

(1) County Steuben  
 (2) Township Freeport



(3) DEC Well Number SB1050

**WELL COMPLETION REPORT**

(4) OWNER <u>Don Hammond</u>			LOG *
(5) ADDRESS <u>Canfield Rd. Freeport, 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>same</u> <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>109'</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>21</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		(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>70'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>90'</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 _____	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES _____ NO <input checked="" type="checkbox"/>		(28) PUMP INSTALLER	
(27) DATE		(31) MODEL	
(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 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>7-00</u>		(37) DATE DRILLING WORK COMPLETED <u>7-00</u>	
(38) DATE REPORT FILED <u>4-4-02</u>		(40) DEC REGISTRATION NO. <u>10074</u>	
(39) DRILLER & COMPANY <u>Robmited - Bradford</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="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 10px;">TOP OF WELL</div> <div style="margin-bottom: 10px;"> </div> <div style="margin-bottom: 10px;">BOTTOM OF HOLE</div> </div>
See further instructions titled "Instructions for New York State Well Completion Report".			

**NYSDEC COPY**

LOCATION SKETCH - Indicate north

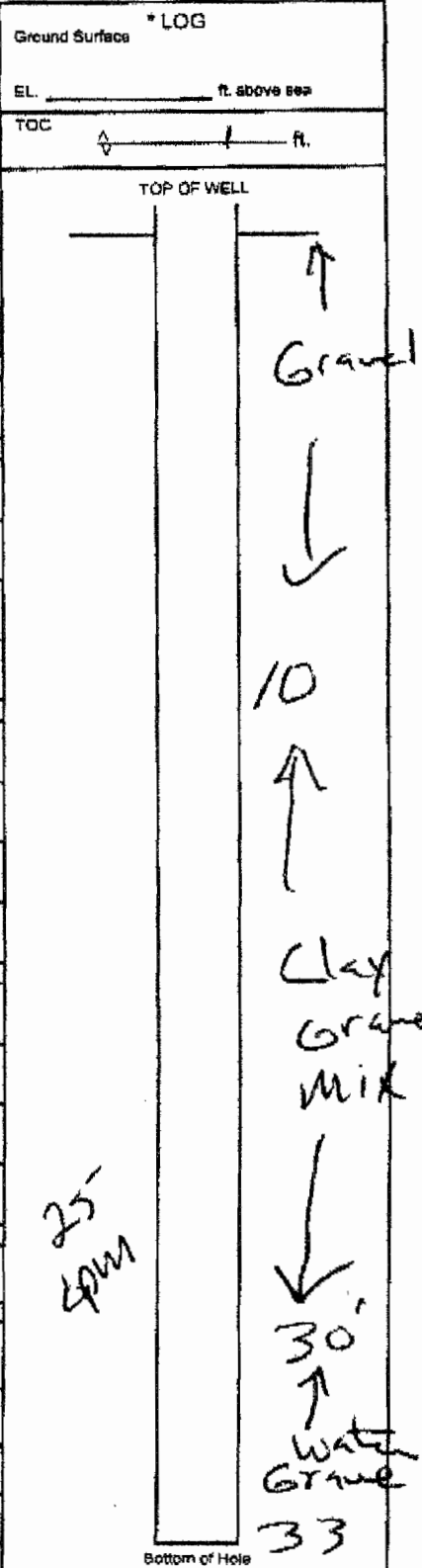
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Steuben

(2) DEC Well Number 5B1117

WELL COMPLETION REPORT

(3) OWNER <u>Tim Negus</u>		Ground Surface * LOG	
(4) ADDRESS <u>(3381 Saxton Rd)</u>		EL. _____ ft. above sea	
(5) LOCATION OF WELL <u>AUGA NY</u>		TOC <u>1</u> ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>33</u>	(7) DEPTH TO GROUNDWATER <u>11</u>		
<b>CASINGS</b>			
(8) DIAMETER <u>6" in.</u>			
(9) LENGTH <u>3 at 10' one at 3'</u>			
(10) SEALING <u>Slurry</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>10/11</u>		(18) TEST OR PERMANENT PUMP?	
(19) DURATION OF TEST <u>4</u> hours   minutes		(20) MAXIMUM DISCHARGE <u>25</u> gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST <u>11</u> ft.   in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING <u>18'</u> 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 <u>Sub</u>	(25) MAKE <u>Goulds</u>	(26) MODEL NUMBER <u>10G50822</u>	
(27) MOTIVE POWER <u>220 v</u>	(28) MAKE <u>Franklin</u>	(29) H.P. <u>1/2</u>	
(30) CAPACITY <u>10</u> g.p.m. against _____ ft. of discharge head			
(31) NUMBER OF BOWLS OR STAGES ft. of total head			
<b>PROP LINE</b>		<b>SUCTION LINE</b>	
(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>10/06</u>		(39) WORK COMPLETED <u>10/11</u>	
(40) DATE <u>10/11</u>	(41) DRILLER, COMPANY <u>Mike Christensen Drilling NY RD 0078</u>	(42) REGISTRATION NO.	
*See additional instructions on back. Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each casing, 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

**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.

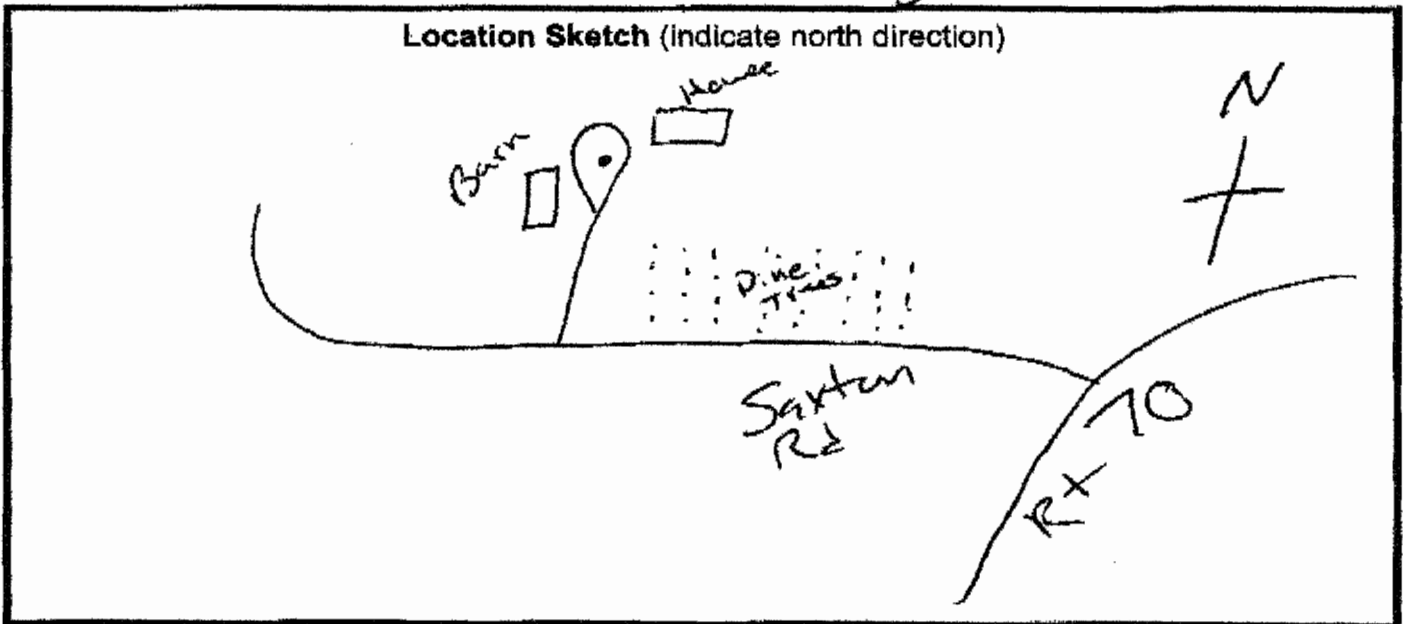
**Method 2:** If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

**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)
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
<p>Example: 42 38 01.7 N 73 24 51.1 W</p>	
<p><b>How were coordinates determined?</b></p> <p><input type="checkbox"/> DEC on-line map coordinate assistant</p> <p><input type="checkbox"/> GPS, Manufacturer _____ Model _____</p> <p><input type="checkbox"/> Map interpolation</p>	

TIM                      Nesha                      SB1117



(1) County Steuben

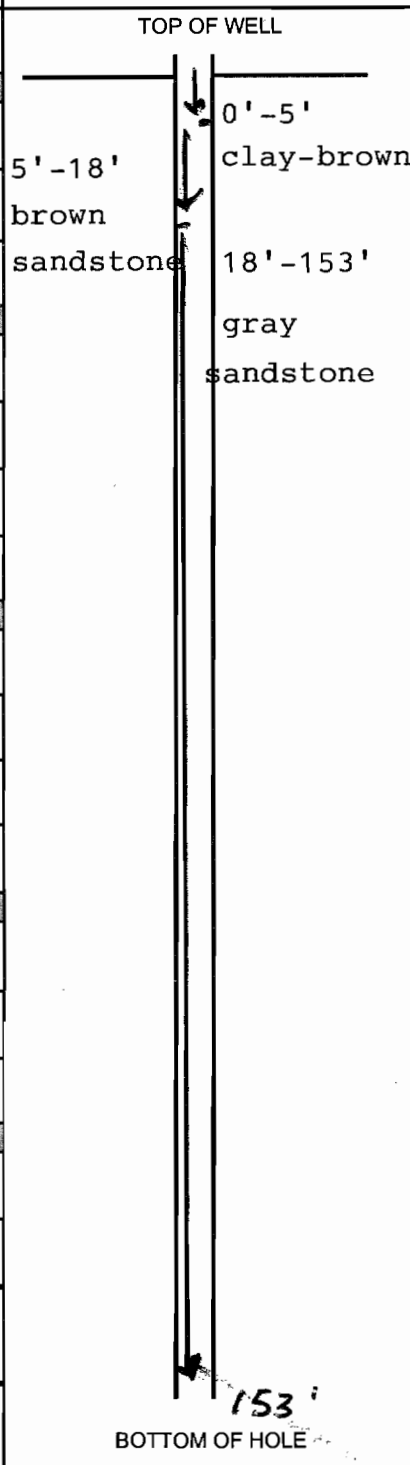


(3) DEC Well Number SB1166

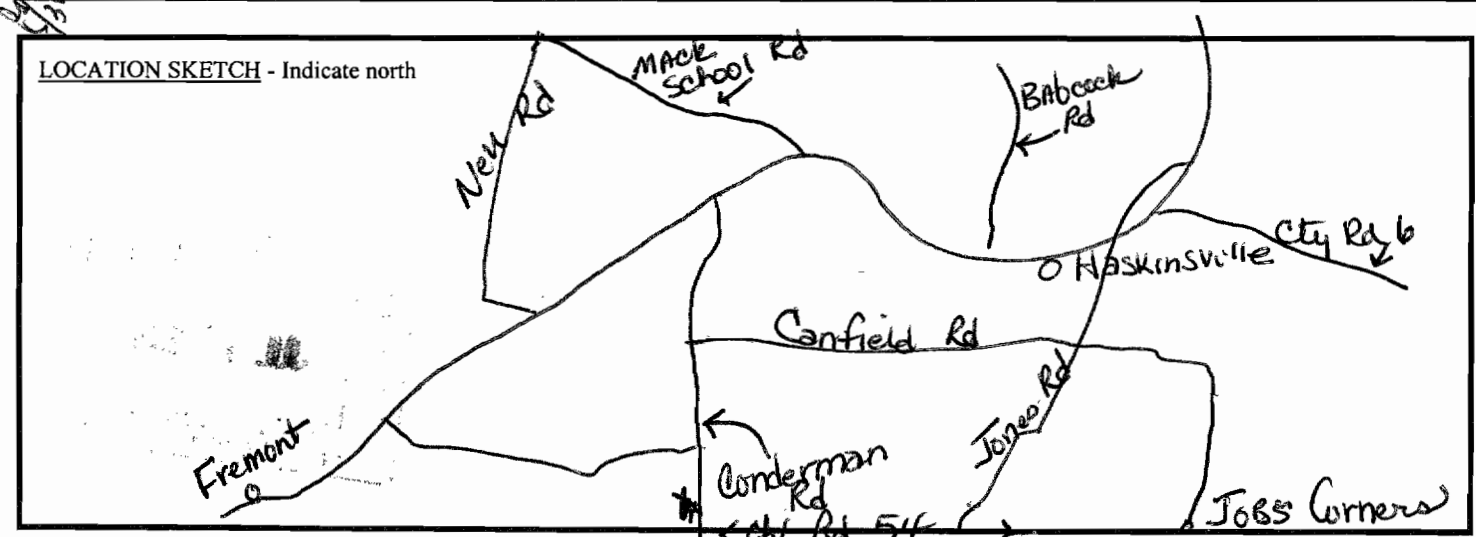
(2) Township Fremont

**WELL COMPLETION REPORT**

(4) OWNER <b>Roy Wyant</b>		LOG * Ground Surface EL. _____ ft. above sea level Top Of Casing is located <u>approx +2</u> ft. above (+) or below (-) ground surface
(5) ADDRESS <b>P.O. Box 848 7043 Brandingiron Lane Big Sandy Texas</b>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <b>Conderman Road Fremont, NY</b> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input checked="" type="checkbox"/> Map Interpolation		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <b>153'</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <b>147'</b>	DATE MEASURED <b>4/16/01</b>
<b>CASINGS</b>		
(9) DIAMETER <b>6 in.</b>		
(10) LENGTH <b>22' 4 in.</b>		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL FROM _____ TO _____	
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER	(16) LENGTH	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>Bldg Contractor - YIELD TEST will do when Pump</b>		
(18) DATE <b>Installed</b>	(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 test discharged away from immediate area? Yes ___ No ___	
<b>Pump Installer - 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 checked="" 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>04/16/01</b>	(37) DATE DRILLING WORK COMPLETED <b>4/16/01</b>	
(38) DATE REPORT FILED <b>04/18/01</b>	(39) DRILLER & COMPANY <b>Updike Water Well Drillers/Milton E. Updike</b>	(40) DEC REGISTRATION NO. <b>NYRD10070</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".		



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(1) County: Steuben



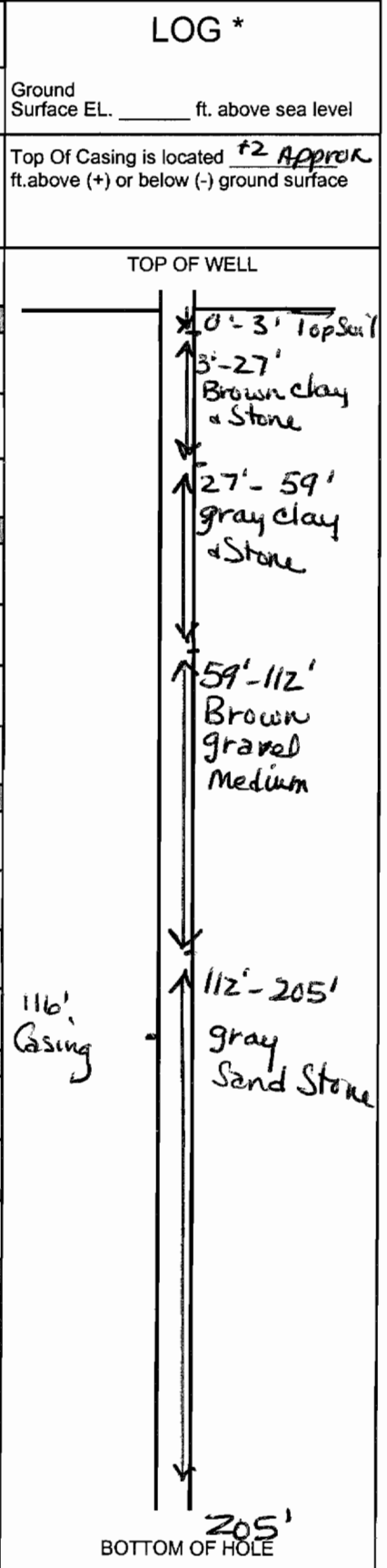
(3) DEC Well Number

SB 1192

(2) Township: HOWARD

**WELL COMPLETION REPORT**

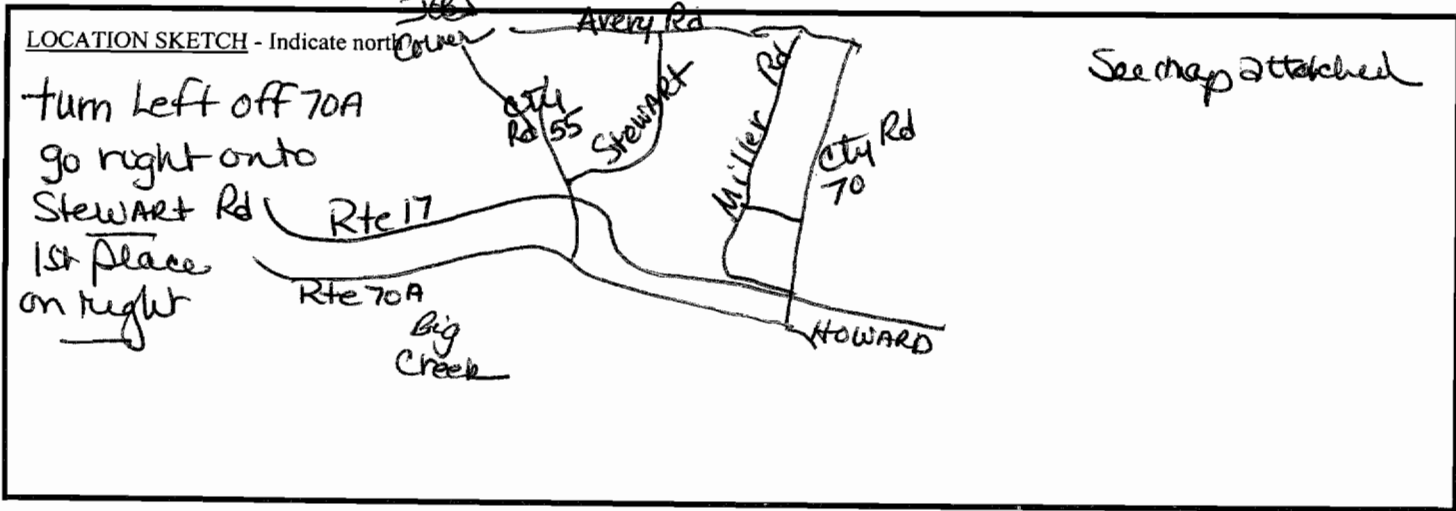
(4) OWNER <u>Geffrey Dunfee</u>	
(5) ADDRESS <u>7926 Stewart Rd Hornell NY</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input checked="" type="checkbox"/> Map Interpolation <u>7926 Stewart Rd Hornell NY</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>205'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>190'</u> DATE MEASURED <u>5-27-01</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6'</u> in.   in.   in.   in.	
(10) LENGTH <u>116</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	(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 test discharged away from immediate area? Yes ___ No ___
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED? YES ___ NO ___	(27) DATE
(29) TYPE	(30) MAKE
(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>5-17-01</u>	(37) DATE DRILLING WORK COMPLETED <u>5-17-01</u>
(38) DATE REPORT FILED <u>5-17-01</u>	(39) DRILLER & COMPANY <u>Updike Water Well Drillers</u>
	(40) DEC REGISTRATION NO. <u>NYRD10070</u>



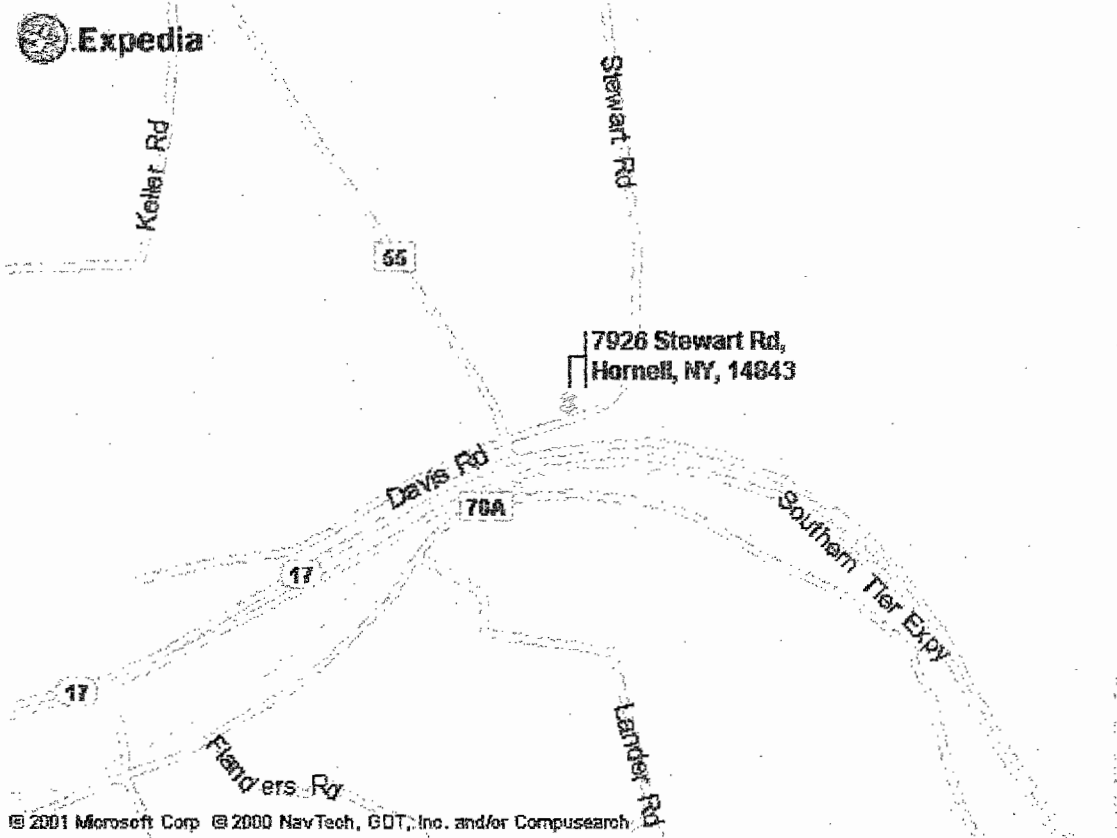
\* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

