

(3) DEC Well Number 58 /050

1.				(3) DEC \	Well Number	581050
2) Township Freamons	WE	ELL COMP	LETION F	REPORT		
(4) OWNER Dan 7 Fam.	M 4-32 -	0	_			LOG *
(5) ADDRESS Canliel O BO	Free	nord . The			Ground Surface EL.	ft. above sea level
(6) LOCATION OF WELL (See Instructions On Show Lat/Long if available and method used:	Reverse)				Top Of Casin ft.above (+) o	g is located r below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)		(8) DEPTH TO GROU BELOW LAND SU	INDWATER JRFACE (Feet)	DATE MEASURED		TOP OF WELL
	C	ASINGS			12	-
(9) DIAMETER		-			7' [4 , 14
Ce in.	in.	!	in.	in.	↓ [1001
(10) LENGTH #t.	ft.		ft.	in.		E in of oth
(11) GROUT TYPE / SEALING		(12) GROUT / SEALIN (Feet)	NG INTERVAL FROM	то		2
	S	CREENS				1. 4
(13) MAKE & MATERIAL		(14) OPENINGS]	. ≯``
(15) DIAMETER in.	in.		in.	in.		
(16) LENGTH ft.	ft.		ft.	in.	· .	1 120
(17) DEPTH TO TOP OF SCREEN, FROM TO	OF CASING	(Feet)				
	YIE	LDTEST			N	1 18
(18) DATE		(19) DURATION OF T	EST .			88
(20) LIFT METHOD Pump Air Lift	Bail	(21) STABILIZED DIS	CHARGE (GPM)			26
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	า ่	(23) MAXIMUM DRAV (feet/inches below		80	1	
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced discharged away		Yes 2 No	1 \	
	PUMPI	NSTALLATION	化三十四十二甲基甲	havian arrang		6
(26) PUMP INSTALLED? YES NO	(27) DATE		(28) PUMP INSTAL	LER] }	r
(29) TYPE	(30) MAKE		(31) MODEL			
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLA FROM TOP OF C			1	
	HTT His					
(34) METHOD OF DRILLING		(35) USE OF WATER (see instructions f]	
□ Rotary Cable Tool □ Other		· · · · · · · · · · · · · · · · · · ·		nextre	1 1	
(36) DATE DRILLING WORK STARTED		(37) DATE DRILLING)	1 1	
(38) DATE REPORT FILED	(39) DRILLE	R & COMPANY)) DEC REGISTRATION NO.	-	
4-4-02		lu - Bra	2.0	10074		
* Show log of geologic materials			ow ground surfa	<u> </u>	1 1	11
beds and water levels in each; of matters of interest, e.g., water q	asings; sc	reens; pump; ad	ditional pumping	g tests and other	ВС	OTTOM OF HOLE
separate sheet if necessary.					NYS	DEC COPY
See further instructions titled "In	structions	ror New York Sta	ite well Comple	etion Report".		

LOCATION SKETCH - Indicate north

10/28/2000 02:58 5075226170 CHRISTENSEN DRILLING PAGE 01 NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION 5B1117 (2)DEC Well Number WELL COMPLETION REPORT (3) OWNER *LOG Ground Surface (4) ADDRESS 159 ft. above sea TOC (5) LOCAT ÷ A WUN (7) DEPTH TO GROUNDWATER (8) DEPTH OF WELL BELOW SURFACE TOP OF WELL 11 (8) DIAMETER ín. (B) LENGTH (11) CASINGS REMOVED (10) SEALING (13) OPENINGS (12) MAKE & MATERIAL (14) DIAMETER in. in. (15) LENGTH in. (16) DEPTH TO TOP FROM TOP OF CASING (18) TEST OR PERMANENT PUMP?

(20) MAXIMUM DISCHARGE

(34) DIAMETER & (35) LENGTH

(39) WORK COMPLETED

*See additional instructions on back. Show log of geologic materials encountered, with depth below ground surface, water bearing bads and water levels in each, easings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, sait, methane). Describe repair work. See instructions as to Well Driller's Registration and Reports.

