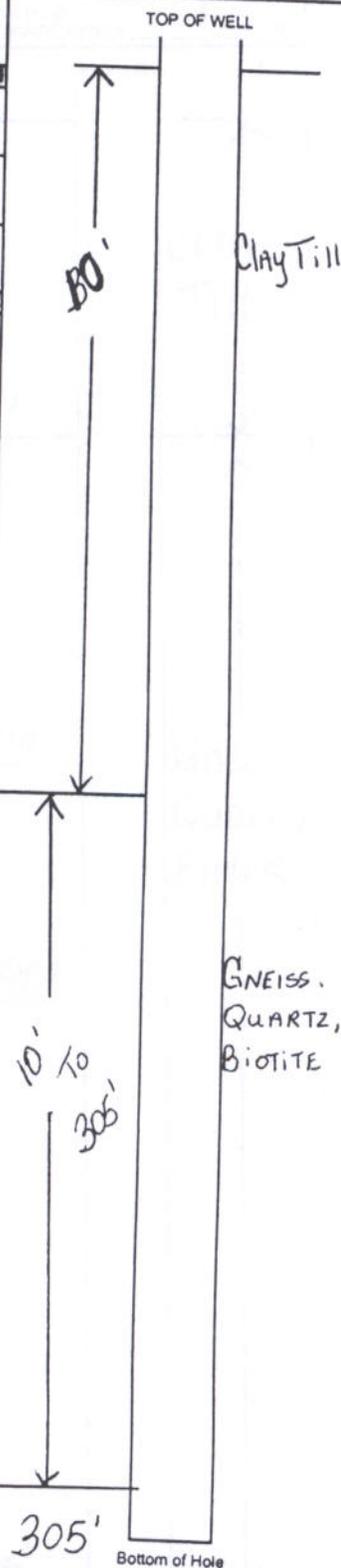


WELL COMPLETION REPORT

(3) OWNER NBA CORP.		* LOG	
(4) ADDRESS 950 RT. 6, Mahopac, NY 10541			
(5) LOCATION OF WELL (Also see reverse) 17 RESERVOIR CT. Mahopac, NY 10541			
(6) DEPTH OF WELL BELOW SURFACE 305'	(7) DEPTH TO GROUNDWATER 37'	Ground Surface EL. _____ ft. above sea level	
(8) DIAMETER in. 6 in. _____ in. _____ in.		TOC above (+) or below (-) ground surface _____	
(9) LENGTH ft. 21 ft. _____ ft. _____ in.		TOP OF WELL	
(10) SEALING Cement Grout			
(11) CASINGS REMOVED		Clay Till	
(12) MAKE & MATERIAL			
(13) OPENINGS		10'	
(14) DIAMETER in. _____ in. _____ in. _____ in.			
(15) LENGTH ft. _____ ft. _____ ft. _____ in.		Bottom of Hole	
(16) DEPTH TO TOP, FROM TOP OF CASING			
(17) DATE		10'	
(18) TEST OR PERMANENT PUMP?			
(19) DURATION OF TEST 8 hours minutes		10'	
(20) MAXIMUM DISCHARGE 10 gallons per min.			
(21) STATIC LEVEL PRIOR TO TEST 37 ft. _____ in. below top of casing		10'	
(22) LEVEL DURING MAXIMUM PUMPING _____ ft. _____ in. below top of casing			
(23) MAXIMUM DRAWDOWN 305 ft.		10'	
(24) Approximate time of return to normal water level after cessation of pumping _____ minutes			
(25) TYPE		10'	
(26) MAKE			
(27) MODEL NUMBER		10'	
(28) MOTIVE POWER			
(29) MAKE		10'	
(30) H.P.			
(31) CAPACITY g.p.m. against _____ ft. of discharge head		10'	
(32) NUMBER OF BOWLS OR STAGES _____ ft. of total head			
(33) DIAMETER & (34) LENGTH		10'	
(35) DIAMETER & (36) LENGTH			
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Other Comp. Air		10'	
(38) USE OF WATER DOMESTIC			
(39) WORK STARTED 05-11-00		10'	
(40) WORK COMPLETED 05-11-00			
(41) DATE 05-11-00		10'	
(42) DRILLER, COMPANY Boyd ARTESIAN Well Co. Inc 1054 Rt 52 CARMEL, NY 10512 (845) 225-3196			
(43) REGISTRATION NO. NYRD-06195			



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

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Utaham



(2) DEC Well Number

P1529

WELL COMPLETION REPORT

OWNER NBA Corporation		* LOG	
(4) ADDRESS 950 Route 6 Mahopac, NY 10541		Ground Surface EL. _____ ft. above sea level	
(5) LOCATION OF WELL (Also see reverse) 17 Reservoir Ct. Mahopac, NY 10541		TOC above (+) or below (-) ground surface <u>1</u> ft.	
(6) DEPTH OF WELL BELOW SURFACE 305'	(7) DEPTH TO GROUNDWATER		
CASINGS			
(8) DIAMETER 6 in. _____ in. _____ in. _____ in.			
(9) LENGTH 21 ft. _____ ft. _____ ft. _____ in.			
(10) SEALING Cement grout		(11) CASINGS REMOVED	
SCREENS			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in. _____ in. _____ in. _____ in.			
(15) LENGTH ft. _____ ft. _____ ft. _____ in.			
(16) DEPTH TO TOP, FROM TOP OF CASING			
PUMPING TEST			
(17) DATE 5/9/00		(18) TEST OR PERMANENT PUMP? air test	
(19) DURATION OF TEST 120 minutes		(20) MAXIMUM DISCHARGE 10 gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST ft. _____ in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING ft. _____ in. below top of casing	
(23) MAXIMUM DRAWDOWN 305 ft.		(24) Approximate time of return to normal water level after cessation of pumping minutes	
PUMP INSTALLED			
(25) TYPE	(26) MAKE	(27) MODEL NUMBER	
(28) MOTIVE POWER	(29) MAKE	(30) H.P.	
(31) CAPACITY g.p.m. against _____ ft. of discharge head			
(32) NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER Domestic	
(39) WORK STARTED 5/8/00		(40) WORK COMPLETED 5/9/00	
(41) DATE	(42) DRILLER, COMPANY Henry Boyd Boyd Artesian Well Co, Inc	(43) REGISTRATION NO. NYRDO1695	
* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".		TOP OF WELL Clay Till 10' Fractures 70' 90' Gneiss, Quartz, Biotite 305' Bottom of Hole	

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