surface EL. <u>1650</u> ft. above sea level												
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42017192N 079009107W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface												
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>197'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>164'</u>	DATE MEASURED <u>5-13-02</u>												
<b>CASINGS</b>														
(9) DIAMETER <u>6</u> in.         in.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><u>102 SS2</u></td> <td style="width: 30%; text-align: center;"><u>2'</u></td> </tr> <tr> <td><u>BROWN TILL</u></td> <td style="text-align: center;"><u>21</u></td> </tr> <tr> <td><u>GRAY TILL</u></td> <td style="text-align: center;"><u>50</u></td> </tr> <tr> <td><u>LOOSE BED ROCK</u></td> <td style="text-align: center;"><u>10</u></td> </tr> <tr> <td><u>BE2 ROCK</u></td> <td></td> </tr> <tr> <td><u>WATER ZONE</u></td> <td></td> </tr> </table>	<u>102 SS2</u>	<u>2'</u>	<u>BROWN TILL</u>	<u>21</u>	<u>GRAY TILL</u>	<u>50</u>	<u>LOOSE BED ROCK</u>	<u>10</u>	<u>BE2 ROCK</u>		<u>WATER ZONE</u>	
<u>102 SS2</u>	<u>2'</u>													
<u>BROWN TILL</u>	<u>21</u>													
<u>GRAY TILL</u>	<u>50</u>													
<u>LOOSE BED ROCK</u>	<u>10</u>													
<u>BE2 ROCK</u>														
<u>WATER ZONE</u>														
(10) LENGTH <u>83</u> ft.         in.														
(11) GROUT TYPE / SEALING <u>bentonite-cutting</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>80</u>													
<b>SCREENS</b>														
(13) MAKE & MATERIAL	(14) OPENINGS													
(15) DIAMETER in.         in.														
(16) LENGTH ft.         in.														
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)														
<b>YIELD TEST</b>														
(18) DATE <u>5-13-2002</u>	(19) DURATION OF TEST <u>6 hours</u>													
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <del>10</del> <u>10 gpm</u>													
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>164'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10 feet</u>													
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
<b>PUMP INSTALLATION</b>														
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER												
(29) TYPE	(30) MAKE	(31) MODEL												
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)													
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>domestic</u>													
(36) DATE DRILLING WORK STARTED <u>5-6-2002</u>	(37) DATE DRILLING WORK COMPLETED <u>5-13-2002</u>													
(38) DATE REPORT FILED <u>5-14-2002</u>	(39) DRILLER & COMPANY <u>Nobles Well</u>	(40) DEC REGISTRATION NO. <u>10018</u>												
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.														
See further instructions titled "Instructions for New York State Well Completion Report".														

BOTTOM OF HOLE

**NYSDEC COPY**

(1) County CHAUT.



(3) DEC Well Number CU-1525

(2) Township \_\_\_\_\_

**WELL COMPLETION REPORT**

(4) OWNER <u>CHRIS HUTNIK</u>		LOG *	
(5) ADDRESS <u>7650 BARNUM RD. CASSADAGA, NY 14718</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N-42° 20' 079'</u> <u>W 079.17.385</u>		Top Of Casing is located <u>+</u> _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>70'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.		TOP OF WELL	
(10) LENGTH <u>40</u> ft.         in.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	0-10 10-20- 20-30 30-40 40-70	
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS	BROWN TOP DIRT CLAY-GRAVEL Grey GRAVEL-CLAY Soft Shale H. Shale  10 GPM	
(15) DIAMETER in.         in.	(16) LENGTH ft.         in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE	(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>5/13/02</u>	(37) DATE DRILLING WORK COMPLETED <u>5/15/02</u>		
(38) DATE REPORT FILED <u>5-15-02</u>	(39) DRILLER & COMPANY <u>James Jones Jones Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NVRD-10091</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
		BOTTOM OF HOLE	
<b>NYSDEC COPY</b>			

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Shaw



(3) DEC Well Number CU1540

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER <u>Don Zuk &amp; Kevin Smith</u>		LOG *							
(5) ADDRESS <u>1926 Buffham Road, Seville, Ohio</u>		Ground Surface EL. <u>1500</u> ft. above sea level							
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 17' 57" N 89° 18' 45" W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface							
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>98</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>60</u>	DATE MEASURED <u>7-9-2002</u>	TOP OF WELL						
<b>CASINGS</b>			<table border="1"> <tr> <td>TOP SOIL</td> <td>2'</td> </tr> <tr> <td>BROWN TILL</td> <td>10'</td> </tr> <tr> <td>GRAY TILL</td> <td>78'</td> </tr> </table>	TOP SOIL	2'	BROWN TILL	10'	GRAY TILL	78'
TOP SOIL	2'								
BROWN TILL	10'								
GRAY TILL	78'								
(9) DIAMETER <u>6</u> in.         in.									
(10) LENGTH <u>92</u> ft.         ft.         in.									
(11) GROUT TYPE / SEALING <u>cutting bed nite</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>10</u> TO <u>20</u>								
<b>SCREENS</b>									
(13) MAKE & MATERIAL	(14) OPENINGS								
(15) DIAMETER in.         in.									
(16) LENGTH ft.         ft.         in.									
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)									
<b>YIELD TEST</b>									
(18) DATE <u>7-9-2002</u>	(19) DURATION OF TEST <u>2 hours</u>								
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>6</u>								
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>60'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>								
(24) RECOVERY (Time in hours/minutes) <u>0-</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
<b>PUMP INSTALLATION</b>									
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER							
(29) TYPE	(30) MAKE	(31) MODEL							
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)								
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>						
(36) DATE DRILLING WORK STARTED <u>7-2-2002</u>		(37) DATE DRILLING WORK COMPLETED <u>7-9-2002</u>							
(38) DATE REPORT FILED <u>7-15-2002</u>	(39) DRILLER & COMPANY <u>Nobles Well</u>	(40) DEC REGISTRATION NO. <u>10018</u>							
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE						
See further instructions titled "Instructions for New York State Well Completion Report".									

NYSDEC COPY

(1) County Chaut.



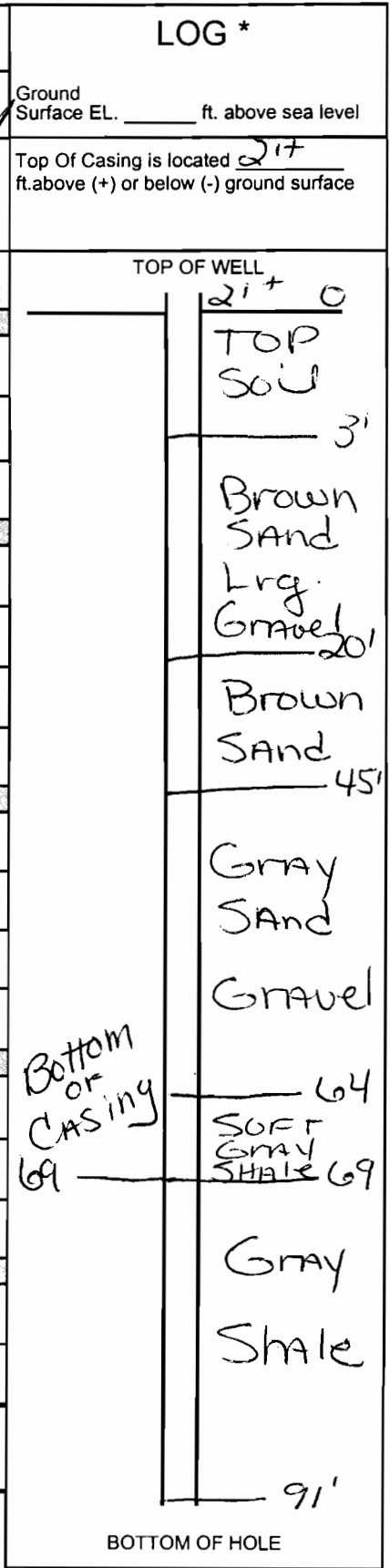
(3) DEC Well Number

C41553

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

(4) OWNER <u>Tammy Braumagin</u>		
(5) ADDRESS <u>7393 Farrington Hollow Cherry Creek NY 14723</u>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 19.098 N 079° 08.618 W</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>91'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>69'</u>	DATE MEASURED <u>02/12/03</u>
<b>CASINGS</b>		
(9) DIAMETER <u>8</u> in.         in.		
(10) LENGTH <u>70</u> ft.         in.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in.         in.		
(16) LENGTH ft.         in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>02-12-03</u>	(19) DURATION OF TEST <u>1 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>5 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>89'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 hrs.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		
(35) USE OF WATER (see instructions for choices) <u>DOMESTIC</u>		
(36) DATE DRILLING WORK STARTED <u>02-06-03</u>		(37) DATE DRILLING WORK COMPLETED <u>02-12-03</u>
(38) DATE REPORT FILED <u>02-14-03</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>



Bottom of casing 69

\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

**NYSDEC COPY**

(1) County Chaut.



(3) DEC Well Number

C41572

(2) Township Sinclairville

### WELL COMPLETION REPORT

(4) OWNER <u>Drewen Millward</u>			LOG *
(5) ADDRESS <u>45 Sinclair Dr. Sinclairville NY 14782</u>			Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 16' 252 N</u> <u>079° 13' 532 W</u>			Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>75'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>20'</u>	DATE MEASURED <u>7/5/02</u>	TOP OF WELL <u>2' 0"</u>
CASINGS			
(9) DIAMETER <u>6"</u> in.                       in.                       in.                       in.			
(10) LENGTH <u>17</u> ft.                       ft.                       ft.                       in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.                       in.                       in.                       in.			
(16) LENGTH ft.                       ft.                       ft.                       in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) <u>15'</u>			
YIELD TEST			
(18) DATE <u>7/5/02</u>		(19) DURATION OF TEST <u>3 hrs.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>7 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>75' <del>20'</del></u>	
(24) RECOVERY (Time in hours/minutes) <u>1 hr.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES _____ NO _____	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7/3/02</u>		(37) DATE DRILLING WORK COMPLETED <u>7/5/02</u>	
(38) DATE REPORT FILED <u>7-11-02</u>	(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling #10203</u>	(40) DEC REGISTRATION NO.	

\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

Bottom of Casing 15'

TOP Soil 3'

Gray Clay 15'

Red Shale 23'

Gray Shale 75'

TOP OF WELL 2' 0"

BOTTOM OF HOLE 75'

NYSDEC COPY

(1) County Chaut.



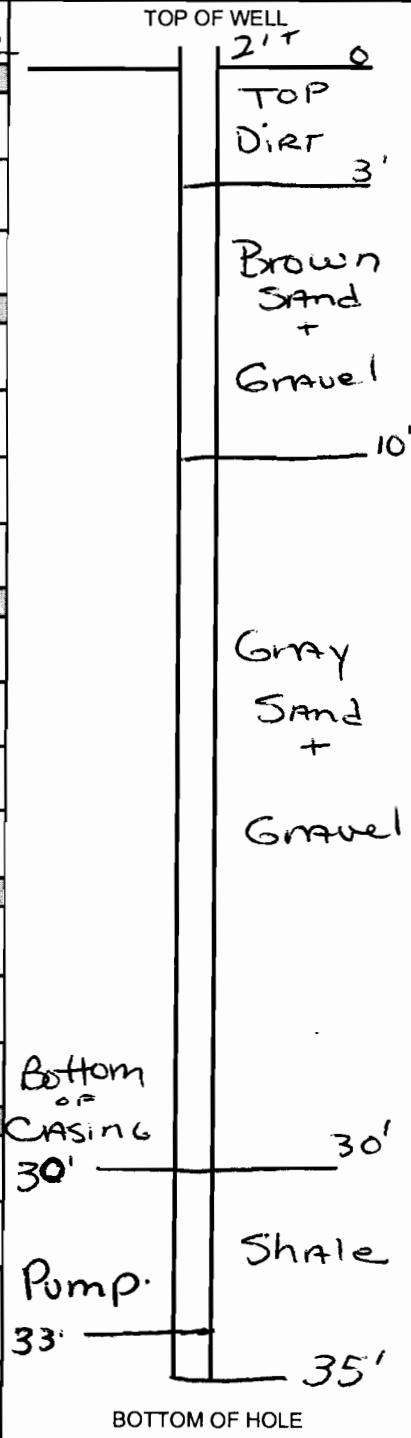
(3) DEC Well Number

C41573

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER <u>Terry Hollis</u>		LOG *	
(5) ADDRESS <u>408 Edwood Dr. Saverer P.A. 16055</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16' 14.2 N</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>079° 11.562 W</u>		Top Of Casing is located <u>21'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>35'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>32'</u>	DATE MEASURED <u>7-10-02</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6"</u> in.   in.   in.   in.			
(10) LENGTH <u>32'</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.			
(16) LENGTH ft.   ft.   ft.   in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>7-10-02</u>		(19) DURATION OF TEST <u>60 min</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>35'</u>	
(24) RECOVERY (Time in hours/minutes) <u>5 m.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>7-11-02</u>	(28) PUMP INSTALLER <u>TOM + MATT MILLER</u>
(29) TYPE <u>Sub</u>		(30) MAKE <u>Cauids</u>	(31) MODEL <u>10 gpm</u>
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm.</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>33'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7-8-02</u>		(37) DATE DRILLING WORK COMPLETED <u>7-10-02</u>	
(38) DATE REPORT FILED <u>7-12-02</u>		(39) DRILLER & COMPANY <u>DAVE TURBBS Miller-Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



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(1) County Chaut.



(3) DEC Well Number

CL-1584

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER <u>Judy Benson</u>			LOG *		
(5) ADDRESS <u>2375 Boutwell Hill Rd, <del>Johnson Rd</del> Sinclairville, NY. 14701</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.235 N / 079° 13.498 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>45'</u>		DATE MEASURED <u>6-24-02</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.					
(10) LENGTH <u>23</u> ft.         in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.					
(16) LENGTH ft.         in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>6-24-02</u>		(19) DURATION OF TEST <u>1 hr.</u>			
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>15 gpm</u>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>15'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>			
(24) RECOVERY (Time in hours/minutes) <u>20 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>6-24-02</u>		(28) PUMP INSTALLER <u>Matt + Tom Miller</u>	
(29) TYPE <u>Sub</u>		(30) MAKE <u>Gould</u>		(31) MODEL <u>1/2 hp.</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gpm</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>58'</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-22-02</u>			(37) DATE DRILLING WORK COMPLETED <u>6-24-02</u>		
(38) DATE REPORT FILED <u>8-1-02</u>		(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					

TOP OF WELL

2'

TOP DIRT 3'

Brown Sand + Gravel

Bottom CASING 21'

Gray Shale

Pump 58'

BOTTOM OF HOLE 60'

**NYSDEC COPY**

(1) County Chaut.



(3) DEC Well Number C41585

(2) Township Charlotte

**WELL COMPLETION REPORT**

(4) OWNER <u>Daryl Trecaoski</u>			<b>LOG *</b>		
(5) ADDRESS <u>411 DESHIER ST. BUFFALO, N.Y. 14212</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 18.075 N</u> <u>079° 12.667 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>		DATE MEASURED <u>7-24-02</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6"</u> in.         in.					
(10) LENGTH <u>67</u> ft.         ft.         in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.					
(16) LENGTH ft.         ft.         in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>7-24-02</u>			(19) DURATION OF TEST <u>1 hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>12 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>65'</u>		
(24) RECOVERY (Time in hours/minutes) <u>30 min.</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>7-22-02</u>			(37) DATE DRILLING WORK COMPLETED <u>7-24-02</u>		
(38) DATE REPORT FILED <u>8-1-02</u>		(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
			<div style="text-align: right; margin-bottom: 5px;">TOP OF WELL</div> <div style="text-align: right; margin-bottom: 5px;"><u>2'</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>3</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>10'</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>46'</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>50</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>65'</u></div> <div style="text-align: right;">BOTTOM OF HOLE</div>		
<b>NYSDEC COPY</b>					

TOP  
 DIRT  
 Sand  
 Gravel  
 +  
 clay  
 mix  
 Clay  
 +  
 Gravel  
 mix  
 GRAY  
 SHALE

(1) County Chaut.



(3) DEC Well Number CU1594

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

(4) OWNER <u>Robert Krenzer</u>		LOG *
(5) ADDRESS <u>7685 Aldrich Hill Rd. Cherry Creek 14723</u>		Ground Surface EL. <u>1549</u> ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>Same as above</u> <u>N 42° 19' 57.48"</u> <u>W 79° 06.48.90"</u>		Top Of Casing is located <u>1' 6"</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>43'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.   in.   in.   in.		
(10) LENGTH <u>40</u> ft.   ft.   ft.   in.		
(11) GROUT TYPE / SEALING <u>None</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>		
(13) MAKE & MATERIAL <u>none</u>	(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.		
(16) LENGTH ft.   ft.   ft.   in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>8-20-02</u>	(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>10 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>17' 6"</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>45'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 min.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		
(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-19-02</u>	(37) DATE DRILLING WORK COMPLETED <u>8-20-02</u>	
(38) DATE REPORT FILED <u>8-29-02</u>	(39) DRILLER & COMPANY <u>Great Lakes Enterprises of Brocton NY INC</u>	(40) DEC REGISTRATION NO. <u>NYRD10518</u>

TOP OF WELL

1' 6"

C  
A  
S  
I  
N  
G

40

16'

43'

BOTTOM OF HOLE

Brown Sandstone  
Course  
Gravel

Grey Sand & clay

Fine Grey gravel

W

\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

**NYSDEC COPY**

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) County Chemt.

(3) DEC Well Number

CU 1605

(2) Township Cassadaga

WELL COMPLETION REPORT

(4) OWNER <u>ROBERT Walker</u>		LOG *	
(5) ADDRESS <u>Smith Rd. Cassadaga, NY.</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 19.264 N / 079° 15.759</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>100'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>28'</u>	DATE MEASURED <u>7-23-02</u>	<p>TOP OF WELL</p> <p>Bottom CASING 9'</p> <p>40</p> <p>GRAY SHALE</p> <p>50'</p> <p>Red SHALE</p> <p>60</p> <p>Red SHALE</p> <p>75</p> <p>Gray SHALE</p> <p>Pump. 78</p> <p>100'</p> <p>BOTTOM OF HOLE</p>
<b>CASINGS</b>			
(9) DIAMETER <u>8</u> in.         in.			
(10) LENGTH <u>11'</u> ft.         ft.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.         in.			
(16) LENGTH ft.         ft.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>7-23-02</u>	(19) DURATION OF TEST <u>30 hr</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>2 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>15</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes) <u>3 hrs.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER <u>MATT MILLER</u>	
(29) TYPE <u>Sub.</u>	(30) MAKE <u>Gould.</u>	(31) MODEL <u>7gal 1/2hp. 220V.</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7gal</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>98'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>7-21-02</u>	(37) DATE DRILLING WORK COMPLETED <u>7-23-02</u>		
(38) DATE REPORT FILED <u>9-20-02</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>410203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
NYSDEC COPY			

(1) County Chaut  
 (2) Township Charlotte



(3) DEC Well Number

CU 1621

**WELL COMPLETION REPORT**

(4) OWNER <u>Mark LeBarron</u>			LOG * Ground Surface EL. <u>1500</u> ft. above sea level	
(5) ADDRESS <u>7284 Road Road Tinclearville NY 14782</u>				
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 19' 58" N 079° 12' 72" W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>110</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>72</u>	DATE MEASURED <u>09-04-02</u>	TOP OF WELL	
<b>CASINGS</b>				
(9) DIAMETER <u>6</u> in.         in.			TOP SOIL <u>2</u>	
(10) LENGTH <u>110</u> ft.         in.			BROWN TILL <u>17</u>	
(11) GROUT TYPE / SEALING <u>Bentonite</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>3'</u> TO <u>10'</u>		GRAY TILL <u>86</u>	
<b>SCREENS</b>				
(13) MAKE & MATERIAL	(14) OPENINGS		BEE ROCK T WATER ZONE	
(15) DIAMETER in.         in.				
(16) LENGTH ft.         in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
<b>YIELD TEST</b>				
(18) DATE <u>09-04-02</u>	(19) DURATION OF TEST <u>1/2 hour</u>			
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>15 gpm</u>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>72'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>80'</u>			
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>PUMP INSTALLATION</b>				
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER		
(29) TYPE	(30) MAKE	(31) MODEL		
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>domestic</u>			
(36) DATE DRILLING WORK STARTED <u>8-30-02</u>	(37) DATE DRILLING WORK COMPLETED <u>09-04-02</u>			
(38) DATE REPORT FILED <u>9- -02</u>	(39) DRILLER & COMPANY <u>Nobles Well</u>	(40) DEC REGISTRATION NO. <u>10018</u>		
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE	
See further instructions titled "Instructions for New York State Well Completion Report".				
<b>NYSDEC COPY</b>				

(1) County Chaut.



(3) DEC Well Number

CW1637

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER <u>Amy Greenwalt</u>		LOG *	
(5) ADDRESS <u>2224 East Rd. Sinclairville.</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 18.314 N / 079° 12.439 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>21'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>27'</u>	DATE MEASURED <u>8-22-02</u>	<p>TOP OF WELL</p> <p><u>21' 0</u></p> <p>TOP DIRT</p> <p>3</p> <p>Sand Clay + Gravel</p> <p>18</p> <p>Soft Shale</p> <p>Bottom Casing</p> <p><u>26'</u></p> <p>Gray Shale</p> <p>50'</p> <p>BOTTOM OF HOLE</p>
<b>CASINGS</b>			
(9) DIAMETER <u>4</u> in.         in.			
(10) LENGTH <u>28'</u> ft.         ft.         in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>8-22-02</u>		(19) DURATION OF TEST <u>2 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>12 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes) <u>1 hr.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>8-20-02</u>		(37) DATE DRILLING WORK COMPLETED <u>8-22-02</u>	
(38) DATE REPORT FILED <u>10-21-02</u>		(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>
<p>* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.</p> <p>See further instructions titled "Instructions for New York State Well Completion Report".</p>			

**NYSDEC COPY**

(1) County Chaut.  
 (2) Township Stackton



(3) DEC Well Number C 4 1638

**WELL COMPLETION REPORT**

(4) OWNER <u>Teresa O'Connell</u>			LOG *
(5) ADDRESS <u>P.O. Box 240 Stackton, NY 14784</u>			
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.916 W</u> <u>079° 19.292 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Ground Surface EL. _____ ft. above sea level  Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED <u>9-13-02</u>	TOP OF WELL <u>2' + 0</u> <hr/> TOP DIRT <hr/> Brown Sand Fine Gravel <hr/> 3 <hr/> 37 <hr/> Clay + Sand <hr/> 215 <hr/> Sand + Gravel <hr/> 230 <hr/> Gravel <hr/> 234'
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.         in.			
(10) LENGTH <u>234</u> ft.         ft.         ft.         in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.         in.			
(16) LENGTH ft.         ft.         ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>9-13-02</u>		(19) DURATION OF TEST <u>1/2 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>50 gpm.</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>Artisan</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>30'</u>	
(24) RECOVERY (Time in hours/minutes) <u>Immediate</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>9-20-02</u>	
(28) PUMP INSTALLER <u>Matt Miller</u>		(29) TYPE <u>Sub</u>	
(30) MAKE <u>Goulds</u>		(31) MODEL <u>7 gal. 1/2hp 110wt</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gal.</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>100'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9-6-02</u>		(37) DATE DRILLING WORK COMPLETED <u>9-13-02</u>	
(38) DATE REPORT FILED <u>9-20-02</u>		(39) DRILLER & COMPANY <u>DAVE TURBS Miller Well Drilling</u>	
(40) DEC REGISTRATION NO. <u>#10203</u>		(41) _____	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
BOTTOM OF HOLE			
NYSDEC COPY			

W

Bottom of casing  
234

(1) County Chaut.