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

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(1) County STEBEN  
 (2) Township COHOCTON



(3) DEC Well Number SB1207

**WELL COMPLETION REPORT**

(4) OWNER <u>TOM BAICKLER</u>			LOG *		
(5) ADDRESS <u>3460 LAKE HOLLOW RD. COHOCTON NY</u>			Ground Surface EL. <u>2050</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° 27.776'</u> <u>W 077° 31.657'</u>			Top Of Casing is located <u>1</u> ft. above <input checked="" type="checkbox"/> or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>255</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>195</u>		DATE MEASURED <u>6/1/01</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.			TOP OF WELL		
(10) LENGTH <u>55'</u> ft.         in.					
(11) GROUT TYPE / SEALING <u>BENTONITE</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>20</u>		0-10'	
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.			10-35'		
(16) LENGTH ft.         in.			35-50'		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>6/1/01</u>		(19) DURATION OF TEST <u>45'</u>		50-255	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>15</u>		LARGE-FLAT CHUNKS BROWN SANDSTONE	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>195'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>200'</u>			
(24) RECOVERY (Time in hours/minutes) <u>20min</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>6/25/01</u>		(28) PUMP INSTALLER <u>RON HALL</u>	
(29) TYPE <u>SUB</u>		(30) MAKE <u>GOULDS</u>		(31) MODEL <u>76S10422</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>250</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>5/26/01</u>			(37) DATE DRILLING WORK COMPLETED <u>5/1/01</u>		
(38) DATE REPORT FILED <u>4/14/02</u>		(39) DRILLER & COMPANY <u>RON HALL DANVILLE WATER WELLS</u>		(40) DEC REGISTRATION NO. <u>10294</u> <del>SB1207</del>	
* 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					

0-10' LARGE-FLAT CHUNKS BROWN SANDSTONE

10-35' BROWN SANDY GRAVEL

35-50' BROWN + GREY CLAY + GRAVEL

50-255 BROWN SANDSTONE

255' BOTTOM

(1) County Steuben



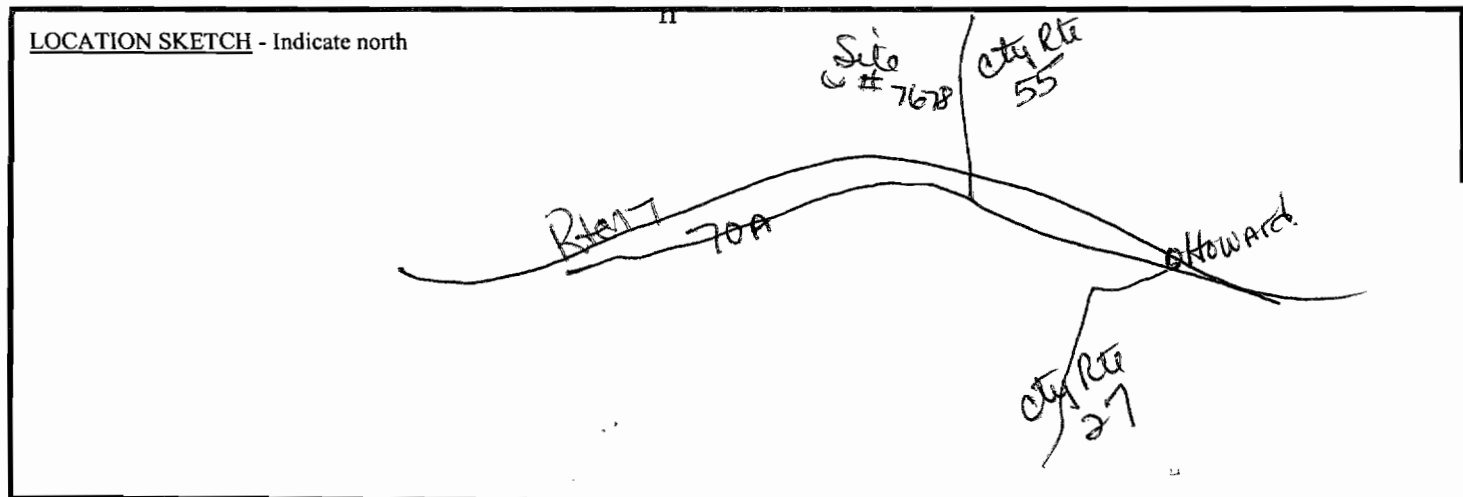
(3) DEC Well Number SB1242

(2) Township Howard

### WELL COMPLETION REPORT

(4) OWNER <b>Phillip Bennett</b>			<b>LOG *</b>		
(5) ADDRESS <b>7678 C. Rt 55 Hornell, NY 14843</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>7678 Cty Rte 55 Hornell, NY</b> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input checked="" type="checkbox"/> Map Interpolation			Top Of Casing is located <u>+2 approx</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <b>204'</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <b>193'</b>	DATE MEASURED <b>7/31/01</b>	TOP OF WELL		
<b>CASINGS</b>			<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">35' of Casing</div> </div>		
(9) DIAMETER <b>6 in.</b>					
(10) LENGTH <b>35 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.   ft.					
(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 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 <u>X</u>		(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>domestic</b>			
(36) DATE DRILLING WORK STARTED <b>7/31/01</b>		(37) DATE DRILLING WORK COMPLETED <b>7/31/01</b>			
(38) DATE REPORT FILED <b>7/31/01</b>		(39) DRILLER & COMPANY <b>Milton E. Updike Updike Water Well Drillers</b>			
(40) DEC REGISTRATION NO. <b>NYRD10070</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".					

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(1) County Steuben



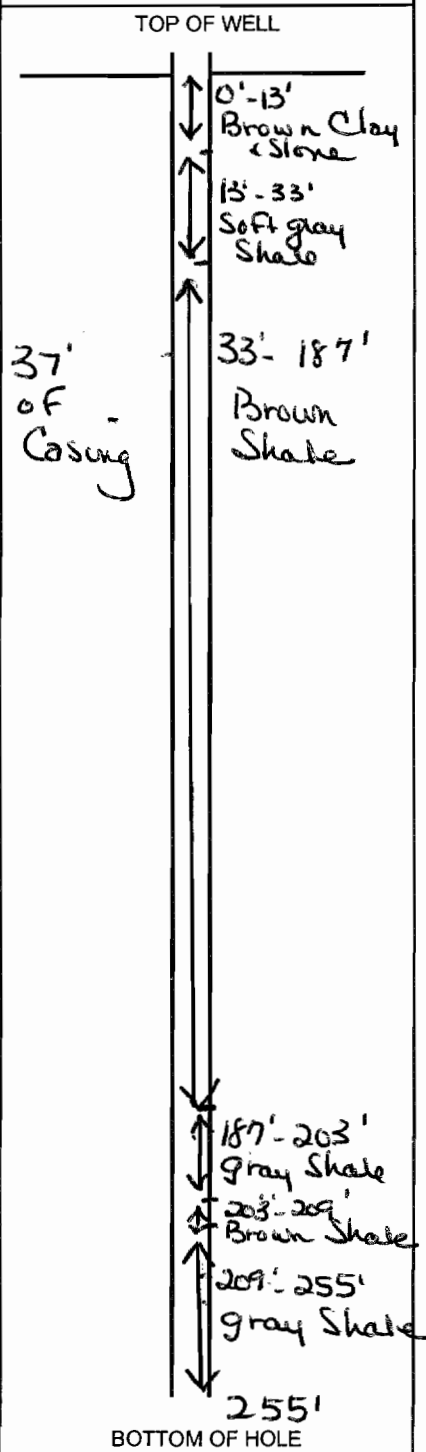
(3) DEC Well Number

SB1265

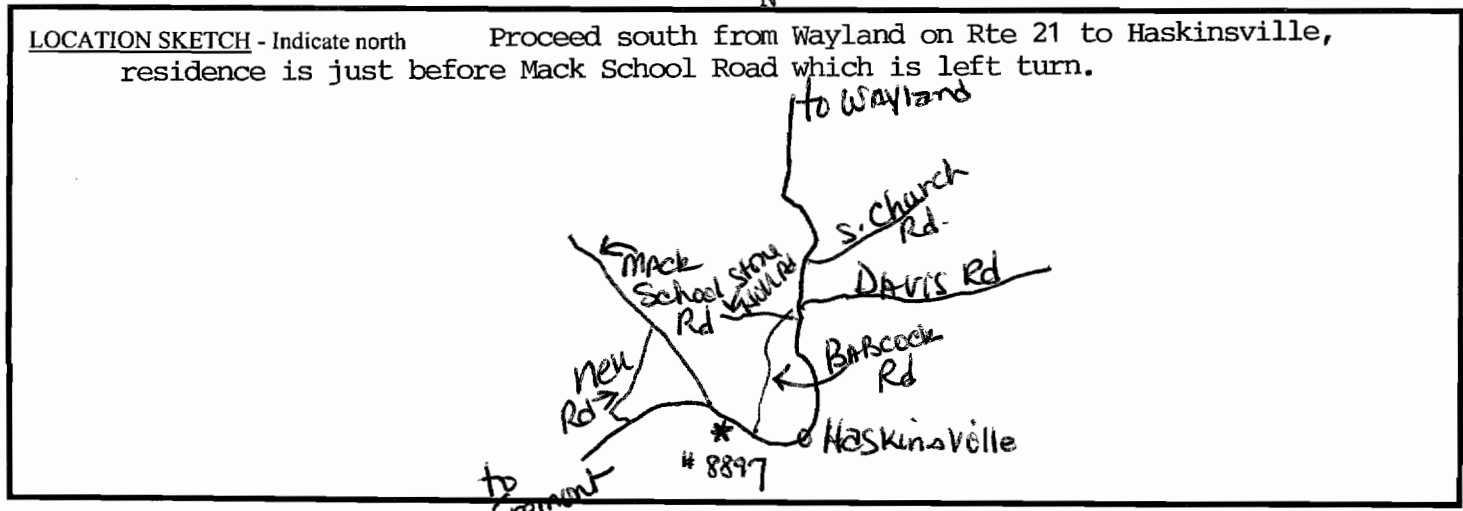
(2) Township Fremont

**WELL COMPLETION REPORT**

(4) OWNER Joe Rudinski (tenant), (R.L. Briggs) owner		LOG *
(5) ADDRESS 8897 Rte 21 Cohocton, NY 14826		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>+2 approx</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 255'	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 245'	DATE MEASURED 8/10/01
<b>CASINGS</b>		
(9) DIAMETER 6 in.   in.   in.   in.		
(10) LENGTH 37 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	(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 test discharged away from immediate area? Yes ___ No ___	
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO ___	(27) DATE 8-16-01	(28) PUMP INSTALLER Milton E. Updike
(29) TYPE Submers.	(30) MAKE Cowan	(31) MODEL 790.
(32) MAXIMUM CAPACITY (GPM) 18gpm open disc	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 245'	
(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) domestic	
(36) DATE DRILLING WORK STARTED 8/10/01	(37) DATE DRILLING WORK COMPLETED 8/10/01	
(38) DATE REPORT FILED 8/24/01	(39) DRILLER & COMPANY Milton E. Updike Updike Water Well Drillers	(40) DEC REGISTRATION NO. NYRD10070
* 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 Stewben



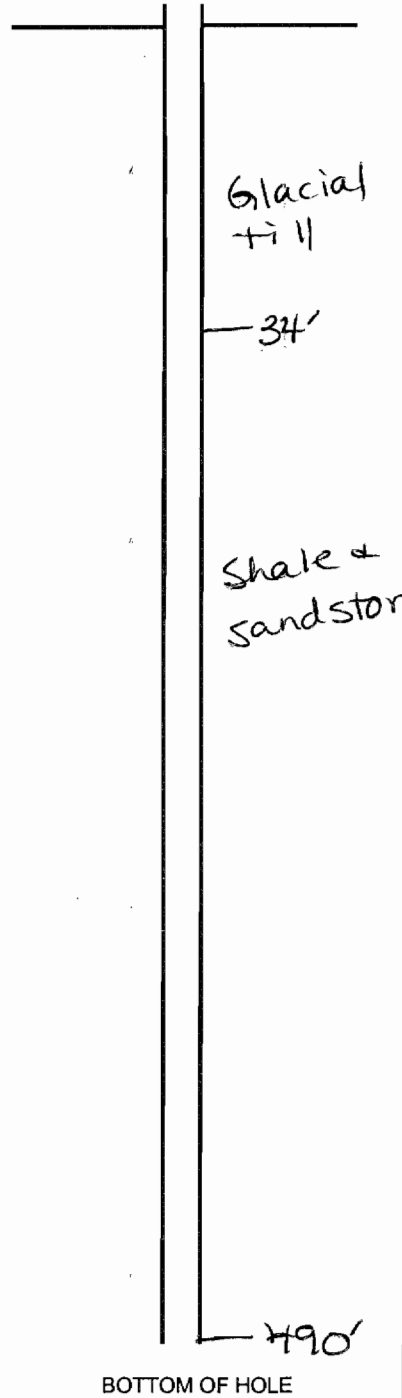
(3) DEC Well Number

SB1324

(2) Township Cohocton

**WELL COMPLETION REPORT**

(4) OWNER <u>John Riedman</u>		LOG *	
(5) ADDRESS <u>45 East Ave Rochester NY 14604</u>		Ground Surface EL. <u>1846</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) <u>Potter Hill Rd.</u> Show Lat/Long if available and method used: <u>042° 28' 23.87" N 077° 31' 7.80" W</u> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input checked="" type="checkbox"/> Map Interpolation		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>490'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	
<b>CASINGS</b>			
(9) DIAMETER <u>8</u> in.         in.         in.			
(10) LENGTH <u>37' 5 1/2"</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.         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>11/12/01</u>		(19) DURATION OF TEST <u>60 min</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>1</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
(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>11/7/01</u>		(37) DATE DRILLING WORK COMPLETED <u>11/12/01</u>	
(38) DATE REPORT FILED <u>12/3/01</u>	(39) DRILLER & COMPANY <u>William A. Moravec Barney Moravec Inc.</u>		(40) DEC REGISTRATION NO. <u>10024</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 Steuben



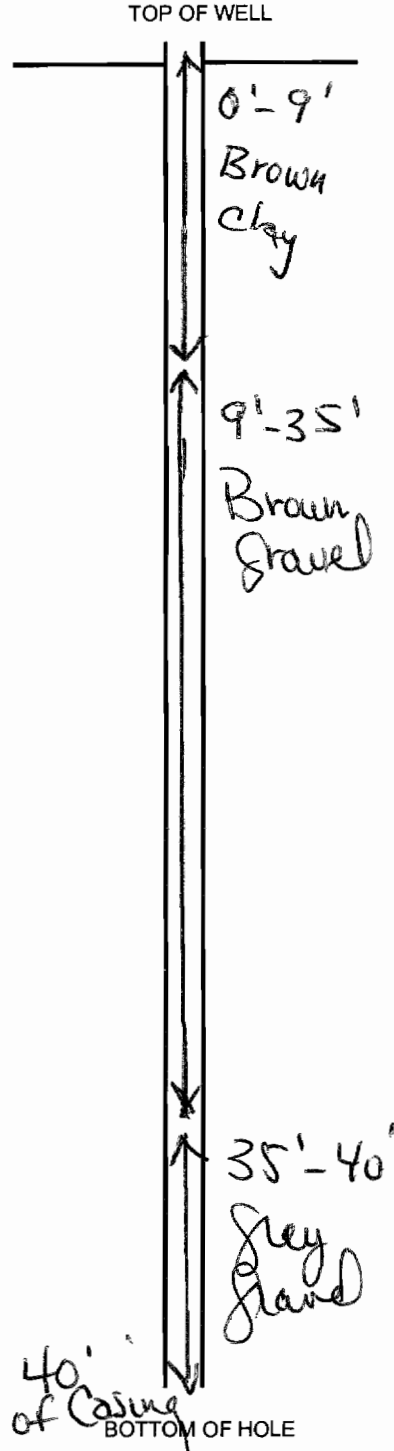
(3) DEC Well Number

SB1408

(2) Township Howard

**WELL COMPLETION REPORT**

(4) OWNER Edward Frey		LOG *	
(5) ADDRESS 3596 Cty Road70A Howard, NY 14843		Ground 1652 Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: 42 22.251N 077 31.032W <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located +2 approx ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 40'	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	
<b>CASINGS</b>			
(9) DIAMETER 6" in.   in.   in.   in.			
(10) LENGTH 40' 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		(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 test discharged away from immediate area? Yes ___ No ___	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES ___ NO <u>X</u>		(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) domestic	
(36) DATE DRILLING WORK STARTED 4/24/02		(37) DATE DRILLING WORK COMPLETED 4/24/02	
(38) DATE REPORT FILED 5/14/02	(39) DRILLER & COMPANY Updike Water Well Drillers Milton E. Updike		(40) DEC REGISTRATION NO. NYRD10070
* 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**

**LOCATION SKETCH** - Indicate north See GPS Info.  
Site is on Rte 70A in Town of Howard @#3596

(1) County Steuben



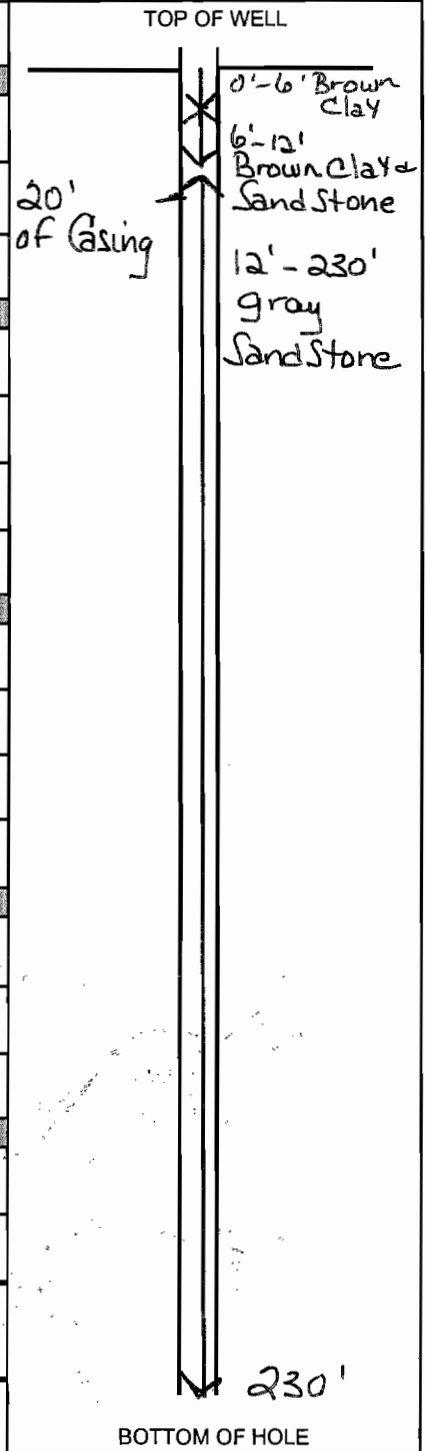
(3) DEC Well Number

SB1439

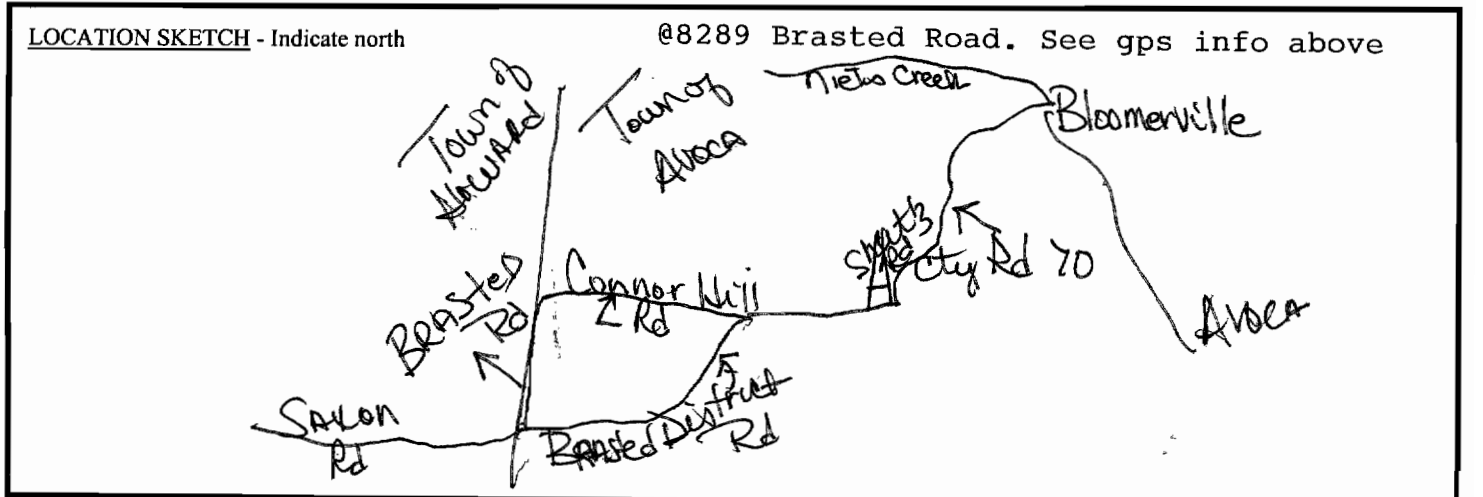
(2) Township Town of Howard  
Avoca, NY

**WELL COMPLETION REPORT**

(4) OWNER <b>Richard Bossard</b>		LOG * Ground 1738 Surface EL. _____ ft. above sea level
(5) ADDRESS <b>8289 Brasted Road Avoca, NY 14809</b>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <b>42°24.554N</b> <b>77°30.975W</b> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>+2'</u> approx ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <b>230</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED
<b>CASINGS</b>		
(9) DIAMETER <b>6</b> in.   in.   in.   in.		
(10) LENGTH <b>20</b> 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	(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 test discharged away from immediate area? Yes ___ No ___	
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES ___ NO <u><input checked="" type="checkbox"/></u>	(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>farm/ domestic</b>	
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED <b>6/7/02</b>	
(38) DATE REPORT FILED <b>6/25/02</b>	(39) DRILLER & COMPANY <b>Updike Water Well Drillers</b>	(40) DEC REGISTRATION NO. <b>NYRD10070</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".		



