

C200

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

P963

41 21 03 73 43 40

OWNER	NAME <i>Jameson</i>		ADDRESS <i>Malden, N.Y.</i>	
LOCATION OF WELL	(No. & Street) <i>Kia Ora Blvd</i>		(Town)	(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
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> OTHER (Specify) <i>250 5</i>
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
CASING DETAILS	LENGTH (feet) <i>60'</i>	DIAMETER (inches) <i>6"</i>	WEIGHT PER FOOT <i>15</i>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED <input checked="" type="checkbox"/> DRIVE SHOE <input type="checkbox"/> NO <input 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>3</i> YIELD (G.P.M.) <i>3</i> MEASURE FROM LAND SURFACE - STATIC (Specify feet) <i>350'</i> DURING YIELD TEST (feet)
WATER LEVEL	MAKE			LENGTH OPEN TO AQUIFER (feet)
SCREEN DETAILS	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	Sketch exact location of well with distances, to at least two permanent landmarks.
<i>1'</i>	<i>50'</i>	<i>hardpan gravel</i>	
<i>50'</i>	<i>350'</i>	<i>bedrock - chert</i>	

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

FEET	GALLONS PER MINUTE

DATE WELL COMPLETED <i>5/16/73</i>	DATE OF REPORT	WELL DRILLER (Signature) <i>H. Anderson</i>
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