WELL COMPLETION REPORT

C167 Mohegan

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

P942

OWNER	NAME: Jablonski	ADDRESS:		
LOCATION OF WELL	(No. & Street): Austin Rd	(Town): Mahopac	(Distribution):	
PROPOSED USE OF WELL	[X] DOMESTIC	[ ] BUSINESS ESTABLISHMENT	[ ] FARM	[ ] TEST WELL 570 S
	[ ] PUBLIC SUPPLY	[ ] INDUSTRIAL	[ ] AIR CONDITIONING	[ ] OTHER (Specify)
DRILLING EQUIPMENT	[ ] ROTARY	[X] COMPRESSED AIR PERCUSSION	[ ] CABLE PERCUSSION	[ ] OTHER (Specify)

CASING DETAILS	LENGTH (feet): 108	DIAMETER (inches): 6	WEIGHT PER FOOT: 20	[X] THREADED [ ] WELDED	DRIVE SHOE: [X] YES [ ] NO	WAS CASING OF QUALITY: [X] YES [ ] NO
YIELD TEST	[ ] BAILED	[ ] PUMPED	[X] COMPRESSED AIR	HOURS: 2	G.P.M.: 5	YIELD (G.P.M.): 5
WATER LEVEL	MEASURE FROM LAND SURFACE – STATIC (Specify feet): 30	DURING YIELD TEST (feet): total drawdown	Depth of Completed Well in feet below land surface: 360'			
SCREEN DETAILS	MAKE:				LENGTH OPEN TO AQUIFER:	
	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	90	overburden
90	360	ledge

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
[illegible]	1
360	1

[illegible]	DATE OF REPORT: [illegible]	WELL DRILLER (Signature): [illegible]