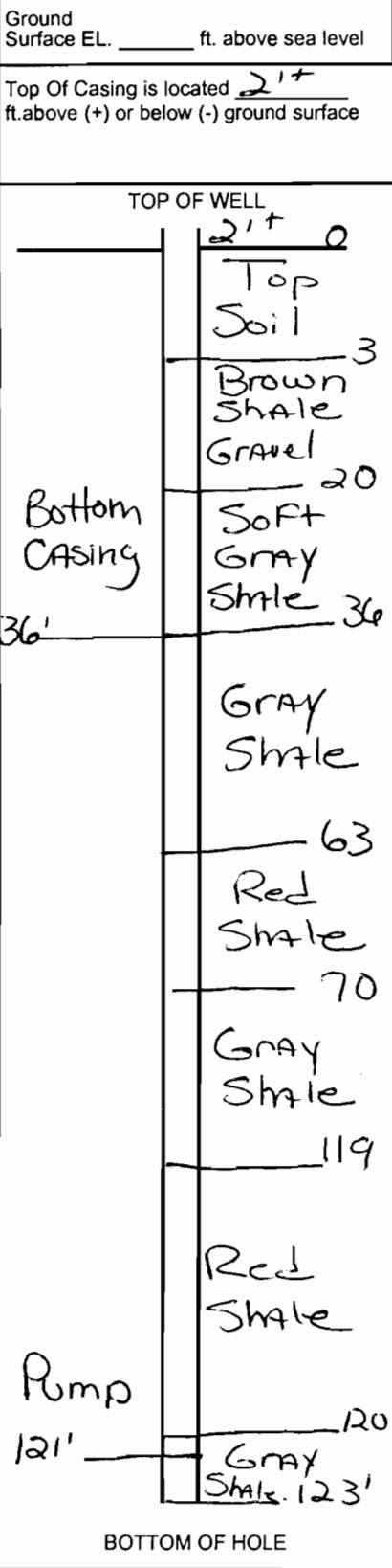
(3) DEC Well Number

C41644

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

(4) OWNER <u>Maureen O'Conner</u>		LOG *	
(5) ADDRESS <u>Risley Rd. Cherry Creek N.Y. 14723</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 15. 812 N / 079° 08. 394 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>123</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>50'</u>	DATE MEASURED _____	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>38</u> ft.         ft.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         ft.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>9-19-02</u>		(19) DURATION OF TEST <u>2 hrs.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>45 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes) <u>30 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____		(27) DATE	(28) PUMP INSTALLER
(29) TYPE <u>Sub</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gal.</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9-18-02</u>		(37) DATE DRILLING WORK COMPLETED <u>9-19-02</u>	
(38) DATE REPORT FILED <u>9-24-02</u>		(39) DRILLER & COMPANY <u>DAVE TURBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			





NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) County Chaut  
 (2) Township Cass

(3) DEC Well Number C41650

**WELL COMPLETION REPORT**

(4) OWNER <u>Mark Coon</u>		LOG *	
(5) ADDRESS <u>3659 High St. Cassadaga, NY. 14718</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 20' 670 N</u> <u>079° 10' 143 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>75'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>61'</u>	DATE MEASURED <u>9-26-02</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.		TOP OF WELL <u>2'</u> Top Soil _____ 3 Brown Sand + Gravel _____ 20' _____ Gray Sand + Gravel _____ Bottom of Casing <u>61'</u> _____ Gray Shale _____ Bottom Pump <u>73'</u> _____ _____ 75' BOTTOM OF HOLE	
(10) LENGTH <u>63</u> ft.                        ft.                        ft.                        in.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.                        in.                        in.                        in.			
(16) LENGTH ft.                        ft.                        ft.                        in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>9-26-02</u>	(19) DURATION OF TEST <u>1/2 hr</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>25'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1/2 hr</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____	(27) DATE <u>10-1-02</u>	(28) PUMP INSTALLER <u>Matt Miller</u>	
(29) TYPE <u>Sub</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9-25-02</u>		(37) DATE DRILLING WORK COMPLETED <u>9-26-02</u>	
(38) DATE REPORT FILED <u>10-01-02</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller-Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	

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\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

(1) County Chaut.  
 (2) Township Sinclairville.



(3) DEC Well Number

C41683

**WELL COMPLETION REPORT**

(4) OWNER <u>Steve Frost</u>			LOG * Ground Surface EL. _____ ft. above sea level
(5) ADDRESS <u>37 Prospect St. Sinclairville NY 14782</u>			
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16' 238N 079° 16' 306W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>21'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>25'</u>	DATE MEASURED <u>7-23-02</u>	TOP OF WELL <u>21' 0</u> TOP Dirt 3 Clay SAND Gravel 10' Clay 15' Shale layers. 23' Gray Shale 48' ——— 50' BOTTOM OF HOLE
<b>CASINGS</b>			
(9) DIAMETER <u>6"</u> in.   in.   in.   in.			
(10) LENGTH <u>250</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.			
(16) LENGTH ft.   ft.   ft.   in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>7-23-02</u>	(19) DURATION OF TEST <u>1 hr</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>12</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1/2 hr</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____	(27) DATE <u>7-25-02</u>	(28) PUMP INSTALLER <u>Matt Miller</u>	
(29) TYPE <u>Sub.</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp.</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>48'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>7-23-02</u>	(37) DATE DRILLING WORK COMPLETED <u>7-25-02</u>		
(38) DATE REPORT FILED <u>11-1-02</u>	(39) DRILLER & COMPANY <u>Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			

**NYSDEC COPY**

(1) County Chaut



(3) DEC Well Number CU 1710

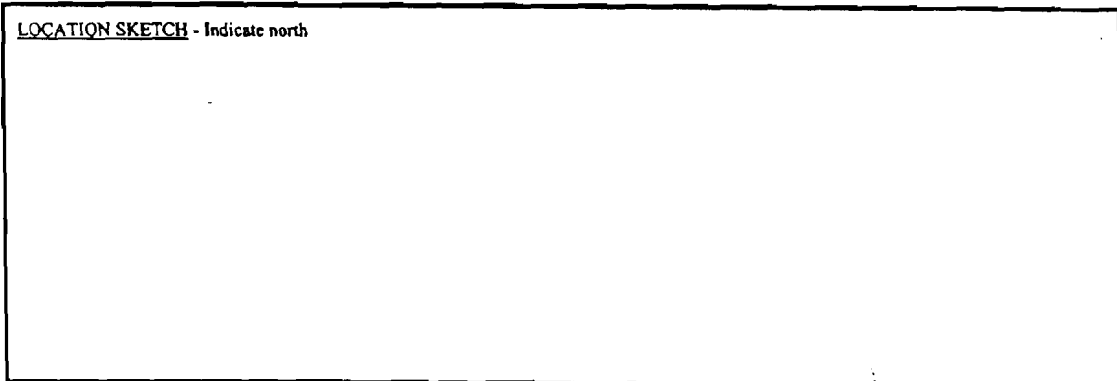
(2) Township \_\_\_\_\_

**WELL COMPLETION REPORT**

(4) OWNER <u>Richard Pleszewski</u>		LOG *	
(5) ADDRESS <u>3315 Smith Road Cassadaga NY</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) <u>3315 Smith Road Cassadaga, NY</u> Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N43° 19.35' W079° 16.71'</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>105</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	
(9) DIAMETER <u>6</u> in.   _____ in.   _____ in.   _____ in.		TOP OF WELL	
(10) LENGTH <u>30</u> ft.   <u>6</u> ft.   _____ ft.   _____ ft.		0'-15'	
(11) GROUT TYPE / SEALING <u>Bentonite</u>		(12) GROUT / SEALING INTERVAL FROM _____ TO _____	
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.   _____ in.   _____ in.   _____ in.		15'-17'	
(16) LENGTH ft.   _____ ft.   _____ ft.   _____ ft.		17'-20'	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		20'-105'	
(18) DATE <u>8-14-02</u>		(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___	
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>		(27) DATE	
(28) TYPE		(29) PUMP INSTALLER	
(29) MAKE		(30) MODEL	
(31) MAXIMUM CAPACITY (GPM)		(32) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(33) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(34) USE OF WATER (see instructions for choices) <u>Residential</u>	
(35) DATE DRILLING WORK STARTED <u>8-13-02</u>		(36) DATE DRILLING WORK COMPLETED <u>8-13-02</u>	
(37) DATE REPORT FILED <u>4-1-04</u>		(38) DRILLER & COMPANY <u>Parnee Carter</u>	
(39) DEC REGISTRATION NO. <u>10084</u>			
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
		BOTTOM OF HOLE	
<b>NYSDEC COPY</b>			

Hard pan  
wet clay w/ gravel  
Broken to hard shale  
Shale/sandstone

LOCATION SKETCH - Indicate north



*a*

(1) County Chaut



(3) DEC Well Number

CU1773

(2) Township Charlotte

**WELL COMPLETION REPORT**

(4) OWNER <u>Robert Miller</u>		LOG *	
(5) ADDRESS <u>PO Box 835 Buffalo NY 14205</u>		Ground Surface EL. <u>1466</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available <u>3335 AMES Rd ON 42° 18' 42.12"</u> and method used: <u>CASSADAGA, NY 14718 W 79° 16' 39.18"</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>+1'6"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>3'</u>	DATE MEASURED <u>5-12-03</u>	<p>TOP OF WELL</p> <p>The diagram shows a vertical well casing labeled 'CASING'. The top of the casing is at +1'6" from the ground surface. The water level is indicated as 'Stat water 3'' below the top of the casing. A section of the casing is labeled '40' 4 1/2" BROWN SAND &amp; Grey gravel'. Below this, a section is labeled '39' 5" Grey shale'. The bottom of the hole is marked at 80'.</p>
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>40'</u> ft.         <u>4 1/2"</u> in.			
(11) GROUT TYPE / SEALING <u>NONE</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL <u>NONE</u>		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>5-12-03</u>		(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>3'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>75'</u>	
(24) RECOVERY (Time in hours/minutes) <u>1 hr 45 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>5-8-03</u>		(37) DATE DRILLING WORK COMPLETED <u>5-12-03</u>	
(38) DATE REPORT FILED <u>7-3-03</u>	(39) DRILLER & COMPANY <u>GREAT LAKES Enterprises OF BROCTON NY Inc</u>	(40) DEC REGISTRATION NO. <u>NYRD10518</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			<p>80'</p> <p>BOTTOM OF HOLE</p>
See further instructions titled "Instructions for New York State Well Completion Report".			

**NYSDEC COPY**

(1) County Chaut.  
 (2) Town Cass.



(3) DEC Well Number C4 1777

**WELL COMPLETION REPORT**

(4) OWNER John Baughman

(5) ADDRESS 15 Ulrich Park Dr. CASSADAGA Ni.

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  DEC Website  Map Interpolation  
42° 18.203 N 14718  
079° 13.859 W

(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 65' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 55' DATE MEASURED 04-07-04

**CASINGS**

(9) DIAMETER 6 in. | | | | in.

(10) LENGTH 37 ft. | | | | in.

(11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (Feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | | | | in.

(16) LENGTH ft. | | | | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 04-07-04 (19) DURATION OF TEST 1 hr

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 10 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 15' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 60"

(24) RECOVERY (Time in hours/minutes) 4 hr (25) Was the water produced during test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE 04-21-04 (28) PUMP INSTALLER MATT MILLER

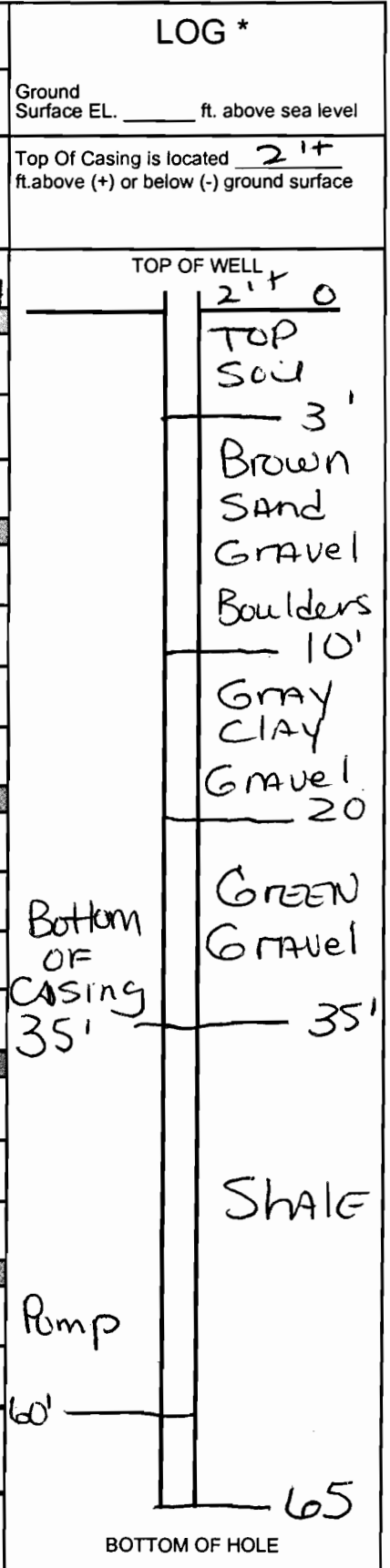
(29) TYPE Sub. (30) MAKE Goulds (31) MODEL 1/2hp. 1 D gal

(32) MAXIMUM CAPACITY (GPM) 10 gpm (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 60'

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (see instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 04-06-04 (37) DATE DRILLING WORK COMPLETED 04-07-04

(38) DATE REPORT FILED 04-15-04 (39) DRILLER & COMPANY TOM MILLER Well Drilling (40) DEC REGISTRATION NO. #10203



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

NYSDEC COPY

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chaut



(3) DEC Well Number

CW1787

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER <u>Sherry Hill</u>			LOG *	
(5) ADDRESS <u>Thornton Road Cherry Creek, NY 14723</u>			Ground Surface EL. <u>1580</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°17'80N 079°07'92W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>48'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>8</u>	DATE MEASURED <u>6-04-03</u>	TOP OF WELL	
<b>CASINGS</b>				
(9) DIAMETER <u>6</u> in.         in.			<u>1-3'</u>	<u>TOP SOIL</u>
(10) LENGTH <u>50</u> ft.         ft.			<u>3-6'</u>	<u>BOLTERS</u>
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>2'</u> TO <u>6'</u>	<u>6-15'</u>	<u>BROWN GRAVES AND SILT</u>
<b>SCREENS</b>				
(13) MAKE & MATERIAL			(14) OPENINGS	
(15) DIAMETER in.         in.			<u>16-48</u>	<u>WATER GRAVE</u>
(16) LENGTH ft.         ft.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				<u>GRAV TILL</u>
<b>YIELD TEST</b>				
(18) DATE <u>6-04-03</u>		(19) DURATION OF TEST <u>12 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>7 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>8'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>6"</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>				
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic.</u>		
(36) DATE DRILLING WORK STARTED <u>5-30-2003</u>		(37) DATE DRILLING WORK COMPLETED <u>6-04-03</u>		
(38) DATE REPORT FILED <u>6-10 2003</u>		(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; font-weight: bold;">CASING PERFORATED</div>	
See further instructions titled "Instructions for New York State Well Completion Report".				
			BOTTOM OF HOLE	
NYSDEC COPY				

(1) County Chaut.

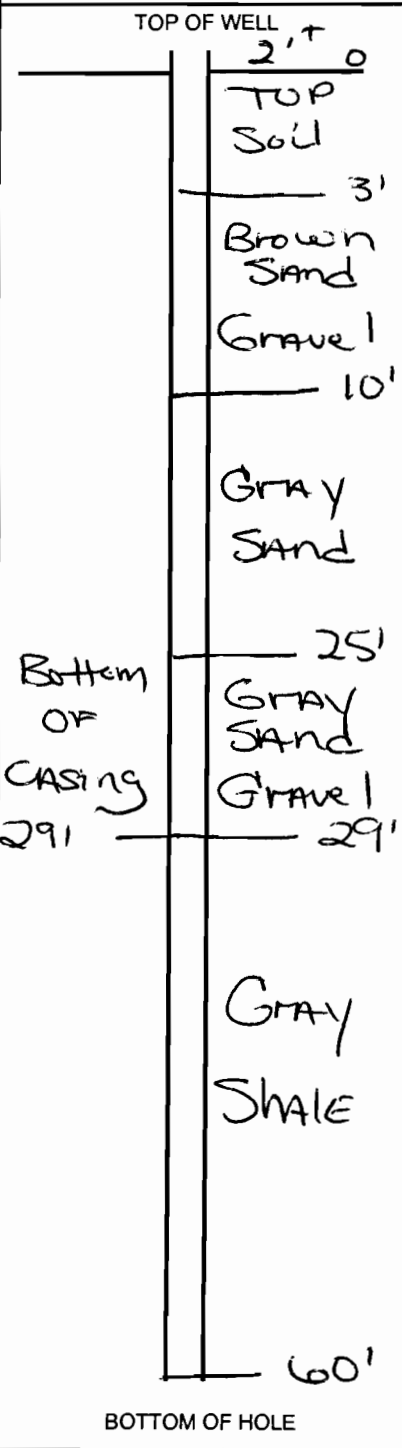


(3) DEC Well Number CY-1801

(2) Township Sinclairville

**WELL COMPLETION REPORT**

(4) OWNER <u>Gregory J. Alaimo</u>		LOG *
(5) ADDRESS <u>7447 North Hill Rd. Sinclairville N.Y.</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 19.553 N / 079° 14.416 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>35'</u>	DATE MEASURED <u>06-05-03</u>
<b>CASINGS</b>		
(9) DIAMETER <u>8"</u> in.   in.   in.   in.		
(10) LENGTH <u>31</u> ft.   ft.   ft.   in.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.		
(16) LENGTH ft.   ft.   ft.   in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>06-05-03</u>	(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>35'</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>7'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 hrs.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES ___ NO ___	(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		
(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>06-04-03</u>	(37) DATE DRILLING WORK COMPLETED <u>06-05-03</u>	
(38) DATE REPORT FILED <u>06-11-03</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		
See further instructions titled "Instructions for New York State Well Completion Report".		



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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chaut



(3) DEC Well Number

CW1806

(2) Township ~~Stockton~~ Charlottesville

WELL COMPLETION REPORT

(4) OWNER <u>Beverly Wilcox</u>			LOG *	
(5) ADDRESS <u>Barnum Road Cassadaga NY 14718</u>			Ground Surface EL. <u>1560</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 20.46'N 079° 17.61'W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>72'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>36</u>	DATE MEASURED <u>6-18-2003</u>	TOP OF WELL	
(9) DIAMETER <u>6</u> in.         in.			<u>MUD</u>	<u>3'</u>
(10) LENGTH <u>30</u> ft.         in.			<u>BROWN TILL</u>	<u>10'</u>
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>3</u> TO <u>6</u>		
(13) MAKE & MATERIAL			<u>GRAY TILL</u>	<u>16'</u>
(15) DIAMETER in.         in.				
(16) LENGTH ft.         in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
(18) DATE <u>6-19-2003</u>		(19) DURATION OF TEST	<u>BED ROCK</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>4</u>	<u>WATER ZONE</u>	<u>42'</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>36</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER		
(29) TYPE	(30) MAKE	(31) MODEL		
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	<u>MEET CEMENT</u>	<u>6'</u>
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-13-2003</u>		(37) DATE DRILLING WORK COMPLETED <u>6-19-2003</u>		
(38) DATE REPORT FILED <u>6-27-03</u>	(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10018</u>		
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE	
See further instructions titled "Instructions for New York State Well Completion Report".			NYSDEC COPY	

W



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chaut



(3) DEC Well Number

CU1843

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

(4) OWNER <u>Terry Libby</u>		LOG *													
(5) ADDRESS <u>Farinton Hollow Road Cherry Creek NY</u>		Ground Surface EL. <u>1500</u> ft. above sea level													
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 18' 13N 079° 07' 80W</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface													
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>73'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>38'</u>	DATE MEASURED <u>7-24-02</u>													
<b>CASINGS</b>															
(9) DIAMETER <u>6</u> in.         in.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">TOP OF WELL</td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;"><u>2'</u></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>3'</u></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>35'</u></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>83'</u></td> <td></td> </tr> <tr> <td style="text-align: center;">BOTTOM OF HOLE</td> <td></td> </tr> </table>		TOP OF WELL		<u>2'</u>		<u>3'</u>		<u>35'</u>		<u>83'</u>		BOTTOM OF HOLE	
TOP OF WELL															
<u>2'</u>															
<u>3'</u>															
<u>35'</u>															
<u>83'</u>															
BOTTOM OF HOLE															
(10) LENGTH <u>75</u> ft.         <u>6</u> in.															
(11) GROUT TYPE / SEALING <u>bedtonite</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>2</u> TO <u>3</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;"><u>GRAVEL</u></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>CLAY</u></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>GRAY TILL</u></td> <td></td> </tr> </table>				<u>GRAVEL</u>		<u>CLAY</u>		<u>GRAY TILL</u>					
<u>GRAVEL</u>															
<u>CLAY</u>															
<u>GRAY TILL</u>															
<b>SCREENS</b>															
(13) MAKE & MATERIAL	(14) OPENINGS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;"><u>GRAVEL</u></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>TILL</u></td> <td></td> </tr> </table>				<u>GRAVEL</u>		<u>TILL</u>							
<u>GRAVEL</u>															
<u>TILL</u>															
(15) DIAMETER in.         in.	(16) LENGTH ft.         in.														
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;"><u>70</u></td> <td></td> </tr> </table>				<u>70</u>									
<u>70</u>															
<b>YIELD TEST</b>															
(18) DATE <u>7-23-2003</u>	(19) DURATION OF TEST <u>6 hours</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;"><u>6</u></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>38'</u></td> <td style="text-align: center;"><u>70'</u></td> </tr> <tr> <td style="text-align: center;"><u>20 minutes</u></td> <td style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>				<u>6</u>		<u>38'</u>	<u>70'</u>	<u>20 minutes</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<u>6</u>															
<u>38'</u>	<u>70'</u>														
<u>20 minutes</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>6</u>														
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>38'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>70'</u>														
(24) RECOVERY (Time in hours/minutes) <u>20 minutes</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
<b>PUMP INSTALLATION</b>															
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>7-24-03</u>	(28) PUMP INSTALLER <u>Higley Nobles</u>													
(29) TYPE <u>Subm</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>78505422</u>													
(32) MAXIMUM CAPACITY (GPM) <u>7</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>70</u>														
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>													
(36) DATE DRILLING WORK STARTED <u>7-1-2003</u>		(37) DATE DRILLING WORK COMPLETED <u>7-24-2003</u>													
(38) DATE REPORT FILED <u>8-1-2003</u>	(39) DRILLER & COMPANY <u>Higley Nobles</u>	(40) DEC REGISTRATION NO. <u>10018</u>													
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.															
See further instructions titled "Instructions for New York State Well Completion Report".															
<b>NYSDEC COPY</b>															

(1) County Chaut.



