

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) County Putnam

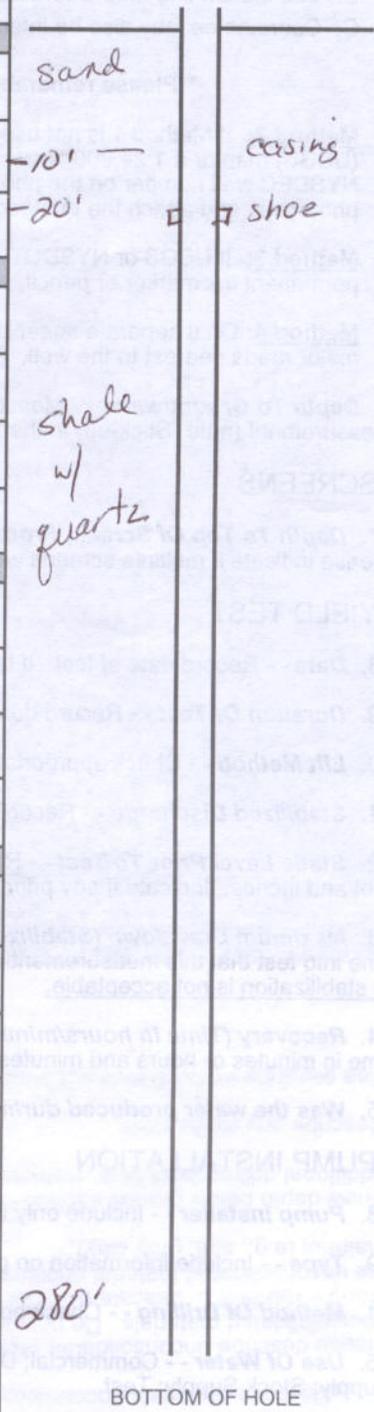
(3) DEC Well Number

P1615

(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° 21.695 W 073° 54.431</u>		Top Of Casing is located <u>27</u> 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>7-24-00</u>	TOP OF WELL
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>20</u> ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>7-24-00</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>15</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>7-23-00</u>		(37) DATE DRILLING WORK COMPLETED <u>7-24-00</u>	
(38) DATE REPORT FILED <u>2-16-01</u>		(39) DRILLER & COMPANY <u>Anthony P. A. Kalla 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.			280'
See further instructions titled "Instructions for New York State Well Completion Report".			BOTTOM OF HOLE



NYSDEC COPY