CM

10/11

8

time of return to normal level after cessation of pumping

SUCTION LINE

(25) MODEL NUMBER

166508422

OTTO

ft. of discharge head

(42) REGISTRATION NO

MY KID OGT

Original - DEC Copy

ft. of total head

minutes

15/10

g.p.m. against

(41) DRILLER, COMPANY

Mike

Ly nours

(31) NUMBER OF BOWLS OR STAGES

□ Rotary Cable tool □ Other

10/4

(38)WORK STARTED

10/11

(32) DIAMETER & (33) LENGTH

Ħ.

(21) STATIC LEVEL PRIOR TO TEST

(23) MAXIMUM DRAWDOWN

Location of well (use one or more of the following methods)

Method 1: Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site (www.dec.state.ny.us). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown.

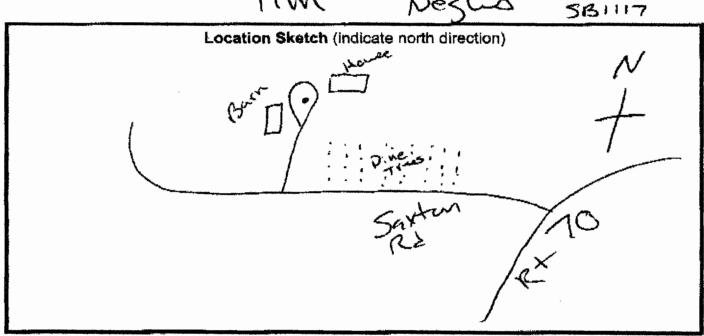
The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

Method 2: If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. Write the map name on the photocopy and attach to log completion.

Method 3: If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. Write the map name on the photocopy and attach to log completion.

Method 4: Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (d	egrees minutes seconds)	Longitude (degrees minu	ites seconds)
	Example: 42 36 0	1.7 N 73 24 51.1 W	
How were coordinate	s determined?		
 □ DEC on-line map □ GPS, Manufactu □ Map interpolation 	coordinate assistant rer	Model	- MANIFEST STATE OF THE STATE O
	TIM	Nequa	561117



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (1) County Steuben \$B1166 (3) DEC Well Number Fremont (2) Township_ WELL COMPLETION REPORT (4) OWNER LOG * Roy Wyant (5) ADDRESS Big Sandy Ground P.O. Box 848 7043 Brandingiron Lane Surface EL. _ft. above sea level Texas (6) LOCATION OF WELL (See Instructions On Reverse) Top Of Casing is locatedorox +2 ft.above (+) or below (-) ground surface Show Lat/Long if available Conderman Road and method used: Fremont, NY ☐ GPS ☐ DEC Website 💆 Map Interpolation (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 1 4 7 L TOP OF WELL (7) DEPTH OF WELL BELOW LAND SURFACE (Feet) DATE MEASURED 153' <u>4/16/01</u> CASINGS 0'-5' (9) DIAMETER in. in. clay-brown 5'-18' (10) LENGTH brown 22'44.| in (12) GROUT / SEALING INTERVAL (Feet) FROM (11) GROUT TYPE / SEALING sandstone 18'-153' то gray (13) MAKE & MATERIAL andstone (15) DIAMETER in. | (16) LENGTH ft. ft. in. (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) _ YIELD TEST WILL do When Rida Contractor (18) DATE (19) DURATION OF TEST Motalles (21) STABILIZED DISCHARGE (GPM) (20) LIFT METHOD □ Pump ☐ Air Lift □ Bail (22) STATIC LEVEL PRIOR TO TEST (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) (feet/inches below top of casing) (24) RECOVERY (Time in hours/minutes) (25) Was the water produced during test discharged away from immediate area? (26) PUMP INSTALLED? PUMP INSTALLATION (28) PUMP INSTALLER (27) DATE NO 1 (29) TYPE (30) MAKE (31) MODEL (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) (32) MAXIMUM CAPACITY (GPM) (35) USE OF WATER (34) METHOD OF DRILLING (see instructions for choices) domestic ARotary □ Cable Tool □ Other (36) DATE DRILLING WORK STARTED 04/16/01 (37) DATE DRILLING WORK COMPLETED 4/16/01 (38) DATE REPORT FILED (40) DEC REGISTRATION NO. (39) DRILLER & COMPANY Úpdike Water Well NYRD10070 Drillers/Milton E. 04/18/01 153 Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other BOTTOM OF HOLE matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary. NYSDEC COPY See further instructions titled "Instructions for New York State Well Completion Report". LOCATION SKETCH - Indicate north Babcock O HASKINSVI'LE anfield