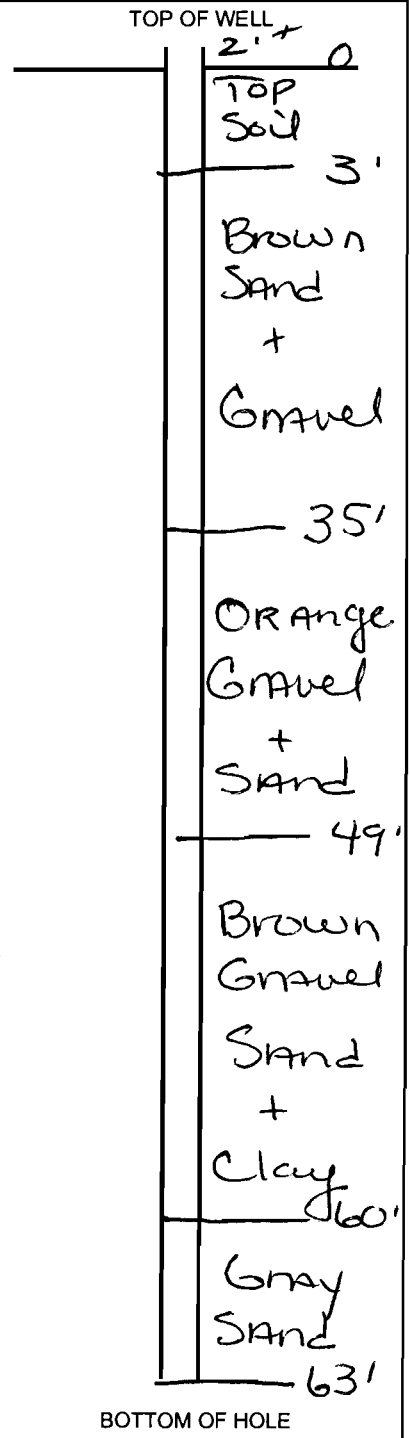
(3) DEC Well Number

C4 1860

(2) Township Cherry Creek.

**WELL COMPLETION REPORT**

(4) OWNER <u>Phil Desborough.</u>			LOG *		
(5) ADDRESS <u>5948 Thornton Rd. Cherry Creek N.M.</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 15.471 N 14723</u> <u>079° 09:379 W</u> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>2' +</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>63'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>63'</u>		DATE MEASURED <u>8/18/03</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>8"</u> in.   in.   in.   in.					
(10) LENGTH <u>65'</u> ft.   ft.   ft.   in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.					
(16) LENGTH ft.   ft.   ft.   in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>8-18-03</u>			(19) DURATION OF TEST <u>1 hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>25 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES ___ NO ___		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-14-03</u>			(37) DATE DRILLING WORK COMPLETED <u>8-18-03</u>		
(38) DATE REPORT FILED <u>8-26-03</u>		(39) DRILLER & COMPANY <u>DAVETUBBS Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.  See further instructions titled "Instructions for New York State Well Completion Report".					



**NYSDEC COPY**



(1) County Chaut.  
 (2) Town Cherry Creek.

(3) DEC Well Number C41912

**WELL COMPLETION REPORT**

(4) OWNER <u>Don Blair</u>		<b>LOG *</b>
(5) ADDRESS <u>6521 Pickup Hill Rd. Cherry Creek, NY</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.984N / 14723</u> <u>079° 06.996W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>75'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED <u>9/22/03</u>
<b>CASINGS</b>		
(9) DIAMETER " <u>6</u> in.   in.   in.   in.		
(10) LENGTH <u>14'</u> ft.   ft.   ft.   in.		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____
<b>SCREENS</b>		
(13) MAKE & MATERIAL		(14) OPENINGS
(15) DIAMETER in.   in.   in.   in.		
(16) LENGTH ft.   ft.   ft.   in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>9-22-03</u>		(19) DURATION OF TEST <u>1 hr</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>5 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>73'</u>
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES ___ NO ___		(27) DATE
(28) PUMP INSTALLER		(29) TYPE
(30) MAKE		(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>9-18-03</u>		(37) DATE DRILLING WORK COMPLETED <u>9-22-03</u>
(38) DATE REPORT FILED <u>10-05-03</u>		(39) DRILLER & COMPANY <u>Dave Tubbs Miller Well Drilling</u>
(40) DEC REGISTRATION NO. <u>#10203</u>		

TOP OF WELL  
2'

Top Soil 3'

Light Brown Clay Gravel 12'

Bottom of casing 12'

Gray Shale

75'

BOTTOM OF HOLE

\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

NYSDEC COPY

(1) County Chaut.  
 (2) Town Cherry Creek



(3) DEC Well Number CU-1917

**WELL COMPLETION REPORT**

(4) OWNER <u>David GRABIAS</u>		LOG *
(5) ADDRESS <u>231 Hoyt St. Dunkirk, N.Y. 14048</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.416 N   079° 09.661 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>110'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>100'</u> DATE MEASURED <u>09-11-03</u>	TOP OF WELL <u>2'</u> <hr/> TOP SOIL <hr/> BROWN CLAY GRAVEL <u>3'</u> <hr/> GRAY CLAY + GRAVEL <u>10'</u> <hr/> BROWN CLAY GRAVEL <u>30'</u> <hr/> GREEN GRAVEL <u>62'</u> <hr/> SOFT GREEN SHALE <u>95'</u> <hr/> 110' BOTTOM OF HOLE
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.		
(10) LENGTH <u>97</u> ft.                        ft.                        ft.                        in.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in.                        in.                        in.                        in.	(16) LENGTH ft.                        ft.                        ft.                        in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>09-11-03</u>	(19) DURATION OF TEST <u>1 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>50'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>95'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 hrs.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES ___ NO ___	(27) DATE	
(28) PUMP INSTALLER	(29) TYPE	
(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>09-09-03</u>	(37) DATE DRILLING WORK COMPLETED <u>09-11-03</u>	
(38) DATE REPORT FILED <u>09-15-03</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	
(40) DEC REGISTRATION NO. <u>#10203</u>		
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		
See further instructions titled "Instructions for New York State Well Completion Report".		
<b>NYSDEC COPY</b>		

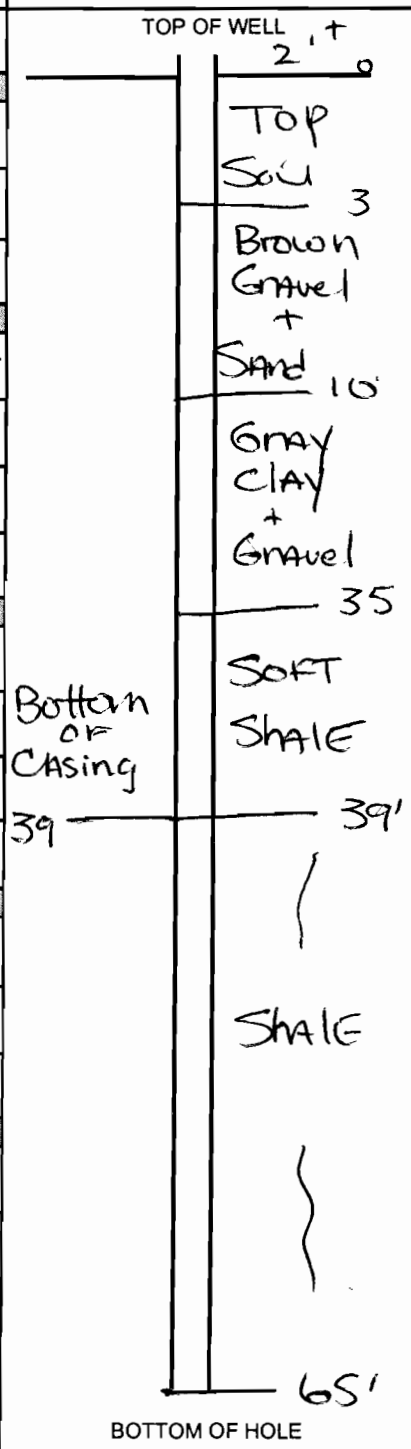
(1) County Chaut.  
 (2) Town Chaumont



(3) DEC Well Number CL1-1919

**WELL COMPLETION REPORT**

(4) OWNER <u>Alan Chase</u>		LOG *
(5) ADDRESS <u>4484 Gerry Levant Rd. Gerry, N.Y. 14740</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 20.280 N</u> <u>079° 12.307 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2' +</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>42'</u>	DATE MEASURED <u>10-24-03</u>
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.         in.		
(10) LENGTH <u>41</u> ft.         ft.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER _____ in.         in.		
(16) LENGTH _____ ft.         ft.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) _____		
<b>YIELD TEST</b>		
(18) DATE <u>10-24-03</u>	(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20+</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>artesian</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>	
(24) RECOVERY (Time in hours/minutes) <u>1/2 hr.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES _____ NO _____	(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		
(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-13-03</u>	(37) DATE DRILLING WORK COMPLETED <u>10-28-03</u>	
(38) DATE REPORT FILED <u>10-29-03</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		
See further instructions titled "Instructions for New York State Well Completion Report".		



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(1) County Chaut.

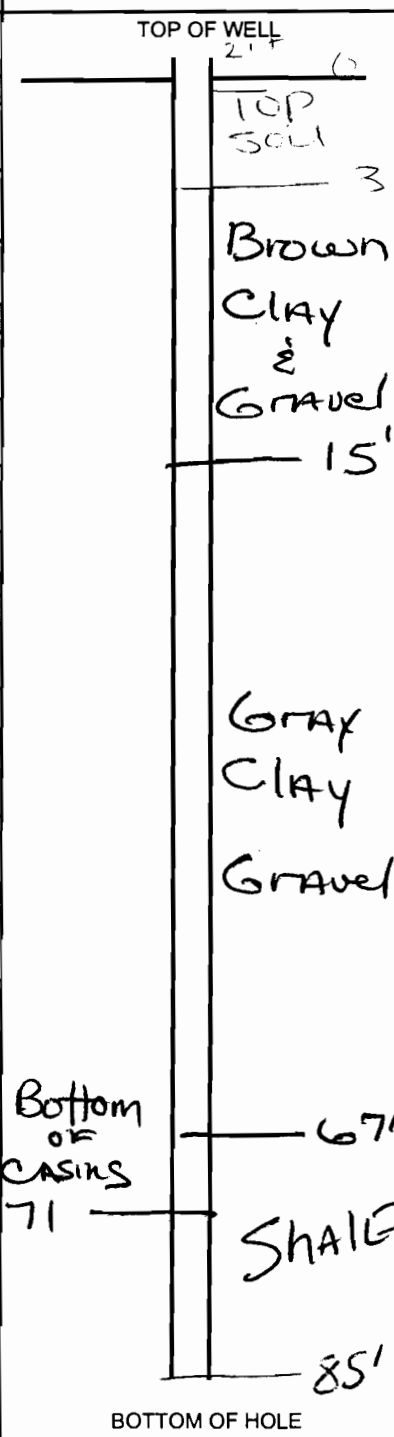
(3) DEC Well Number

CL1-1920

(2) Town Charlotte Center

**WELL COMPLETION REPORT**

(4) OWNER <u>Sam Pantaleo</u>		LOG *	
(5) ADDRESS <u>N. Work St. Ext, Falconer, N.Y. 14733</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 19.407 N / 079° 12.936 W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>85'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>75'</u>	DATE MEASURED <u>9-17-03</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>73</u> ft.         in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>09-17-03</u>		(19) DURATION OF TEST <u>1 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>65'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 1/2 hr</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES ___ NO ___		(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>09-16-03</u>		(37) DATE DRILLING WORK COMPLETED <u>09-17-03</u>	
(38) DATE REPORT FILED <u>09-19-03</u>	(39) DRILLER & COMPANY <u>Tom Miller Miller-Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



**NYSDEC COPY**



(1) County Chaut  
 (2) Town Charlotte

(3) DEC Well Number CU1926

**WELL COMPLETION REPORT**

(4) OWNER <u>David ARTERS</u>			<b>LOG *</b>		
(5) ADDRESS <u>5301 Webster Rd. Fredonia NY 14063</u>			Ground Surface EL. <u>1679</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>Hall Rd Cassadaga</u> <u>N 42° 19 837</u> <u>W 079° 15 673</u>			Top Of Casing is located <u>+2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>10'</u>		DATE MEASURED <u>12/9/03</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>12</u> in.                        in.                        in.                        in.					
(10) LENGTH <u>21</u> ft.                        ft.                        ft.                        in.					
(11) GROUT TYPE / SEALING <u>NONE</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.                        in.                        in.                        in.					
(16) LENGTH ft.                        ft.                        ft.                        in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>12/9/03</u>			(19) DURATION OF TEST <u>1 hr</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>10 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>12'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>		
(24) RECOVERY (Time in hours/minutes) <u>30 min</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>12/4/03</u>			(37) DATE DRILLING WORK COMPLETED		
(38) DATE REPORT FILED <u>1-26-04</u>		(39) DRILLER & COMPANY <u>Great Lakes Enterprises of Brocton NY Inc.</u>		(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					

TOP OF WELL  
+2'

CASING

65'

BOTTOM OF HOLE

Brown sand & gravel 21'

Brown sand & gravel 44'

**NYSDEC COPY**

See further instructions titled "Instructions for New York State Well Completion Report".



(1) County Chaut.  
 (2) Town Cherry Creek

(3) DEC Well Number CU1937

**WELL COMPLETION REPORT**

(4) OWNER <u>Joe Blackowski</u> <span style="float: right;">MRK</span>		LOG *
(5) ADDRESS <u>125 Fenton St. Buffalo, N.Y.</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 15.832 N / 107° 08.071 W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>285'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>130</u> DATE MEASURED _____	TOP OF WELL <u>2' 0</u> TOP SOIL <u>3</u> Brown Sand Gravel 15 GRAY Clay Gravel 100 Brown Gravel Clay 150' GRAY Red Clay Gravel Bottom CASING <u>264'</u> 264' GRAY Shale 285' BOTTOM OF HOLE
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.		
(10) LENGTH <u>266</u> ft.                        ft.                        ft.                        in.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER _____ in.                        in.                        in.                        in.		
(16) LENGTH _____ ft.                        ft.                        ft.                        in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>10-06-03</u>	(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>150'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>250'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES ___ NO ___	(27) DATE _____	(28) PUMP INSTALLER _____
(29) TYPE _____	(30) MAKE _____	(31) MODEL _____
(32) MAXIMUM CAPACITY (GPM) _____	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) _____	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>09-25-03</u>	(37) DATE DRILLING WORK COMPLETED <u>10-06-03</u>	
(38) DATE REPORT FILED <u>10-11-03</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling #10203</u>	(40) DEC REGISTRATION NO. _____

\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".

**NYSDEC COPY**



(1) County Chaut



(3) DEC Well Number

CU 1951

(2) Township Cherry Creek

**WELL COMPLETION REPORT**

(4) OWNER <u>Mike Isub</u>			LOG *		
(5) ADDRESS <u>6574 Erwin Road Cherry Creek, NY 14723</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°17.21N 079°08.35</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>124'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>77</u>		DATE MEASURED	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.					
(10) LENGTH <u>20</u> ft.         ft.         in.					
(11) GROUT TYPE / SEALING <u>cutting</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.					
(16) LENGTH ft.         ft.         in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>11-10-2003</u>			(19) DURATION OF TEST <u>1 hour</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>1 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>77</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-27-2003</u>			(37) DATE DRILLING WORK COMPLETED <u>11-10-2003</u>		
(38) DATE REPORT FILED <u>11-2003</u>		(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
BOTTOM OF HOLE					
<b>NYSDEC COPY</b>					
See further instructions titled "Instructions for New York State Well Completion Report".					

BROWN TILL 3'  
 LOOSE BEDROCK 13"  
 BROWN  
 BED ROCK  
 BED ROCK  
 WATER ZONE

u

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chaut.



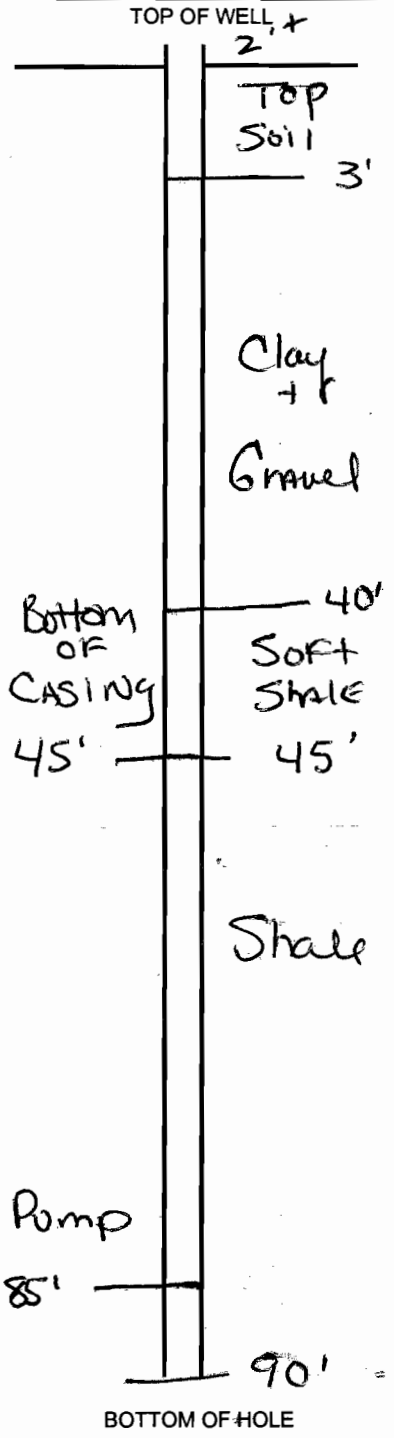
(3) DEC Well Number

CW 1981

(2) Town Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Jim Baerens</u>		LOG *	
(5) ADDRESS <u>6783 Clonard Rd. Sinclairville, NY. 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 17.666 N / 1079° 12.529 W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>90'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>65'</u>	DATE MEASURED <u>5-11-04</u>	TOP OF WELL, + <u>2'</u>
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>47</u> ft.         in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>5-11-04</u>	(19) DURATION OF TEST <u>1 hr</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>4.5 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>15'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>87'</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____	(27) DATE <u>5-20-04</u>	(28) PUMP INSTALLER <u>MATT MILLER</u>	
(29) TYPE <u>Sub</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>85'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>5-7-04</u>		(37) DATE DRILLING WORK COMPLETED <u>5-11-04</u>	
(38) DATE REPORT FILED <u>5-22-04</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



NYSDEC COPY

(1) County Chaut



(3) DEC Well Number CU 2056

(2) Town \_\_\_\_\_

**WELL COMPLETION REPORT**

(4) OWNER <u>Richard Mansfield</u>		LOG *	
(5) ADDRESS <u>7945 Farrington-Hollow Road Cherry Creek</u>		Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 20.65'N 079° 10.41'W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>121</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>20'</u>	DATE MEASURED <u>6-29-04</u>	TOP OF WELL
<b>CASINGS</b>			
(9) DIAMETER <u>8</u> in.         in.		TOP SOIL <u>2'</u>	
(10) LENGTH <u>102</u> ft.         <u>8</u> in.		BROWN GRAVEL CLAY MIN <u>23'</u>	
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>10</u> TO <u>20</u>		BROWN SAND SILT <u>35'</u>
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		BROWN SAND SILT <u>2'</u>
(15) DIAMETER in.         in.	(16) LENGTH ft.         in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			BROWN SAND SILT <u>19'</u>
<b>YIELD TEST</b>			
(18) DATE <u>6-29-2004</u>	(19) DURATION OF TEST <u>16 hours</u>		GRAY CLAY <u>20'</u>
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>15 gallons</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>78'</u>		GRAY TILL <u>20'</u>
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>6-29-2004</u>	(28) PUMP INSTALLER <u>Higley Nobles</u>	
(29) TYPE <u>submersible</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>10G905422</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>117'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-15-2004</u>	(37) DATE DRILLING WORK COMPLETED <u>6-29-2004</u>		
(38) DATE REPORT FILED <u>6-30-2004</u>	(39) DRILLER & COMPANY <u>Higley Nobles Well Drill</u>	(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE
See further instructions titled "Instructions for New York State Well Completion Report".			

NYSDEC COPY

(1) County Chaut  
 (2) Town Charlottesville



(3) DEC Well Number CU2079

**WELL COMPLETION REPORT**

(4) OWNER <u>Roy &amp; Vickie Holland</u>			LOG *		
(5) ADDRESS <u>2860 Gerry-Ellington Road Gerry 14742</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>'42° 15.79N 079° 13.05W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>90</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>35</u>		DATE MEASURED <u>8-25-04</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.			TOP OF WELL		
(10) LENGTH <u>35</u> ft.         in.					
(11) GROUT TYPE / SEALING <u>Cutting bedfonte</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>00</u>		TOP SOIL <u>3'</u>	
<b>SCREENS</b>					
(13) MAKE & MATERIAL		(14) OPENINGS		<del>SOIL</del> TILL BROWN <u>15'</u>	
(15) DIAMETER in.         in.					
(16) LENGTH ft.         in.				GRAY TILL <u>15'</u>	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>8-25-2004</u>		(19) DURATION OF TEST <u>1 hour</u>			
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>4</u>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>80'</u>			
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-23-2004</u>			(37) DATE DRILLING WORK COMPLETED <u>8-25-2004</u>		
(38) DATE REPORT FILED		(39) DRILLER & COMPANY <u>Higley Nobleswell</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE  <b>NYSDEC COPY</b>		
See further instructions titled "Instructions for New York State Well Completion Report".					

(1) County \_\_\_\_\_



(3) DEC Well Number

CU 2103

(2) Township \_\_\_\_\_

### WELL COMPLETION REPORT

(4) OWNER <b>Steve Weber</b>		LOG *	
(5) ADDRESS <b>3551 Wyckliffe Toledo, Ohio</b>		Ground Surface EL. _____ ft. above sea level.	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <b>N 42° 15.483' W 79° 21.823'</b> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <b>104</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	
(9) DIAMETER <b>6</b> in.         in.		TOP OF WELL	
(10) LENGTH <b>23</b> ft.         ft.		0'-1' topsoil	
(11) GROUT TYPE / SEALING <b>Bentonite</b>	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	1'-10' loam	
(13) MAKE & MATERIAL	(14) OPENINGS	10'-15' weathered gray shale	
(15) DIAMETER	(16) LENGTH	15'-101'	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	(18) DATE <b>3-15-04</b>	(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <b>5</b>	(22) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(23) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___	
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <b>residential</b>		
(36) DATE DRILLING WORK STARTED <b>3-15-04</b>	(37) DATE DRILLING WORK COMPLETED <b>3-15-04</b>		
(38) DATE REPORT FILED <b>8-5-04</b>	(39) DRILLER & COMPANY <b>Pernell Carter Carter Drilling Ent.</b>	(40) DEC REGISTRATION NO. <b>10054</b>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
		BOTTOM OF HOLE	
		<b>NYSDEC COPY</b>	

LOCATION SKETCH - Indicate north

(1) County Chaut  
 (2) Town Charlotte



(3) DEC Well Number CU2117

**WELL COMPLETION REPORT**

(4) OWNER <u>Scott P Kauffman</u>			<b>LOG *</b>																					
(5) ADDRESS <u>90 Philson Drive Oranah Park NY 14127</u>			Ground Surface EL. <u>1500</u> ft. above sea level																					
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°18.14N 079°15.62W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface																					
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>32</u>	DATE MEASURED <u>8-9-04</u>	<b>TOP OF WELL</b>																					
<b>CASINGS</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; text-align: center; vertical-align: middle;"><u>2</u></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; vertical-align: middle;"><u>15</u></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; vertical-align: middle;"><u>9</u></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>			<u>2</u>		<u>15</u>		<u>9</u>														
	<u>2</u>																							
	<u>15</u>																							
	<u>9</u>																							
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.																								
(10) LENGTH <u>37</u> ft.                        ft.                        ft.   <u>2</u> in.																								
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>32</u> TO <u>32</u>																						
<b>SCREENS</b>																								
(13) MAKE & MATERIAL		(14) OPENINGS																						
(15) DIAMETER in.                        in.                        in.                        in.																								
(16) LENGTH ft.                        ft.                        ft.                        in.																								
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)																								
<b>YIELD TEST</b>																								
(18) DATE <u>8-9-2004</u>		(19) DURATION OF TEST <u>2 hours</u>																						
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>7 gpm</u>																						
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>18'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>32'</u>																						
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																						
<b>PUMP INSTALLATION</b>																								
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE																						
(29) TYPE		(28) PUMP INSTALLER																						
(30) MAKE		(31) MODEL																						
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)																						
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>																						
(36) DATE DRILLING WORK STARTED <u>8-5-2004</u>		(37) DATE DRILLING WORK COMPLETED <u>8-9-2004</u>																						
(38) DATE REPORT FILED <u>8-17-2004</u>		(39) DRILLER & COMPANY <u>Higley Nobles Well</u>																						
		(40) DEC REGISTRATION NO. <u>10018</u>																						
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE																					
See further instructions titled "Instructions for New York State Well Completion Report".			<b>NYSDEC COPY</b>																					

(1) County Chaut.



