

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Putnam



(3) DEC Well Number P11614

(2) Township _____

WELL COMPLETION REPORT

(4) OWNER <u>Raymond Development Corp. (NFK)</u>		LOG *
(5) ADDRESS <u>271 Colonel Green Rd., Yorktown Hts, NY 10598</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N 41° 21.639 W 073° 54.598</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>280</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>20</u>	DATE MEASURED <u>7-21-00</u>
CASINGS		
(9) DIAMETER <u>6</u> in. in.		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 100%; width: 20px;"></div> <div style="margin: 0 10px;"> <p style="margin: 0;">sand</p> <p style="margin: 0;">-10' -</p> <p style="margin: 0;">-20' </p> <p style="margin: 0;">shale w/ quartz</p> </div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 100%; width: 20px;"></div> <div style="margin: 0 10px;"> <p style="margin: 0;">casing</p> <p style="margin: 0;">shoe</p> </div> </div>
(10) LENGTH <u>20</u> ft. ft.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in. in.		
(16) LENGTH ft. ft.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>7-21-00</u>	(19) DURATION OF TEST <u>1 hour</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 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 <input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input checked="" type="checkbox"/> Other <u>Percussion</u>	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7-21-00</u>	(37) DATE DRILLING WORK COMPLETED <u>7-21-00</u>	
(38) DATE REPORT FILED <u>2-16-01</u>	(39) DRILLER & COMPANY <u>Anthony P. Alfala Southeast Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10151</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

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