Jobs Grnera

(1) County Steuben

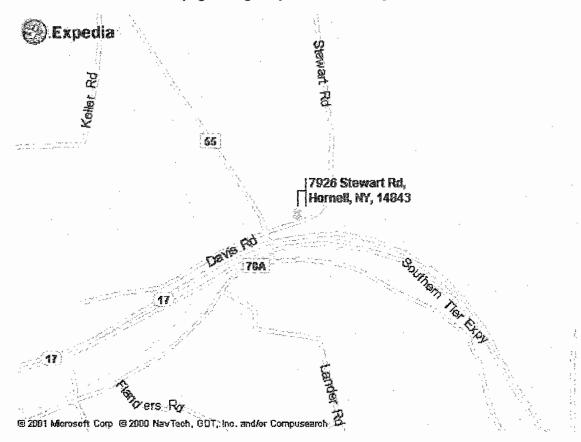


SB 1192

9	(3) DEC We

(2) Township 7700074100	ELL COMPLETION REPORT	
(4) OWNER GEFFREY D	unfee	LOG *
(5) ADDRESS 7926 Stewart	Rd Hornell NV	Ground Surface ELft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used:	7926 Stewart Rd	Top Of Casing is located ** Approx ft.above (+) or below (-) ground surface
☐ GPS ☐ DEC Website	Homell NY	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 205'	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 190 DATE MEASURED 5-12-01	TOP OF WELL
	ASINGS	10 - 3 · 10p Su
(9) DIAMETER in. in.	in. in.	3'-27'
(10) LENGTH	ft. in.	Brown Clay
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM TO	727'- 59'
	CREENS	gray clay
(13) MAKE & MATERIAL	(14) OPENINGS	ا
(15) DIAMETER in. in.		
(16) LENGTH		159'-112'
ft. ft. (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING	ft. in.	_ Brown graves
THE DESIGNATE PROPERTY AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADM	LD TEST	Medium
(18) DATE	(19) DURATION OF TEST	
(20) LIFT METHOD	(21) STABILIZED DISCHARGE (GPM)	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	T 14
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during test discharged away from immediate area? Yes No	116'
PUMP	NSTALLATION	Casing 9 gray
(26) PUMP INSTALLED? (27) DATE	(28) PUMP INSTALLER	Sand Stone
(29) TYPE (30) MAKE	(31) MODEL	-
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	-
(34) METHOD OF DRILLING A Rotary	(35) USE OF WATER (see instructions for choices)	
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED	
5-17-01 (38) DATE REPORT FILED (39) DRILLER	5-17-01 R & COMPANY (40) DEC REGISTRATION NO	
1 1 . // /	L'ALER NYRD10070	
	ed with depth below ground surface, water bearing	-
beds and water levels in each; casings; so	reens; pump; additional pumping tests and other hur, salt, methane). Describe repair work. Attach	BOTTOM OF HOLE
separate sheet if necessary.	ndi, sait, methanej. Describe repair work. Attach	
See further instructions titled "Instructions to	for New York State Well Completion Report".	NYSDEC COPY
Jes	Avenu Ra	
LOCATION SKETCH - Indicate north	L & T	See map attached
tum Left off 70A	PATES CHOUNTS IN RE	p
go right onto Stewart Rd Rtel7	S COM	
Stewart Rd Rtel7	7	
1 sr sence		
on right Rte 70A Rig	HOWARD	
Creek	(,-wind)	

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(1) County Steuben (2) Township Co ho CTON