**NYSDEC COPY**



(1) County STENBEN  
 (2) Township COHOCTON



(3) DEC Well Number

**SB1515**

**WELL COMPLETION REPORT**

(4) OWNER <u>DOUG STEWART</u>			LOG *		
(5) ADDRESS <u>POTTER HILL RD COHOCTON 14826</u>			Ground Surface EL. <u>1764</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>220'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>60</u>		DATE MEASURED <u>8/25/02</u>	
<b>CASINGS</b>					
(9) DIAMETER <u>6</u> in.         in.			TOP OF WELL		
(10) LENGTH <u>125'</u> ft.         in.					
(11) GROUT TYPE / SEALING <u>NATURAL-DRILL CUTTINGS</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		18-45'	
<b>SCREENS</b>					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.         in.			45-85'		
(16) LENGTH ft.         in.			85'-118'		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
<b>YIELD TEST</b>					
(18) DATE <u>8/25/02</u>		(19) DURATION OF TEST <u>30 min</u>		118'-150'	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" 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>212</u>		150-220'	
(24) RECOVERY (Time in hours/minutes) <u>6hr 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>8/21/02</u>			(37) DATE DRILLING WORK COMPLETED <u>8/25/02</u>		
(38) DATE REPORT FILED <u>4/4/03</u>		(39) DRILLER & COMPANY <u>ROU HALL DANVILLE WATERWELLS</u>		(40) DEC REGISTRATION NO. <u>10294</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>					

0-18' BROWN GRAVEL SAND MIX

18-45' BROWN CLAY w/ SOME GRAVEL

45-85' BROWN SAND - DIRTY NON WATER BEARING

85'-118' BROWN CLAY GRAVEL MIX

118'-150' BROWN SAND STONE

150-220' GREY SAND STONE WATER BEARING

220' BOTTOM

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

(1) County STEVENS



(3) DEC Well Number

SB1658

(2) Township DANVILLE

**WELL COMPLETION REPORT**

(4) OWNER <u>JIM MALONE</u> <u>14560</u>		LOG *		
(5) ADDRESS <u>8227 S. MAIN ST, SPRINGWATER, NY.</u>		Ground Surface EL. <u>1887</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>N: 42° 29.001'</u> <u>W: 77° 35.399'</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>73FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>25'</u> DATE MEASURED <u>7/28/04</u>	TOP OF WELL		
<b>CASINGS</b>		STATIC LVL <u>25FT</u> 34' 36FT 65' 75FT TOTAL WELL DEPTH		
(9) DIAMETER <u>6</u> in.         in.				2 BROWN CLAY, SHALE TO 34FT BEDROCK BROWN SHALE CASING TOTAL (38') WATER 65 TO 75FT
(10) LENGTH <u>38</u> ft.         in.				
(11) GROUT TYPE / SEALING <u>NATURAL &amp; BENTONITE</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>38</u>			
<b>SCREENS</b>				
(13) MAKE & MATERIAL	(14) OPENINGS			
(15) DIAMETER         in.				
(16) LENGTH         ft.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
<b>YIELD TEST</b>				
(18) DATE <u>7/28/04</u>	(19) DURATION OF TEST <u>30min</u>			
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20GPM</u> <del>60FT</del>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>25FT</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60FT</u>			
(24) RECOVERY (Time in hours/minutes) <u>45min</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>7/25/03</u>	(37) DATE DRILLING WORK COMPLETED <u>7/28/03</u>			
(38) DATE REPORT FILED <u>4/11/04</u>	(39) DRILLER & COMPANY <u>DANVILLE WATER WELLS, ERIC PEARSON</u>	(40) DEC REGISTRATION NO. <u>10294</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>		

W

(1) County STAUZEN



(3) DEC Well Number

SB1706

(2) Township FREMONT

**WELL COMPLETION REPORT**

(4) OWNER <u>GERALD Kull</u>		LOG *	
(5) ADDRESS <u>8989 ST. RT 21 Cohocton, NY</u>		Ground Surface EL. <u>1691</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° 25.339'</u> <u>W: 77° 34.233'</u>		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>47'</u>	DATE MEASURED <u>9/23/03</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.         in.			
(10) LENGTH <u>57</u> ft.         ft.         ft.         in.			
(11) GROUT TYPE / SEALING <u>BENTONITE + NATURAL</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>9/23/03</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</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>47'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>73'</u>	
(24) RECOVERY (Time in hours/minutes) <u>5 hr 30</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		(30) MAKE	
(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>9/21/03</u>		(37) DATE DRILLING WORK COMPLETED <u>9/23/03</u>	
(38) DATE REPORT FILED <u>4/9/04</u>		(39) DRILLER & COMPANY <u>DANSVILLE WATER ERIC PEARSON WELLS</u>	
		(40) DEC REGISTRATION NO. <u>10294</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>	



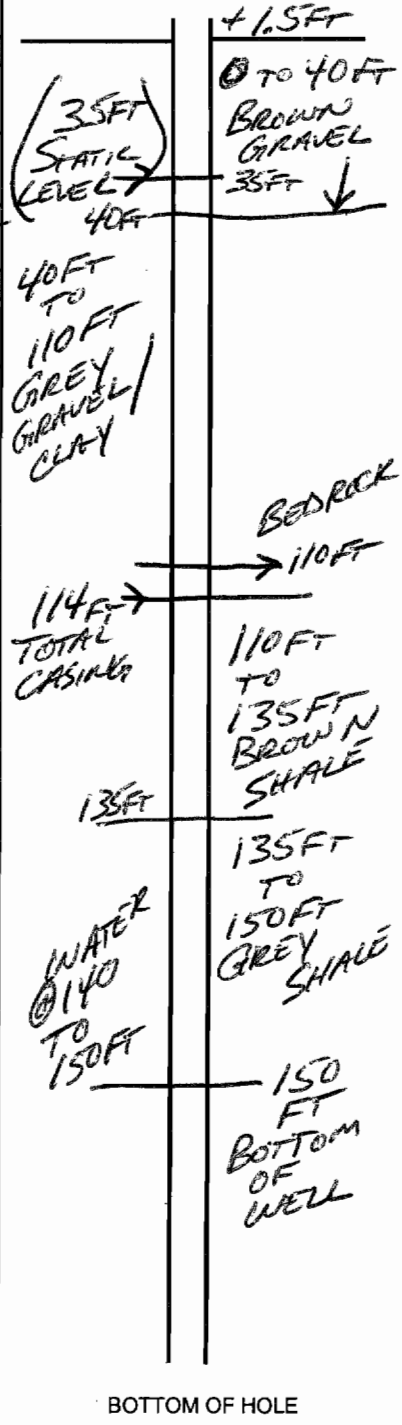
(1) County STEBEN  
 (2) Town HOWARD



(3) DEC Well Number SB1812

**WELL COMPLETION REPORT**

(4) OWNER <u>DOUG TOWNER</u>		LOG *	
(5) ADDRESS <u>3908 MIDDLESEX PL. SARASOTA, FL 34241</u>		Ground Surface EL. <u>1749</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° 24.262'</u> <u>W: 77° 31.665'</u>		Top Of Casing is located <u>+1.5</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>150FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>35FT</u>	DATE MEASURED <u>7/21/04</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.   in.   in.   in.			
(10) LENGTH <u>114</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING <u>CLAY SLURRY</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>30FT</u>	
<b>SCREENS</b>			
(13) MAKE & MATERIAL <u>N/A</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>7/21/04</u>		(19) DURATION OF TEST <u>50MIN</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>35FT</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>120FT</u>	
(24) RECOVERY (Time in hours/minutes) <u>1HR, 40MIN</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>7/19/04</u>		(37) DATE DRILLING WORK COMPLETED <u>7/21/04</u>	
(38) DATE REPORT FILED <u>8/4/04</u>		(39) DRILLER & COMPANY <u>ERIK PEARSON DANVILLE WATER WELLS</u>	(40) DEC REGISTRATION NO. <u>10294</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 STEBEN  
 (2) Town COHOCTON



(3) DEC Well Number SB1852

**WELL COMPLETION REPORT**

(4) OWNER <u>DAN WARCZOK</u>		LOG *	
(5) ADDRESS <u>8731 HASKINVILLE RD, COHOCTON, N.Y. 14826</u>		Ground Surface EL <u>1630</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° 25.464'</u> <u>W: 77° 33.926'</u>		Top Of Casing is located <u>+1.5</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>70FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>20FT</u>	DATE MEASURED <u>11/4/04</u>	<p>TOP OF WELL</p> <p><u>+1.5</u></p> <p>Ø TO</p> <p>18FT BROWN CLAY w/ GRAVEL &amp; SAND</p> <p>18FT BEDROCK @ 18FT GREY SHALE</p> <p>20.5FT BOTTOM OF CASING AND STATIC LEVEL</p> <p>SOFT HIT WATER</p> <p>70FT</p> <p>BOTTOM OF WELL</p> <p>BOTTOM OF HOLE</p>
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>22</u> ft.         in.			
(11) GROUT TYPE / SEALING <u>CLAY SLURRY</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>22</u>	
<b>SCREENS</b>			
(13) MAKE & MATERIAL <u>N/A</u>		(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>11/4/04</u>		(19) DURATION OF TEST <u>25MIN</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>22FT</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>SOFT</u>	
(24) RECOVERY (Time in hours/minutes) <u>30MIN</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>11/2/04</u>		(37) DATE DRILLING WORK COMPLETED <u>11/4/04</u>	
(38) DATE REPORT FILED <u>11/14/04</u>		(39) DRILLER & COMPANY <u>ERIK PEARSON DANVILLE WATER WELLS</u>	(40) DEC REGISTRATION NO. <u>10294</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 STUYVESANT



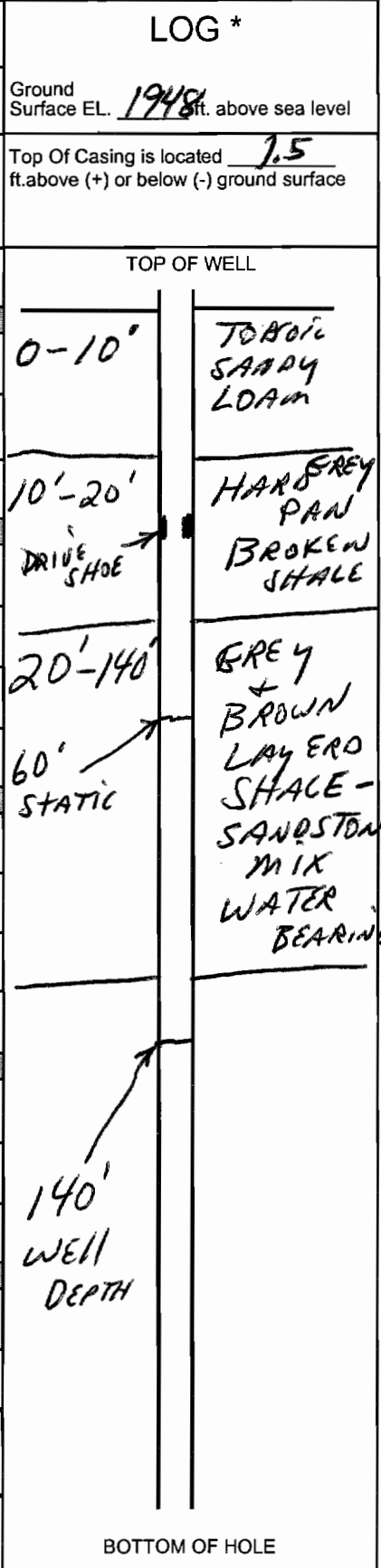
(3) DEC Well Number

SB2114

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

**WELL COMPLETION REPORT**

(4) OWNER <b>Joyce Rieger</b>	
(5) ADDRESS <b>3252 BROWN HILL RD, COHOCTON</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"/> DEC Website <input type="checkbox"/> Map Interpolation <b>N 42° 26.963</b> <b>W 77° 32.144</b>	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <b>140</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <b>60</b> DATE MEASURED <b>9/23/07</b>
<b>CASINGS</b>	
(9) DIAMETER <b>6</b> in.        in.        in.        in.	
(10) LENGTH <b>24</b> ft.        ft.        ft.        in.	
(11) GROUT TYPE / SEALING <b>BENTONITE + DRILL CUTTINGS</b>	(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>9/23/07</b> (06)	(19) DURATION OF TEST <b>30 min</b>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <b>96 gpm</b>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <b>60'</b>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <b>125'</b>
(24) RECOVERY (Time in hours/minutes) <b>3 hr 15 min</b>	(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 <b>10/2/06</b> (28) PUMP INSTALLER <b>RON HALL</b>
(29) TYPE <b>SUBMERSIBLE</b>	(30) MAKE <b>GOULDS</b> (31) MODEL <b>76505422</b>
(32) MAXIMUM CAPACITY (GPM) <b>86 gpm</b>	(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) <b>DOMESTIC</b>
(36) DATE DRILLING WORK STARTED <b>9/20/06</b>	(37) DATE DRILLING WORK COMPLETED <b>9/22/06</b>
(38) DATE REPORT FILED <b>4/18/07</b>	(39) DRILLER & COMPANY <b>DANVILLE WATER, RON HALL WELLS</b> (40) DEC REGISTRATION NO. <b>10294</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".

**NYSDEC COPY**

(1) County STEARSEN



(3) DEC Well Number

SB2123

(2) Township FAIRMONT

**WELL COMPLETION REPORT**

(4) OWNER <u>GENE DiCAPRIO</u>		LOG *	
(5) ADDRESS <u>481 STATE RT 21 HORWELL NY 14843</u>		Ground Surface EL. <u>1691</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° 25.500</u> <u>W 77° 34.546</u>		Top Of Casing is located <u>1.5'</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>25</u>	DATE MEASURED <u>9/19/06</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.		0-5' TOPSOIL + BROWN SANDY LOAM	
(10) LENGTH <u>35</u> ft.         in.		STATIC 25' →	
(11) GROUT TYPE / SEALING <u>DRILL CUTTINGS BENTONITE + NATURAL</u>		(12) GROUT / SEALING INTERVAL FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.		5'-30' DRIVE SHAFT	
(16) LENGTH ft.         in.		30'-90'	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		GREY CLAY + BROKEN SHALE	
<b>YIELD TEST</b>			
(18) DATE <u>9/19/06</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>8</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>70'</u>		
(24) RECOVERY (Time in hours/minutes) <u>6 hr 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>9/16/06</u>		(37) DATE DRILLING WORK COMPLETED <u>9/18/06</u>	
(38) DATE REPORT FILED <u>4/12/07</u>	(39) DRILLER & COMPANY <u>DANSVILLE WATER WELLS INC</u>	(40) DEC REGISTRATION NO. <u>10294</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 Steuben  
 (2) TOWN Wayland

(3) DEC Well Number  
SB2231

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Serge Couture</u>	
(5) ADDRESS <u>3961 Middle Rd Canandaigua NY 14424</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map Interpolation <u>42° 27' 10.95" N 77° 34' 47.07" W</u> <u>Dereeves Rd.</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>160'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED
<b>CASINGS</b>	
(9) DIAMETER <u>6 in.</u>	in.   in.   in.   in.
(10) LENGTH <u>45' 7" #1</u>	ft.   ft.   in.
(11) GROUT TYPE / SEALING <u>Bentonite</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>10/15/07</u>	(19) DURATION OF TEST <u>60 min</u>
(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 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 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>10/15/07</u>	(37) DATE DRILLING WORK COMPLETED <u>10/15/07</u>
(38) DATE REPORT FILED <u>11/1/07</u>	(39) REGISTERED COMPANY <u>Barney Moravec Inc.</u>
(40) DEC REGISTRATION NO. <u>NYRD 10024</u>	
(41) CERTIFIED DRILLER (Print name) <u>John K. Moravec</u>	(42) CERTIFIED DRILLER SIGNATURE * 

(43) LOG

Ground Surface EL. 1757 ft. above sea level

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

TOP OF WELL

Glacial till  
-35'

Shale

BOTTOM OF HOLE 160'

**NYSDEC COPY**

\* 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 Steuben  
 (2) TOWN Avoca

(3) DEC Well Number  
SB 2284

**WATER WELL COMPLETION REPORT**

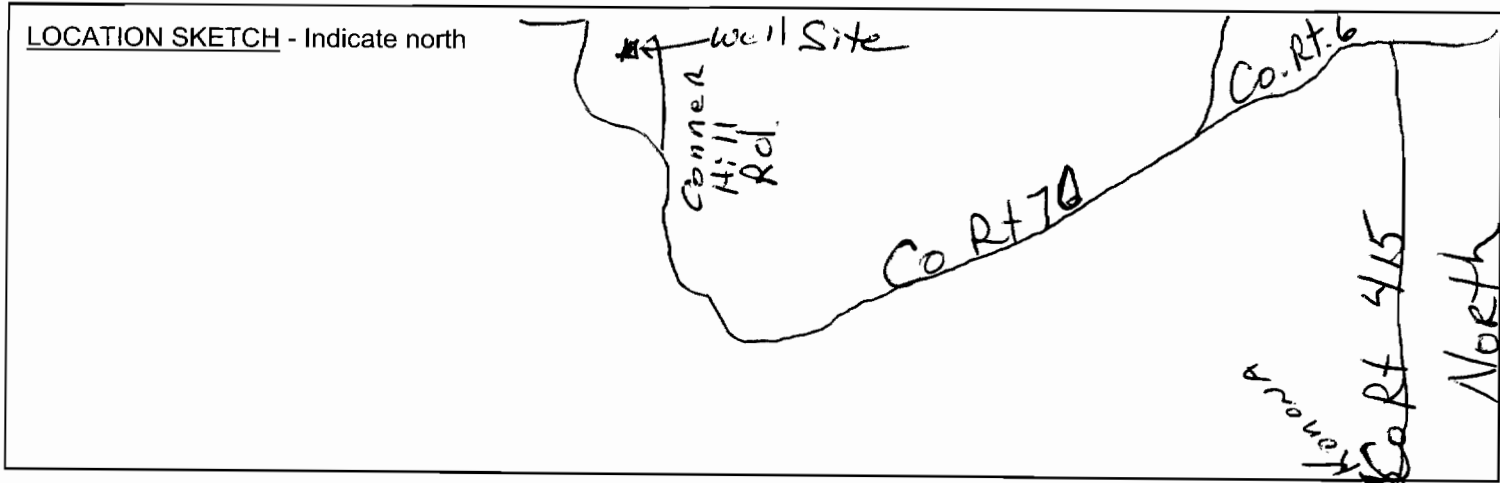
(4) OWNER <u>John Intrauartolo</u>		LOG *	
(5) ADDRESS <u>New Jersey</u>			
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 24.480N</u> <u>077° 30.167W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Ground Surface EL <u>1748</u> ft. above sea level Top Of Casing is located <u>2ft. +</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>135 ft.</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>125</u>	DATE MEASURED <u>3-29-08</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6 in.</u>			
(10) LENGTH <u>30 ft.</u>			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
<b>SCREENS</b>			
(13) MAKE & MATERIAL <u>None</u>		(14) OPENINGS	
(15) DIAMETER		(16) LENGTH	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>3-29-04</u>		(19) DURATION OF TEST <u>30 mins</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>42 ft.</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>126 ft.</u>	
(24) RECOVERY (Time in hours/minutes) <u>5 1/2 hrs</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 Use</u>	
(36) DATE DRILLING WORK STARTED <u>3-18-08</u>		(37) DATE DRILLING WORK COMPLETED <u>3-28-08</u>	
(38) DATE REPORT FILED <u>4-4-08</u>	(39) REGISTERED COMPANY <u>John Updike Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10480</u>	
(41) CERTIFIED DRILLER (Print name) <u>John Updike</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.			
		TOP OF WELL	
		↑ Clay & Flat Stones Shale Bedrock	
		BOTTOM OF HOLE	
		NYSDEC COPY	

28 ft.

125 ft. WATER

135 ft.

