WELL COMPLETION REPORT 41 28 30 73 46 34
3/71 K65 OSCAWANA

PUTNAM COUNTY DEPARTMENT OF HEALTH
Division of Environmental Health Services
COUNTY OFFICE BUILDING - CARMEL, NEW YORK

This report is to be completed by well driller and submitted to County Health Department together with laboratory report of analysis of water sample indicating water is of satisfactory bacterial quality before certificate of construction compliance is issued.

REPORT MUST BE SUBMITTED WITHIN 30 DAYS OF WELL COMPLETION

P1082

OWNER	NAME: Cathy Freston		ADDRESS			
LOCATION OF WELL	(No. & Street): Sagamore Drive		(Town): Kent			(Lot Number)
PROPOSED USE OF WELL	[XX] DOMESTIC	[ ] BUSINESS ESTABLISHMENT	[ ] FARM	[ ] TEST WELL	689 L	
	[ ] PUBLIC SUPPLY	[ ] INDUSTRIAL	[ ] AIR CONDITIONING	[ ] OTHER (Specify)		
DRILLING EQUIPMENT	[ ] ROTARY	[XX] COMPRESSED AIR PERCUSSION	[ ] CABLE PERCUSSION	[ ] OTHER (Specify)		
CASING DETAILS	LENGTH (feet): 29	DIAMETER (inches): 6	WEIGHT PER FOOT: 19	[XX] THREADED [ ] WELDED	DRIVE SHOE [XX] YES [ ] NO	WAS CASING GROUTED? [X] YES [ ] NO
YIELD TEST	[ ] BAILED	[ ] PUMPED	[XX] COMPRESSED AIR	HOURS:	G.P.M.:	YIELD (G.P.M.): 50
WATER LEVEL	MEASURE FROM LAND SURFACE – STATIC (Specify feet):	DURING YIELD TEST (feet): Total Drawdown		Depth of Completed Well in feet below Land surface: 280		
SCREEN DETAILS	MAKE					LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of well including gravel pack (inches):	GRAVEL SIZE (inches)	FROM (feet) / TO (feet)

DEPTH FROM LAND SURFACE FEET	to FEET	FORMATION DESCRIPTION
0	2	overburden, organic soil
2	10	broken-up ledge
10	280	granite

Sketch exact location of well with distances, to at least two permanent landmarks.

If yield was tested at different depths during drilling, list below

FEET	GALLONS PER MINUTE
130	24
260	30
275	50

RECEIVED
JAN 21 1985
PUTNAM COUNTY
DEPT. OF HEALTH

DATE WELL COMPLETED	DATE OF REPORT	WELL DRILLER (Signature)