Division of Environmental Health Services
COUNTY OFFICE BUILDING - CARMEL, NEW YORK

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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

OSCAWANA
P932

OWNER	NAME THOMAS M. DE PAOLI, INC.		ADDRESS Route 22, Croton Falls, New York 10519	
LOCATION OF WELL	(No. & Street) HILL STREET		(Town) Mahopac, New York	(Lot Number)
PROPOSED USE OF WELL	[X] DOMESTIC	[ ] BUSINESS ESTABLISHMENT	[ ] FARM	[ ] TEST WELL 680 S
	[ ] PUBLIC SUPPLY	[ ] INDUSTRIAL	[ ] AIR CONDITIONING	[ ] OTHER (Specify)
DRILLING EQUIPMENT	[ ] ROTARY	[X] COMPRESSED AIR PERCUSSION	[ ] CABLE PERCUSSION	[ ] OTHER (Specify)

CASING DETAILS	LENGTH (feet)	DIAMETER (inches)	WEIGHT PER FOOT		DRIVE SHOE	WAS CASING GROUTED?
	40½	6	17	[X] THREADED [ ] WELDED	[X] YES [ ] NO	[X] YES [ ] NO

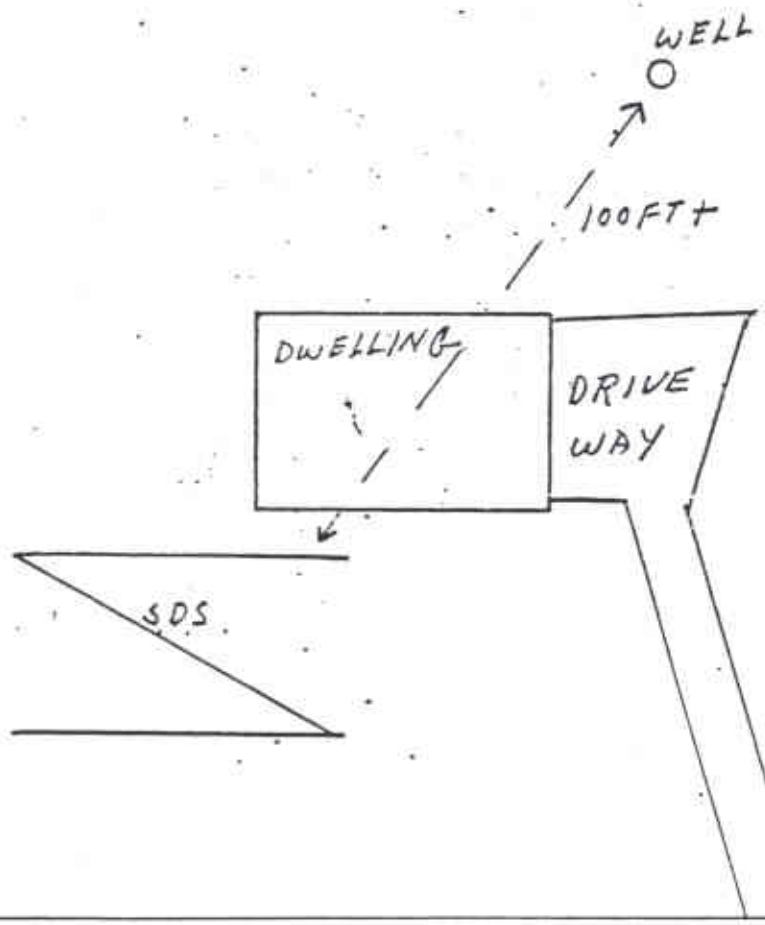
YIELD TEST				HOURS	G.P.M.	YIELD (G.P.M.)
	[ ] BAILED	[ ] PUMPED	[X] COMPRESSED AIR	4	7½	7½

WATER LEVEL	MEASURE FROM LAND SURFACE—STATIC (Specify feet)	DURING YIELD TEST (feet)	Depth of Completed Well in feet below land surface:
		300	300

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	8	Clay & boulders
8	30	Fractured bedrock
30	300	Hard 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
300	7½

DATE WELL COMPLETED	DATE OF REPORT	WELL DRILLER (Signature)
4/24/84	4/26/84	Robert Mill, Pres.-MILL DRILLING, INC.