E





(1) COUNTY STEBEN  
 (2) TOWN COHOCTON

(3) DEC Well Number  
SB2325

**WATER WELL COMPLETION REPORT**

(4) OWNER  
CHARLIE GEIHL

(5) ADDRESS  
2489 DEREEVES RD. WAYLAND 14572

(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° 27.201' W 77° 35.263'

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 110' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 25' DATE MEASURED 6/30/08

**CASINGS**

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

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

(11) GROUT TYPE / SEALING BENTONITE + DRILL CUTTINGS (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 6/30/08 (19) DURATION OF TEST 1 hr.

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 8

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 25' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 90'

(24) RECOVERY (Time in hours/minutes) 4 hr. 30 min (25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE 7/1/08 (28) PUMP INSTALLER RON HALL

(29) TYPE SUBMERSIBLE (30) MAKE GOULDS (31) MODEL 76505422

(32) MAXIMUM CAPACITY (GPM) 7 (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 105

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

(36) DATE DRILLING WORK STARTED 6/28/08 (37) DATE DRILLING WORK COMPLETED 6/30/08

(38) DATE REPORT FILED 4/7/09 (39) REGISTERED COMPANY DANSVILLE WATER WELLS (40) DEC REGISTRATION NO. NYRD 10294

(41) CERTIFIED DRILLER (Print name) RONALD A. HALL (42) CERTIFIED DRILLER SIGNATURE \* R. Hall

(43) LOG

Depth to Bedrock 30' (ft. below ground surface)  
 Ground Elev. 1994 (ft. above S.L.)  
 Top of Casing 2 (ft., above (+) or below (-) ground surface)

**TOP OF WELL**

0-10' BROWN CLAY SAND GRAVEL MIX

10'-20' GRAY CLAY GRAVEL MIX

20'-30' GRAY CLAY WITH BROKEN SHALE

30'-110' GRAY SANDY SHALE WATER BEARING AFTER 65'

TE

\* 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**



(1) COUNTY Steuben  
 (2) TOWN Cohocton

(3) DEC Well Number  
SB2342

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Sondra Lindner

(5) ADDRESS  
9817 Lake Hollow Rd Cohocton NY 14828

(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° 28' 5.25" N 77° 32' 31.69" W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 120 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) \_\_\_\_\_ DATE MEASURED \_\_\_\_\_

**CASINGS**

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

(10) LENGTH 85' 2" ± ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING Bentonite (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 9/3/08 (19) DURATION OF TEST 2 hrs.

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

(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 9/22/08 (28) PUMP INSTALLER B. Hampton

(29) TYPE Subm. (30) MAKE Goulds (31) MODEL 76S05422C

(32) MAXIMUM CAPACITY (GPM) 7 (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 115

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

(36) DATE DRILLING WORK STARTED 9/2/08 (37) DATE DRILLING WORK COMPLETED 9/3/08

(38) DATE REPORT FILED \_\_\_\_\_ (39) REGISTERED COMPANY Barney Moravec, Inc. (40) DEC REGISTRATION NO. NYRD 10024

(41) CERTIFIED DRILLER (Print name) Chad W. Moravec (42) CERTIFIED DRILLER SIGNATURE \*

(43) LOG

Depth to Bedrock \_\_\_\_\_ (ft. below ground surface)  
 Ground Elev. 2064 (ft. above S.L.)  
 Top of Casing \_\_\_\_\_ (ft., above (+) or below (-) ground surface)

**TOP OF WELL**

Till  
 -14' Broke up shale  
 -18' slab-soft  
 -24' Broken shale w/clay  
 -42' shale slab then back to broken shale + clay  
 -56' shale clay mix - some water  
 -83' shale  
 -120'

**BOTTOM OF HOLE**

E

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8/2007

**NYSDEC COPY**

LOCATION SKETCH - Indicate north





(1) COUNTY Steuben  
 (2) TOWN Cohocton

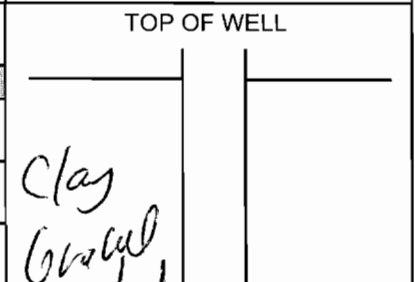
(3) DEC Well Number  
SB2367

**WATER WELL COMPLETION REPORT**

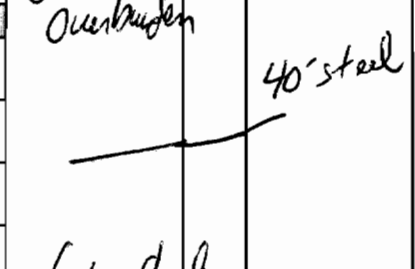
(4) OWNER Shirley Kempshall  
 (5) ADDRESS 8380 County Rt 55 Cohocton NY 14826  
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if same as address above, also provide Lat / Long below)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation  
N. 42° 24.335  
W 077° 33.387  
 (7) DEPTH OF WELL BELOW LAND SURFACE (feet) 200 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 90 DATE MEASURED \_\_\_\_\_

(43) LOG  
 Depth to Bedrock 40 (ft. below ground surface)  
 Ground Elev. 1586 (ft. above S.L.)  
 Top of Casing 18" f (ft., above (+) or below (-) ground surface)

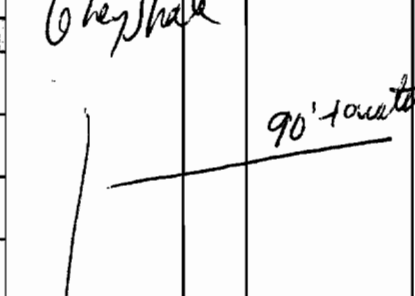
**CASINGS**  
 (9) DIAMETER 6 in. | | | | in.  
 (10) LENGTH 40 ft. | | | | in.



**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) \_\_\_\_\_

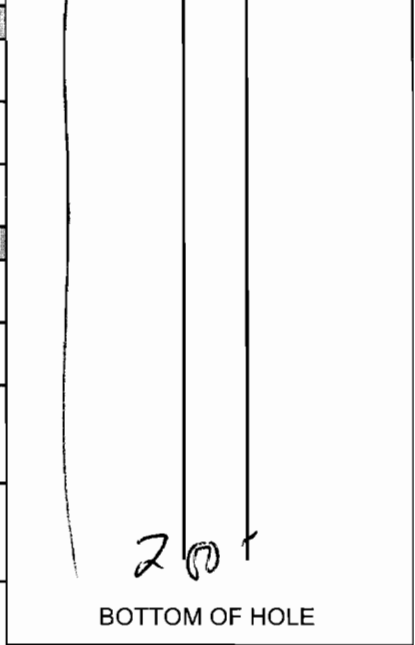


**YIELD TEST**  
 (18) DATE \_\_\_\_\_ (19) DURATION OF TEST \_\_\_\_\_  
 (20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 10  
 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) \_\_\_\_\_ (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 20  
 (24) RECOVERY (Time in hours/minutes) 4 hours (25) Was the water produced during the test discharged away from immediate area? Yes  No \_\_\_\_\_



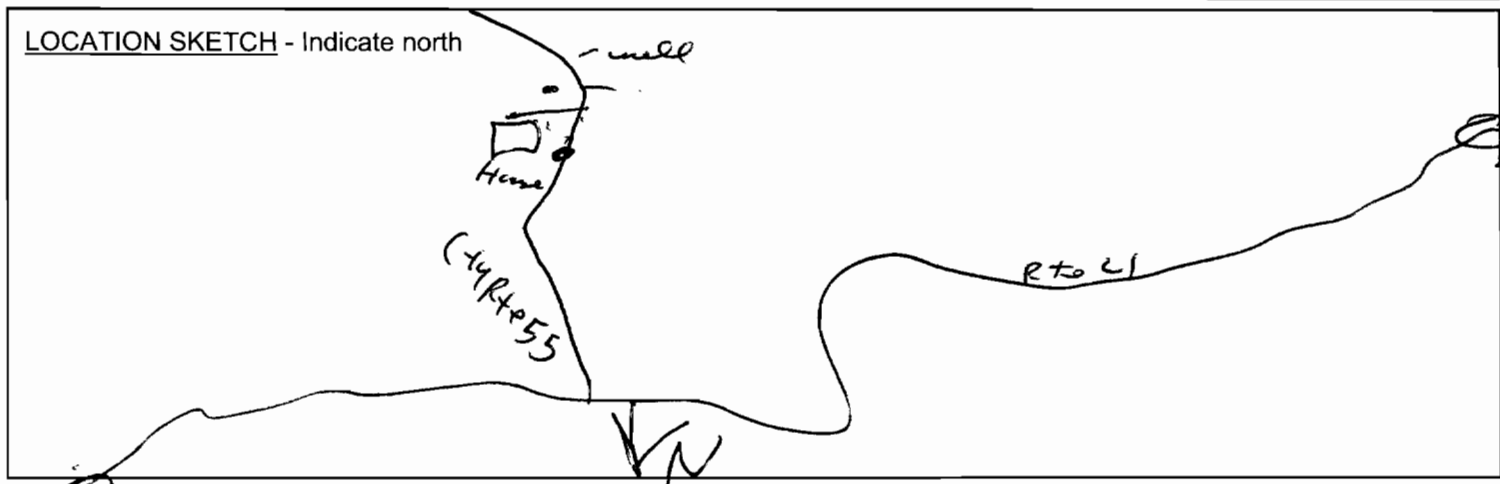
**PUMP INSTALLATION**  
 (26) PUMP INSTALLED? YES \_\_\_\_\_ NO  (27) DATE \_\_\_\_\_ (28) PUMP INSTALLER \_\_\_\_\_  
 (29) TYPE \_\_\_\_\_ (30) MAKE \_\_\_\_\_ (31) MODEL \_\_\_\_\_  
 (32) MAXIMUM CAPACITY (GPM) \_\_\_\_\_ (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) \_\_\_\_\_  
 (34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) Domestic  
 (36) DATE DRILLING WORK STARTED \_\_\_\_\_ (37) DATE DRILLING WORK COMPLETED \_\_\_\_\_

(38) DATE REPORT FILED 9/5/08 (39) REGISTERED COMPANY Loon Lake Services (40) DEC REGISTRATION NO. NYRD 10827  
 (41) CERTIFIED DRILLER (Print name) Joseph A. Meyers (42) CERTIFIED DRILLER SIGNATURE \* Joseph A. Meyers



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**NYSDEC COPY**







(1) COUNTY STEUBEN  
 (2) TOWN HOWARD

(3) DEC Well Number  
SB 2405

**WATER WELL COMPLETION REPORT**

(4) OWNER <b>BURT CARNESI</b>	
(5) ADDRESS <b>27 OVERLOOK DRIVE, HUNNINGTON, NY. 11743</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: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <b>N: 42° 23.877'</b> <b>W: 77° 31.742'</b>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <b>170</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <b>105</b> DATE MEASURED <b>5/20/09</b>
<b>CASINGS</b>	
(9) DIAMETER <b>6</b> in.   in.   in.   in.	
(10) LENGTH <b>44</b> ft.   ft.   ft.   in.	
(11) GROUT TYPE / SEALING <b>BENTONITE SLURRY</b>	(12) GROUT / SEALING INTERVAL (feet) FROM <b>0</b> TO <b>28</b>
<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>5/20/09</b>	(19) DURATION OF TEST <b>1.5 HR</b>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <b>20</b>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <b>106.5 FT</b>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <b>145</b>
(24) RECOVERY (Time in hours/minutes) <b>2 HRS</b>	(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 <b>5/25/09</b> (28) PUMP INSTALLER <b>RON HALL</b>
(29) TYPE <b>SUBMERSIBLE</b>	(30) MAKE <b>BOULDER</b> (31) MODEL <b>7605422</b>
(32) MAXIMUM CAPACITY (GPM) <b>8</b>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <b>160'</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) <b>DOMESTIC</b>
(36) DATE DRILLING WORK STARTED <b>5/15/09</b>	(37) DATE DRILLING WORK COMPLETED <b>5/20/09</b>
(38) DATE REPORT FILED <b>3/29/10</b>	(39) REGISTERED COMPANY <b>DANSVILLE WATERWELLS</b> (40) DEC REGISTRATION NO. <b>NYRD 10294</b>
(41) CERTIFIED DRILLER (Print name) <b>ERIK PEARSON</b>	(42) CERTIFIED DRILLER SIGNATURE * <i>[Signature]</i>

(43) LOG

Depth to Bedrock **40** (ft. below ground surface)  
 Ground Elev. **1897** (ft. above S.L.)  
 Top of Casing **1.5** (ft., above (+) or below (-) ground surface)

**TOP OF WELL**

**0-20 FT BROWN CLAY, ROCK**

**20 TO 40 FT GRAY CLAY, ROCK**

**40 FT TO 170 FT GRAY SHALE**

**40 FT**  
**42.5 FT BOTTOM OF CASING**  
**105 FT WATER STATIC LEVEL**  
**155 TO 165 FT WATER BEARING ROCK**

**170 FT**

**BOTTOM OF HOLE**

NYSDEC COPY

LE

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SB2418

(3) DEC Well Number  
**SB2148**

(1) COUNTY **STEBEN**  
(2) TOWN **DANSVILLE**



**WATER WELL COMPLETION REPORT**

(4) OWNER <b>MIKE GUARASCI</b>	
(5) ADDRESS <b>9762 LANDER RD. WAYLAND NY 14572</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: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <b>N 42°28.512' W 77°36.814'</b>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <b>85'</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED <b>6' 6/15/09</b>
<b>CASINGS</b>	
(9) DIAMETER <b>6</b> in.   in.   in.   in.	
(10) LENGTH <b>42</b> ft.   ft.   ft.   in.	
(11) GROUT TYPE / SEALING <b>BENTONITE + DRILL CUTTINGS</b>	(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>6/15/09</b>	(19) DURATION OF TEST <b>60 min</b>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <b>15</b>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <b>6'</b>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <b>65'</b>
(24) RECOVERY (Time in hours/minutes) <b>5 hr 20 min</b>	(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) <b>Domestic</b>
(36) DATE DRILLING WORK STARTED <b>6/13/09</b>	(37) DATE DRILLING WORK COMPLETED <b>6/15/09</b>
(38) DATE REPORT FILED <b>3/16/10</b>	(39) REGISTERED COMPANY <b>DANSVILLE WATERWELLS</b>
(40) DEC REGISTRATION NO. <b>NYRD 10294</b>	(41) CERTIFIED DRILLER (Print name) <b>RONALD A. HALL</b>
(42) CERTIFIED DRILLER SIGNATURE <i>R. A. Hall</i>	

(43) LOG	
Depth to Bedrock <b>40</b> (ft. below ground surface)	
Ground Elev <b>2044</b> (ft. above S.L.)	
Top of Casing <b>45</b> (ft., above or below (-) ground surface)	
<b>TOP OF WELL</b>	
<b>0-15'</b>	<b>BROWN + GREY CLAY BROKEN SHALE</b>
<b>15-40'</b>	<b>GREY CLAY BROKEN SHALE</b>
<b>40-85'</b>	<b>GREY SHALE WATER BEARING</b>
<b>BOTTOM OF HOLE</b>	
<b>NYSDEC COPY</b>	

FE

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(1) COUNTY Stauben

(2) TOWN Arkport

(3) DEC Well Number

532435

**WATER WELL COMPLETION REPORT**

(4) OWNER Cheryl Serrano

(5) ADDRESS 7379 ave of oaks arkport, NY 14807

(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: N42° 30.305 W077° 31.730'

GPS  Map Interpolation

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 90'

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 30 DATE MEASURED 7/17/09

**CASINGS**

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

(10) LENGTH 61 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 7/17/09

(19) DURATION OF TEST 1 Hour

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 59gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 30

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

(24) RECOVERY (Time in hours/minutes) 30

(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 7/15/09

(37) DATE DRILLING WORK COMPLETED 7/17/09

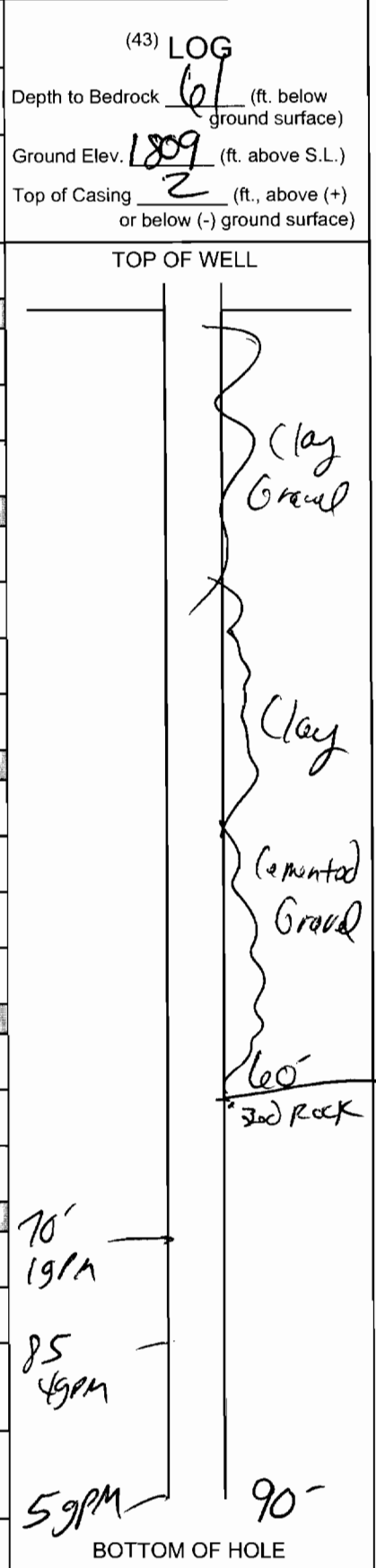
(38) DATE REPORT FILED 7/16/09

(39) REGISTERED COMPANY Iron Lake Services

(40) DEC REGISTRATION NO. NYRD 10827

(41) CERTIFIED DRILLER (Print name) Joseph Meyers

(42) CERTIFIED DRILLER SIGNATURE \* Joseph Meyers

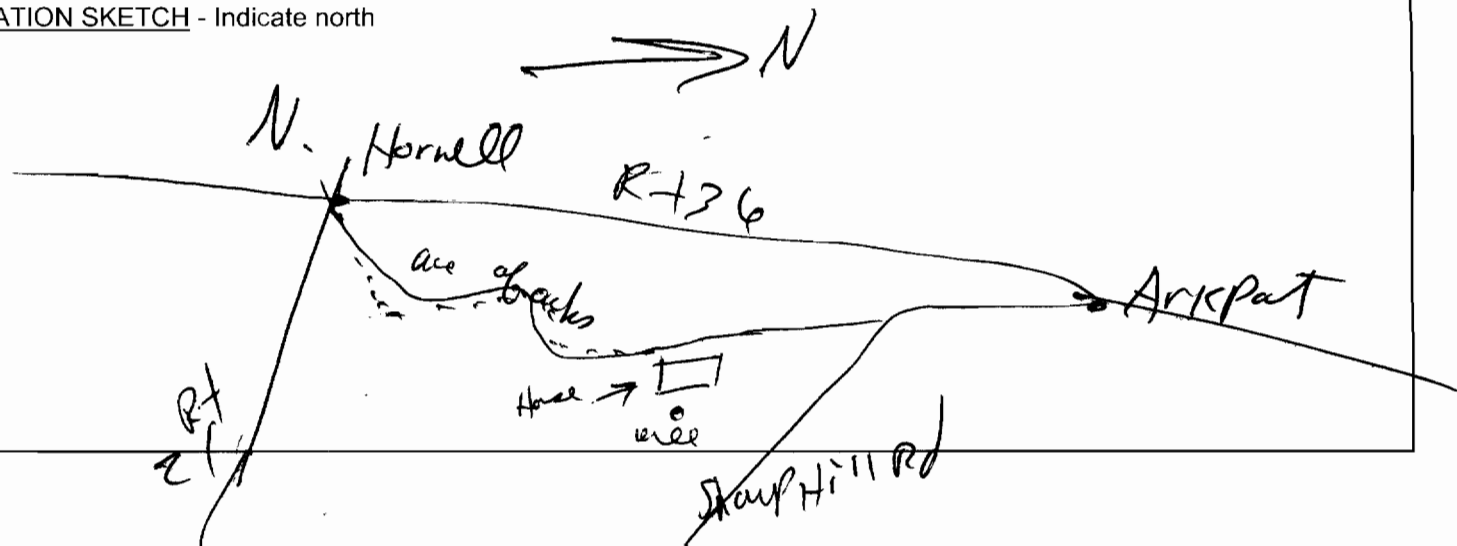


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8/2007

**NYSDEC COPY**

**LOCATION SKETCH - Indicate north**



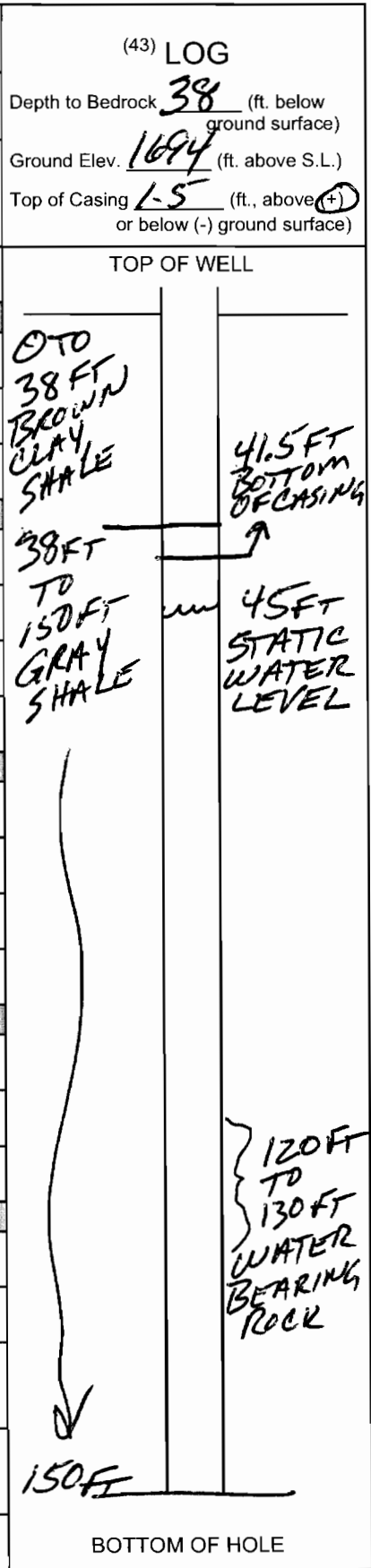
(1) COUNTY STEBEN  
 (2) TOWN DANSVILLE



(3) DEC Well Number  
SB2443

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>JACKIE MOHRMAN</u>	
(5) ADDRESS <u>1325 DYER RD, ARKPORT, N.Y. 14807</u>	
(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: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N: 42° 26.178'</u> <u>W: 77° 33.825'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>150 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>43 FT</u> DATE MEASURED <u>8/21/09</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.   in.   in.   in.	
(10) LENGTH <u>43</u> ft.   ft.   ft.   in.	
(11) GROUT / SEALING <u>BENTONITE SLURRY</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>35</u>
<b>SCREENS</b>	
(13) MAKE & MATERIAL <u>—</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>8/21/09</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>44 1/2 FT</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>130 FT</u>
(24) RECOVERY (Time in hours/minutes) <u>2 HRS</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>8/17/09</u>	(37) DATE DRILLING WORK COMPLETED <u>8/21/09</u>
(38) DATE REPORT FILED <u>3/31/10</u>	(39) REGISTERED COMPANY <u>DANSVILLE WATER WELLS</u>
(40) DEC REGISTRATION NO. <u>NYRD 10294</u>	
(41) CERTIFIED DRILLER (Print name) <u>ERIK PEARSON</u>	(42) CERTIFIED DRILLER SIGNATURE * 



