OSCANANA

WELL COMPLETION REPORT
3/71

C148

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

P934

OWNER	NAME		ADDRESS	
LOCATION OF WELL	(No. & Street)		(Town)	(Lot Number)
PROPOSED USE OF WELL	☑ DOMESTIC	☐ BUSINESS ESTABLISHMENT	☐ FARM	☐ TEST WELL 950 S
	☐ PUBLIC SUPPLY	☐ INDUSTRIAL	☐ AIR CONDITIONING	☐ OTHER (Specify)
DRILLING EQUIPMENT	☐ ROTARY	☐ COMPRESSED AIR PERCUSSION	☑ CABLE PERCUSSION	☐ OTHER (Specify)

CASING DETAILS	LENGTH (feet)	DIAMETER (inches)	WEIGHT PER FOOT		DRIVE SHOE	WAS CASING GROUTED?
	30'	6"	19 lbs	☑ THREADED ☐ WELDED	☑ YES ☐ NO	☑ YES ☐ NO

YIELD TEST				HOURS	G.P.M.	YIELD (G.P.M.)
	☑ BAILED	☐ PUMPED	☐ COMPRESSED AIR	6	7 1/2	7 1/2

WATER LEVEL	MEASURE FROM LAND SURFACE—STATIC (Specify feet)	DURING YIELD TEST (feet)	Depth of Completed Well in feet below Land surface:
	63'	200'	396'

SCREEN DETAILS	NAME					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	1	TOP SOIL
1	4	LOAM
4	312	BLACK GRANITE
312	396	GENESIS

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

DATE WELL COMPLETED	DATE OF REPORT	WELL DRILLER (Signature)
AUG 3RD	SEPT 23	Dennis J. Malanchuk