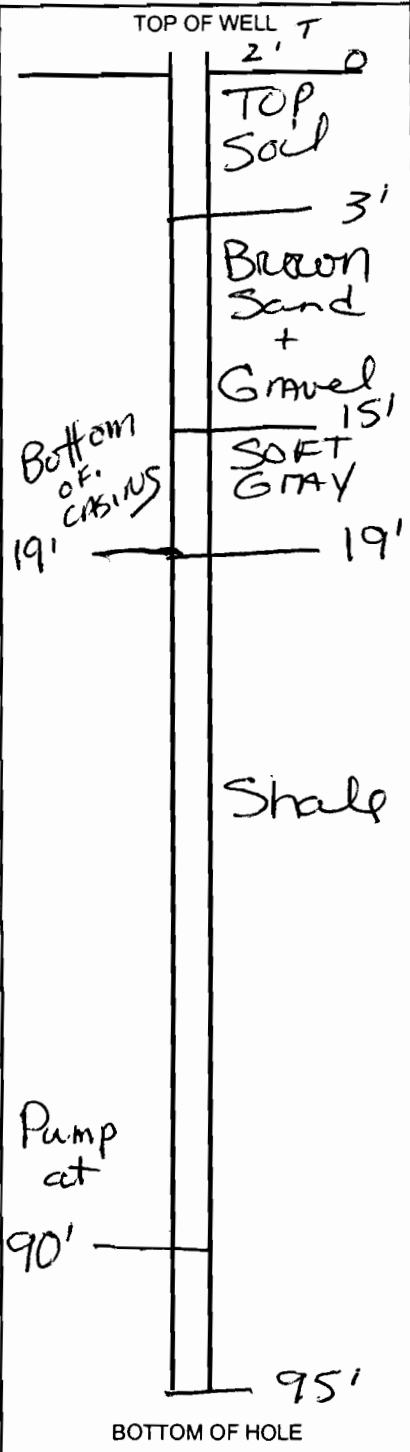
(3) DEC Well Number

CU2140

(2) Town Cassadaga

**WELL COMPLETION REPORT**

(4) OWNER <u>Roger Marsh</u>		LOG *	
(5) ADDRESS <u>5149 Henderson Rd Lot 44 Erie, PA. 16509</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 19.607N</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>079° 16.711W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>95'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED <u>9/13/04</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>21</u> ft.         in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL FROM _____ TO _____ (Feet)	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         in.			
(17) DEPTH TO TOP OF SCREEN FROM TOP OF CASING (Feet) <u>19'</u>			
<b>YIELD TEST</b>			
(18) DATE <u>9/13/04</u>		(19) DURATION OF TEST <u>1hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>15'</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>49'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>90'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4hr</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____		(28) PUMP INSTALLER <u>MATT miller</u>	
(27) DATE <u>9/14/04</u>		(31) MODEL <u>1/2 hp</u>	
(29) TYPE <u>Sub</u>		(30) MAKE <u>Goulds</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7gpm</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>90'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9/10/04</u>		(37) DATE DRILLING WORK COMPLETED <u>9/10/04</u>	
(38) DATE REPORT FILED <u>10/12/04</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
(39) DRILLER & COMPANY <u>Dave Tubbs Miller Well Drilling</u>			
*Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



NYSDEC COPY



(1) County Chaut.  
 (2) Town Charlotte.

(3) DEC Well Number CLL-2154

**WELL COMPLETION REPORT**

(4) OWNER <u>Thomas + Donna Luh</u>			<b>LOG *</b>		
(5) ADDRESS <u>88 Garland Dr. Eggertsville, NY 14226</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N42 18.870 W079 16.284</u>			Top Of Casing is located <u>+</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>70'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u> DATE MEASURED _____			
<b>CASINGS</b>					
(9) DIAMETER <u>6"</u> in.   in.   in.   in.			0-10		
(10) LENGTH <u>30</u> ft.   ft.   ft.   in.			10-20		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		20-30	
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.			30-40		
(16) LENGTH ft.   ft.   ft.   in.			40-70		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE			(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>5-30-05</u>		(28) PUMP INSTALLER <u>Kurt Jones</u>	
(29) TYPE <u>Submersible</u>		(30) MAKE <u>Gould</u>		(31) MODEL <u>7605421110V</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10</u>			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>66'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>9-20-04</u>			(37) DATE DRILLING WORK COMPLETED <u>9-21-04</u>		
(38) DATE REPORT FILED <u>8/31/04</u>		(39) DRILLER & COMPANY <u>Kurt Jones Jones Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD-1-0091</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					

Brown  
Hard pan  
Blue clay  
clay &  
suff shale  
suff shale  
Shale

10 GPM

BOTTOM OF HOLE

**NYSDEC COPY**



(1) County Chaut



(3) DEC Well Number

CU2187

(2) Town \_\_\_\_\_

**WELL COMPLETION REPORT**

(4) OWNER <u>Doug Aldrich</u>			LOG *		
(5) ADDRESS <u>10162 Route 60 Fredonia NY 14663</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°21.29 N <del>Fredonia 14663</del> 079°14.64 W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <del>75</del> <u>100</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>50</u>		DATE MEASURED	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.					
(10) LENGTH <u>18</u> ft.         ft.         in.					
(11) GROUT TYPE / SEALING <u>cutting bedstone</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>8</u> TO <u>14</u>		
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.					
(16) LENGTH ft.         ft.         in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>10-8-2004</u>			(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>8</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>50</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>86'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hour 15 minutes</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-4-2004</u>			(37) DATE DRILLING WORK COMPLETED <u>10-9-2004</u>		
(38) DATE REPORT FILED <u>10-2004</u>		(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
BOTTOM OF HOLE					
<b>NYSDEC COPY</b>					

12/8  
da  
e

TOP OF WELL

WATER ZONE



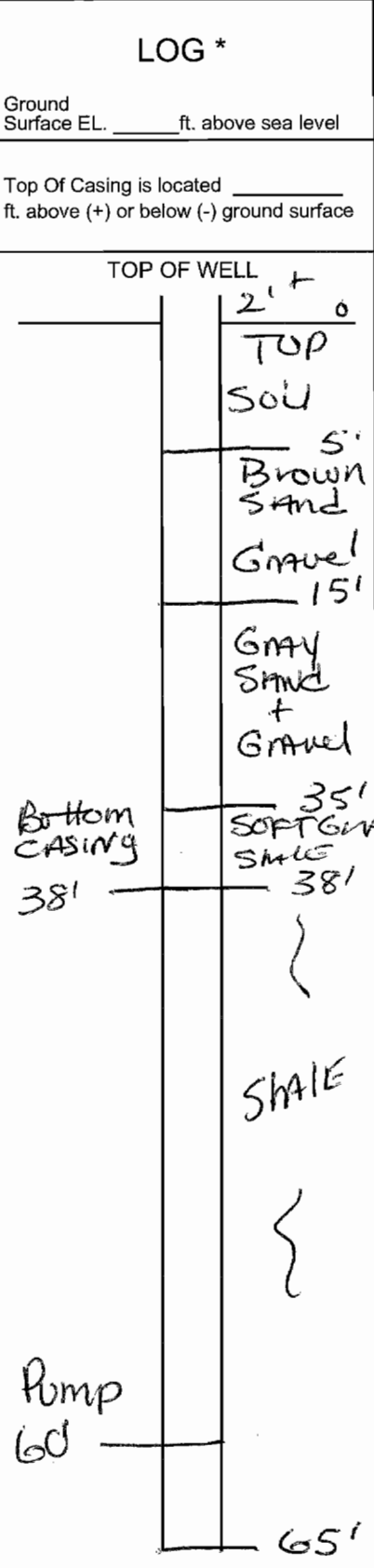
5/24/05

(1) COUNTY Chaut.  
 (2) TOWN Lily Dale

(3) DEC Well Number  
CU 2234

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Scott Briggs</u>	
(5) ADDRESS <u>Box 247 Lily Dale, NY. 14752</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 18.701 N 079° 16.937 W</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>65'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>40'</u> DATE MEASURED <u>3/11/05</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.	
(10) LENGTH <u>40</u> ft.                        ft.                        ft.                        in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in.                        in.                        in.                        in.	
(16) LENGTH ft.                        ft.                        ft.                        in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <u>3/11/05</u>	(19) DURATION OF TEST <u>1 hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>18 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>10'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50"</u>
(24) RECOVERY (Time in hours/minutes) <u>4hr.</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>5/3/05</u>
(29) TYPE <u>Sub.</u>	(30) MAKE <u>Goulds</u>
(32) MAXIMUM CAPACITY (GPM) <u>7gpm</u>	(31) MODEL <u>1/2hp</u>
(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>60</u>	(28) PUMP INSTALLER <u>Matt Miller</u>
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>3/8/05</u>	(37) DATE DRILLING WORK COMPLETED <u>3/11/05</u>
(38) DATE REPORT FILED <u>4/22/05</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u>
(41) CERTIFIED DRILLER (Print name) <u>TOM miller</u>	(40) DEC REGISTRATION NO. <u>NYRD 10203</u>
(42) CERTIFIED DRILLER SIGNATURE <u>X Tom Miller</u>	



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

**NYSDEC COPY**

(1) County Chaut



(3) DEC Well Number CU 2255

(2) Township \_\_\_\_\_

### WELL COMPLETION REPORT

(4) OWNER <b>Ontario Specialty Contracting</b>		LOG *													
(5) ADDRESS <b>Honnberg line Rt #60 Sinclairville, NY</b>		Ground Surface EL. <b>1381</b> ft. above sea level.													
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used <b>N 42° 16.029' W 079° 17.555'</b> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing Is located _____ ft. above (+) or below (-) ground surface													
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <b>85'</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	TOP OF WELL												
(9) DIAMETER <b>6</b> in.         in.			<table border="1"> <tr><td>0'-1'</td><td>FILL</td></tr> <tr><td>1'-10'</td><td>CLAY</td></tr> <tr><td>10'-12'</td><td>GRAVEL</td></tr> <tr><td>12'-25'</td><td>CLAY w/ STONE</td></tr> <tr><td>25'-40'</td><td>GRAY SHALE</td></tr> <tr><td>40'-85'</td><td>LIMESTONE</td></tr> </table>	0'-1'	FILL	1'-10'	CLAY	10'-12'	GRAVEL	12'-25'	CLAY w/ STONE	25'-40'	GRAY SHALE	40'-85'	LIMESTONE
0'-1'	FILL														
1'-10'	CLAY														
10'-12'	GRAVEL														
12'-25'	CLAY w/ STONE														
25'-40'	GRAY SHALE														
40'-85'	LIMESTONE														
(10) LENGTH <b>28</b> ft.         ft.															
(11) GROUT TYPE / SEALING <b>Bentonite</b>		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____													
(13) MAKE & MATERIAL		(14) OPENINGS													
(15) DIAMETER in.         in.															
(16) LENGTH ft.         ft.															
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)															
(18) DATE <b>3-15-05</b>		(19) DURATION OF TEST <b>3-15-05</b>													
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Ball		(21) STABILIZED DISCHARGE (GPM) <b>50</b>													
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)													
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___													
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO ___	(27) DATE <b>3-16-05</b>	(28) PUMP INSTALLER													
(29) TYPE <b>Sub</b>	(30) MAKE <b>Flint &amp; Walling</b>	(31) MODEL <b>4FDG05-005</b>													
(32) MAXIMUM CAPACITY (GPM) <b>10</b>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)													
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other		(35) USE OF WATER (see Instructions for choices) <b>Residential</b>													
(36) DATE DRILLING WORK STARTED <b>3-15-05</b>		(37) DATE DRILLING WORK COMPLETED <b>3-16-05</b>													
(38) DATE REPORT FILED <b>7-18-05</b>	(39) DRILLER & COMPANY <b>Caster Drilling Enterprises</b>	(40) DEC REGISTRATION NO. <b>10084</b>													
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.															
See further instructions titled "Instructions for New York State Well Completion Report".															
BOTTOM OF HOLE															
NYSDEC COPY															

LOCATION SKETCH - Indicate north

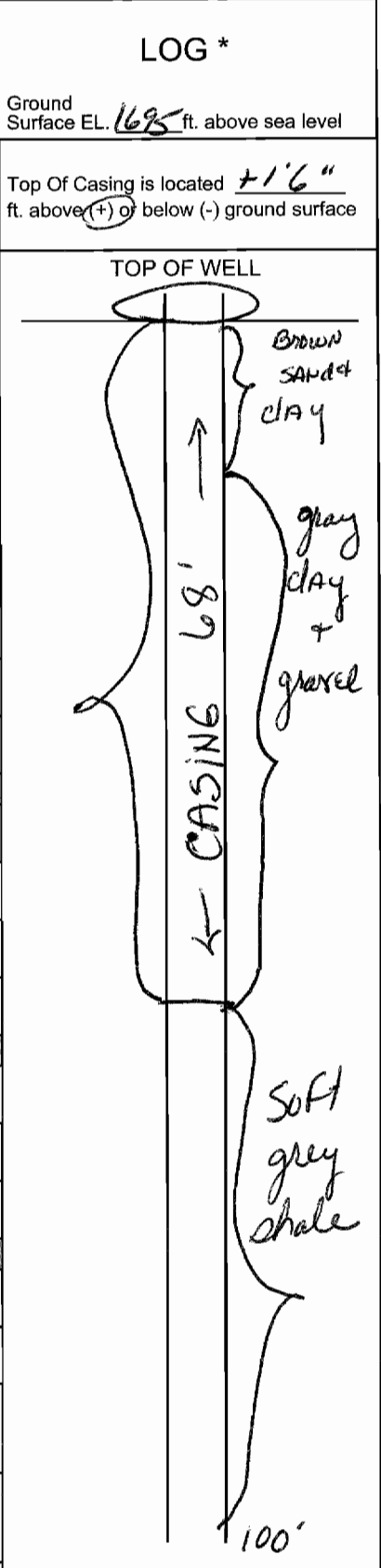


(1) COUNTY Chaut  
 (2) TOWN SINCLAIRVILLE

(3) DEC Well Number  
CU2261

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Mike Rzepka</u>	
(5) ADDRESS <u>7241 N. Hill Rd. Sinclairville NY</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>SAME</u> <u>N 42° 18' 898"</u> <u>W 079° 14' 14.32L'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>100'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>60'</u> DATE MEASURED <u>5/27/05</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.	
(10) LENGTH <u>68</u> ft.                        ft.                        ft.                        in.	
(11) GROUT TYPE / SEALING <u>—</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>0</u>
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in.                        in.                        in.                        in.	
(16) LENGTH ft.                        ft.                        ft.                        in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <u>5/27/05</u>	(19) DURATION OF TEST <u>1 hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>106 GPM</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>61' 6"</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>75'</u>
(24) RECOVERY (Time in hours/minutes) <u>1 1/2 min</u>	(25) Was the water produced during the test discharged away from immediate area?   Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED?   YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE
(28) PUMP INSTALLER	(29) TYPE
(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
<b>METHOD OF DRILLING</b>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>domestic</u>
(36) DATE DRILLING WORK STARTED <u>5/26/05</u>	(37) DATE DRILLING WORK COMPLETED <u>5/27/05</u>
(38) DATE REPORT FILED <u>6/15/05</u>	(39) REGISTERED COMPANY <u>GREAT LAKES Ent. of Brocton, NY Inc</u>
(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	
(41) CERTIFIED DRILLER (Print name) <u>Gordon Thompson</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Gordon Thompson</u>



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

**NYSDEC COPY**

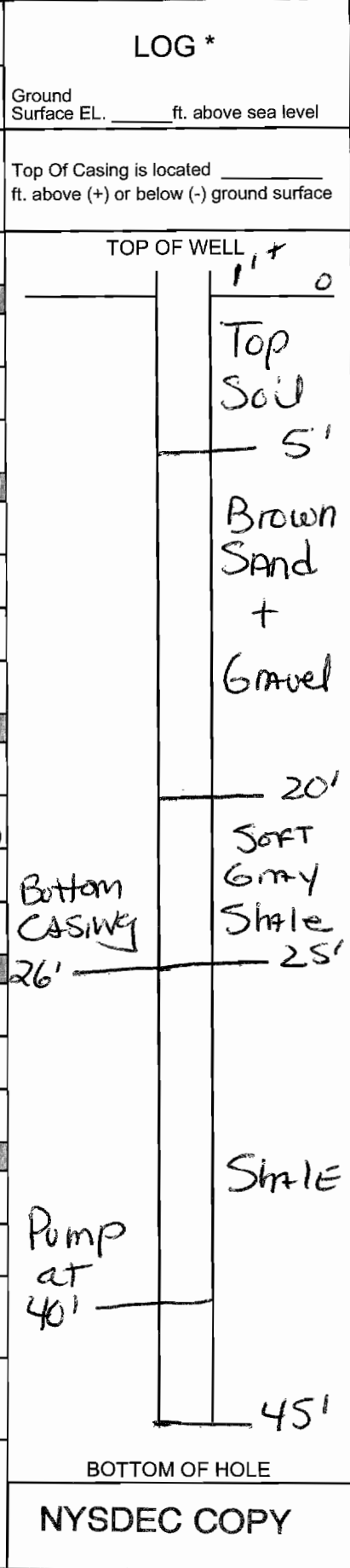


(1) COUNTY Chaut.  
 (2) TOWN Sinclairville

(3) DEC Well Number  
CU 2270

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Jason Johnson</u>	
(5) ADDRESS <u>Charlotte Center Rd Sinclairville NY 14782</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 17.733N   079° 14.237N</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>45'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>25'</u> DATE MEASURED <u>4/15/05</u>
<b>CASINGS</b>	
(9) DIAMETER <u>10" in.</u>	in.                        in.                        in.                        in.
(10) LENGTH <u>26' ft.</u>	ft.                        ft.                        ft.                        in.
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in.                        in.                        in.                        in.	
(16) LENGTH ft.                        ft.                        ft.                        in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <u>4/14/05</u>	(19) DURATION OF TEST <u>1 hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>40"</u>
(24) RECOVERY (Time in hours/minutes) <u>4 hr</u>	(25) Was the water produced during the test discharged away from immediate area?   Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED?   YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>4/15/05</u> (28) PUMP INSTALLER <u>Matt Miller</u>
(29) TYPE <u>Sub</u>	(30) MAKE <u>Goolds</u> (31) MODEL <u>1/2 hp</u>
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>40</u>
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>4/12/05</u>	(37) DATE DRILLING WORK COMPLETED <u>4/15/05</u>
(38) DATE REPORT FILED <u>5/24/05</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u> (40) DEC REGISTRATION NO. <u>NYRD 10203</u>
(41) CERTIFIED DRILLER (Print name) <u>Tom Miller</u>	(42) CERTIFIED DRILLER SIGNATURE <u>[Signature]</u>



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

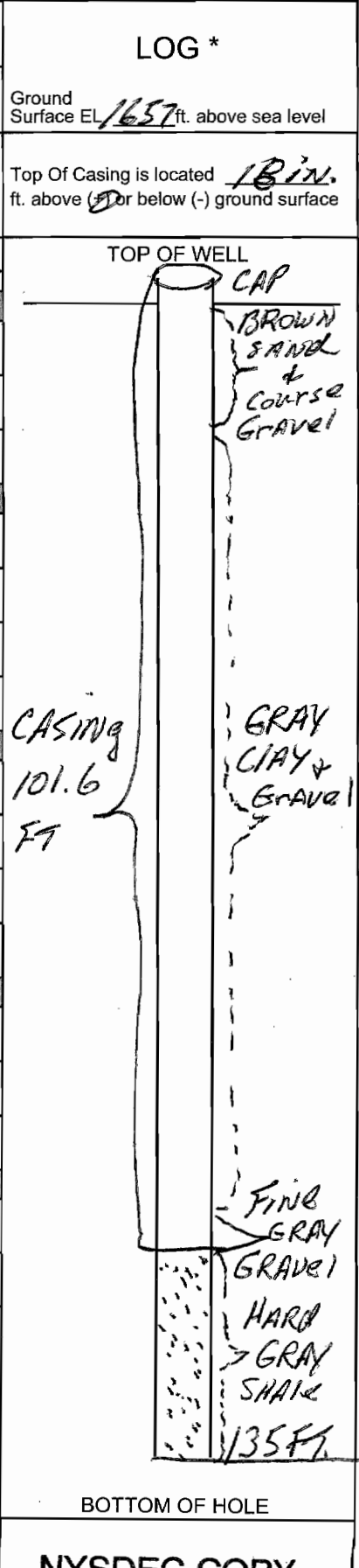


(1) COUNTY Chaut.  
 (2) TOWN Charlotte

(3) DEC Well Number  
CU2292

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Rich Hoisington</u>	
(5) ADDRESS <u>7577 Hall Rd, Cassadaga NY 14718</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>7628 Hall Rd, Cassadaga NY 14718</u> <u>N 42° 20.044'</u> <u>W 079° 15.546'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>135 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>50 FT</u> DATE MEASURED <u>9/13/05</u>
<b>CASINGS</b>	
(9) DIAMETER <u>8</u> in.   in.   in.   in.	
(10) LENGTH <u>101</u> ft.   ft.   ft.   <u>6</u> in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in.   in.   in.   in.	(16) LENGTH ft.   ft.   ft.   in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <u>9/12/05</u>	(19) DURATION OF TEST <u>1 Hour</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>51' 6 in</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>130 FT</u>
(24) RECOVERY (Time in hours/minutes) <u>24 min</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE
(28) PUMP INSTALLER	(29) TYPE
(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>9/8/05</u>	(37) DATE DRILLING WORK COMPLETED <u>9/12/05</u>
(38) DATE REPORT FILED <u>2/2/06</u>	(39) REGISTERED COMPANY <b>GREAT LAKE ENTERPRISES OF BROCTON NY, INC.</b> 109 Highland Ave. Brocton, NY 14716
(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	(41) CERTIFIED DRILLER (Print name) <u>Daniel Kellogg</u>
(42) CERTIFIED DRILLER SIGNATURE <u>Daniel Kellogg</u>	



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach



(1) COUNTY Chaut.  
 (2) TOWN CASSADAGA

(3) DEC Well Number  
C4-2300

**WATER WELL COMPLETION REPORT**

(4) OWNER George McCoy

(5) ADDRESS 330 BORNARD RD. CASSADAGA, NY.

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used: 42°19.599'N 079°16.658'W 14718  
 GPS  Map Interpolation

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 110'

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 85' DATE MEASURED 6/8/05

**CASINGS**

(9) DIAMETER 6" in. | in. | in. | in.