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(1) COUNTY SB ~~2444~~ Steuben  
 (2) TOWN Fremon+

(3) DEC Well Number  
582444

**WATER WELL COMPLETION REPORT**

(4) OWNER Keri McGunnigle

(5) ADDRESS 22 Charlesworth Ave Albany 12009

(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° 26' 925"  
W 077° 33' 479"

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 105

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 20' DATE MEASURED 10/20/09

**CASINGS**

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

(10) LENGTH 33 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 10/20/09

(19) DURATION OF TEST

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 5

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 20

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 0

(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 10/16/09

(37) DATE DRILLING WORK COMPLETED 10/20/09

(38) DATE REPORT FILED 7/22/09

(39) REGISTERED COMPANY loon lake services

(40) DEC REGISTRATION NO. NYRD 10827

(41) CERTIFIED DRILLER (Print name) Joseph Meyers

(42) CERTIFIED DRILLER SIGNATURE \* Joseph Meyers

(43) LOG

Depth to Bedrock 33' (ft. below ground surface)

Ground Elev. 11650 (ft. above S.L.)

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

**TOP OF WELL**

Clay w Sandstone

33' casing

Grey shale

59 gpm

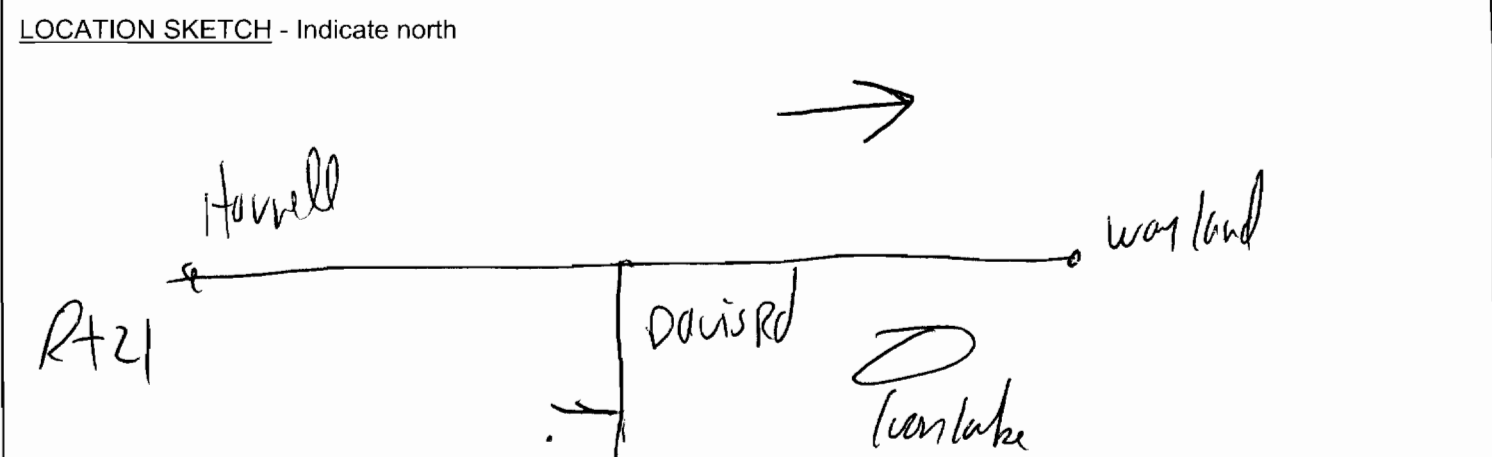
105'

**BOTTOM OF HOLE**

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8/2007

**NYSDEC COPY**





(1) COUNTY STEWEN  
 (2) TOWN DANSVILLE

(3) DEC Well Number  
SB2448

**WATER WELL COMPLETION REPORT**

(4) OWNER  
DAVE MOOSE

(5) ADDRESS  
9943 ESS RD. WAYLAND NY 14572

(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°28.987' W 77°35.686'

(43) LOG  
 Depth to Bedrock 16 (ft. below ground surface)  
 Ground Elev 2140 (ft. above S.L.)  
 Top of Casing 1.5 (ft., above  or below (-) ground surface)

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 110' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 35' DATE MEASURED 8/6/09

TOP OF WELL

**CASINGS**

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

(10) LENGTH 36 ft. | ft. | ft. | in.

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

0-16'  
 BROWN SAND GRAVEL mix

**SCREENS**

(13) MAKE & MATERIAL 8 (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)

16'-110'  
 BROWN GREY SANDY SHALE

**YIELD TEST**

(18) DATE 8/6/09 (19) DURATION OF TEST 60 min

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 12

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 35' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 90'

(24) RECOVERY (Time in hours/minutes) 8 hr 20 min (25) Was the water produced during the test discharged away from immediate area? Yes  No

8" REAM TO 35'  
 + BRONTE 6" CASING  
 WATER BEARING

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE 8/6/09 (28) PUMP INSTALLER RON

(29) TYPE SUBMERSIBLE (30) MAKE GOULDS (31) MODEL 106507422

(32) MAXIMUM CAPACITY (GPM) 12 (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 105'

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

(36) DATE DRILLING WORK STARTED 8/4/09 (37) DATE DRILLING WORK COMPLETED 8/6/09

(38) DATE REPORT FILED 3/28/09 (39) REGISTERED COMPANY DANSVILLE WATER WELLS (40) DEC REGISTRATION NO. NYRD 10294

(41) CERTIFIED DRILLER (Print name) RONALD A. HALL (42) CERTIFIED DRILLER SIGNATURE \* [Signature]

BOTTOM OF HOLE  
**NYSDEC COPY**

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(1) COUNTY Steuben  
 (2) TOWN Howard

(3) DEC Well Number  
SB2529

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Steuben County

(5) ADDRESS  
3 East Pultney Square Bath New York 14810

(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

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

**CASINGS**

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

(10) LENGTH 56' ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING Quick Crete (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 57'

**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

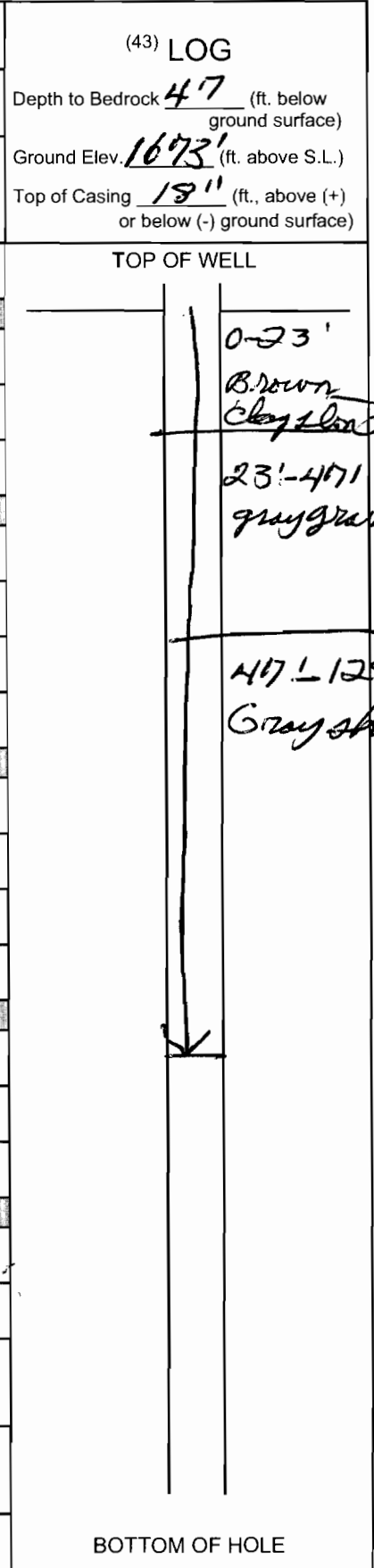
(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

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

(36) DATE DRILLING WORK STARTED 3-18-2010 (37) DATE DRILLING WORK COMPLETED 3-18-2010

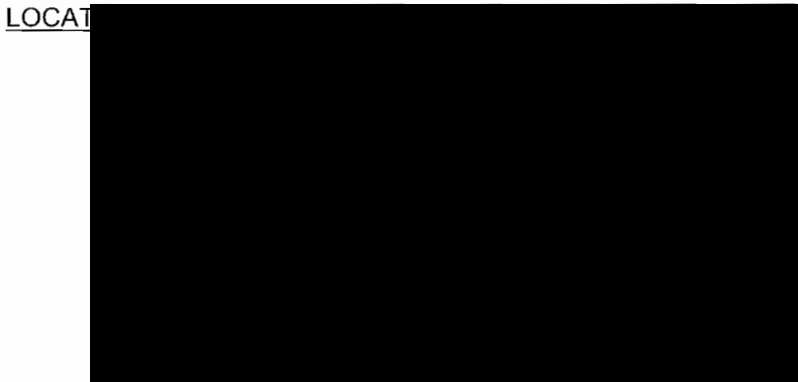
(38) DATE REPORT FILED 3-18-2010 (39) REGISTERED COMPANY Updike Water Well Drilling Inc. (40) DEC REGISTRATION NO. NYRD 10070

(41) CERTIFIED DRILLER (Print name) M. I TON E Updike (42) CERTIFIED DRILLER SIGNATURE [Signature]



**NYSDEC COPY**

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(1) COUNTY STEARSEN

(2) TOWN DANSVILLE

(3) DEC Well Number  
**SB2578**

**WATER WELL COMPLETION REPORT**

(4) OWNER SAL FARACE

(5) ADDRESS 2580 Co RD 50 WAYLAND, NY

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

(7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map 42°28'32.71"W 77°35'25.25" (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 95 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 28 DATE MEASURED 8/8/10

(45) WELL LOG  
Depth to Bedrock 23 (ft. below land surface)  
Ground Elevation 1828 (ft. above sea level)  
Top of Casing 1.5 (ft. above (+) or below (-) land surface)

**CASINGS**

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

(12) LENGTH 26 ft. | | | | ft. | | | | ft. | | | | in.

(13) GROUT TYPE / SEALING BENTONITE + DRILL CUTTINGS (14) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**

(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)

TOP OF WELL  
0-12' BROWN SAND GRAVEL  
12'-23' GREY SAND GRAVEL CLAY MIX

**YIELD TEST**

(20) DATE 8/8/10 (21) DURATION OF TEST 60 min

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 10

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 29.5' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 75'

(26) RECOVERY (Time in hours/minutes) 4 hr 15 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 (30) PUMP INSTALLER

(31) TYPE (32) MAKE (33) MODEL

(34) MAXIMUM CAPACITY (GPM) (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 8/6/10 (39) DATE DRILLING WORK COMPLETED 8/8/10

(40) DATE REPORT FILED 3/12/11 (41) REGISTERED COMPANY DANSVILLE WATER WELLS (42) DEC REGISTRATION NO. NYRD 10294

(43) CERTIFIED DRILLER (Print name) RONALD A. HALL (44) CERTIFIED DRILLER SIGNATURE [Signature]

26'-95' GREY SANDY SHALE, WATER BEARING

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BOTTOM OF HOLE  
NYSDEC





(3) DEC Well Number  
**SB2582**

(1) COUNTY **STEBEN**

(2) TOWN **FREMONT**

**WATER WELL COMPLETION REPORT**

(4) OWNER **GARY KINCADE**

(5) ADDRESS **2348 STONE HILL RD, WAYLAND, N.Y. 14572**

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
**DEEREVEES RD, DANSVILLE, NY.**

(7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map **N:42°27.061' W:77°35.718'** (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) **135FT** (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) **40FT** DATE MEASURED **8/20/10**

(45) WELL LOG  
Depth to Bedrock **42** (ft. below land surface)  
Ground Elevation **1865** (ft. above sea level)  
Top of Casing **1.5** (ft. above (+) or below (-) land surface)

**CASINGS**

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

(12) LENGTH **46** ft. | | | | in.

(13) GROUT TYPE / SEALING **BENTONITE/CLAY SLURRY** (14) GROUT / SEALING INTERVAL (feet) FROM **0** TO **30**

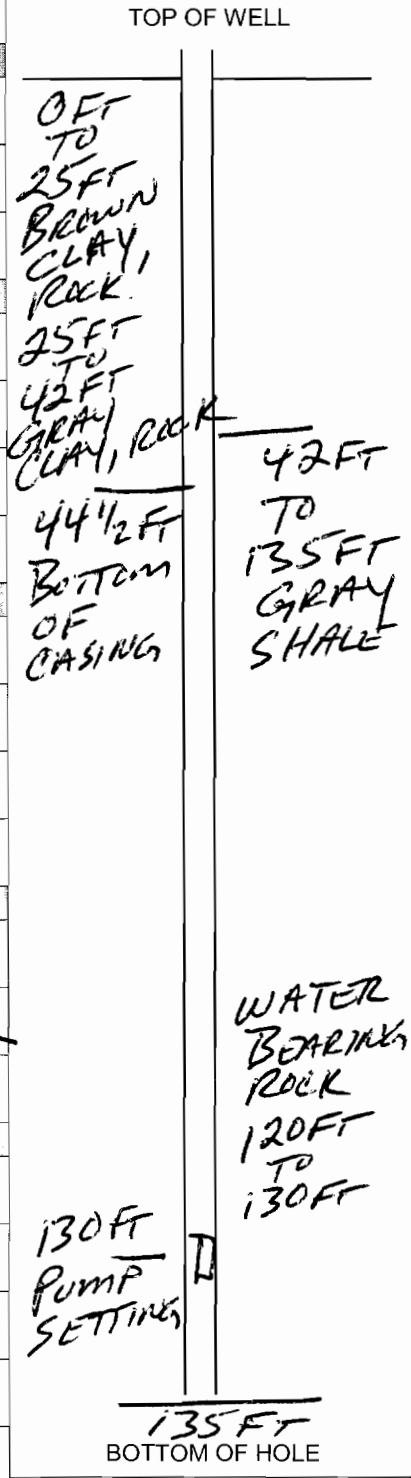
**SCREENS**

(15) MAKE & MATERIAL | (16) OPENINGS

(17) DIAMETER | | | | in.

(18) LENGTH | | | | ft.

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



**YIELD TEST**

(20) DATE **8/20/10** (21) DURATION OF TEST **1 HR**

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) **20**

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) **41.5 FT** (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) **20**

(26) RECOVERY (Time in hours/minutes) **1 HR** (27) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(28) PUMP INSTALLED? YES  NO  (29) DATE **8/22/10** (30) PUMP INSTALLER **RON HALL**

(31) TYPE **SUBMERSIBLE** (32) MAKE **GOULDS** (33) MODEL **10G507-422**

(34) MAXIMUM CAPACITY (GPM) **10** (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) **130 FT**

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) **DOMESTIC**

(38) DATE DRILLING WORK STARTED **8/17/10** (39) DATE DRILLING WORK COMPLETED **8/20/10**

(40) DATE REPORT FILED **9/15/10** (41) REGISTERED COMPANY **DANSVILLE WATER WELLS** (42) DEC REGISTRATION NO. **NYRD 10294**

(43) CERTIFIED DRILLER (Print name) **ERIK PEARSON** (44) CERTIFIED DRILLER SIGNATURE *[Signature]*

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(1) COUNTY Steuben  
 (2) TOWN Freemont

(3) DEC Well Number  
SB 2650

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Robert PIASKOV

(5) ADDRESS  
Bath New York

(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:  
42° 24.346 N.  
 GPS  Map Interpolation 077° 33.037 W.

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 50 ft. (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 50 ft. DATE MEASURED 5-28-11

**CASINGS**

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

(10) LENGTH 52 ft. | ft. | ft. | in.

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

**SCREENS**

(13) MAKE & MATERIAL None (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 5-28-11 (19) DURATION OF TEST 30 mins

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 9 gpm.

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 22 ft. (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 55 ft.

(24) RECOVERY (Time in hours/minutes) 2 hrs. (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)

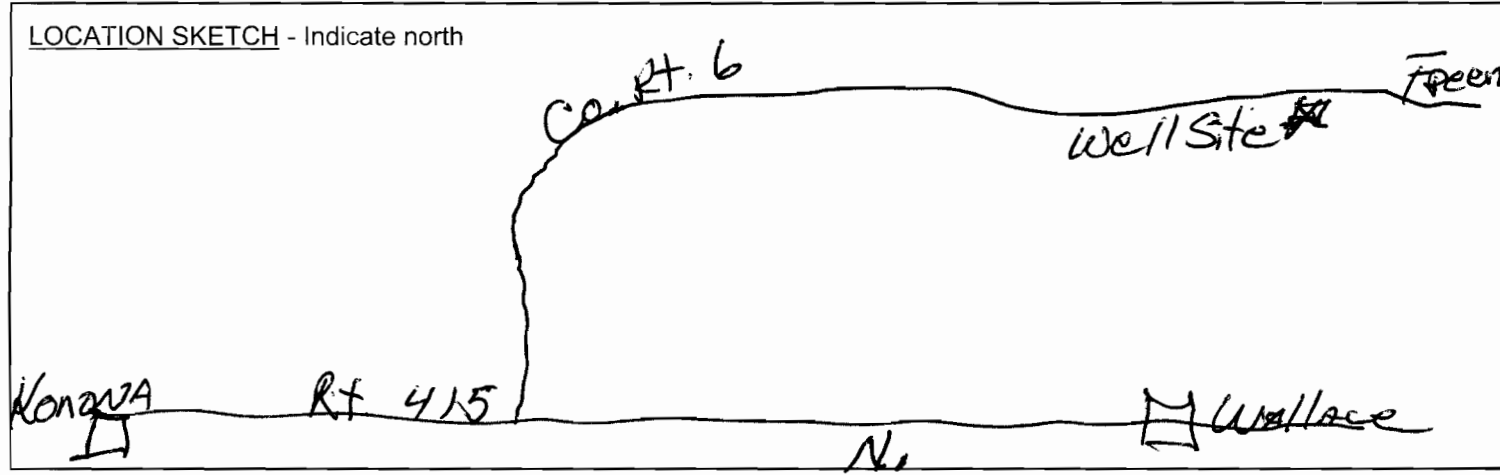
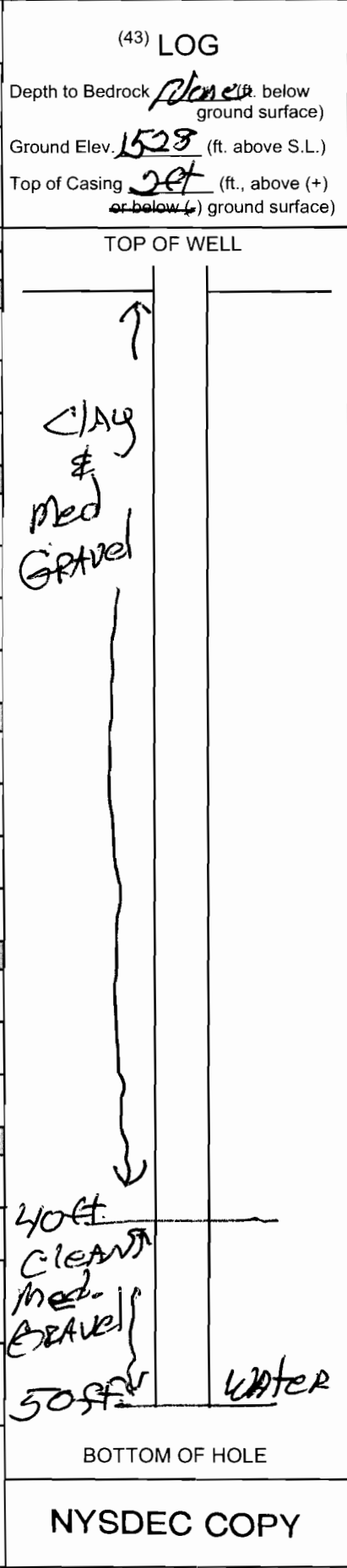
(34) METHOD OF DRILLING  Rotary  Cable Tool  Other (35) USE OF WATER (See instructions for choices) Domestic Use

