

C156 **CROTON FALLS**

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

P937

41 21 12 73 43 19

OWNER	NAME <i>Lubbers</i>		ADDRESS			
LOCATION OF WELL	(No. & Street) <i>Indian Falls</i>		(Town) <i>Putnam Valley, N.Y.</i>		(Lot Number)	
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM	<input type="checkbox"/> TEST WELL	<i>650 5</i>	
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> OTHER (Specify)		
DRILLING EQUIPMENT	<input checked="" type="checkbox"/> ROTARY	<input type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)		
CASING DETAILS	LENGTH (feet) <i>26'</i>	DIAMETER (inches) <i>6"</i>	WEIGHT PER FOOT <i>15'</i>	<input checked="" type="checkbox"/> THREADED	<input type="checkbox"/> WELDED	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	MEASURE FROM LAND SURFACE - STATIC (Specify feet)			DURING YIELD TEST (feet)		WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <i>7+</i>	G.P.M. <i>15+</i>	YIELD (G.P.M.) <i>15+</i>
WATER LEVEL	MEASURE FROM LAND SURFACE - STATIC (Specify feet)			DURING YIELD TEST (feet)		Depth of Completed Well in feet below Land surface: <i>320'</i>
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		FORMATION DESCRIPTION
FEET	to FEET	
<i>1'</i>	<i>16'</i>	<i>overburden</i>
<i>16'</i>	<i>320'</i>	<i>bedrock granite</i>

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

FEET	GALLONS PER MINUTE

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

RECEIVED
OCT 28 1982
PUTNAM COUNTY
DEPT. OF HEALTH

DATE WELL COMPLETED <i>11/28/81</i>	DATE OF REPORT	WELL DRILLER (Signature) <i>N. Anderson</i>
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