(10) LENGTH 17' ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING

(12) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL

(14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 6/8/05

(19) DURATION OF TEST 1 hr.

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 5/6 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 50'

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 110'

(24) RECOVERY (Time in hours/minutes) 4 hr

(25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO

(27) DATE 6/9/05

(28) PUMP INSTALLER MATT MILLER

(29) TYPE Sub

(30) MAKE Goulds

(31) MODEL 1/2hp

(32) MAXIMUM CAPACITY (GPM) 7 gpm

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 100'

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_

(35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 6-6-05

(37) DATE DRILLING WORK COMPLETED 6-8-05

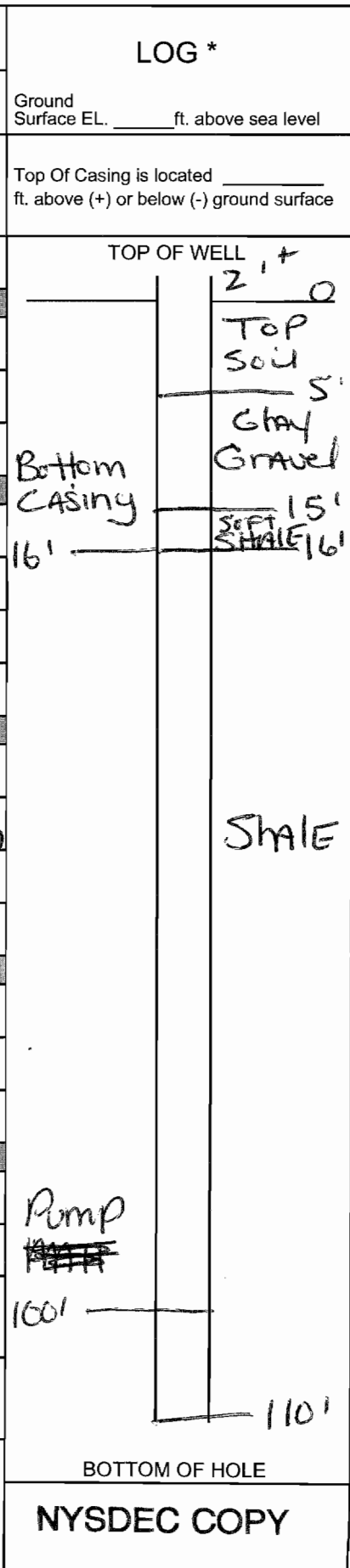
(38) DATE REPORT FILED 6/29/05

(39) REGISTERED COMPANY Miller Well Drilling

(40) DEC REGISTRATION NO. NYRD 10203

(41) CERTIFIED DRILLER (Print name) Tom Miller

(42) CERTIFIED DRILLER SIGNATURE [Signature]



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.



(1) COUNTY Chaut  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
CU2387

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Dave Hall #1</u>		LOG *	
(5) ADDRESS <u>1329 Sanford Road Cherry Creek, NY</u>		Ground Surface EL. <u>160</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 17.65' N 079° 08.44' W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>112</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>85</u>	DATE MEASURED <u>10-24-05</u>	TOP OF WELL
CASINGS			
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.	TOP SOIL <u>0-2</u>		
(10) LENGTH <u>81</u> ft.                        ft.                        ft.                        in.			
(11) GROUT TYPE / SEALING <u>benetone</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>80</u>		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.                        in.                        in.                        in.	BROWN TILL <u>2-94</u>		
(16) LENGTH ft.                        ft.                        ft.                        in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	GRAY TILL <u>94-80</u>		
(18) DATE <u>10-24-2005</u>			
YIELD TEST			
(19) DURATION OF TEST <u>4 hours</u>	BE O ROCK <u>80</u> WATER ZONE <u>112</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			
(21) STABILIZED DISCHARGE (GPM) <u>8</u>	(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>23</u>		
(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>20</u>			
(24) RECOVERY (Time in hours/minutes) <u>2 hours</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
METHOD OF DRILLING			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-17-2005</u>	(37) DATE DRILLING WORK COMPLETED <u>10-25-2005</u>		
(38) DATE REPORT FILED <u>11-04-05</u>	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10018</u>	
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Higley Nobles</u>		
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE
			<b>NYSDEC COPY</b>





(1) COUNTY Chaut  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
CU 2388

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Dave Hall #2</u>		LOG *	
(5) ADDRESS <u>1329 Sonford Road Cherry Creek</u>		Ground Surface EL. <u>1620</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 17' 62" N 079° 08.61 W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>2268</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>245</u>	DATE MEASURED <u>10-2005</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.   in.   in.   in.		TOP SOIL <u>1-3</u>	
(10) LENGTH <u>240</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING <u>bentonite</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>16</u> TO <u>18</u>		
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.	GOOD GRAVEL <u>48-49</u>		
(16) LENGTH ft.   ft.   ft.   in.	GRAVEL TILL <u>49-149</u>		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		BROWN TILL <u>148-160</u>	
<b>YIELD TEST</b>			
(18) DATE <u>10-21-2005</u>	(19) DURATION OF TEST <u>4 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>3</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>120'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>200'</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hours</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>10-1-2005</u>		(37) DATE DRILLING WORK COMPLETED <u>10-24-2005</u>	
(38) DATE REPORT FILED <u>11-5-05</u> <del>10-1-20</del>	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10018</u>	
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Higley Nobles</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			BOTTOM OF HOLE
			<b>NYSDEC COPY</b>

TOP SOIL  
 GRAVEL TILL  
 GOOD GRAVEL  
 GRAVEL TILL  
 BROWN TILL  
 BROWN CLAY  
 BLACK TILL  
 SORT BED ROCK WATER ZONE

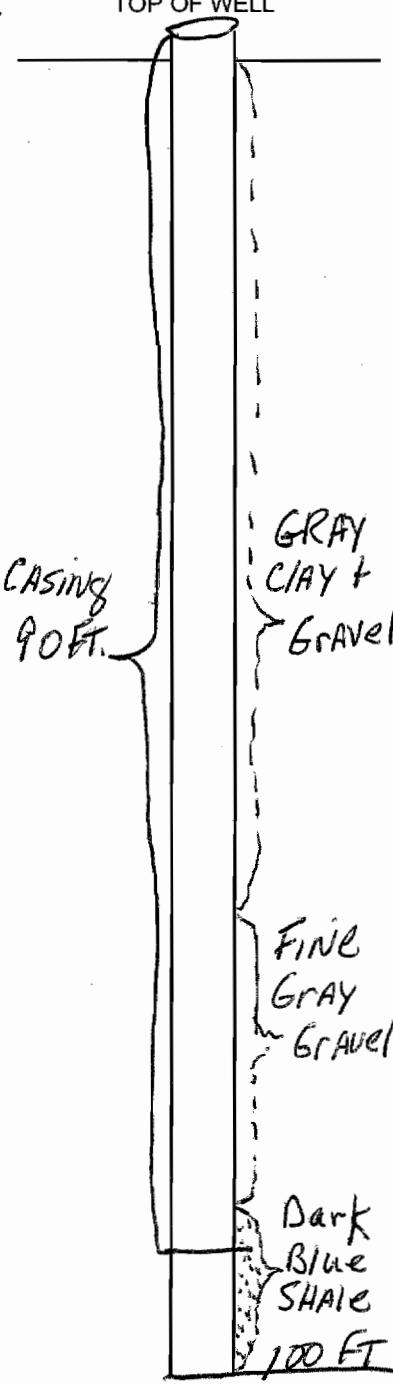


(1) COUNTY CHAUT  
 (2) TOWN CHARLOTTE

(3) DEC Well Number  
CU 2393

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Jason Taylor</u>		LOG * Ground Surface EL <u>1772</u> ft. above sea level	
(5) ADDRESS <u>130 Martin Rd Jamestown NY 14701</u>			
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N 42° 18.882"</u> <u>W 079° 14.256"</u> <u>7266 N. Hill Rd. SINCLAIRVILLE, NY</u> <u>14782</u>		Top Of Casing is located <u>2 FT</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>100 FT.</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>65 FT.</u>	DATE MEASURED <u>09/26/05</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.   in.   in.   in.			
(10) LENGTH <u>90</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.			
(16) LENGTH ft.   ft.   ft.   in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>09/26/05</u>		(19) DURATION OF TEST <u>1 Hour</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>67 FT.</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>95 FT.</u>	
(24) RECOVERY (Time in hours/minutes) <u>4.5 min</u>		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>09/21/05</u>		(37) DATE DRILLING WORK COMPLETED <u>09/24/05</u>	
(38) DATE REPORT FILED <u>02/02/06</u>	(39) REGISTERED COMPANY <b>GREAT LAKE ENTERPRISES OF BROXTON NY INC.</b> 109 Highlan d	(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	
(41) CERTIFIED DRILLER (Print name) <u>GARDNER THOMPSON</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Gardner Thompson</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			



**NYSDEC COPY**



(1) COUNTY Chaut.  
 (2) TOWN Shelburne

(3) DEC Well Number  
CU 2404

**WATER WELL COMPLETION REPORT**

(4) OWNER <b>KAY MARTIN</b>		LOG *	
(5) ADDRESS <u>6454 Harper Rd. Shelburne, N.Y. 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.635' N</u> <u>079° 14.249' W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>75'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>30'</u>	DATE MEASURED <u>9-30-05</u>	TOP OF WELL <u>2' 0"</u> TOP SOIL <u>3'</u> BROWN SAND CLAY GRAVEL <u>15'</u> GRAY CLAY SAND GRAVEL BOTTOM OF CASING <u>31'</u> Red Shale Gray + Blue <u>75'</u> BOTTOM OF HOLE
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.      in.      in.      in.			
(10) LENGTH <u>33</u> ft.      ft.      ft.      in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.      in.      in.      in.			
(16) LENGTH ft.      ft.      ft.      in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>9-30-05</u>	(19) DURATION OF TEST <u>1 hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>15</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>70'</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>	(25) Was the water produced during the test discharged away from immediate area?    Yes <input checked="" type="checkbox"/> No _____		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED?    YES _____    NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9-23-05</u>		(37) DATE DRILLING WORK COMPLETED <u>9-30-05</u>	
(38) DATE REPORT FILED <u>10/21/05</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10203</u>	
(41) CERTIFIED DRILLER (Print name) <u>DAVE TUBBS</u>		(42) CERTIFIED DRILLER SIGNATURE <i>[Signature]</i>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
<b>NYSDEC COPY</b>			



(1) COUNTY Chaut.  
 (2) TOWN Sinclairville

(3) DEC Well Number  
CU-2408

**WATER WELL COMPLETION REPORT**

(4) OWNER Mark Miles

(5) ADDRESS PO Box 783 Sinclairville, NY 14782

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used: 42° 16.621 N  
 GPS  Map Interpolation 079° 14.309 W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 75'

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 25' DATE MEASURED 9/22/05

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 27 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING

(12) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL

(14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 9/22/05

(19) DURATION OF TEST 1hr.

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 20

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 5'

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 65'

(24) RECOVERY (Time in hours/minutes) 4hr.

(25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO

(27) DATE 11-3-05

(28) PUMP INSTALLER Matt Miller

(29) TYPE Sub.

(30) MAKE Goulds

(31) MODEL 1/2 hp

(32) MAXIMUM CAPACITY (GPM) 7gal.

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 70'

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_

(35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 9/21/05

(37) DATE DRILLING WORK COMPLETED 9/22/05

(38) DATE REPORT FILED 10/21/05

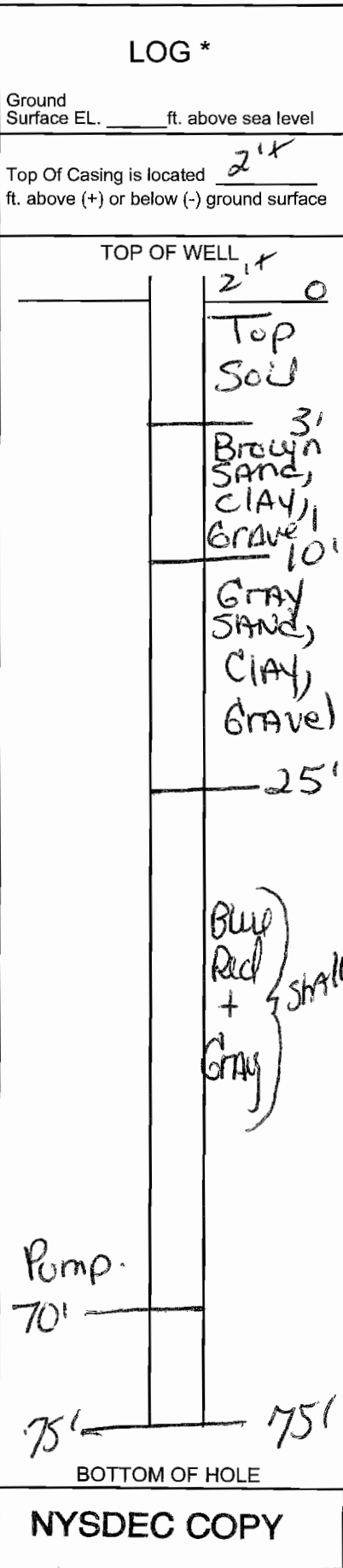
(39) REGISTERED COMPANY Miller Well Drilling

(40) DEC REGISTRATION NO. NYRD 10203

(41) CERTIFIED DRILLER (Print name) Thomas Miller

(42) CERTIFIED DRILLER SIGNATURE [Signature]

\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.





(1) COUNTY Chaut

(2) TOWN Albion

(3) DEC Well Number

CU-2417

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Maria Sienta</u>			LOG *					
(5) ADDRESS <u>6973 Putman RD. Passadaga, NY 14718</u>								
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N 42° 18.318' - W 079° 18-708</u>			Ground Surface EL. _____ ft. above sea level					
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>65'</u>			(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)		DATE MEASURED			
<b>CASINGS</b>			TOP OF WELL					
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.			0-10					
(10) LENGTH <u>37</u> ft.                        ft.                        ft.                        in.								
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____					
<b>SCREENS</b>			20-30 30-35 35-37 37-65					
(13) MAKE & MATERIAL						(14) OPENINGS		
(15) DIAMETER in.                        in.                        in.                        in.						Blown Top Out Brown sand pit grey sand sand/clay grey clay & stones strat shale shale		
(16) LENGTH ft.                        ft.                        ft.                        in.								
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			10 gpm					
<b>YIELD TEST</b>								
(18) DATE			(19) DURATION OF TEST					
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM)					
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)					
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___					
<b>PUMP INSTALLATION</b>								
(26) PUMP INSTALLED? YES ___ NO ___			(27) DATE		(28) PUMP INSTALLER			
(29) TYPE			(30) MAKE		(31) MODEL			
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)					
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (See instructions for choices) <u>Domestic</u>					
(36) DATE DRILLING WORK STARTED <u>10-13-05</u>			(37) DATE DRILLING WORK COMPLETED <u>10-20-05</u>					
(38) DATE REPORT FILED <u>10-13-05</u>		(39) REGISTERED COMPANY <u>Jones Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD-0091</u>				
(41) CERTIFIED DRILLER (Print name) <u>Kurt M Jones</u>			(42) CERTIFIED DRILLER SIGNATURE <u>Kurt Jones</u>					
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.					BOTTOM OF HOLE			
					<b>NYSDEC COPY</b>			

LOCATION SKETCH - Indicate north

1) County Chaut



(3) DEC Well Number

CU 2468

2) Township \_\_\_\_\_

**WELL COMPLETION REPORT**

(4) OWNER <u>H+H Rowe Paving</u>		
(5) ADDRESS <u>7W 1st St - Lakewood, NY 14750</u>		
(6) LOCATION OF WELL <u>Cassadaga, NY</u> (Also see reverse) <u>N42° 20.612' W079° 16.741'</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>125'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.   _____ in.   _____ in.   _____ in.		
(10) LENGTH <u>49</u> ft.   _____ ft.   _____ ft.   _____ in.		
(11) GROUT TYPE <u>Bentonite</u>	(12) GROUT INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER _____ in.   _____ in.   _____ in.   _____ in.		
(16) LENGTH _____ ft.   _____ ft.   _____ ft.   _____ in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE	(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>56 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___	
<b>PUMP INSTALLATION</b>		
(26) DATE <u>11-28-05</u>	(27) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Residential</u>	
(36) DATE DRILLING WORK STARTED <u>11-28-05</u>	(37) DATE DRILLING WORK COMPLETED <u>11-29-05</u>	
(38) DATE <u>12-2-05</u>	(39) DRILLER & COMPANY <u>CASTER WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>10084</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work.		
See further instructions titled "Instructions for New York State Well Completion Report".		

LOG \*

Ground Surface EL. 1454' ft. above sea level

Top Of Casing is located \_\_\_\_\_ ft. above (+) or below (-) ground surface

TOP OF WELL

0'-13'	Gravel w/water
13'-15'	CLAY
15'-25'	Sand & gravel
25'-65'	Clay w/stone
65'-69'	Gravel
69'-125'	Gray shale
BOTTOM OF HOLE	

**COPY - DRILLER RETAIN**

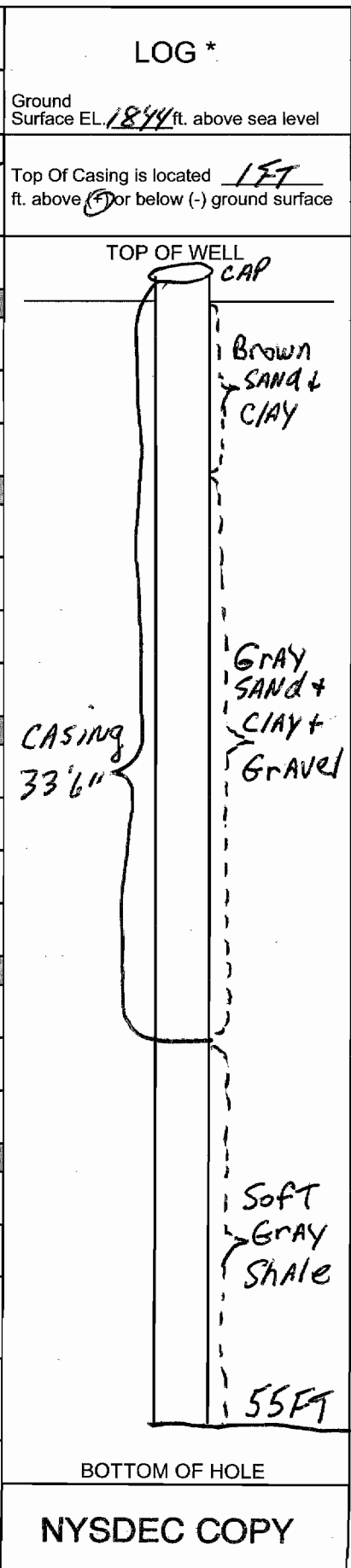


(1) COUNTY Chaut.  
 (2) TOWN Charlotte

(3) DEC Well Number  
CU2484

**WATER WELL COMPLETION REPORT**

(4) OWNER <b>FRANK LUSTAN</b>	
(6) ADDRESS <b>149 Nadine Drive Cheektowaga, NY 14225</b>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <b>Cleland Rd Sinclairville, NY 14782</b> <b>N 42° 17' 57.72</b> <b>W 79° 12' 25.86</b>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <b>55 FT</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <b>5 FT</b> DATE MEASURED <b>2/3/06</b>
<b>CASINGS</b>	
(9) DIAMETER <b>6 in.</b>	(10) LENGTH <b>3.3 ft.</b>
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in.                        in.                        in.                        in.	(16) LENGTH ft.                        ft.                        ft.                        in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <b>2/3/06</b>	(19) DURATION OF TEST <b>1 Hour</b>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <b>10 GPM</b>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <b>6 FT. 6 IN</b>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <b>30 FT</b>
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area?   Yes <input checked="" type="checkbox"/> No _____
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED?      YES _____      NO <input checked="" type="checkbox"/>	(27) DATE
(29) TYPE	(30) MAKE
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See Instructions for choices) <b>Domestic</b>
(36) DATE DRILLING WORK STARTED <b>2/3/06</b>	(37) DATE DRILLING WORK COMPLETED <b>2/3/06</b>
(38) DATE REPORT FILED <b>2/6/06</b>	(39) REGISTERED COMPANY <b>GREAT LAKE ENTERPRISES OF BROCTON NY, INC.</b>
(41) CERTIFIED DRILLER (Print name) <b>Gardner Thompson</b>	(40) DEC REGISTRATION NO. <b>NYRD 10518</b>
(41) CERTIFIED DRILLER SIGNATURE <b>Gardner Thompson</b>	



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

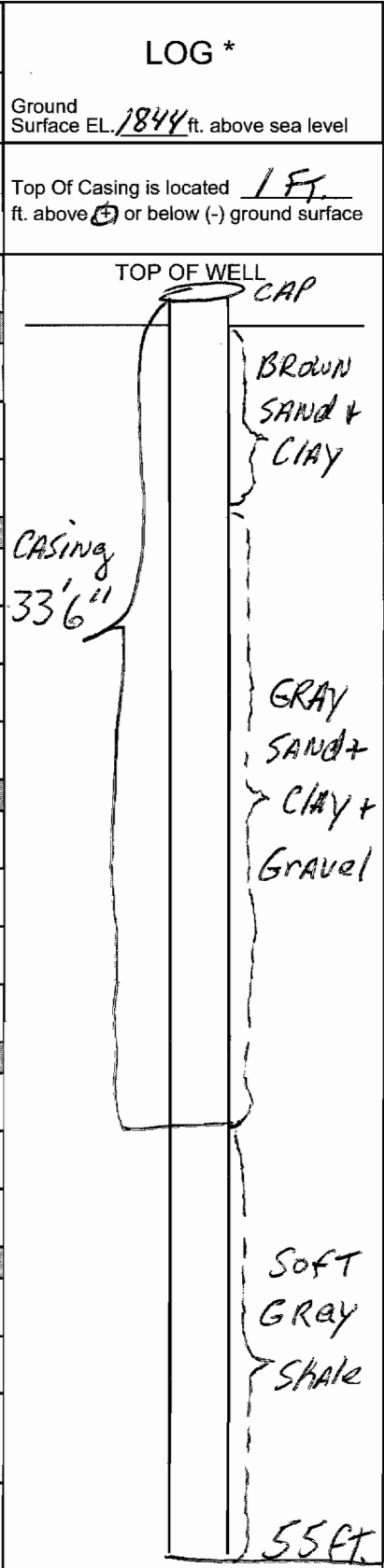


(1) COUNTY CHAUT.  
 (2) TOWN CHARLOTTE

(3) DEC Well Number  
CU2484

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>FRANK LUSTAN</u>	
(5) ADDRESS <u>149 NADINE Drive Cheektowaga, NY 14225</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>Cleland Rd. Sinclairville, NY 14782</u> <u>N 42° 17' 57.72"</u> <u>W 79° 12' 25.86"</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>55 Ft.</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>5 Ft.</u> DATE MEASURED <u>02/03/06</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.        in.        in.        in.	
(10) LENGTH <u>33</u> ft.        ft.        ft.   <u>6</u> in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in.        in.        in.        in.	
(16) LENGTH ft.        ft.        ft.        in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <u>02/03/06</u>	(19) DURATION OF TEST <u>1 Hour</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6 Ft. 6 in</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>30 Ft.</u>
(24) RECOVERY (Time in hours/minutes) <u>4 min.</u>	(25) Was the water produced during the test discharged away from immediate area?   Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED?      YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE
(28) PUMP INSTALLER	(29) TYPE
(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>02/03/06</u>	(37) DATE DRILLING WORK COMPLETED <u>02/03/06</u>
(38) DATE REPORT FILED <u>02/6/06</u>	(39) REGISTERED COMPANY
(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	(41) CERTIFIED DRILLER (Print name) <u>Gardner Thompson</u>
(42) CERTIFIED DRILLER SIGNATURE <u>Gardner Thompson</u>	