(36) DATE DRILLING WORK STARTED 5-26-11 (37) DATE DRILLING WORK COMPLETED 5-28-11

(38) DATE REPORT FILED 5-29-11 (39) REGISTERED COMPANY John Update Well Drilling (40) DEC REGISTRATION NO. NYRD 10480

(41) CERTIFIED DRILLER (Print name) John Update (42) CERTIFIED DRILLER SIGNATURE \* [Signature]

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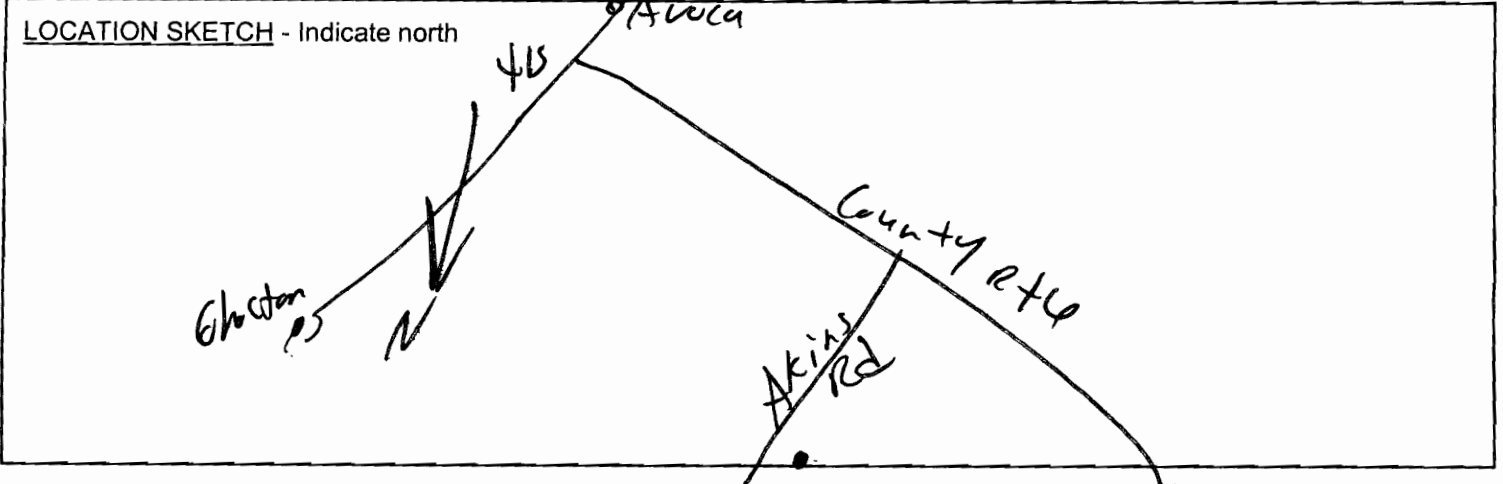


(1) COUNTY Steuben  
 (2) TOWN Cohocton

(3) DEC Well Number  
SB2681

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>John Wilson</u>			(43) LOG		
(5) ADDRESS <u>9003 Akins Rd Cohocton, NY 14826</u>			Ground Surface EL. <u>1405</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° 26' 23.0"</u> <u>W 077° 32' 49.7"</u>			Top Of Casing is located <u>+2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>155'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>50</u>	DATE MEASURED <u>8/30/11</u>	TOP OF WELL <u>2</u> 90' casing Fractured Sandstone with Clay & Gravel Between Sand Stone + Shale 90 Sand Stone + Shale 86 PPM BOTTOM OF HOLE <b>NYSDEC COPY</b>		
<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 <u>N/A</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>8/30/11</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>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)				
(24) RECOVERY (Time in hours/minutes) <u>20 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>8/22/11</u>	(37) DATE DRILLING WORK COMPLETED <u>8/30/11</u>				
(38) DATE REPORT FILED <u>8/22/11</u>	(39) REGISTERED COMPANY <u>100n lake Services</u>	(40) DEC REGISTRATION NO. <u>NYRD 10827</u>			
(41) CERTIFIED DRILLER (Print name) <u>Joe Moyers</u>		(42) CERTIFIED DRILLER SIGNATURE * <u>Joe Moyers</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) COUNTY STEBEN

(2) TOWN FREMONT

**WATER WELL COMPLETION REPORT**

(3) DEC Well Number

SB 2684

(4) OWNER BURNS FAMILY FARM

(5) ADDRESS 7731 ROSE HILL RD, HORNELL, NY. 14843

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
N: 42°22'39.3"

(7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map W: 77°34'28.6" (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 225 FT (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 110 FT DATE MEASURED 9/14/11

**CASINGS**

(11) DIAMETER 8 in. | | | | in.

(12) LENGTH 38 ft. | | | | in.

(13) GROUT TYPE / SEALING BENTONITE/CLAY SLURRY (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 36 FT

**SCREENS**

(15) MAKE & MATERIAL N/A (16) OPENINGS

(17) DIAMETER 6 in. | | | | in.

(18) LENGTH | | | | in.

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

**YIELD TEST**

(20) DATE 9/14/11 (21) DURATION OF TEST 1 HR

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 20

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 111 1/2 FT (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 170 FT

(26) RECOVERY (Time in hours/minutes) 1 HR (27) Was the water produced during the test discharged away from immediate area? Yes  No

**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)

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) STOCK SUPPLY

(38) DATE DRILLING WORK STARTED 9/5/11 (39) DATE DRILLING WORK COMPLETED 9/14/11

(40) DATE REPORT FILED 2/15/11 (41) REGISTERED COMPANY DANVILLE WATERWELLS (42) DEC REGISTRATION NO. NYRD 10294

(43) CERTIFIED DRILLER (Print name) ERIK PEARSON (44) CERTIFIED DRILLER SIGNATURE \*

\* 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.

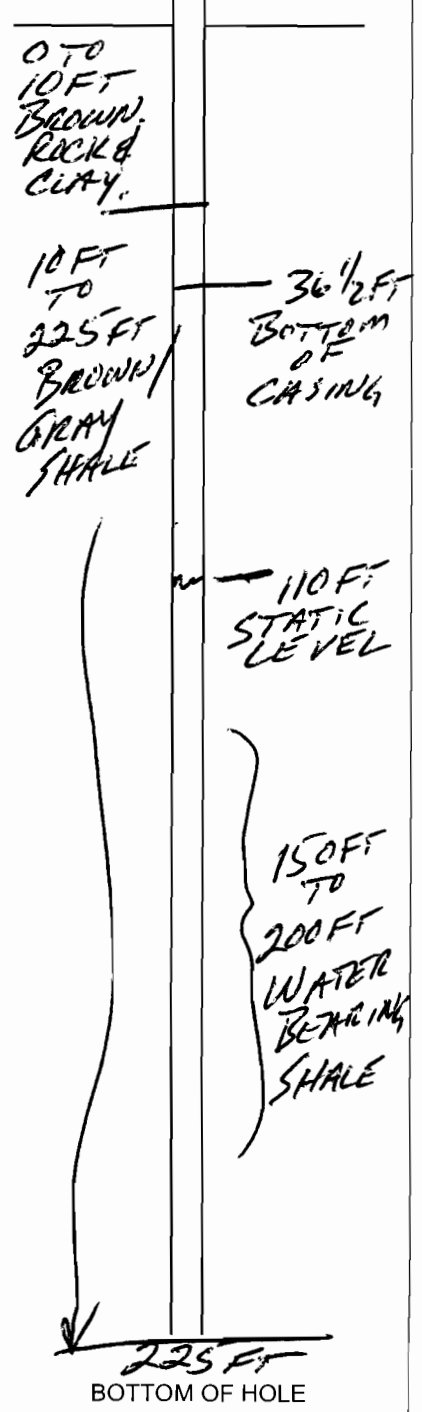
(45) WELL LOG

Depth to Bedrock 10 (ft. below land surface)

Ground Elevation 1830 (ft. above sea level)

Top of Casing 165 (ft. above (+) or below (-) land surface)

TOP OF WELL





(1) COUNTY STEBEN

(2) TOWN DANSVILLE

(3) DEC Well Number  
**SB 2718**

**WATER WELL COMPLETION REPORT**

(4) OWNER  
**NATE MATHEWS**

(5) ADDRESS  
**8152 WILSON KARR RD, HORNELL, N.Y. 14843**

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
**N: 42° 26' 16.5"**

(7) LATITUDE/LONGITUDE AND METHOD USED (8) TAX MAP NO.  
 GPS  Map **W: 77° 36' 19.2"**

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) **150 FT** (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) **90 FT** DATE MEASURED **2/1/12**

(45) WELL LOG  
Depth to Bedrock **25** (ft. below land surface)  
Ground Elevation **1998** (ft. above sea level)  
Top of Casing **1.5** (ft. above  or below (-) land surface)

**CASINGS**

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

(12) LENGTH **30** ft. | | | | in.

(13) GROUT TYPE / SEALING **BENTONITE/CLAY SLURRY** (14) GROUT / SEALING INTERVAL (feet) FROM **0** TO **28 1/2 FT**

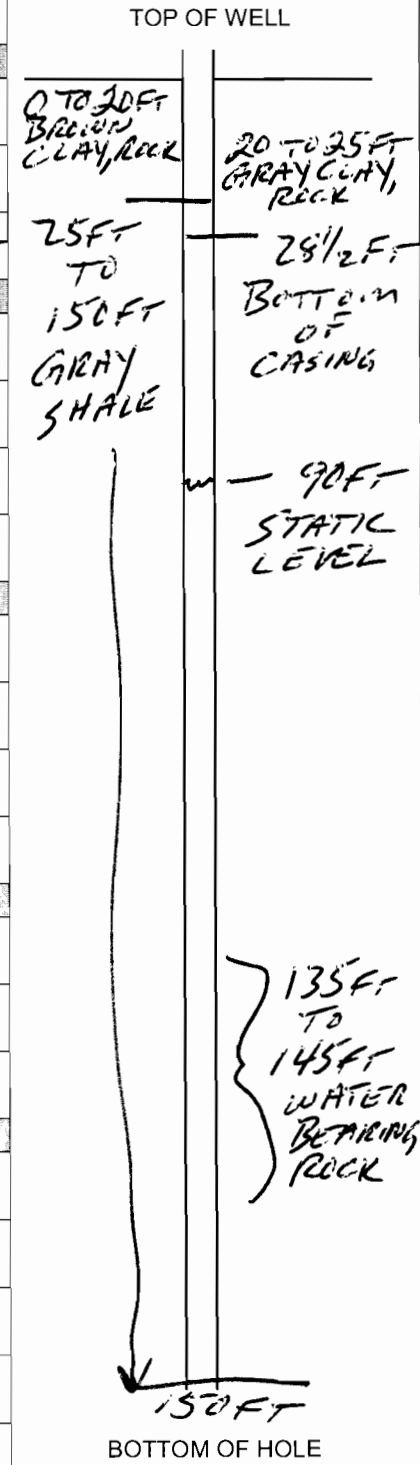
**SCREENS**

(15) MAKE & MATERIAL **N/A** (16) OPENINGS

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

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

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



**YIELD TEST**

(20) DATE **2/1/12** (21) DURATION OF TEST **45 min**

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) **20**

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) **91 1/2 FT** (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) **125 FT**

(26) RECOVERY (Time in hours/minutes) **40 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 (30) PUMP INSTALLER

(31) TYPE (32) MAKE (33) MODEL

(34) MAXIMUM CAPACITY (GPM) (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 **1/30/12** (39) DATE DRILLING WORK COMPLETED **2/1/12**

(40) DATE REPORT FILED (41) REGISTERED COMPANY **DANSVILLE WATER WELLS** (42) DEC REGISTRATION NO. **NYRD 10294**

(43) CERTIFIED DRILLER (Print name) **ERIK PEARSON** (44) CERTIFIED DRILLER SIGNATURE \*

\* 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 STEBEN  
 (2) TOWN DANVILLE

(3) DEC Well Number  
SB 2765

**WATER WELL COMPLETION REPORT**

(4) OWNER  
RON SMITH  
 (5) ADDRESS  
1491, NORWAY RD, KENDALL, NY. 14476  
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
N: 42°28'40.1" W: 77°35'52.7"  
 (7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map  
 (8) TAX MAP NO.

(45) WELL LOG  
 Depth to Bedrock 20 (ft. below land surface)  
 Ground Elevation 1891 (ft. above sea level)  
 Top of Casing 1.5 (ft. above  below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 100  
 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 35 DATE MEASURED 5/22/12

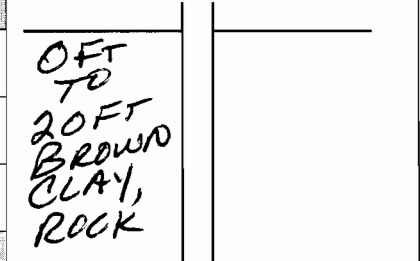
TOP OF WELL

**CASINGS**

(11) DIAMETER 4 in. | | | | in.

(12) LENGTH 24 ft. | | | | in.

(13) GROUT TYPE / SEALING BENTONITE/CLAY SLURRY  
 (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 22 1/2



**SCREENS**

(15) MAKE & MATERIAL N/A  
 (16) OPENINGS

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

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

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

**YIELD TEST**

(20) DATE 5/22/12  
 (21) DURATION OF TEST 45 min

(22) LIFT METHOD  Pump  Air Lift  Bailer  
 (23) STABILIZED DISCHARGE (GPM) 20

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 36 1/2 FT  
 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 70 FT

(26) RECOVERY (Time in hours/minutes) 30 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  
 (30) PUMP INSTALLER

(31) TYPE  
 (32) MAKE  
 (33) MODEL

(34) MAXIMUM CAPACITY (GPM)  
 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

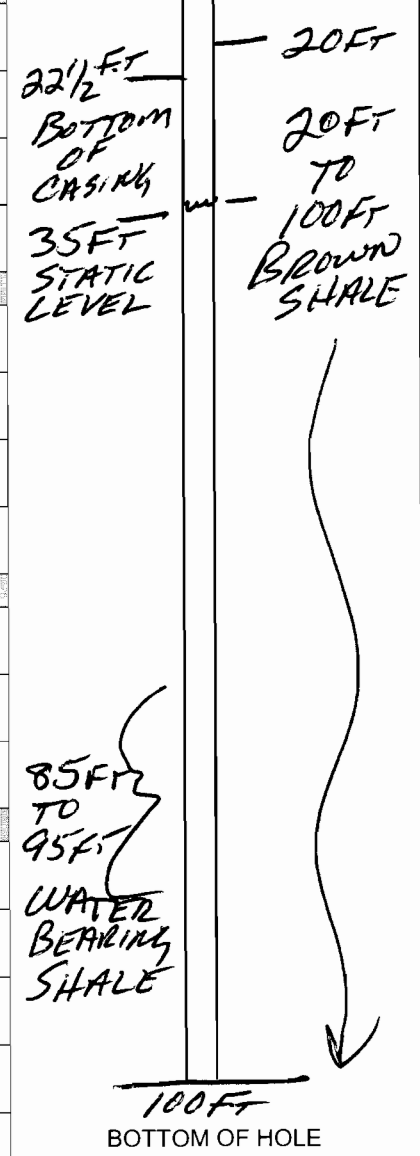
**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other  
 (37) USE OF WATER (See instructions for choices) DOMESTIC

(38) DATE DRILLING WORK STARTED 5/21/12  
 (39) DATE DRILLING WORK COMPLETED 5/22/12

(40) DATE REPORT FILED 2/20/13  
 (41) REGISTERED COMPANY DANVILLE WATER WELLS  
 (42) DEC REGISTRATION NO. NYRD 10294

(43) CERTIFIED DRILLER (Print name) ERIK PEARSON  
 (44) CERTIFIED DRILLER SIGNATURE [Signature]



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100FT  
 BOTTOM OF HOLE  
 NYSDEC





(1) COUNTY Steuben  
 (2) TOWN Wayland

(3) DEC Well Number  
532785

**WATER WELL COMPLETION REPORT**

(4) OWNER Ray Mauro  
 (5) ADDRESS 892 Brown Hill Rd Wayland, NY 14572  
 (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 1879 (ft. above sea level)  
 Top of Casing 2 (ft. above (+) or below (-) land surface)

(7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map N 42° 26.970' W 077° 32.742'  
 (8) TAX MAP NO.  
 (9) DEPTH OF WELL BELOW LAND SURFACE (feet) 130  
 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 20 DATE MEASURED 7/11/12

TOP OF WELL  
+2

**CASINGS**

(11) DIAMETER 6 in. | | | | in.  
 (12) LENGTH 40 ft. | | | | in.  
 (13) GROUT TYPE / SEALING (14) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

Brown clay & gravel

**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)

20' to water

**YIELD TEST**

(20) DATE 7/11/12 (21) DURATION OF TEST 1h  
 (22) LIFT METHOD  Pump  Air Lift  Bailor (23) STABILIZED DISCHARGE (GPM) 8  
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 20 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 130  
 (26) RECOVERY (Time in hours/minutes) (27) Was the water produced during the test discharged away from immediate area? Yes  No

40' to shaft  
 Gray shale

**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)

46 gpm @ 110

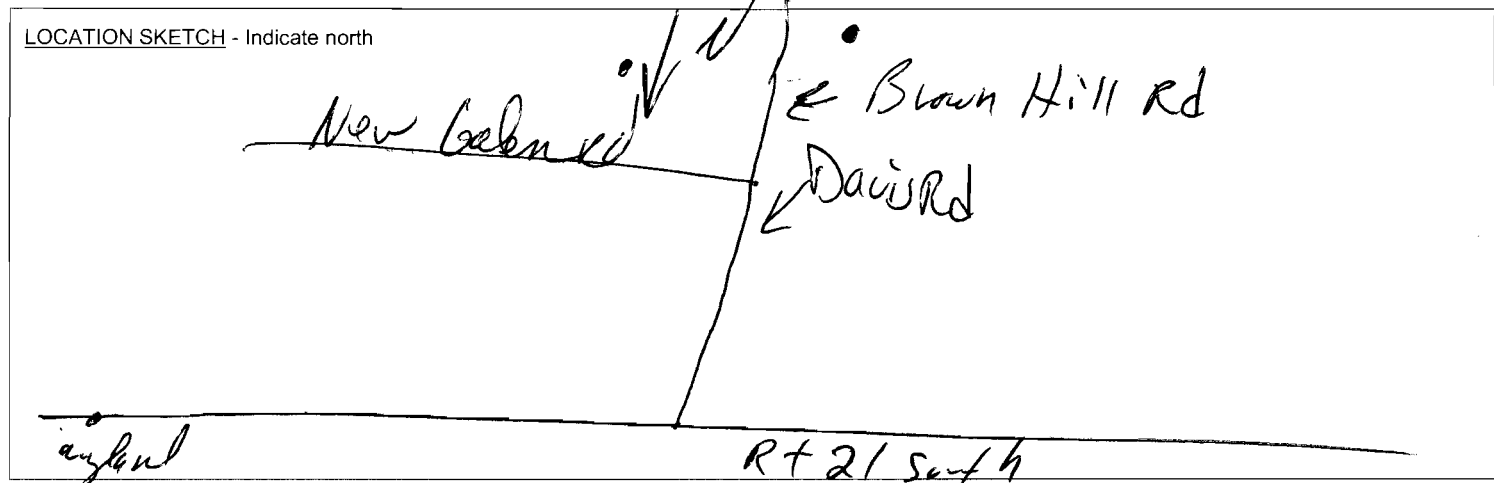
**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic  
 (38) DATE DRILLING WORK STARTED 7/9/12 (39) DATE DRILLING WORK COMPLETED 7/11/12  
 (40) DATE REPORT FILED 7/9/12 (41) REGISTERED COMPANY Loon Lake Services (42) DEC REGISTRATION NO. NYRD 10827  
 (43) CERTIFIED DRILLER (Print name) Joe Meyers (44) CERTIFIED DRILLER SIGNATURE Joseph A. Meyers

86 gpm  
130' deep

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BOTTOM OF HOLE  
 NYSDEC





(1) COUNTY Steuben

(2) TOWN Avoca

(3) DEC Well Number  
SB2809

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Victor Ross

(5) ADDRESS  
PO Box 324 Avoca NY 14809

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
3815 Clymo Rd.

(7) LATITUDE/LONGITUDE AND METHOD USED (8) TAX MAP NO.  
 GPS  Map 42° 25' 16.75" N 77° 30' 14.20" W

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 120' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED

(45) WELL LOG  
Depth to Bedrock \_\_\_\_\_ (ft. below land surface)  
Ground Elevation 1829 (ft. above sea level)  
Top of Casing \_\_\_\_\_ (ft. above (+) or below (-) land surface)

**CASINGS**

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

(12) LENGTH 61' 10" | ft. | ft. | in.