(3) DEC Well Number 581207

	*** <u></u>		<u> </u>		
(4) OWNER TON BRI	CKLER			l	_OG *
(5) ADDDESS	Hollow RD. Co	hoted NY	1	Ground Surface EL. 20	50 ft, above sea level
(6) LOCATION OF WELL (See Instructions On Show Lat/Long if available	Reverse) 42°27	776'		Top Of Casing is	
				ft.above 🕁 or be	low (-) ground surface
GPS DEC Website Map Interpolation	tion W PO 17 3				
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)	(8) DEPTH TO GRO BELOW LAND S	SURFACE (Feet) 195	DATE MEASURED	TO	P OF WELL
	CASINGS			0-10'	I ADL S-ELAT
(9) DIAMETER in.	in.	in.	in.	0-10	LARGE-FLAT CHUNKS BROWN SAND STONE
(10) LENGTH		· · · · · · · · · · · · · · · · · · ·		1	BROWN
55 ft.	ft.	ft.	in.		SAND SIONE
(11) GROUT TYPE / SEALING BENTON IT	(12) GROUT / SEAL (Feet)	ING INTERVAL PROM PROM	TO_20		
	SCREENS			10-35'	BROWN SANDY GRAVE
(13) MAKE & MATERIAL	(14) OPENINGS				SANDY OPERVE
(15) DIAMETER				35-50	BROWN +
in.	in.	in. 	in.		CARLO CIAN
(16) LENGTH ft.	ft.	ft.	in.		FREY Clay + GRAVE!
(17) DEPTH TO TOP OF SCREEN, FROM TO	P OF CASING (Feet)		11 - St. St. Atlanta,		
	YIELD TEST				BROWN
(18) DATE 6/1/0/	(19) DURATION OF	TEST 45 '		50-255	SANOSTON
(20) LIFT METHOD Pump Air Lift	Bail (21) STABILIZED DI	ISCHARGE (GPM) /5			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		AWDOWN (Stabilized) ow top of casing)	00'		
(24) RECOVERY (Time in hours/minutes)		produced during test y from immediate area? Yes	№ No		
(26) PUMP INSTALLED?	PUMP INSTALLATION	(28) PUMP INSTALLER	特特的		
YES VES NO_	6/25/01	RON HAC	L		
(29) TYPE U B	(30) MAKE	(31) MODEL 7651046	22		
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALI FROM TOP OF	ATION LEVEL	2		
					200
(34) METHOD OF DRILLING ☐ Rotary	(35) USE OF WATE (see instructions	6 · · · · · · // // -	estic		BOTFOM
(36) DATE DRILLING WORK STARTED	(37) DATE DRIVLING	GWORK COMPLETED	1/20		Bottom
(38) DATE REPORT FILED	(39) DRILLER & COMPANY	(40) DEC	REGISTRATION NO.		
4/14/02	RON HAL DANSVILLE	LATER WELLS SE	10274		
* Show log of geologic materials					
beds and water levels in each; of matters of interest, e.g., water qu				ВОТТ	OM OF HOLE
separate sheet if necessary.	, ,	,			
See further instructions titled "In	structions for New York S	tate Well Completion F	Report".	NYSD	EC COPY