\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

**NYSDEC COPY**



(1) COUNTY CHAUT  
 (2) TOWN WESTFIELD



(3) DEC Well Number  
CU 9560

WATER WELL COMPLETION REPORT

(4) OWNER <u>WESTFIELD NURSERY</u>		LOG *	
(5) ADDRESS <u>P.O. BOX 115, WESTFIELD NY 14787</u>		Ground Surface EL. <u>733</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N 42 18.691' W 079 13.875'</u> WELL #1		Top Of Casing is located <u>+18'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>80'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	
CASINGS			
(9) DIAMETER <u>10' in.</u>	in.	in.	in.
(10) LENGTH <u>53 ft.</u>	ft.	ft.	<u>10 in.</u>
(11) GROUT TYPE / SEALING <u>BENTONITE</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>SURFACE</u> TO <u>20'</u>		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.	in.	in.	in.
(16) LENGTH ft.	ft.	ft.	in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE	(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bell	(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
METHOD OF DRILLING			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other	(35) USE OF WATER (See instructions for choices) <u>COMMERCIAL</u>		
(36) DATE DRILLING WORK STARTED <u>6/27/06</u>	(37) DATE DRILLING WORK COMPLETED <u>6/28/06</u>		
(38) DATE REPORT FILED <u>6/28/06</u>	(39) REGISTERED COMPANY <u>CASTER DRILLING ENTERPRISES LLC</u>	(40) DEC REGISTRATION NO. <u>NYRD 10084</u>	
(41) CERTIFIED DRILLER (Print name) <u>PERNELL CASTER</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Pernell L. Caster</u>		
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
		BOTTOM OF HOLE	
		NYSDEC COPY	

TOP OF WELL

0'-4' TOP SOIL  
 4'-17' PEA STONE  
 17'-30' CLAY/STONE/  
 GRAVEL/TILL  
 30'-45' GRAVEL  
 45'-53' BROKEN TO  
 HARD SHALE  
 53'-80' SHALE

LOCATION SKETCH - Indicate north

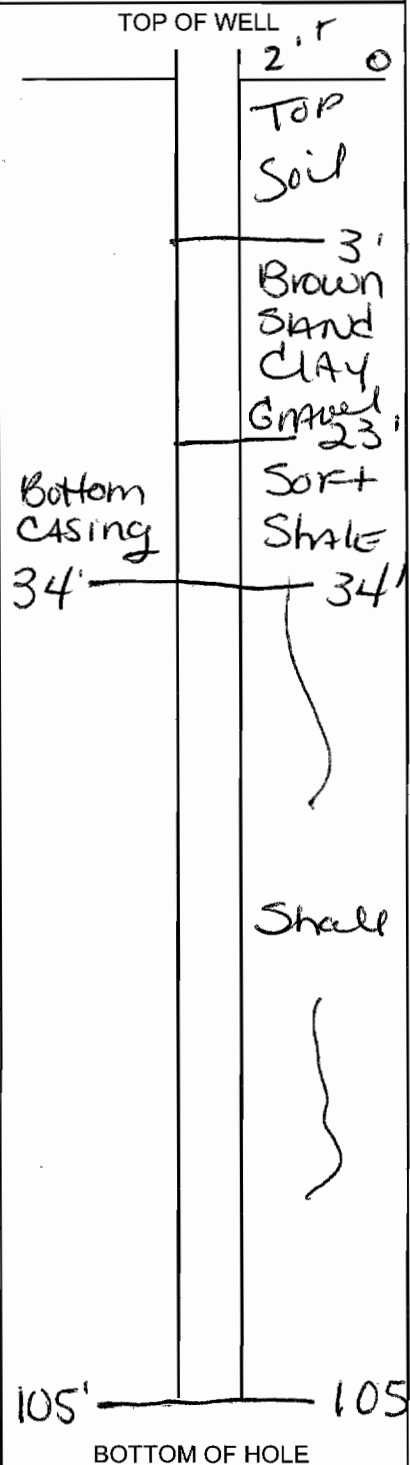


(1) COUNTY Chaut.  
 (2) TOWN Cassadaga  
Charlotte

(3) DEC Well Number  
CY-2573

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Rachel Lapp Kellogg</u>		LOG *
(5) ADDRESS <u>7796 Barnum Rd. CASSADAGA, N.Y. 14718</u>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 20' 484 N 079° 17' 410 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Ground Surface EL. _____ ft. above sea level Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>105</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>100</u>	DATE MEASURED <u>7/11/06</u>
<b>CASINGS</b>		
(9) DIAMETER <u>12</u> in.                        in.                        in.                        in.		
(10) LENGTH <u>36</u> ft.                        ft.                        ft.                        in.		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>		
(13) MAKE & MATERIAL		(14) OPENINGS
(15) DIAMETER in.                        in.                        in.                        in.		
(16) LENGTH ft.                        ft.                        ft.                        in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>7/11/06</u>		(19) DURATION OF TEST <u>1hr</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>15gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>80'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>80''</u>
(24) RECOVERY (Time in hours/minutes) <u>4hr</u>		(25) Was the water produced during the test discharged away from immediate area?   Yes <input checked="" type="checkbox"/> No _____
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED?   YES _____   NO <input checked="" type="checkbox"/>		(27) DATE
(29) TYPE		(28) PUMP INSTALLER
(30) MAKE		(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>7/5/06</u>		(37) DATE DRILLING WORK COMPLETED <u>7/11/06</u>
(38) DATE REPORT FILED <u>9/25/06</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10203</u>
(41) CERTIFIED DRILLER (Print name) <u>Tom Miller</u>		(42) CERTIFIED DRILLER SIGNATURE 
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		



**NYSDEC COPY**



(1) COUNTY Chaut  
 (2) TOWN Charlotte

(3) DEC Well Number  
CU2576

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Jeff Crowell</u>		LOG *							
(5) ADDRESS <u>3312 Ames Road Sinclairville NY 14782</u>		Ground Surface EL. <u>50</u> ft. above sea level							
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 18.86N   079° 16.59W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface							
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>50</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED							
<b>CASINGS</b>									
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><u>BROWN TILE</u></td> <td style="width:50%;"><u>8-11</u></td> </tr> <tr> <td><u>GRAY TILE</u></td> <td><u>11-22</u></td> </tr> <tr> <td><u>BED ROCK</u></td> <td><u>22-60</u></td> </tr> </table>		<u>BROWN TILE</u>	<u>8-11</u>	<u>GRAY TILE</u>	<u>11-22</u>	<u>BED ROCK</u>	<u>22-60</u>
<u>BROWN TILE</u>	<u>8-11</u>								
<u>GRAY TILE</u>	<u>11-22</u>								
<u>BED ROCK</u>	<u>22-60</u>								
(10) LENGTH <u>23</u> ft.                        ft.                        ft.                        in.									
(11) GROUT TYPE / SEALING <u>cutting bedtonite</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>							
<b>SCREENS</b>									
(13) MAKE & MATERIAL		(14) OPENINGS							
(15) DIAMETER in.                        in.                        in.                        in.									
(16) LENGTH ft.                        ft.                        ft.                        in.									
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)									
<b>YIELD TEST</b>									
(18) DATE <u>7-1-06</u>		(19) DURATION OF TEST <u>24 hours</u>							
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>7</u>							
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10'</u>							
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>		(25) Was the water produced during the test discharged away from immediate area?   Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
<b>PUMP INSTALLATION</b>									
(26) PUMP INSTALLED?   YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER						
(29) TYPE		(30) MAKE	(31) MODEL						
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)							
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>							
(36) DATE DRILLING WORK STARTED <u>6-27-2006</u>		(37) DATE DRILLING WORK COMPLETED <u>7-1-2006</u>							
(38) DATE REPORT FILED <u>7-06</u>	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD 10018</u>						
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Higley Nobles</u>							

42. Certified Driller Signature -- The certified well driller, recorded in box 42 of this form, must provide his/her signature for the well indicated on this form.



(1) COUNTY Chaut  
 (2) TOWN Chol

(3) DEC Well Number  
CU 2606

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>John &amp; Janice Neail</u>		LOG *	
(5) ADDRESS <u>2475 Boutwell Hill Sinclairville NY</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 16.88N 079° 13.56W</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>62'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>30'</u>	DATE MEASURED <u>8-1-06</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.                        in.                        in.                        in.		1-10 <u>BROWN TILE</u>	
(10) LENGTH <u>48' 6"</u> ft.                        ft.                        ft.                        in.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____		10-22 <u>BROWN SILT</u>
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.                        in.                        in.                        in.	22-45 <u>GRAY TILE</u>		
(16) LENGTH ft.                        ft.                        ft.                        in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) <u>20-55</u>		30-55 <u>BED ROCK</u>	
<b>YIELD TEST</b>			
(18) DATE <u>8-2-06</u>	(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7-27-2006</u>		(37) DATE DRILLING WORK COMPLETED <u>8-2-2006</u>	
(38) DATE REPORT FILED <u>8 2006</u>	(39) REGISTERED COMPANY <u>Nobles Well Drill.</u>	(40) DEC REGISTRATION NO. <u>NYRD 60018</u>	
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Higley Nobles</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		BOTTOM OF HOLE	
		<b>NYSDEC COPY</b>	



(1) COUNTY Chaut.  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
C4-2619

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Susan E. Bentz

(5) ADDRESS  
59 Laura Ct. Cherry Creek Ny. 14723

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation N 42° 19.229' - W- 079° 10.684'

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 105'  
 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 15' DATE MEASURED

LOG \*  
 Ground Surface EL. \_\_\_\_\_ ft. above sea level  
 Top Of Casing is located + ft. above (+) or below (-) ground surface

**CASINGS**  
 (9) DIAMETER 6 in. | in. | in. | in.  
 (10) LENGTH 32 ft. | ft. | ft. | in.  
 (11) GROUT TYPE / SEALING Concrete  
 (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20'

**TOP OF WELL**  
 0-10 clay & sandstone  
 10-15 clay - mica with soft shale  
 15-20 soft shale  
 20-105 shale

**SCREENS**  
 (13) MAKE & MATERIAL  
 (14) OPENINGS  
 (15) DIAMETER in. | in. | in. | in.  
 (16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**  
 (18) DATE  
 (19) DURATION OF TEST  
 (20) LIFT METHOD  Pump  Air Lift  Bail  
 (21) STABILIZED DISCHARGE (GPM)  
 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)  
 (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)  
 (24) RECOVERY (Time in hours/minutes)  
 (25) Was the water produced during the test discharged away from immediate area? Yes \_\_\_ No \_\_\_

**PUMP INSTALLATION**  
 (26) PUMP INSTALLED? YES  NO \_\_\_  
 (27) DATE 9/19/06  
 (28) PUMP INSTALLER Kurt Jones  
 (29) TYPE Submersible  
 (30) MAKE Howells  
 (31) MODEL 75B05422  
 (32) MAXIMUM CAPACITY (GPM)  
 (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 102'

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_  
 (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 9-6-06  
 (37) DATE DRILLING WORK COMPLETED 9-6-06

(38) DATE REPORT FILED 8-18-06  
 (39) REGISTERED COMPANY Jones Well Drilling  
 (40) DEC REGISTRATION NO. NYRD-0091

(41) CERTIFIED DRILLER (Print name) Mike J. Jones  
 (42) CERTIFIED DRILLER SIGNATURE [Signature]

\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

44 ftm.  
 BOTTOM OF HOLE  
**NYSDEC COPY**

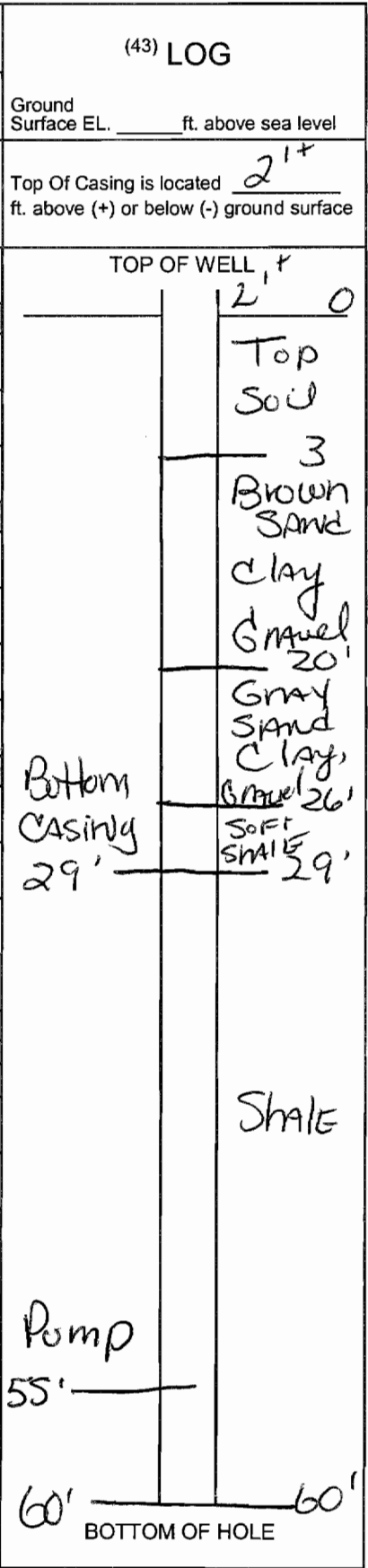


(1) COUNTY Chaut.  
 (2) TOWN Medonia

(3) DEC Well Number  
C42655

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>John Nabone</u>	
(5) ADDRESS <u>136 Lakewood Ave. Fredonia, N.Y.</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 18.295' N 079° 13.613' W</u> <u>14063</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>60</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>40</u> DATE MEASURED <u>9/22/06</u>
<b>CASINGS</b>	
(9) DIAMETER <u>8</u> in.   in.   in.   in.	
(10) LENGTH <u>30</u> ft.   ft.   ft.   in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in.   in.   in.   in.	
(16) LENGTH ft.   ft.   ft.   in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <u>9-22-06</u>	(19) DURATION OF TEST <u>1 hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>12 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>10'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>55'</u>
(24) RECOVERY (Time in hours/minutes) <u>4 hr</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>9/26/06</u> (28) PUMP INSTALLER <u>MATT Miller</u>
(29) TYPE <u>Goulds</u>	(30) MAKE <u>Sub</u> (31) MODEL <u>1/2 hp.</u>
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>35'</u>
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>9/19/06</u>	(37) DATE DRILLING WORK COMPLETED <u>9/22/06</u>
(38) DATE REPORT FILED <u>10/7/06</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u> (40) DEC REGISTRATION NO. <u>NYRD 10203</u>
(41) CERTIFIED DRILLER (Print name) <u>Tom Miller</u>	(42) CERTIFIED DRILLER SIGNATURE * <u>[Signature]</u>



\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.

**NYSDEC COPY**

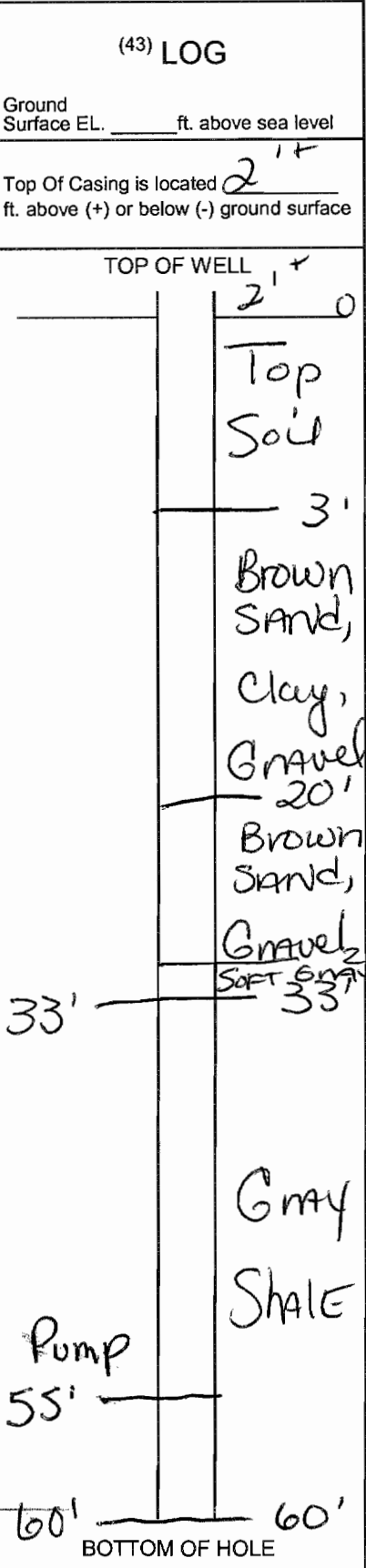


(1) COUNTY Chaut  
 (2) TOWN Sinclairville

(3) DEC Well Number  
CU-2669

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Bill Newton</u>		(43) LOG	
(5) ADDRESS <u>Thoumton Rd. Sinclairville, N.Y.</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.892' N 079° 12.381' W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>60</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>25'</u>	DATE MEASURED <u>11/20/06</u>	TOP OF WELL <u>2'</u>
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.   in.   in.   in.			
(10) LENGTH <u>35</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____		
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.			
(16) LENGTH ft.   ft.   ft.   in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>10/20/06</u>	(19) DURATION OF TEST <u>1 hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>50 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>10'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>20"</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hr</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>11/27/06</u>	(28) PUMP INSTALLER <u>MATT Miller</u>	
(29) TYPE <u>Sub.</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>55'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10/09/06</u>	(37) DATE DRILLING WORK COMPLETED <u>11/20/06</u>		
(38) DATE REPORT FILED <u>12-04/06</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10203</u>	
(41) CERTIFIED DRILLER (Print name) <u>Tom Miller</u>	(42) CERTIFIED DRILLER SIGNATURE * <u>Thomas Miller</u>		



\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.

**NYSDEC COPY**



(1) COUNTY Chaut  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
CU2679

**WATER WELL COMPLETION REPORT**

(4) OWNER Jayson & Jue Rowicki

(5) ADDRESS 7361 Davison Road Cherry Creek, NY

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation 42° 19.06N 079° 06.86W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 172'

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 100 DATE MEASURED 10-12-06

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 39 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING bedtonite

(12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

**SCREENS**

(13) MAKE & MATERIAL

(14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 10-13-06

(19) DURATION OF TEST 24

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 10+

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 100

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 10'

(24) RECOVERY (Time in hours/minutes) 10 minutes

(25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO

(27) DATE

(28) PUMP INSTALLER

(29) TYPE

(30) MAKE

(31) MODEL

(32) MAXIMUM CAPACITY (GPM)

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_

(35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 10-3-06

(37) DATE DRILLING WORK COMPLETED 10-13-2006

(38) DATE REPORT FILED 11 2006

(39) REGISTERED COMPANY Nobles Well Drilling

(40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles

(42) CERTIFIED DRILLER SIGNATURE Higley Nobles

**LOG \***

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

TOP OF WELL	
<u>0-2</u>	<u>TOP SOIL</u>
<u>2-12</u>	<u>BROWN SILT</u>
<u>12-30</u>	<u>GRAY TILL</u>
<u>30-37</u>	<u>GRAY CLAY</u>
<u>37-170</u>	<u>BED ROCK</u>

WATER ZONE

BOTTOM OF HOLE

**NYSDEC COPY**

\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.





(1) COUNTY Chaut  
 (2) TOWN Cherry Hill

(3) DEC Well Number  
CU-2746

**WATER WELL COMPLETION REPORT**

(4) OWNER Joe Vallone

(43) LOG  
 Ground Surface EL. \_\_\_\_\_ ft. above sea level

(5) ADDRESS 6658 West Rd. Conewango Valley, NY 14726

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation N 42° 19.140' - W-079° 08.434'

Top Of Casing is located + ft. above (+) or below (-) ground surface

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 80

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 30' DATE MEASURED \_\_\_\_\_

TOP OF WELL  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 30 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING \_\_\_\_\_ (12) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL \_\_\_\_\_ (14) OPENINGS \_\_\_\_\_

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) \_\_\_\_\_

**YIELD TEST**

(18) DATE \_\_\_\_\_ (19) DURATION OF TEST \_\_\_\_\_

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) \_\_\_\_\_

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) \_\_\_\_\_ (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) \_\_\_\_\_

(24) RECOVERY (Time in hours/minutes) \_\_\_\_\_ (25) Was the water produced during the test discharged away from immediate area? Yes \_\_\_ No \_\_\_

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES \_\_\_ NO  (27) DATE \_\_\_\_\_ (28) PUMP INSTALLER \_\_\_\_\_

(29) TYPE \_\_\_\_\_ (30) MAKE \_\_\_\_\_ (31) MODEL \_\_\_\_\_

(32) MAXIMUM CAPACITY (GPM) \_\_\_\_\_ (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) \_\_\_\_\_

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 4-28-07 (37) DATE DRILLING WORK COMPLETED 4-30-07

(38) DATE REPORT FILED 4-24-07 (39) REGISTERED COMPANY Jones Well Drilling, Inc (40) DEC REGISTRATION NO. NYRD-0091

(41) CERTIFIED DRILLER (Print name) Mike & Jones (42) CERTIFIED DRILLER SIGNATURE \* [Signature]

0-10 Brown Dirt  
 10-20 Brown dirt & gravel  
 10-30 Brown gravel  
 30-80- Shells

BOTTOM OF HOLE

\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.

**NYSDEC COPY**



(1) COUNTY Chaut  
 (2) TOWN CC

(3) DEC Well Number  
CW2769

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Craig Minick</u>		(43) LOG	
(5) ADDRESS <u>1551 Boutwell Hill Road Cherry Creek NY</u>		Ground Surface EL. <u>2</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 18.59'N   079° 09.60'W</u>		Top Of Casing is located <u>1500</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>103</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.     in.     in.     in.			
(10) LENGTH <u>36'6"</u> ft.     ft.     ft.     in.			
(11) GROUT TYPE / SEALING <u>bedstone</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER   in.     in.     in.     in.			
(16) LENGTH   ft.     ft.     ft.     in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>6-18-07</u>		(19) DURATION OF TEST	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM)	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during the test discharged away from immediate area?   Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED?   YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>6-18-2007</u>		(37) DATE DRILLING WORK COMPLETED <u>6-21-07</u>	
(38) DATE REPORT FILED <u>8-24-07</u>	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD 10018</u>
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE * <u>Higley Nobles</u>	

TOP OF WELL

TOP SOIL	1-3
BROWN TILL	3-31
GRAV TILL	31-33
SSD Rock	33 103

BOTTOM OF HOLE

\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well is intended for \_\_\_\_\_

42. Certified Driller Signature - The certified well driller, recorded in box 41 of this form, must provide his/her signature.



(1) COUNTY Chaut  
 (2) TOWN Charlotte

(3) DEC Well Number  
CU2770

**WATER WELL COMPLETION REPORT**

(4) OWNER John Conway

(5) ADDRESS 2619 Cassadaga Rd. Sinclairville NY

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation 42° 20.28' N 079° 14.09' W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 36

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 18' DATE MEASURED 5-15-07

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 31 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cutting a bedstone

(12) GROUT / SEALING INTERVAL (feet) FROM 0 TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL \_\_\_\_\_

(14) OPENINGS \_\_\_\_\_

(15) DIAMETER \_\_\_\_\_ in. | \_\_\_\_\_ in. | \_\_\_\_\_ in. | \_\_\_\_\_ in.