(13) GROUT TYPE / SEALING Bentonite (14) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

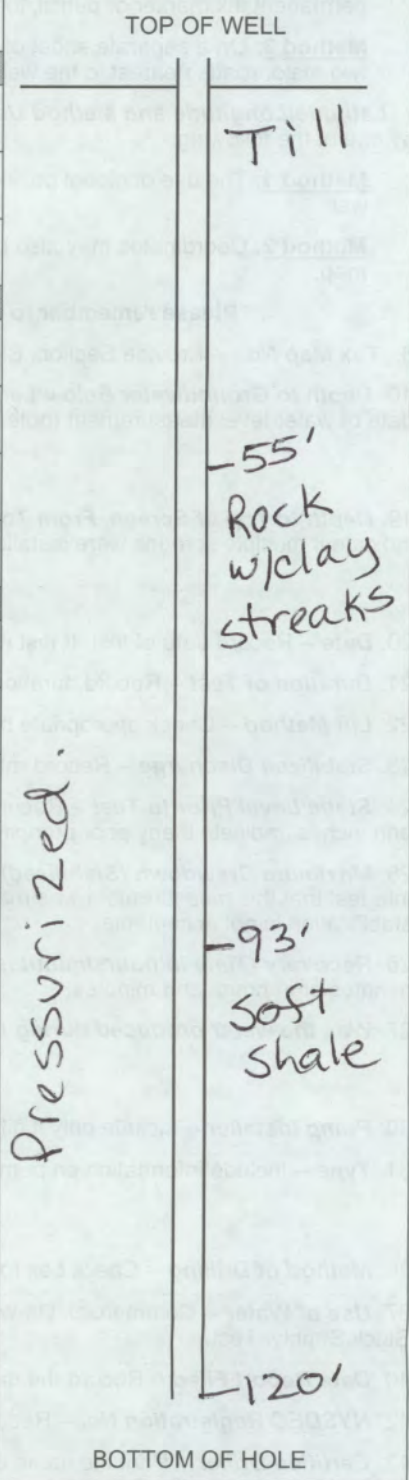
**SCREENS**

(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)



Pressurized.

**YIELD TEST**

(20) DATE 9/12/12 (21) DURATION OF TEST 90 min

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 30

(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 \_\_\_\_\_

**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)

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 9/12/12 (39) DATE DRILLING WORK COMPLETED 9/12/12

(40) DATE REPORT FILED 9/20/12 (41) REGISTERED COMPANY Barney Moravec Inc. (42) DEC REGISTRATION NO. NYRD 10024

(43) CERTIFIED DRILLER (Print name) David S. Moravec (44) CERTIFIED DRILLER SIGNATURE [Signature]

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(3) DEC Well Number  
**SB2882**

(1) COUNTY Steuben  
(2) TOWN Hornell

**WATER WELL COMPLETION REPORT**

(4) OWNER Harold Zeh  
(5) ADDRESS 8200 Jones Rd Hornell, Ny 14843  
(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° 24.207 W 077° 34.207  
(8) TAX MAP NO. 34.207

(45) WELL LOG  
Depth to Bedrock 25 (ft. below land surface)  
Ground Elevation 1340 (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.  
(12) LENGTH 25 ft. | ft. | ft. | in.  
(13) GROUT TYPE / SEALING (14) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

25' casing  
Brown clay & sandstone

**SCREENS**

(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)

50' water

**YIELD TEST**

(20) DATE 5/8/13 (21) DURATION OF TEST 1 hr  
(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 10+  
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 645 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 60  
(26) RECOVERY (Time in hours/minutes) (27) Was the water produced during the test discharged away from immediate area? Yes  No

6 in  
Shale

**PUMP INSTALLATION**

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

50' 36 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 5/4/13 (39) DATE DRILLING WORK COMPLETED 5/8/13  
(40) DATE REPORT FILED 5/3/13 (41) REGISTERED COMPANY Loon Lake Services (42) DEC REGISTRATION NO. NYRD 10827  
(43) CERTIFIED DRILLER (Print name) Joe Meyers (44) CERTIFIED DRILLER SIGNATURE Joseph Meyers

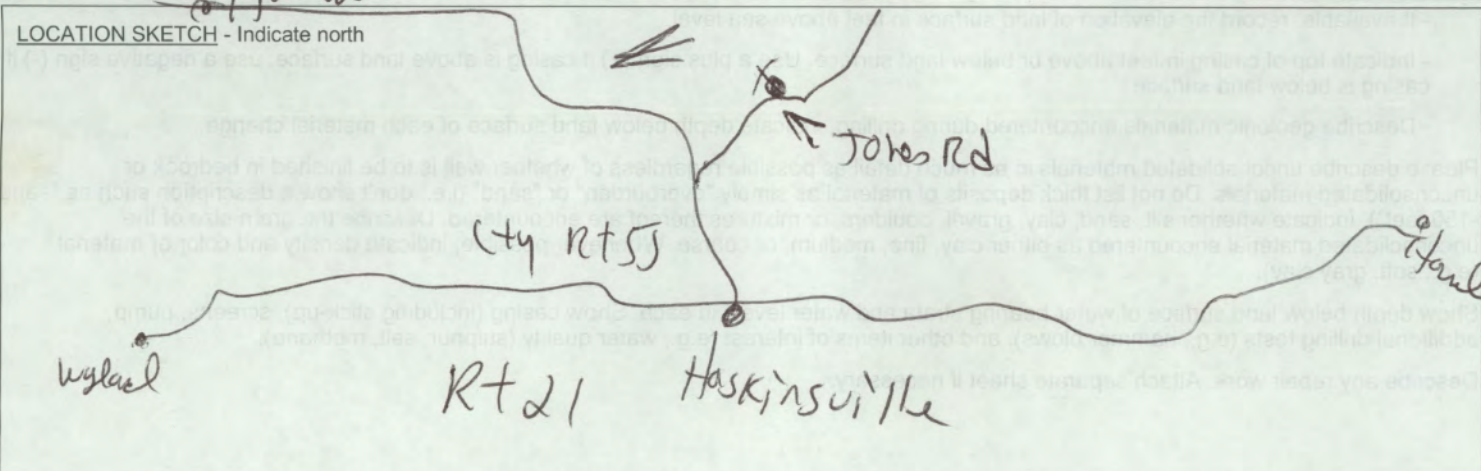
55' 80 GPM

60 105

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**BOTTOM OF HOLE**

NYSDEC







(1) COUNTY Steuben  
 (2) TOWN Cohocton

(3) DEC Well Number  
502088

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Mike Murray</u>		(8) TAX MAP NO. <u>N42°27.009' W 077°31.076</u>	
(5) ADDRESS <u>3603 Brown Hill Rd Cohocton, NY 14826</u>		(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>40</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) <small>(Check here <input type="checkbox"/> if address is same as above)</small>		DATE MEASURED <u>5/15/13</u>	
(7) LATITUDE/LONGITUDE AND METHOD USED <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map		(11) DIAMETER <u>6</u> in.	
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>150</u>		(12) LENGTH <u>30</u> ft.	
(13) GROUT TYPE / SEALING		(14) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
<b>CASINGS</b>			
<b>SCREENS</b>			
(15) MAKE & MATERIAL		(16) OPENINGS	
(17) DIAMETER		(18) LENGTH	
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(20) DATE <u>5/15/13</u>		(21) DURATION OF TEST <u>1h</u>	
(22) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bailer		(23) STABILIZED DISCHARGE (GPM) <u>7</u>	
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>40</u>		(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>150</u>	
(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>5/16</u>	(30) PUMP INSTALLER <u>Joe</u>
(31) TYPE <u>submersible</u>		(32) MAKE <u> Gould</u>	(33) MODEL <u>7/3/4</u>
(34) MAXIMUM CAPACITY (GPM) <u>10</u>		(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>145</u>	
<b>DRILLER INFORMATION</b>			
(36) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" 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>5/10/13</u>		(39) DATE DRILLING WORK COMPLETED <u>5/15/13</u>	
(40) DATE REPORT FILED <u>5/10/13</u>	(41) REGISTERED COMPANY <u>loon lake services</u>	(42) DEC REGISTRATION NO. <u>NYRD 10827</u>	
(43) CERTIFIED DRILLER (Print name) <u>Joe Meyers</u>		(44) CERTIFIED DRILLER SIGNATURE <u>[Signature]</u>	

(45) WELL LOG

Depth to Bedrock 30 (ft. below land surface)  
 Ground Elevation 1685 (ft. above sea level)  
 Top of Casing 72 (ft. above (+) or below (-) land surface)

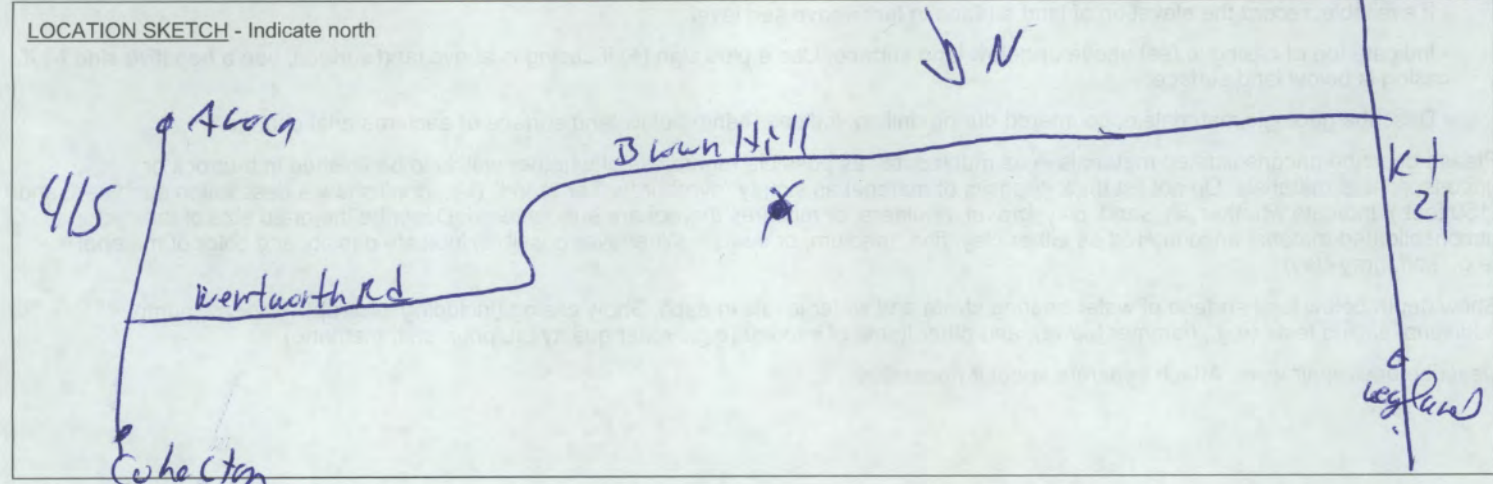
TOP OF WELL  
72

BOTTOM OF HOLE

NYSDEC Huels

761M

Clay & rock  
 30'  
 Fractured Brown Sandstone  
 installed proper plastic well casing inside bore hole. to prevent caving  
 150'



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10/2011





(1) COUNTY STEUWEN  
 (2) TOWN DANVILLE

(3) DEC Well Number  
SB2904

**WATER WELL COMPLETION REPORT**

(4) OWNER John SENKA  
 (5) ADDRESS 2282 Co RT 50 WAYLAND NY 14572  
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
42° 27' 57.0 77° 36' 00.3  
 (7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map  
 (8) TAX MAP NO.

(45) WELL LOG  
 Depth to Bedrock 34' (ft. below land surface)  
 Ground Elevation 2000 ft. above sea level  
 Top of Casing 2 (ft. above  or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 90  
 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) GROUND LEVEL DATE MEASURED 6/24/13

**CASINGS**  
 (11) DIAMETER 6 in. | | | | in.  
 (12) LENGTH 36 ft. | | | | ft. | | | | in.

(13) GROUT TYPE / SEALING BENTONITE & DRILL CUTTINGS  
 (14) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**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)

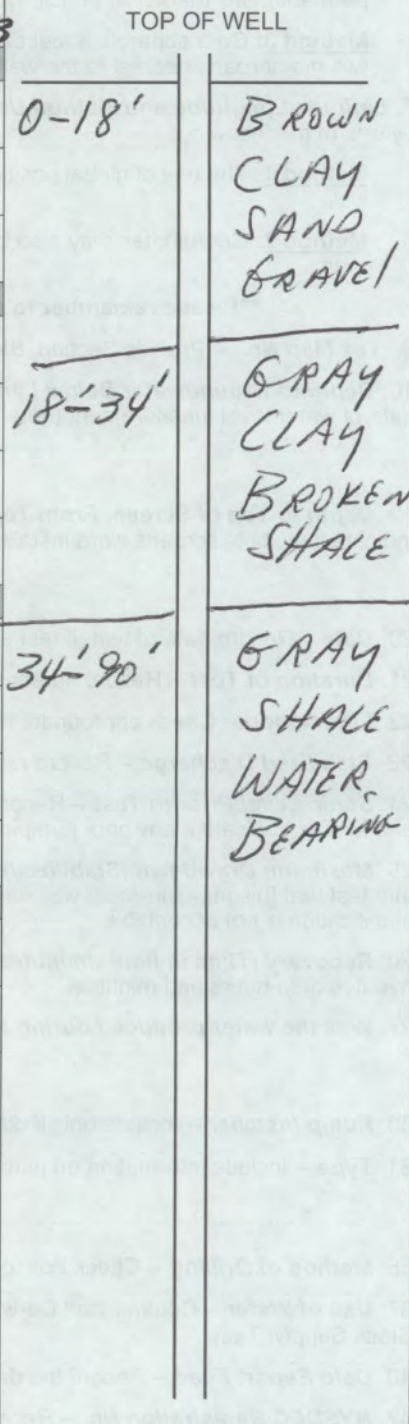
**YIELD TEST**

(20) DATE 6/24/13 (21) DURATION OF TEST 60 min  
 (22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 14  
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) GROUND LEVEL (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 65'  
 (26) RECOVERY (Time in hours/minutes) 3 hr 50 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 | (30) PUMP INSTALLER [Signature]  
 (31) TYPE | (32) MAKE | (33) MODEL  
 (34) MAXIMUM CAPACITY (GPM) | (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 6/21/13 (39) DATE DRILLING WORK COMPLETED 6/23/13  
 (40) DATE REPORT FILED 3/30/14 (41) REGISTERED COMPANY DANVILLE WATER WELLS (42) DEC REGISTRATION NO. NYRD 10294  
 (43) CERTIFIED DRILLER (Print name) RONALD A. HALL (44) CERTIFIED DRILLER SIGNATURE [Signature]



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(1) COUNTY Steuben  
 (2) TOWN Cohocton

(3) DEC Well Number  
SB3014

**WATER WELL COMPLETION REPORT**

(4) OWNER Tom Simons  
 (5) ADDRESS 10997 Beals Rd, Cohocton, NY 14826  
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
42° 27' 01.6" 77° 32' 53.6"  
 (7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map  
 (8) TAX MAP NO.

(45) WELL LOG  
 Depth to Bedrock 36 (ft. below land surface)  
 Ground Elevation 1924 (ft. above sea level)  
 Top of Casing 1.5 (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 70'  
 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 3' DATE MEASURED 2/4/14

TOP OF WELL

**CASINGS**  
 (11) DIAMETER 6 in. | in. | in. | in.  
 (12) LENGTH 40 ft. | ft. | ft. | in.

0-20'  
 BROWN CLAY  
 BROKEN SHALE

(13) GROUT TYPE / SEALING BENTONITE DRILL CUTTINGS  
 (14) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREENS**  
 (15) MAKE & MATERIAL  
 (16) OPENINGS

20'-36'  
 GRAY CLAY  
 GRAVEL MIX

(17) DIAMETER in. | in. | in. | in.  
 (18) LENGTH ft. | ft. | ft. | in.  
 (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

**YIELD TEST**

(20) DATE 2/4/14  
 (21) DURATION OF TEST 30 min  
 (22) LIFT METHOD  Pump  Air Lift  Bailer  
 (23) STABILIZED DISCHARGE (GPM) 15  
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 3'  
 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 50'  
 (26) RECOVERY (Time in hours/minutes) 2 hr 10 min  
 (27) Was the water produced during the test discharged away from immediate area? Yes  No

36'-70'  
 GRAY SANDY SHALE  
 WATER BEARING

**PUMP INSTALLATION**

(28) PUMP INSTALLED? YES  NO   
 (29) DATE 2/6/14 (30) PUMP INSTALLER N/A  
 (31) TYPE Submersible (32) MAKE Soucos (33) MODEL 7513054220  
 (34) MAXIMUM CAPACITY (GPM) 8 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 50

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other  
 (37) USE OF WATER (See instructions for choices) Domestic  
 (38) DATE DRILLING WORK STARTED 2/2/14  
 (39) DATE DRILLING WORK COMPLETED 2/3/14

(40) DATE REPORT FILED 1/13/14 (41) REGISTERED COMPANY Darvillewater wells (42) DEC REGISTRATION NO. NYRD 10294

(43) CERTIFIED DRILLER (Print name) Ronald A. Hall (44) CERTIFIED DRILLER SIGNATURE R A Hall

BOTTOM OF HOLE

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(3) DEC Well Number  
**SB 3021**

(1) COUNTY Steuben

(2) TOWN Hannell

**WATER WELL COMPLETION REPORT**

(4) OWNER John E. Wood

(5) ADDRESS 3492 County Route 70A

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
3492 County Route 70A

(7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 178 (10) DEPTH TO GROUNDWATER BFLOW LAND SURFACE (feet) DATE MEASURED

**CASINGS**

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

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

(13) GROUT TYPE / SEALING Quick Crete (14) GROUT / SEALING INTERVAL (feet) FROM TO

**SCREENS**

(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)

**YIELD TEST**

(20) DATE 10-24-13 (21) DURATION OF TEST

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM)

(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

**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)

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 10-24-13 (39) DATE DRILLING WORK COMPLETED 10-24-13

(40) DATE REPORT FILED 10-24-13 (41) REGISTERED COMPANY Uplike Waterwell Drillers (42) DEC REGISTRATION NO NYRD 10070

(43) CERTIFIED DRILLER (Print name) Milton E Uplike (44) CERTIFIED DRILLER SIGNATURE Milton E Uplike

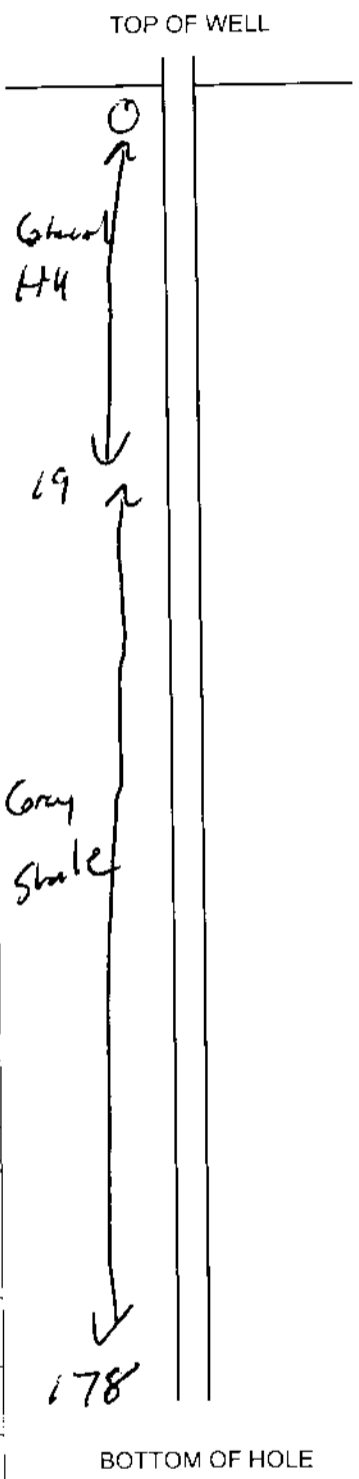
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(45) WELL LOG

Depth to Bedrock 19 (ft. below land surface)

Ground Elevation 1725 (ft. above sea level)

Top of Casing 1 (ft. above (+) or below (-) land surface)



NYSDEC

LOCATION SKETCH - Indicate north

42° 22.13 N  
077° 31.30 W



(1) COUNTY Steuben  
 (2) TOWN Colton

(3) DEC Well Number  
SB3035

**WATER WELL COMPLETION REPORT**

(4) OWNER Chad Eigenfus

(5) ADDRESS 8948 walters rd

(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° 27.934 W 077° 30.687  
 (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 150  
 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 100 DATE MEASURED 4/16/14

(45) WELL LOG  
 Depth to Bedrock 40 (ft. below land surface)  
 Ground Elevation 158 (ft. above sea level)  
 Top of Casing +2 (ft. above (+) or below (-) land surface)

**CASINGS**

(11) DIAMETER 6 in. | | | |

(12) LENGTH 40 ft. | | | |

(13) GROUT TYPE / SEALING (14) GROUT / SEALING INTERVAL (feet) FROM TO

**SCREENS**

(15) MAKE & MATERIAL (16) OPENINGS

(17) DIAMETER in. | | | |

(18) LENGTH ft. | | | |

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

**YIELD TEST**

(20) DATE 4/16/14 (21) DURATION OF TEST 1

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 15

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 50 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 20

(26) RECOVERY (Time in hours/minutes) 1 (27) Was the water produced during the test discharged away from immediate area?  Yes  No