(1) County__Steuben___



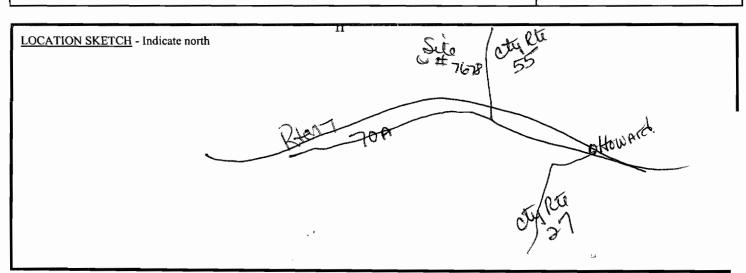
(3) DEC Well Number

SB1242

(2) Township <u>Howard</u>

WELL COMPLETION REPORT

		LL COMP	<u>LETION RE</u>	PURI		
(4) OWNER Phillip Bennett						LOG *
(5) ADDRESS					Ground	ft shows and lovel
7678 C. Rt 55 Ho	rnell	<u>, NY 148</u>	343		Surface EL.	ft. above sea level
(6) LOCATION OF WELL (See Instructions On F Show Lat/Long if available and method used: 7678 Ct ☐ GPS ☐ DEC Website ☐ Map Interpolati	v Rte	55 Hor	rnell, NY		Top Of Casing is ft.above (+) or be	s located approx elow (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 204		(8) DEPTH TO GROUN BELOW LAND SUR	NDWATER RFACE (Feet) 193	DATE MEASURED 7/31/01	ТО	P OF WELL
	C	ASINGS		in a saidhean a b		10-6
(9) DIAMETER 6 in.	in.	I	in.	in.		A Brown Clay
(10) LENGTH		I			1	So Ft Sand Ston
35 ft.	ft.	1	ft.	in.		7 20 ++ 2 ave 210
(11) GROUT TYPE / SEALING		(12) GROUT / SEALIN (Feet)	G INTERVAL FROM	то	Ì	
	sc	REENS			2-1	1118'-204'
(13) MAKE & MATERIAL		(14) OPENINGS			35'	- gray
(15) DIAMETER	in		in.	in.	Casuig	Sand Stone
in. (16) LENGTH	in.		ш.		1	
ft.	ft.	<u> </u>	ft.	in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP	OF CASING	(Feet)				
	YIE	LD TEST				
(18) DATE		(19) DURATION OF TE	EST			
(20) LIFT METHOD ☐ Pump ☐ Air Lift	□ Bail	(21) STABILIZED DISC	CHARGE (GPM)			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAW (feet/inches below				
(24) RECOVERY (Time in hours/minutes)			rom immediate area? Y	'es No		
		NSTALLATION				
(26) PUMP INSTALLED? YES NO X	(27) DATE		(28) PUMP INSTALLER			
(29) TYPE	(30) MAKE		(31) MODEL			
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLA FROM TOP OF C				
					Water State	
(34) METHOD OF DRILLING Xi Rotary □ Cable Tool □ Other		(35) USE OF WATER (see instructions for	or choices) domest	ic		
(36) DATE DRILLING WORK STARTED 7/31/01		(37) DATE DRILLING (37)	WORK COMPLETED 31/01]	
(38) DATE REPORT FILED 7/31/01	Milt	R&COMPANY on E. Updi e Water We		EC REGISTRATION NO. 2D10070 S		
* Show log of geologic materials e beds and water levels in each; c matters of interest, e.g., water qu	asings; sc	reens; pump; add	ditional pumping te	sts and other	вот	TOM OF HOLE
separate sheet if necessary.	, (,,	, =====================================		NIVED	EC COPY
See further instructions titled "Ins	structions	for New York Sta	te Well Completion	n Report".	INIOD	



(1) County Steubers	(1)	County	Steuben
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(3) DEC Well Number