(16) LENGTH \_\_\_\_\_ ft. | \_\_\_\_\_ ft. | \_\_\_\_\_ ft. | \_\_\_\_\_ in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) \_\_\_\_\_

**YIELD TEST**

(18) DATE 5-15-2007

(19) DURATION OF TEST 16 hours

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 7 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 18'

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 2'

(24) RECOVERY (Time in hours/minutes) 10 mins

(25) Was the water produced during the test discharged away from immediate area? Yes  No \_\_\_\_\_

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES \_\_\_\_\_ NO X

(27) DATE \_\_\_\_\_

(28) PUMP INSTALLER \_\_\_\_\_

(29) TYPE \_\_\_\_\_

(30) MAKE \_\_\_\_\_

(31) MODEL \_\_\_\_\_

(32) MAXIMUM CAPACITY (GPM) \_\_\_\_\_

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) \_\_\_\_\_

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_

(35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 5-14-2007

(37) DATE DRILLING WORK COMPLETED 5-15-2007

(38) DATE REPORT FILED 5-26-2007

(39) REGISTERED COMPANY Nobles Well Drilling

(40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles

(42) CERTIFIED DRILLER SIGNATURE \* Higley Nobles

\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.

(43) LOG

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

**TOP OF WELL**

<u>TOP SOIL</u>	<u>0-3</u>
<u>BROWN TILL</u>	<u>3-15</u>
<u>GRAY TILL</u>	<u>15-80</u>
<u>BED ROCK</u>	

BOTTOM OF HOLE

**NYSDEC COPY**



(1) COUNTY Chaut  
 (2) TOWN Cherry Creek

(3) DEC Well Number <sup>CU</sup>  
278B 2786

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Dennis Zicarelli

(5) ADDRESS  
3 Running Brook Dr Lancaster

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation 42° 20.44N 079° 08.07W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 56' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 18' DATE MEASURED 6-13-07

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 25 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cuttings & bentonite (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 6-12-07 (19) DURATION OF TEST 6 hours

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 3

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 18 (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 50

(24) RECOVERY (Time in hours/minutes) 3 hours (25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE (28) PUMP INSTALLER

(29) TYPE (30) MAKE (31) MODEL

(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 6-8-07 (37) DATE DRILLING WORK COMPLETED 6-14-07

(38) DATE REPORT FILED 7 3 07 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE \* Higley Nobles

(43) LOG

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

TOP OF WELL	
TOP SOIL	0-2
BROWN TILL	2-10
GRAY TILL	10-20
LOOSE BED ROCK	10-
BED ROCK	
WATER ZONE	43'
BOTTOM OF HOLE	

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**NYSDEC COPY**



(1) COUNTY Chaut  
 (2) TOWN Charlotte

(3) DEC Well Number  
CU2798

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Barry Lindquist</u>		(43) LOG		
(5) ADDRESS <u>P.O. Box 975 Sinclairville, NY 14782</u>		Ground Surface EL. <u>2</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42 17:13N 079 11:30W</u>		Top Of Casing is located <u>1500</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>58'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED <u>7-2-07</u>	TOP OF WELL BROWN TILL 1-10 LOSS CLAY 10-21 21-58 WATER ZONE 50' BOTTOM OF HOLE	
<b>CASINGS</b>				
(9) DIAMETER <u>6</u> in.   in.   in.   in.				
(10) LENGTH <u>33</u> ft.   ft.   ft.   in.				
(11) GROUT TYPE / SEALING <u>bedtonite</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>			
<b>SCREENS</b>				
(13) MAKE & MATERIAL	(14) OPENINGS			
(15) DIAMETER in.   in.   in.   in.				
(16) LENGTH ft.   ft.   ft.   in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
<b>YIELD TEST</b>				
(18) DATE <u>7-02-07</u>	(19) DURATION OF TEST <u>12 hours</u>			
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>6 gpm</u>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>40'</u>			
(24) RECOVERY (Time in hours/minutes) <u>3 hours</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>PUMP INSTALLATION</b>				
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER		
(29) TYPE	(30) MAKE	(31) MODEL		
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-28-07</u>		(37) DATE DRILLING WORK COMPLETED <u>7-2-07</u>		
(38) DATE REPORT FILED <u>8-24-07</u>	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10018</u>		
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE * <u>Higley Nobles</u>		
* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.				

**NYSDEC COPY**



(1) COUNTY Chaut  
 (2) TOWN CC

(3) DEC Well Number  
CU 2826

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Mairanne Fisher

(5) ADDRESS  
7564 Route 83 South Dayton NY 14138

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation  
42° 19.65' N 079° 06.98' W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 95

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 31 DATE MEASURED 8-15-07

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 21 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cutting bedtonite

(12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

**SCREENS**

(13) MAKE & MATERIAL

(14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE

(19) DURATION OF TEST 2 hours

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 7

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 31

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 25

(24) RECOVERY (Time in hours/minutes) 10 minutes

(25) Was the water produced during the test discharged away from immediate area? Yes 1 No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES \_\_\_ NO X

(27) DATE

(28) PUMP INSTALLER

(29) TYPE

(30) MAKE

(31) MODEL

(32) MAXIMUM CAPACITY (GPM) 1

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other

(35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 8-7-07

(37) DATE DRILLING WORK COMPLETED 8-16-07

(38) DATE REPORT FILED 9-16-07

(39) REGISTERED COMPANY Nobles Well Drilling

(40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles

(42) CERTIFIED DRILLER SIGNATURE \* Higley Nobles

(43) LOG

Ground Surface EL. 160 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

TOP OF WELL	
<u>0-2</u>	<u>TOP SOIL</u>
<u>2-15</u>	<u>BROWN TILL</u>
<u>15-20</u>	<u>G-PAV TILL</u>
<u>20-95</u>	<u>BET ROCK</u>

BOTTOM OF HOLE

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**NYSDEC COPY**

CU2847

(1) COUNTY Chaut  
 (2) TOWN Stockton



(3) DEC Well Number  
CU2848

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Pat + Janet Kelley

(43) LOG

(5) ADDRESS  
6011 Rt. 60 Cassaroda NY

Ground Surface EL. 1500 ft. above sea level

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation  
42° 17.45' N 079° 17.76' W

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 52  
 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 10 DATE MEASURED 9-6-07

TOP OF WELL

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

0-19 BROWN TILL

(10) LENGTH 48 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

19-46 GRAY TILL

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

46-52 BED ROCK

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 9-6-07 (19) DURATION OF TEST 16

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 7

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 10' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 2'

(24) RECOVERY (Time in hours/minutes) 1/2 hour (25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE (28) PUMP INSTALLER

(29) TYPE (30) MAKE (31) MODEL

(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

**DRILLING**

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 9-5-07 (37) DATE DRILLING WORK COMPLETED 9-6-07

(38) DATE REPORT FILED 9-21-2007 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE \* Higley Nobles

BOTTOM OF HOLE

\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.

**NYSDEC COPY**



(1) COUNTY Chaut.  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
CU2863

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Catherine Green

(5) ADDRESS  
1758 Boutwell Hill Rd. Cherry Creek NY. 14723

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation  
N. 42° 18.170'  
W. 079° 10.636'

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 90ft. (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 5' DATE MEASURED 10-16-07

**CASINGS**

(9) DIAMETER 6 in. in. | in. | in. | in.

(10) LENGTH 20 ft. ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 10-11-07 (19) DURATION OF TEST 1 hour

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 10 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 7 ft (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 90 ft

(24) RECOVERY (Time in hours/minutes) 13 minutes (25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE 10-24-07 (28) PUMP INSTALLER Dave Diefenbach

(29) TYPE 3/4 Hp (30) MAKE Coulds (31) MODEL BRU 10SB07-422C

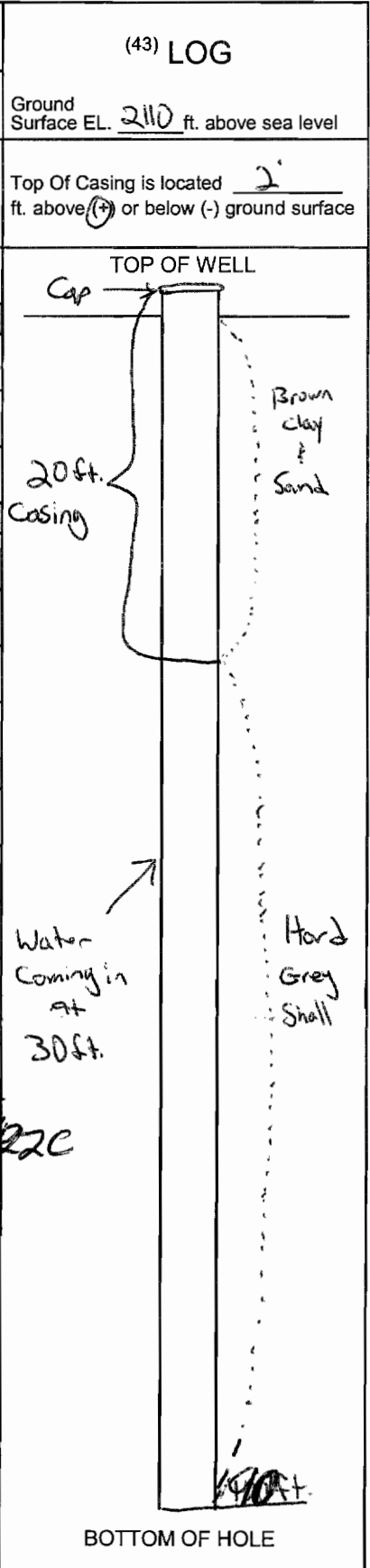
(32) MAXIMUM CAPACITY (GPM) 10 gpm (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 87'

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 10-10-07 (37) DATE DRILLING WORK COMPLETED 10-16-07

(38) DATE REPORT FILED 10-31-07 (39) REGISTERED COMPANY Great Lakes Enterprises (40) DEC REGISTRATION NO. NYRD 10518

(41) CERTIFIED DRILLER (Print name) Gardner Thompson (42) CERTIFIED DRILLER SIGNATURE \* X Gardner Thompson



\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.

**NYSDEC COPY**





(1) COUNTY Chaut  
 (2) TOWN Cherry Brook

(3) DEC Well Number  
CU-2869

**WATER WELL COMPLETION REPORT**

(4) OWNER David Jahn

(43) LOG

(5) ADDRESS # 7955 Road Rd Cherry Brook, NY 14723

Ground Surface EL. \_\_\_\_\_ ft. above sea level

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation N 42° 20.810' - W 079° 12.619'

Top Of Casing is located 4 ft. above (+) or below (-) ground surface

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 50 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 20' DATE MEASURED \_\_\_\_\_

TOP OF WELL

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 30 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

0-11  
11-21  
21-36  
Brown Top Soil  
grey clay shale

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

10 BPM

**YIELD TEST**

(18) DATE (19) DURATION OF TEST

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM)

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)

(24) RECOVERY (Time in hours/minutes) (25) Was the water produced during the test discharged away from immediate area? Yes \_\_\_ No \_\_\_

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES \_\_\_ NO  (27) DATE (28) PUMP INSTALLER

(29) TYPE (30) MAKE (31) MODEL

(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

**METHOD OF DRILLING**

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 11-14-07 (37) DATE DRILLING WORK COMPLETED 11-15-07

(38) DATE REPORT FILED 10-11-07 (39) REGISTERED COMPANY Jones Well Drilling Inc. (40) DEC REGISTRATION NO. NYRD-0091

(41) CERTIFIED DRILLER (Print name) Joe Crosson (42) CERTIFIED DRILLER SIGNATURE \* [Signature]

BOTTOM OF HOLE

\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.

**NYSDEC COPY**

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) COUNTY Chaut  
 (2) TOWN Charlotte Center

(3) DEC Well Number  
CL 2943

WATER WELL COMPLETION REPORT

(4) OWNER Erma Scott

(5) ADDRESS 2610 East Rd. Seneca Falls, NY 14782

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if same as address above, also provide Lat / Long below)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation N-42° 18.282' - W-079° 14.032'

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 142' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) \_\_\_\_\_ DATE MEASURED \_\_\_\_\_

**CASINGS**

(9) DIAMETER 6 in. | \_\_\_\_\_ in. | \_\_\_\_\_ in. | \_\_\_\_\_ in.

(10) LENGTH 140 ft. | \_\_\_\_\_ ft. | \_\_\_\_\_ ft. | \_\_\_\_\_ in.

(11) GROUT TYPE / SEALING \_\_\_\_\_ (12) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL \_\_\_\_\_ (14) OPENINGS \_\_\_\_\_

(15) DIAMETER \_\_\_\_\_ in. | \_\_\_\_\_ in. | \_\_\_\_\_ in. | \_\_\_\_\_ in.

(16) LENGTH \_\_\_\_\_ ft. | \_\_\_\_\_ ft. | \_\_\_\_\_ ft. | \_\_\_\_\_ in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) \_\_\_\_\_

**YIELD TEST**

(18) DATE \_\_\_\_\_ (19) DURATION OF TEST \_\_\_\_\_

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) \_\_\_\_\_

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) \_\_\_\_\_ (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) \_\_\_\_\_

(24) RECOVERY (Time in hours/minutes) \_\_\_\_\_ (25) Was the water produced during the test discharged away from immediate area? Yes \_\_\_ No \_\_\_

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE 6-11-08 (28) PUMP INSTALLER Kurt Jones

(29) TYPE Submersible (30) MAKE Grundfos (31) MODEL TSB05422

(32) MAXIMUM CAPACITY (GPM) 10 (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 138

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 6/6/08 (37) DATE DRILLING WORK COMPLETED 6/10/08

(38) DATE REPORT FILED 4-18-08 (39) REGISTERED COMPANY Jones Well Drilling (40) DEC REGISTRATION NO. NYRD 0091

(41) CERTIFIED DRILLER (Print name) Mike J. Jones (42) CERTIFIED DRILLER SIGNATURE [Signature]

(43) LOG

Depth to Bedrock \_\_\_\_\_ (ft. below ground surface)

Ground Elev. \_\_\_\_\_ (ft. above S.L.)

Top of Casing + (ft., above (+) or below (-) ground surface)

TOP OF WELL

0-10	Brown clay & dirt
10-20	blue clay
20-65	blue clay, gravel & stones
65-75	blue clay - soft shale
75-140	shale

10.4 GPM

BOTTOM OF HOLE

**NYSDEC COPY**

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8/2007



(1) COUNTY Chaut  
 (2) TOWN Charlotte

(3) DEC Well Number  
CU2968

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Alan Riedesel

(5) ADDRESS  
6983 Munson Lane Mayville, NY 14757

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation 42° 6' 93" N 077° 0' 15.75" W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 51' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 14' DATE MEASURED 6-3-08

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.  
 (10) LENGTH 53 ft. | ft. | ft. | 4 in.

(11) GROUT TYPE / SEALING bentonite (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS  
 (15) DIAMETER in. | in. | in. | in.  
 (16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 6-06-08 (19) DURATION OF TEST 1 hour  
 (20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 7 GPM  
 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 14' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 30'  
 (24) RECOVERY (Time in hours/minutes) 1 hour (25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE (28) PUMP INSTALLER  
 (29) TYPE (30) MAKE (31) MODEL  
 (32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other (35) USE OF WATER (See instructions for choices) domestic  
 (36) DATE DRILLING WORK STARTED 6-3-08 (37) DATE DRILLING WORK COMPLETED 6-6-08  
 (38) DATE REPORT FILED 6 08 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018  
 (41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE \* Higley Nobles

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(43) LOG

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2' ft. above (+) or below (-) ground surface

**TOP OF WELL**

0-2	TOP SOIL
2-15	BROWN TILL
15-30	GRAY TILL
30-51	BED ROCK
35-	WATER ZONE

BOTTOM OF HOLE

**NYSDEC COPY**

E



(1) COUNTY Chaut  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
CW 3143

**WATER WELL COMPLETION REPORT**

(4) OWNER Tony Marano

(5) ADDRESS 49 Sand Run Road Akron, Oh

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if same as address above, also provide Lat / Long below)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation 40° 16.10N 079° 09.29W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 109' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 45' DATE MEASURED 10-24-09

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 64' ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING bedtonite (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 10-23-09 (19) DURATION OF TEST 2 hours

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 7

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)

(24) RECOVERY (Time in hours/minutes) (25) Was the water produced during the test discharged away from immediate area? Yes \_\_\_ No \_\_\_

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES \_\_\_ NO X (27) DATE (28) PUMP INSTALLER

(29) TYPE (30) MAKE (31) MODEL

(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 10-16-09 (37) DATE DRILLING WORK COMPLETED 10-24-09

(38) DATE REPORT FILED 10-30-09 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE \* Higley Nobles

(43) LOG

Depth to Bedrock 45 (ft. below ground surface)

Ground Elev. 1700 (ft. above S.L.)

Top of Casing 2 (ft., above (+) or below (-) ground surface)

**TOP OF WELL**

0 - 2	TOP SOIL
2 - 8	RED BROWN
8 - 25	RED BROWN
25 - 32	CLAY
32 - 109	RED BROWN

WATER ZONE 92'

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BOTTOM OF HOLE

**NYSDEC COPY**



(1) COUNTY Chaut  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
CU3252

**WATER WELL COMPLETION REPORT**

(4) OWNER Mark Mazarek  
 (5) ADDRESS lot 25 Cherry Creek NY 14723  
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here  address is same as above)  
N42° 16' 132 W079° 09' 415  
 (7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map (8) TAX MAP NO.

(45) WELL LOG  
 Depth to Bedrock 60 (ft. below land surface)  
 Ground Elevation \_\_\_\_\_ (ft. above sea level)  
 Top of Casing 2' (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 100 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED

TOP OF WELL

**CASINGS**

(11) DIAMETER 6 in. | | | | in.  
 (12) LENGTH 60' 4" ft. | | | | in.  
 (13) GROUT TYPE / SEALING Beaseal (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

0-15 brown Gravel & clay

**SCREENS**

(15) MAKE & MATERIAL (16) OPENINGS  
 (17) DIAMETER in. | | | | in.  
 (18) LENGTH ft. | | | | in.  
 (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

15-20 brown Gravel Med Size

**YIELD TEST**

(20) DATE 11-28-10 (21) DURATION OF TEST 4 hours  
 (22) LIFT METHOD  Pump  Air Lift  Bailor (23) STABILIZED DISCHARGE (GPM) 10  
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)  
 (26) RECOVERY (Time in hours/minutes) (27) Was the water produced during the test discharged away from immediate area? Yes  No \_\_\_\_\_

20-25 brown Gravel with larger stones  
25-30 brown Gravel  
30-40 clay & Gravel

**PUMP INSTALLATION**

(28) PUMP INSTALLED? YES  NO \_\_\_\_\_ (29) DATE 11-28-10 (30) PUMP INSTALLER Art Jones  
 (31) TYPE Sub (32) MAKE Goulds (33) MODEL 7SB05422  
 (34) MAXIMUM CAPACITY (GPM) 10 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

40-45 clay & Gravel  
45-55 gray clay  
55-58 soft shale

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic  
 (38) DATE DRILLING WORK STARTED 11-4-10 (39) DATE DRILLING WORK COMPLETED 11-28-10  
 (40) DATE REPORT FILED 9-28-10 (41) REGISTERED COMPANY Jones Well Drilling Inc (42) DEC REGISTRATION NO. NYRD 10091  
 (43) CERTIFIED DRILLER (Print name) Joe Crosson (44) CERTIFIED DRILLER SIGNATURE \* Joe Crosson

58-100 shale hard  
20 GPM

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BOTTOM OF HOLE  
 NYSDEC

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) COUNTY Chaut  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
CU3292

WATER WELL COMPLETION REPORT

(4) OWNER  
Harry Loomis

(5) ADDRESS  
7495 Farrington Hollow Road Cherry Creek NY 14723

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if same as address above, also provide Lat / Long below)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation 42° 19.14 N 079° 09.21 W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 50 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 26' DATE MEASURED 6-10-2010

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 50 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cutting & bedstone (12) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 6-10-2010 (19) DURATION OF TEST 4 1/2 hours

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 7 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 35' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 34'

(24) RECOVERY (Time in hours/minutes) 2 hours (25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE (28) PUMP INSTALLER

(29) TYPE (30) MAKE (31) MODEL

(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 6-2-2010 (37) DATE DRILLING WORK COMPLETED June 11, 2010

(38) DATE REPORT FILED 12-31-10 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE \* Higley Nobles

(43) LOG

Depth to Bedrock \_\_\_\_\_ (ft. below ground surface)

Ground Elev. \_\_\_\_\_ (ft. above S.L.)

Top of Casing \_\_\_\_\_ (ft., above (+) or below (-) ground surface)

**TOP OF WELL**

<u>0-2</u>	<u>TOP SOIL</u>
<u>2-36</u>	<u>BROWN TILL</u>
<u>36-44</u>	<u>GRAY TILL</u>
<u>44-50</u>	<u>GRAVEL</u>
<u>WATER ZONE</u>	

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BOTTOM OF HOLE

**NYSDEC COPY**

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) COUNTY CHAUT  
(2) TOWN CHARLOTTE



(3) DEC Well Number

CU 3305

WATER WELL COMPLETION REPORT

(4) OWNER <u>KINGSVIEW PAUING</u>		(43) LOG	
(5) ADDRESS <u>7 W. FIRST ST. LAKEWOOD NY 14750</u>		Depth to Bedrock _____ (ft. below ground surface)	
(6) LOCATION OF WELL (See Instructions On Reverse) (Check form <input type="checkbox"/> if same as address above; also provide Lat / Long bearing) Show Lat/Long if available and nearest road <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Wind Instrument <u>N42° 20' 44.92"</u> <u>W079° 16' 32.48"</u>		Ground Elev <u>1426</u> (ft. above S.L.) Top of Casing <u>118</u> (above (+) or below (-) ground surface)	
(7) DEPTH OF WELL BELOW LAND SURFACE (ft.)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (ft.)	DATE MEASURED	
(9) DIAMETER <u>8 in.</u>	(10) LENGTH <u>20 ft.</u>	(11) GROUT TYPE / SEALING <u>DENTONITE</u>	
(12) MAKE & MATERIAL	(13) OPENING	(14) GROUT SEALING INTERVAL (ft.) FROM _____ TO _____	
(15) DIAMETER	(16) LENGTH	(17) GROUT SEALING INTERVAL (ft.) FROM _____ TO _____	
(18) DATE	(19) DURATION OF TEST	(20) PUMP INSTALLED? YES _____ NO <u>X</u>	
(21) LIFT METHOD <input type="checkbox"/> Plug <input type="checkbox"/> Air Lift <input type="checkbox"/> Her	(22) STATIC LEVEL PRIOR TO TEST (feet below top of casing)	(23) MAXIMUM DRAWDOWN (feet below top of casing)	
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes _____ No _____	(26) DATE	
(27) TYPE	(28) MAKE	(29) PUMP INSTALLER	
(30) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(31) USE OF WATER (See instructions for choices) <u>TEST WELL</u>	(32) DATE DRILLING WORK STARTED <u>3-18-11</u>	
(33) DATE REPORT FILED <u>3-20-11</u>	(34) REGISTERED COMPANY <u>CASTER DRILLING CO.</u>	(35) DATE DRILLING WORK COMPLETED <u>3-18-11</u>	
(36) DATE REPORT FILED <u>3-20-11</u>	(37) REGISTERED COMPANY <u>CASTER DRILLING CO.</u>	(38) DEC REGISTRATION NO <u>NYRD 10024</u>	
(39) CERTIFIED DRILLER (Print Name) <u>PENWELL CASTER</u>	(40) CERTIFIED DRILLER SIGNATURE <u>Penwell J. Caster</u>		
* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A misdemeanor under Penal Law §210.45.			