**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)

**DRILLER INFORMATION**

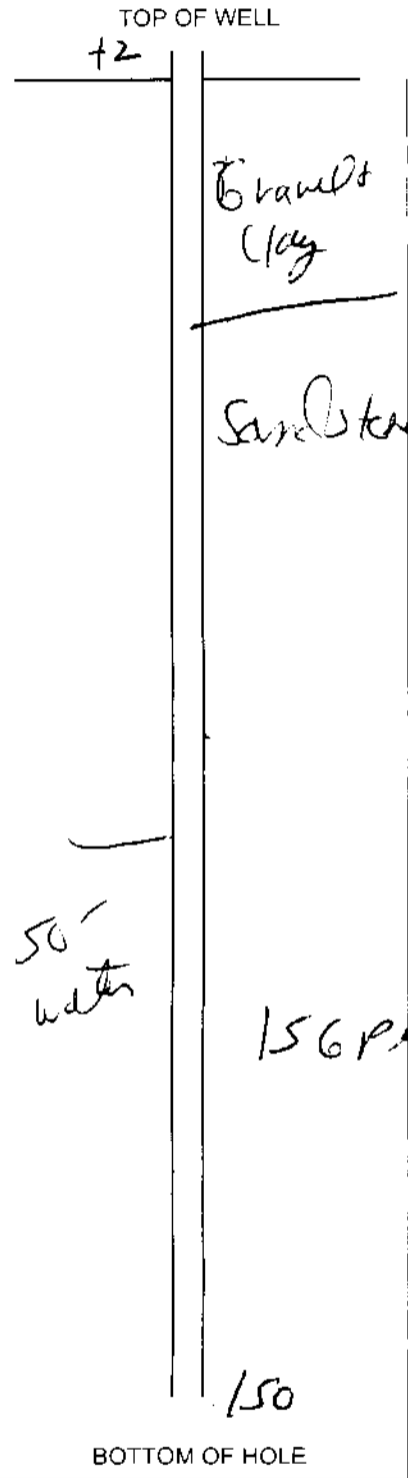
(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices)

(38) DATE DRILLING WORK STARTED 4/19/14 (39) DATE DRILLING WORK COMPLETED 4/16/14

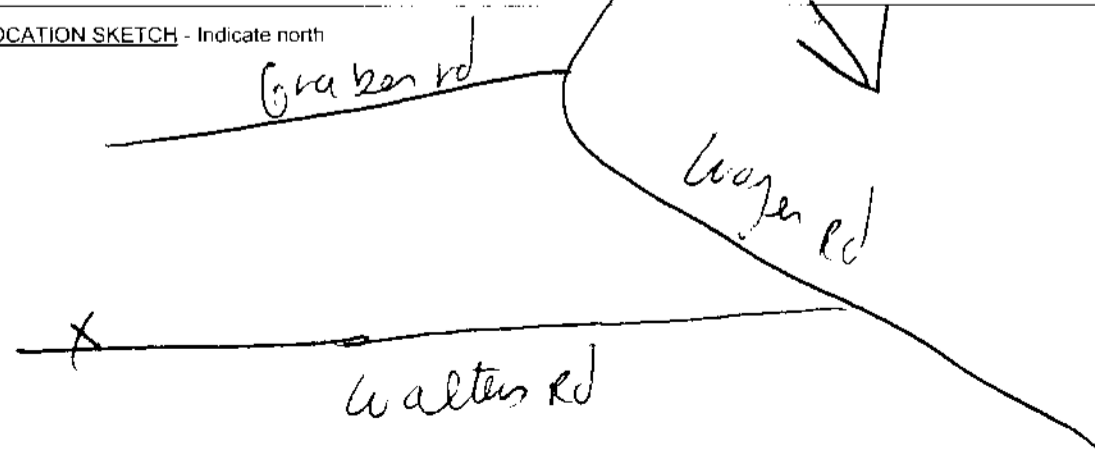
(40) DATE REPORT FILED 4/9/14 (41) REGISTERED COMPANY Loon Lake Services (42) DEC REGISTRATION NO. NYRD 10327

(43) CERTIFIED DRILLER (Print name) Joe Meyers (44) CERTIFIED DRILLER SIGNATURE [Signature]

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LOCATION SKETCH - Indicate north





(3) DEC Well Number  
SB 3036

(1) COUNTY Steuben

(2) TOWN Cohocton

**WATER WELL COMPLETION REPORT**

(4) OWNER Dan Donald

(5) ADDRESS 3607 walters rd

(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 27.379 W 077 31.159

(15) TAX MAP NO. 4/28/14

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 230

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 140 DATE MEASURED 4/28/14

(45) WELL LOG  
Depth to Bedrock 70 (ft. below land surface)  
Ground Elevation 1256 (ft. above sea level)  
Top of Casing      (ft. above (+) or below (-) land surface)

**CASINGS**

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

(12) LENGTH 70 ft. |     ft. |     ft. |     ft.

(13) GROUT TYPE / SEALING (14) GROUT / SEALING INTERVAL (feet) FROM      TO     

**SCREENS**

(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)

**YIELD TEST**

(20) DATE 4/28/14 (21) DURATION OF TEST 1

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 15

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 140 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 20

(26) RECOVERY (Time in hours/minutes) 1 (27) Was the water produced during the test discharged away from immediate area? Yes  No

**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)     

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices)

(38) DATE DRILLING WORK STARTED 4/17/14 (39) DATE DRILLING WORK COMPLETED 4/28/14

(40) DATE REPORT FILED 4/19/14 (41) REGISTERED COMPANY Complete Services (42) DEC REGISTRATION NO. NYRD 10037

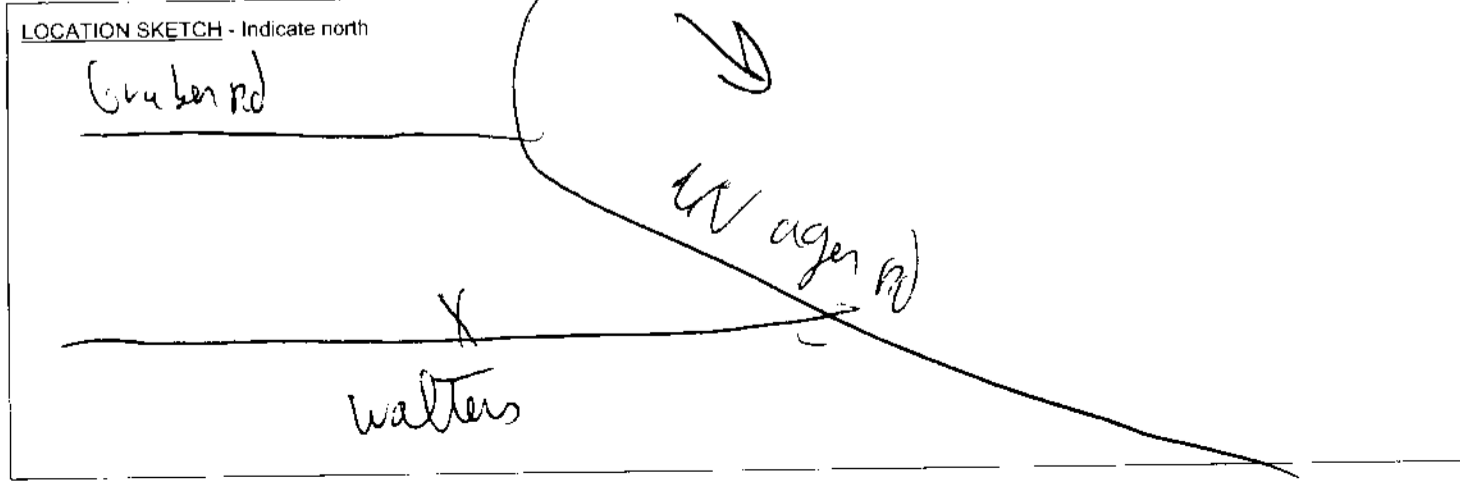
(43) CERTIFIED DRILLER (Print name) Joe Meyers (44) CERTIFIED DRILLER SIGNATURE Joe Meyers

TOP OF WELL  
+2  
Clay & gravel  
70  
Sandstone  
90' water  
15 GPM  
230  
BOTTOM OF HOLE

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10/2011

NYSDEC







(1) COUNTY Steuben  
 (2) TOWN Hornell

(3) DEC Well Number  
SB3107

**WATER WELL COMPLETION REPORT**

(4) OWNER Shawn MacNaughton

(45) WELL LOG

(5) ADDRESS 2959 Davis Rd Hornell NY 14843

Depth to Bedrock 6 (ft. below land surface)

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

Ground Elevation 1714 (ft. above sea level)

(7) LATITUDE/LONGITUDE AND METHOD USED  
 GPS  Map 42° 22' 46.64" N 77° 32' 54.71" W

(8) TAX MAP NO.

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

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

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 131 DATE MEASURED 9/19/14

TOP OF WELL

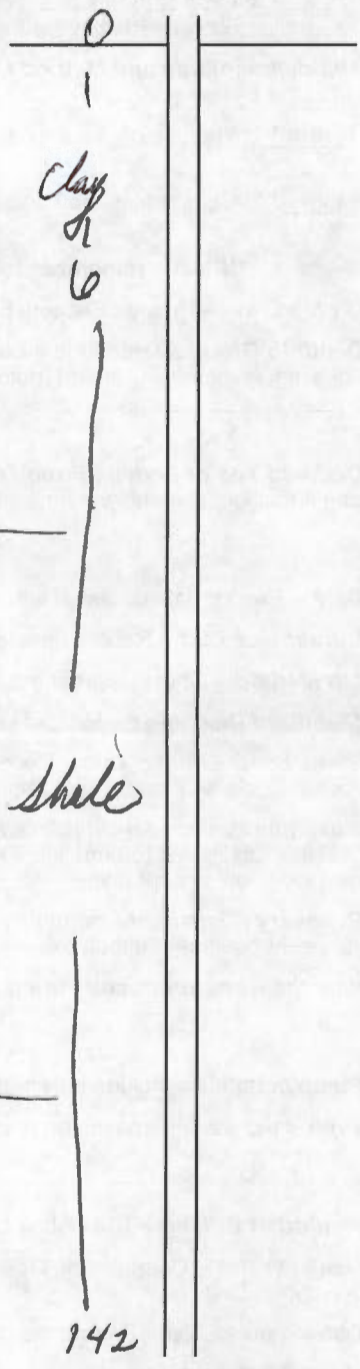
**CASINGS**

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

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

(13) GROUT TYPE / SEALING Bentonite

(14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 30



**SCREENS**

(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)

**YIELD TEST**

(20) DATE 9/19/14

(21) DURATION OF TEST 30 min

(22) LIFT METHOD  Pump  Air Lift  Bailor

(23) STABILIZED DISCHARGE (GPM) 10

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 142

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

(26) RECOVERY (Time in hours/minutes) ?

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

**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)

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other

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

(38) DATE DRILLING WORK STARTED 9/19/14

(39) DATE DRILLING WORK COMPLETED 9/19/14

(40) DATE REPORT FILED 9/28/14

(41) REGISTERED COMPANY Hess Well Drilling Inc

(42) DEC REGISTRATION NO. NYRD 10162

(43) CERTIFIED DRILLER (Print name) Scott Hess

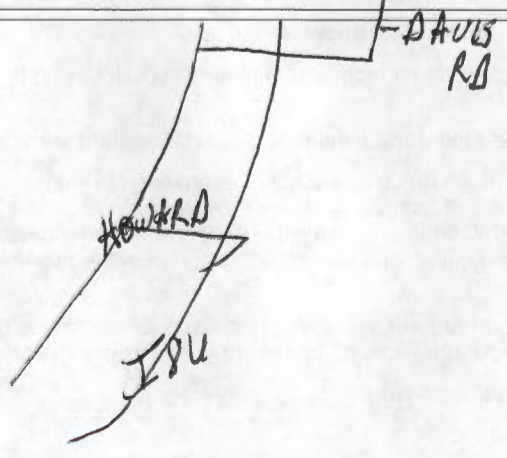
(44) CERTIFIED DRILLER SIGNATURE [Signature]

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BOTTOM OF HOLE

NYSDEC

LOCATION SKETCH - Indicate north





(1) COUNTY Steuben  
 (2) TOWN Hornell

(3) DEC Well Number  
SB3279

**WATER WELL COMPLETION REPORT**

(4) OWNER Chad McNaughton

(5) ADDRESS 3004 Davis Rd Hornell, NY 14843

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

(7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map 42° 22' 40.80" N 77° 33' 09.95" W (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 138 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 130 DATE MEASURED 10/27/15

**CASINGS**

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

(12) LENGTH 60 ft. | | | | ft. | | | | ft. | | | | ft. | | | | ft.

(13) GROUT TYPE / SEALING Bentonite (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 60

**SCREENS**

(15) MAKE & MATERIAL | | | | (16) OPENINGS | | | |

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

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

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

**YIELD TEST**

(20) DATE 10/27/15 (21) DURATION OF TEST 30 min

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 10

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 140 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 0

(26) RECOVERY (Time in hours/minutes) — (27) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(28) PUMP INSTALLED? YES  NO  (29) DATE \_\_\_\_\_ (30) CERTIFIED PUMP INSTALLER \_\_\_\_\_

(31) TYPE \_\_\_\_\_ (32) MAKE \_\_\_\_\_ (33) MODEL \_\_\_\_\_

(34) MAXIMUM CAPACITY (GPM) \_\_\_\_\_ (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) \_\_\_\_\_

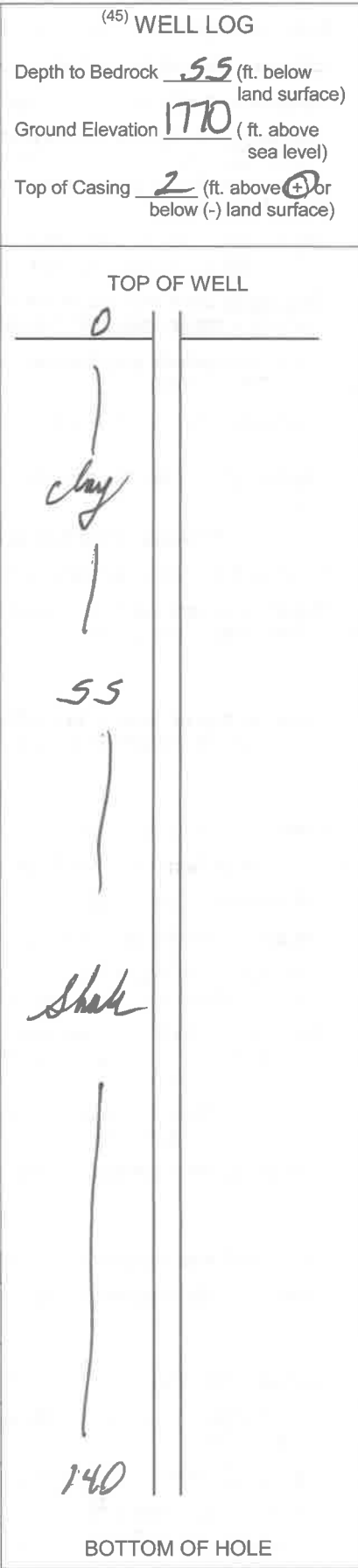
**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 10/27/15 (39) DATE DRILLING WORK COMPLETED 10/27/15

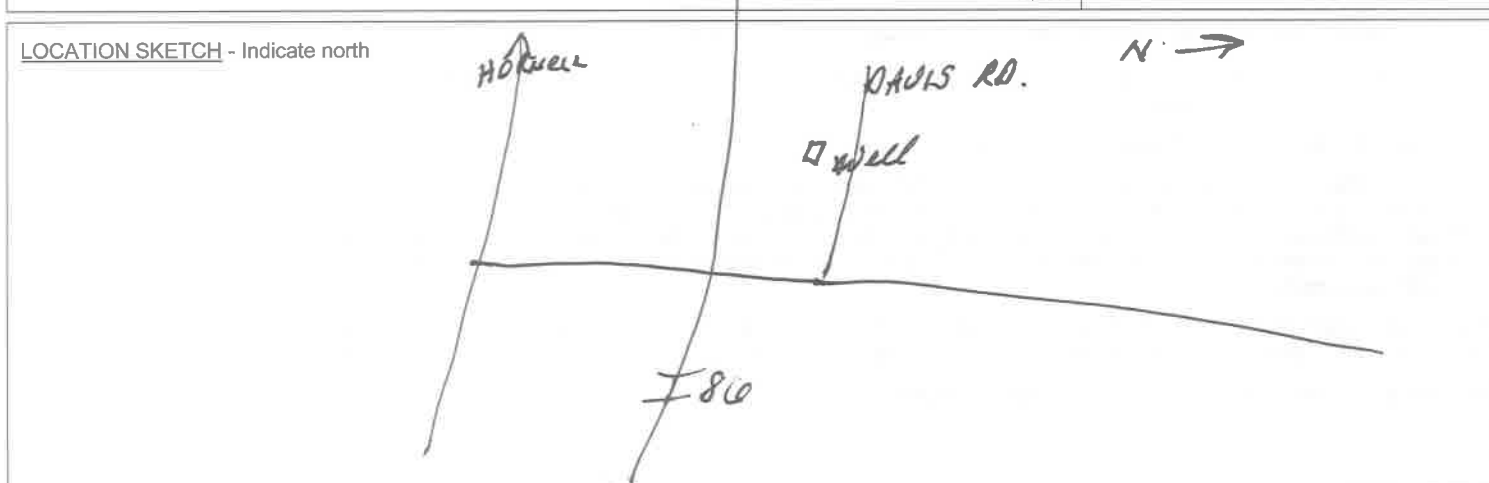
(40) DATE REPORT FILED 11/15/15 (41) REGISTERED COMPANY Hess Well Drilling Inc (42) DEC REGISTRATION NO. NYRD 10162

(43) CERTIFIED DRILLER (Print name) Scott Hess (44) CERTIFIED DRILLER SIGNATURE Scott Hess



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10/2013



NYSDEC



(1) COUNTY Steuben

(2) TOWN Cohocton

(3) DEC Well Number  
**5B 3326**

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Larry & Diana Wilt

(5) ADDRESS  
866 Mattoon Rd Cohocton, NY 14826

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

(7) LATITUDE/LONGITUDE AND METHOD USED GPS (8) TAX MAP NO.  
 GPS  Map N42° 25.228' W77° 33.044'

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 130' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 45' DATE MEASURED 3/3/16

**CASINGS**

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

(12) LENGTH 25 ft. | | | | ft. | | | | ft.

(13) GROUT TYPE / SEALING N/A (14) GROUT / SEALING INTERVAL (feet) FROM N/A TO

**SCREENS**

(15) MAKE & MATERIAL (16) OPENINGS

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

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

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

**YIELD TEST**

(20) DATE 3/4/16 (21) DURATION OF TEST 1 hour

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 9

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 45' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 40'

(26) RECOVERY (Time in hours/minutes) 20 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 3/5/16 (30) CERTIFIED PUMP INSTALLER Joseph Meyers

(31) TYPE Goulds Submersible (32) MAKE Goulds (33) MODEL 1/2hp 10 gpm

(34) MAXIMUM CAPACITY (GPM) 10 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 125'

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 2/26/16 (39) DATE DRILLING WORK COMPLETED 3/1/16

(40) DATE REPORT FILED 3/10/16 (41) REGISTERED COMPANY Loon Lake Services (42) DEC REGISTRATION NO. NYRD 10827

(43) CERTIFIED DRILLER (Print name) W D Ford (44) CERTIFIED DRILLER SIGNATURE [Signature]

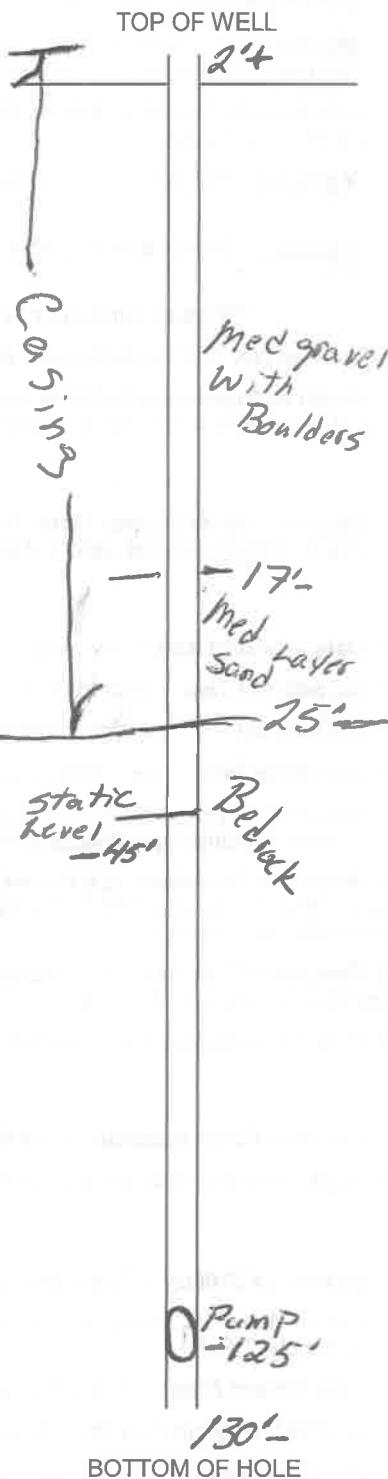
\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) 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.

(45) WELL LOG

Depth to Bedrock 22' (ft. below land surface)

Ground Elevation 1537 (ft. above sea level)

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



NYSDEC

10/2013

LOCATION SKETCH - Indicate north