1'-2'  
2'-15'

SILT/STONE  
COURSE  
GRAVEL

BOTTOM OF HOLE

NYSDEC COPY

LOCATION SKETCH - indicates north

E



(1) COUNTY Chaut  
 (2) TOWN Sinclairville

(3) DEC Well Number  
CU3318

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Lukas Emmatt

(5) ADDRESS  
Po Box 689 Celoron NY 14720

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)

(7) LATITUDE/LONGITUDE AND METHOD USED  
 GPS  Map N 42° 15' 66" W 079° 12' 34"

(8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 140

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)

(11) DIAMETER 6" in.

(12) LENGTH 18' 10" ft.

(13) GROUT TYPE / SEALING Binspal

(14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 18

(15) MAKE & MATERIAL

(16) OPENINGS

(17) DIAMETER in. | in. | in. | in.

(18) LENGTH ft. | ft. | ft. | in.

(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

(20) DATE

(21) DURATION OF TEST 4

(22) LIFT METHOD  Pump  Air Lift  Bailer

(23) STABILIZED DISCHARGE (GPM) 6

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)

(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)

(26) RECOVERY (Time in hours/minutes)

(27) Was the water produced during the test discharged away from immediate area? Yes  No

(28) PUMP INSTALLED? YES  NO

(29) DATE

(30) PUMP INSTALLER

(31) TYPE

(32) MAKE

(33) MODEL

(34) MAXIMUM CAPACITY (GPM)

(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other

(37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 5-13-11

(39) DATE DRILLING WORK COMPLETED 5-13-11

(40) DATE REPORT FILED 4-27-11

(41) REGISTERED COMPANY Jones Well Drilling Inc

(42) DEC REGISTRATION NO. NYRD 10091

(43) CERTIFIED DRILLER (Print name) Joe Crosson

(44) CERTIFIED DRILLER SIGNATURE \* Joe Crosson

(45) WELL LOG  
 Depth to Bedrock 20 (ft. below land surface)  
 Ground Elevation \_\_\_\_\_ (ft. above sea level)  
 Top of Casing 2 (ft. above (+) or below (-) land surface)

TOP OF WELL	
0-5	clay & Stone's
5-10	clay
10-15	clay
15-20	SOFT, Shaly
20-140	shale

6 GPM

BOTTOM OF HOLE  
 NYSDEC

\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45.



(1) COUNTY Chautauqua  
 (2) TOWN Charlotte

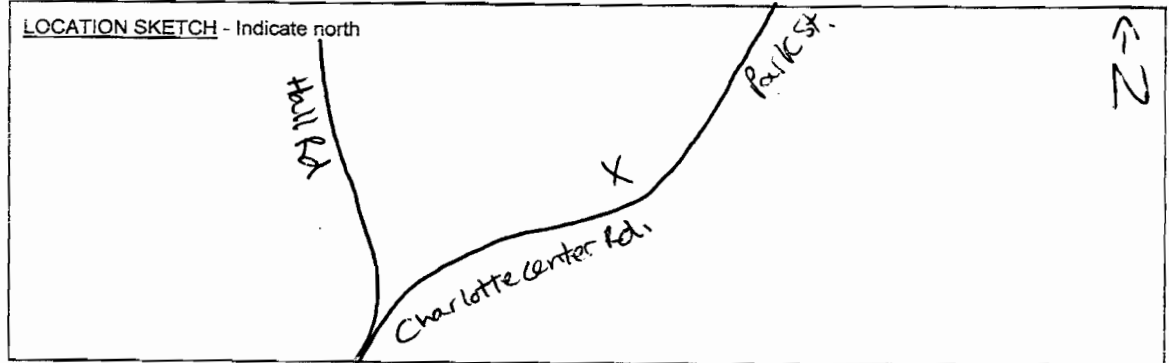


(3) DEC Well Number  
CU3346

**WATER WELL COMPLETION REPORT**

(4) OWNER <b>Roger Wilcox</b>		(43) LOG Depth to Bedrock _____ (ft. below ground surface) Ground Elev. <u>1432</u> (ft. above S.L.) Top of Casing <u>2</u> (ft., above (+) or below (-) ground surface)	
(5) ADDRESS <b>9 Woodview Ct. Hamburg, NY 14075</b>			
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if same as address above, also provide Lat / Long below) Show Lat/Long if available and method used: <b>Charlotte Center Rd. N42°16.572' W79°14.535'</b> <input type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		TOP OF WELL  Gray Sand & Gravel  32  Brown Clay  34  Gray Clay & Gravel  45  Gray Sand & Gravel  50      50  BOTTOM OF HOLE  NYSDEC COPY	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <b>50</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <b>10</b>		DATE MEASURED <b>5/26/11</b>
<b>CASINGS</b>			
(9) DIAMETER <b>6</b> in.   in.   in.   in.			
(10) LENGTH <b>50</b> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING <b>Casing Seal</b>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>		
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.   in.   in.   in.			
(16) LENGTH ft.   ft.   ft.   in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <b>5/26/11</b>	(19) DURATION OF TEST <b>4 HOURS</b>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <b>8</b>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <b>10</b>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <b>45</b>		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE <b>SUBMERSIBLE</b>	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <b>45</b>		
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			
(35) USE OF WATER (See instructions for choices) <b>RESIDENTIAL</b>			
(36) DATE DRILLING WORK STARTED <b>5/26/11</b>		(37) DATE DRILLING WORK COMPLETED <b>5/26/11</b>	
(38) DATE REPORT FILED <b>7/13/11</b>	(39) REGISTERED COMPANY <b>WILLEY WELL DRILLING</b>	(40) DEC REGISTRATION NO. <b>NYRD 10408</b>	
(41) CERTIFIED DRILLER (Print name) <b>CHAD ELLIS</b>		(42) CERTIFIED DRILLER SIGNATURE <i>Chad Ellis</i>	
* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.			

E





(1) COUNTY Chaut  
 (2) TOWN Cherry Creek

(3) DEC Well Number  
CU 3397

**WATER WELL COMPLETION REPORT**

(4) OWNER Paul & Karen Kotarski

(5) ADDRESS 679 Johnson Plank Road Warren Ohio

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if same as address above, also provide Lat / Long below)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation 42°16'2" N 79°09'20" W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 67' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 15' DATE MEASURED 10-25-2011

**CASINGS**

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 63' ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cutting bedtonite (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

**SCREENS**

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(18) DATE 10-25-2011 (19) DURATION OF TEST 6 hours

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 5

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 5 (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 20'

(24) RECOVERY (Time in hours/minutes) 45 minutes (25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE (28) PUMP INSTALLER

(29) TYPE (30) MAKE (31) MODEL

(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 10-12-2011 (37) DATE DRILLING WORK COMPLETED 10-25-2011

(38) DATE REPORT FILED 10 2011 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE \* Higley Nobles

(43) LOG

Depth to Bedrock <u>55'</u> (ft. below ground surface)	
Ground Elev. <u>1350</u> (ft. above S.L.)	
Top of Casing <u>2</u> (ft., above (+) or below (-) ground surface)	
<b>TOP OF WELL</b>	
<u>MUD</u>	<u>0-3</u>
<u>BROWN CLAY</u>	<u>3-22</u>
<u>GRAY CLAY</u>	<u>20-45</u>
<u>CLAY TILE</u>	<u>45-55</u>
<u>BED ROCK</u>	<u>55-67</u>
<b>BOTTOM OF HOLE</b>	

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(1) COUNTY Chaut  
 (2) TOWN Cassadaga

(3) DEC Well Number  
CU 3400

**WATER WELL COMPLETION REPORT**

(4) OWNER Marie Scinta  
 (5) ADDRESS 7030 Putman Rd Cassadaga 14718  
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
 (7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map N 42° 18.556 W 079° 18.560  
 (8) TAX MAP NO.

(45) WELL LOG  
 Depth to Bedrock \_\_\_\_\_ (ft. below land surface)  
 Ground Elevation \_\_\_\_\_ (ft. above sea level)  
 Top of Casing 2' (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 126  
 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)  
 DATE MEASURED

**TOP OF WELL**

**CASINGS**

(11) DIAMETER 6 in. | | | | in.  
 (12) LENGTH 125'5" ft. | | | | ft. | | | | in.  
 (13) GROUT TYPE / SEALING benzene  
 (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

0-5 Brown clay & stones  
 5-10 Brown Pea Size Gravel

**SCREENS**

(15) MAKE & MATERIAL  
 (16) OPENINGS  
 (17) DIAMETER in. | | | | in.  
 (18) LENGTH ft. | | | | ft. | | | | in.  
 (19) DEPTH TO TOP OF SCREEN. FROM TOP OF CASING (Feet)

10-14 Brown Pea Size gravel  
 14-30 gray silty sand with stones

**YIELD TEST**

(20) DATE  
 (21) DURATION OF TEST 4 hr  
 (22) LIFT METHOD  Pump  Air Lift  Bailor  
 (23) STABILIZED DISCHARGE (GPM) 12  
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)  
 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)  
 (26) RECOVERY (Time in hours/minutes)  
 (27) Was the water produced during the test discharged away from immediate area? Yes  No

30-60 gray silty clay  
 60-120 gray clay

**PUMP INSTALLATION**

(28) PUMP INSTALLED? YES  NO   
 (29) DATE  
 (30) PUMP INSTALLER  
 (31) TYPE  
 (32) MAKE  
 (33) MODEL  
 (34) MAXIMUM CAPACITY (GPM)  
 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

120-128 gray gravel & water  
 12 gpm

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other  
 (37) USE OF WATER (See instructions for choices) Domestic  
 (38) DATE DRILLING WORK STARTED  
 (39) DATE DRILLING WORK COMPLETED  
 (40) DATE REPORT FILED 11-9-11  
 (41) REGISTERED COMPANY James Well Drilling Inc  
 (42) DEC REGISTRATION NO. NYRD 10091  
 (43) CERTIFIED DRILLER (Print name) Joe Crossen  
 (44) CERTIFIED DRILLER SIGNATURE \* Joe Crossen

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**BOTTOM OF HOLE**  
 NYSDEC



(1) COUNTY Chaut

(2) TOWN Sinclairville

(3) DEC Well Number  
**CU3401**

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Gary Mazurkiewicz

(5) ADDRESS  
185 Hillpine Rd Cheektowaga NY 14227

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
N 42° 16 193 W 079° 14 717

(7) LATITUDE/LONGITUDE AND METHOD USED  
 GPS  Map

(8) TAX MAP NO.

(45) WELL LOG

Depth to Bedrock 19 (ft. below land surface)

Ground Elevation \_\_\_\_\_ (ft. above sea level)

Top of Casing 2 (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet)

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)

DATE MEASURED

TOP OF WELL

**CASINGS**

(11) DIAMETER 6 in. | in. | in. | in.

0-5 Brown Clay & Stones

(12) LENGTH 21.5 ft. | ft. | ft. | in.

(13) GROUT TYPE / SEALING Bitum Seal

(14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 21

5-10 Brown Clay

**SCREENS**

(15) MAKE & MATERIAL

(16) OPENINGS

10-15 clay & Soft Shale

(17) DIAMETER in. | in. | in. | in.

(18) LENGTH ft. | ft. | ft. | in.

15-20 Soft Shale with clay

(19) DEPTH TO TOP OF SCREEN. FROM TOP OF CASING (Feet)

**YIELD TEST**

(20) DATE

(21) DURATION OF TEST 24

20-100 shale

(22) LIFT METHOD  Pump  Air Lift  Bailer

(23) STABILIZED DISCHARGE (GPM) 8

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 38' 9"

(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 3' 0"

8 GPM

(26) RECOVERY (Time in hours/minutes) 12 min

(27) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(28) PUMP INSTALLED? YES  NO

(29) DATE 11-15-11

(30) PUMP INSTALLER Mike Jones

(31) TYPE Sub

(32) MAKE Golders

(33) MODEL 75B05422

(34) MAXIMUM CAPACITY (GPM) 10

(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other

(37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 10-11-11

(39) DATE DRILLING WORK COMPLETED 11-15-11

(40) DATE REPORT FILED

(41) REGISTERED COMPANY Jones Well Drilling, Inc.

(42) DEC REGISTRATION NO. NYRD 10091

(43) CERTIFIED DRILLER (Print name) Mike Jones

(44) CERTIFIED DRILLER SIGNATURE

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BOTTOM OF HOLE

NYSDEC



(1) COUNTY Chaut  
 (2) TOWN Sinclairville

(3) DEC Well Number  
CU3423

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Brad Troutner</u>			(45) WELL LOG		
(5) ADDRESS <u>2468 Johnson Rd Sinclairville NY 14782</u>			Depth to Bedrock <u>15</u> (ft. below land surface)		
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if address is same as above) <u>N 42° 16' 33" W 079° 13' 40"</u>			Ground Elevation _____ (ft. above sea level)		
(7) LATITUDE/LONGITUDE AND METHOD USED <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map		(8) TAX MAP NO.		Top of Casing <u>2'</u> (ft. above (+) or below (-) land surface)	
(9) DEPTH OF WELL BELOW LAND SURFACE (feet)	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED			
<b>CASINGS</b>					
(11) DIAMETER <u>6"</u> in.	in.	in.	in.		
(12) LENGTH <u>18' 2"</u> ft.	ft.	ft.	ft.		
(13) GROUT TYPE / SEALING <u>Beuseal</u>	(14) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>15</u>				
<b>SCREENS</b>					
(15) MAKE & MATERIAL	(16) OPENINGS				
(17) DIAMETER in.	in.	in.	in.		
(18) LENGTH ft.	ft.	ft.	ft.		
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(20) DATE <u>3-27-12</u>		(21) DURATION OF TEST <u>4 hours</u>			
(22) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bailer		(23) STABILIZED DISCHARGE (GPM) <u>3.5</u>			
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)			
(26) RECOVERY (Time in hours/minutes)		(27) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>PUMP INSTALLATION</b>					
(28) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(29) DATE <u>2-28-12</u>	(30) PUMP INSTALLER <u>Kurt Jones</u>		
(31) TYPE <u>Sub</u>		(32) MAKE <u>Goulds</u>	(33) MODEL <u>75B05422</u>		
(34) MAXIMUM CAPACITY (GPM) <u>8</u>		(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)			
<b>DRILLER INFORMATION</b>					
(36) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other			(37) USE OF WATER (See instructions for choices) <u>Domestic</u>		
(38) DATE DRILLING WORK STARTED <u>2-27-12</u>			(39) DATE DRILLING WORK COMPLETED <u>2-28-12</u>		
(40) DATE REPORT FILED <u>2-13-12</u>	(41) REGISTERED COMPANY <u>Jones Well Drilling</u>		(42) DEC REGISTRATION NO. <u>NYRD 10091</u>		
(43) CERTIFIED DRILLER (Print name) <u>Mike Jones</u>			(44) CERTIFIED DRILLER SIGNATURE 		
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				BOTTOM OF HOLE	
				NYSDEC	

0-5 clay & Stone's  
 5-10 clay & layers of shale  
 10-15 soft shale  
 15-140 shale  
 3.5 GPM  
 Fills up

FE

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) COUNTY CHAUT  
(2) TOWN ERRY



(3) DEC Well Number  
CU3615

WATER WELL COMPLETION REPORT

(4) OWNER  
GARY P. MUNTZ

(5) ADDRESS  
28 GUYTON AVE. W.E. JAMESTOWN NY 14701

(6) LOCATION OF WELL (See instructions on reverse) (Check here  if same as address above, also provide Lat / Long below)  
Show Lat/Long if available and method used  
N 42° 17' 34.54"  
W 079° 12' 19.52"

GPS  Map (with coordinates)

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 125' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) \_\_\_\_\_ DATE MEASURED \_\_\_\_\_

(9) DIAMETER 6 in. in. | in. | in. | in.

(10) LENGTH 32 ft. ft. | ft. | ft. | ft.

(11) GROUT TYPE / SEALING DENTONITE (12) GROUT SEALING INTERVAL FROM \_\_\_\_\_ TO \_\_\_\_\_

(13) MAKE & MATERIAL \_\_\_\_\_ (14) OPENING \_\_\_\_\_

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | ft.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) \_\_\_\_\_

(18) DATE 8/2/13 (19) DURATION OF TEST \_\_\_\_\_

(20) LIFT METHOD  Pump  Air Lift  Bell \_\_\_\_\_ (21) STABILIZED DISCHARGE (GPM) 20

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) \_\_\_\_\_ (23) MAXIMUM DRAWDOWN (feet/inches) (feet/inches below top of casing) \_\_\_\_\_

(24) RECOVERY (Time in hours/minutes) \_\_\_\_\_ (25) Was the water produced during the test discharged away from immediate area? Yes  No

(26) PUMP INSTALLED? YES  NO  (27) DATE \_\_\_\_\_ (28) PUMP INSTALLER \_\_\_\_\_

(29) TYPE \_\_\_\_\_ (30) MAKE \_\_\_\_\_ (31) MODEL \_\_\_\_\_

(32) MAXIMUM CAPACITY (GPM) \_\_\_\_\_ (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) \_\_\_\_\_

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) DOMESTIC

(36) DATE DRILLING WORK STARTED 8/2/13 (37) DATE DRILLING WORK COMPLETED 8/2/13

(38) DATE REPORT FILED 8/5/13 (39) REGISTERED COMPANY CASTER'S HOLDING Co. dba CASTER DRILLING ENTERPRISES (40) DEC REGISTRATION NO NYRD 10084

(41) CERTIFIED DRILLER (Print name) PERNELL CASTER (42) CERTIFIED DRILLER SIGNATURE Pernell L. Caster

(43) LOG

Depth to Bedrock \_\_\_\_\_ (ft. below ground surface)

Ground Elev 1758 (ft. above S.L.)

Top of Casing 718"  above (+) or below (-) ground surface

TOP OF WELL

0'-1' TOP SOIL

1'-28' HARD PAN

28'-32' HARD RED SHALE

32'-38' RED SHALE

38'-125' GRAY SHALE

BOTTOM OF HOLE

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82007

LOCATION SKETCH - Indicate north

NYSDEC COPY

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) COUNTY CHAUT  
(2) TOWN CHARLOTTE

(3) DEC Well Number  
C43616

WATER WELL COMPLETION REPORT

(4) OWNER <u>MICHAEL J. HECKMAN</u>		(43) LOG	
(5) ADDRESS <u>3795 MOYER RD. WHEATFIELD N.Y. 14120</u>		Depth to Bedrock _____ (ft. below ground surface)	
(6) LOCATION OF WELL (See instructions on Revisions) (Check here <input type="checkbox"/> if same as address above, also provide Lat / Long below) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map Interpolation <u>N 42° 19' 21.55"</u> <u>W 079° 15' 39.77"</u>		Ground Elev. <u>173'</u> (ft. above S.L.) Top of Casing <u>+14"</u> (ft. above (+) or below (-) ground surface)	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>125'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	
(9) DIAMETER <u>6 in.</u>		TOP OF WELL	
(10) LENGTH <u>51 ft.</u>		<u>0'-1'</u> TOPSOIL	
(11) GROUT TYPE / SEALING <u>BENTONITE</u>		<u>1'-8'</u> SAND/STONE	
(12) GROUT SEALING INTERVAL (feet) FROM _____ TO _____		<u>8'-15'</u> CLAY	
(13) MAKE & MATERIAL		<u>15'-43'</u> HARD PAN	
(14) OPENINGS		<u>43'-51'</u> BROKEN HARD GRAY SHALE	
(15) DIAMETER in.   ft.		<u>51'-60'</u> GRAY SHALE	
(16) LENGTH ft.   in.		<u>60'-69'</u> RED SHALE	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (feet)		<u>69'-125'</u> GRAY SHALE	
(18) DATE <u>8/16/13</u>	(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pumps <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>5 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (feet)		
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>DOMESTIC</u>		
(36) DATE DRILLING WORK STARTED <u>8/6/13</u>	(37) DATE DRILLING WORK COMPLETED <u>8/6/13</u>		
(38) DATE REPORT FILED <u>8/9/13</u>	(39) REGISTERED COMPANY <u>CASTER'S HOLDING CO.</u> <u>DBA</u> <u>CASTER DRILLING ENTERPRISES</u>	(40) DEC REGISTRATION NO. <u>NYRD 10084</u>	
(41) CERTIFIED DRILLER (Print name) <u>PERNELL CASTER</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Pernell J. Caster</u>		
* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A misdemeanor under Penal Law §210.45.			
		BOTTOM OF HOLE	
		NYSDEC COPY	

LOCATION SKETCH - Indicate north

FAXED  
8/9/13



(1) COUNTY Chautauq

(2) TOWN Cassadaga

(3) DEC Well Number  
CU 3624

**WATER WELL COMPLETION REPORT**

(4) OWNER Beverly Cray  
 (5) ADDRESS 6760 Bowers Rd Cassadaga NY 14718  
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)

(45) WELL LOG  
 Depth to Bedrock 40 (ft. below land surface)  
 Ground Elevation \_\_\_\_\_ (ft. above sea level)  
 Top of Casing 2' (ft. above (+) or below (-) land surface)

(7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map N42°17'78.5" W079°19'33.5" (8) TAX MAP NO. \_\_\_\_\_  
 (9) DEPTH OF WELL BELOW LAND SURFACE (feet) 180 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) \_\_\_\_\_ DATE MEASURED \_\_\_\_\_

TOP OF WELL

**CASINGS**  
 (11) DIAMETER 6 in. | | | | in.  
 (12) LENGTH 40'3" ft. | | | | ft. | | | | in.  
 (13) GROUT TYPE / SEALING Benseal (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 30

0-5  
 5-10  
 10-15  
 15-26  
 26-30  
 30-40  
 40-180

**SCREENS**  
 (15) MAKE & MATERIAL \_\_\_\_\_ (16) OPENINGS \_\_\_\_\_  
 (17) DIAMETER \_\_\_\_\_ in. | | | | in.  
 (18) LENGTH \_\_\_\_\_ ft. | | | | ft. | | | | in.  
 (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) \_\_\_\_\_

Stoney Top dirt  
 clay + gravel  
 clay + gravel  
 clay + gravel  
 soft shale  
 soft shale

**YIELD TEST**  
 (20) DATE 8-17-13 (21) DURATION OF TEST \_\_\_\_\_  
 (22) LIFT METHOD  Pump  Air Lift  Bailor (23) STABILIZED DISCHARGE (GPM) 4  
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 28'6" (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 20'  
 (26) RECOVERY (Time in hours/minutes) \_\_\_\_\_ (27) Was the water produced during the test discharged away from immediate area? Yes  No \_\_\_\_\_

shale

**PUMP INSTALLATION**  
 (28) PUMP INSTALLED? YES  NO \_\_\_\_\_ (29) DATE 10-31-13 (30) PUMP INSTALLER \_\_\_\_\_  
 (31) TYPE Sub (32) MAKE Goulds (33) MODEL 7SB05422  
 (34) MAXIMUM CAPACITY (GPM) 8 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) \_\_\_\_\_

**DRILLER INFORMATION**  
 (36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic  
 (38) DATE DRILLING WORK STARTED \_\_\_\_\_ (39) DATE DRILLING WORK COMPLETED 10-31-13  
 (40) DATE REPORT FILED 8-16-13 (41) REGISTERED COMPANY Jones Well Drilling Inc (42) DEC REGISTRATION NO. NYRD 10091  
 (43) CERTIFIED DRILLER (Print name) Mike Jones (44) CERTIFIED DRILLER SIGNATURE \_\_\_\_\_

BOTTOM OF HOLE

\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45.