SB1265

(2) Township	Frement	

WELL COMPLETION REPORT

(4) OWNER		LL CONTLL		<u>OIXI</u>		00 t
Joe Rudinski (tena	ant), (I	R.L. Briggs) ow	ner 		L	₋OG *
8897 Rte 21 Col	nocton,	NY 14826			Ground Surface EL	
(6) LOCATION OF WELL (See Instructions On Show Lat/Long if available and method used:	Reverse)	#8897 Rte 2	21		Top Of Casing is ft.above (+) or be	located low (-) ground surface
☐ GPS ☐ DEC Website XXMap Interpolat	tion	Town of	Fremont			
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)		(8) DEPTH TO GROUNDWA BELOW LAND SURFACE		DATE MEASURED 8/10/01	TOF	P OF WELL
LAND SURFACE (Feet) 255	C	ASINGS				↑ O'-13'
(9) DIAMETER	in.	1	in.	in.		Brown Clay
(10) LENGTH						13'-33'
37 ft.	ft.		ft.	in.		Soft gray
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INT (Feet)	FROM	то		A Shace
(13) MAKE & MATERIAL	S(REENS (14) OPENINGS			7-1	33'- 187'
					37	
(15) DIAMETER in.	in.		in.	in.	Casuna	Brown Shake
(16) LENGTH					Com	
ft. (17) DEPTH TO TOP OF SCREEN, FROM TO	ft. P OF CASING		ft.	in.		
(18) DATE	YE	LD TEST (19) DURATION OF TEST				
(10) DATE		(13) BOIGHTON OF TEST				
(20) LIFT METHOD	□ Bail	(21) STABILIZED DISCHARO	GE (GPM)			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWI				
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced discharged away from in	•	No		
(26) PUMP INSTALLED?	PUMP I (27) DATE	NSTALLATION (28) F	PUMP INSTALLER			
YES YES NO	_		ulton E. h	odile.		
(29) TYPE	(30) MAKE	(31) M	MODEL 7 QA .		1	
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION I	EVEL	•	ĺ	
18gpm oren	-dúsch	FROM TOP OF CASING	(Feet) 349		ļ	Nigot and
(34) METHOD OF DRILLING		(35) USE OF WATER				900 Shala
Rotary □ Cable Tool □ Other		(see instructions for choi	ces) domes	stic		1 203-209
(36) DATE DRILLING WORK STARTED 8/10/01		(37) DATE DRILLING WORK 8/1	COMPLETED 0/01			Brown Shale
(38) DATE REPORT FILED 8/24/01	Milto		NYRD10	REGISTRATION NO.		gray Shale
		Water Well Dri				↓
* Show log of geologic materials of beds and water levels in each; of matters of interest, a gray water of	asings; sc	reens; pump; addition	al pumping tests	and other	вотт	2551 OM OF HOLE
matters of interest, e.g., water questions separate sheet if necessary.	uanty (Sulp	nur, sait, methane).	Describe repair	WOIK. AURUN		
See further instructions titled "In	structions	for New York State W	ell Completion R	Report".	NYSDI 	EC COPY

LOCATION SKETCH - Indicate north Proceed south from Wayland on Rte 21 to Haskinsville, residence is just before Mack School Road which is left turn.

BANCOCK Rd

8897 Haskinsvölle

(1) County Steuben



(3) DEC Well Number

SB 1324

(2) Township Cohocton

	•					
∧/⊏	COMPL	ETION	DEDAD			

	VVE	LL COMP	LETION RE	PURI		
John Ried	nar	`			L	.OG *
(5) ADDRESS			NY 140	004	Ground Surface EL. 184	ft. above sea level
45 East Ave (6) LOCATION OF WELL (See Instructions On Show Lat/Long if available					Top Of Casing is I	ocated ow (-) ground surface
and method used: 0420 28 □ GPS □ DEC Website ★Map Interpola	ion 23.	87°N, 0°	7793117.80	5 W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, g
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)) <i>'</i>	(8) DEPTH TO GROU BELOW LAND SI	JNDWATER JRFACE (Feet)	DATE MEASURED	TOP	OF WELL
(9) DIAMETER	C	ASINGS				
(10) LENGTH	· in.		in.	in.		
37 5 2 1	ft.	(12) GROUT / SEALI	ft. NG INTERVAL	in.	,	Glacial till
	SC	(Feet)	FROM	TO		+11
(13) MAKE & MATERIAL		(14) OPENINGS				-34'
(15) DIAMETER in.	in.		in.	in.		
(16) LENGTH	ft.		ft.	in.		
(17) DEPTH TO TOP OF SCREEN, FROM TO	OF CASING	(Feet)				
(18) DATE	YIE	LD TEST (19) DURATION OF	1 ~ `		,	Shale & Sandston
(20) LIFT METHOD Pump MAir Lift	□ Bail	(21) STABILIZED DIS	CHARGE (GPM)			Sana
(22) STATIC LEVEL PRIOR TO TEST	, Dan	(23) MAXIMUM DRAV	, ,			
(feet/inches below top of casing) (24) RECOVERY (Time in hours/minutes)		(feet/inches below (25) Was the water pr	roduced during test			
	PUMPI	discharged away	from immediate area? Y	es No		
(26) PUMP INSTALLED? YES NO	(27) DATE		(28) PUMP INSTALLER		· .	
(29) TYPE	(30) MAKE		(31) MODEL			
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLA FROM TOP OF C				
(34) METHOD OF DRILLING		(35) USE OF WATER				
▼CRotary □ Cable Tool □ Other		(see instructions	for choices)	STIC		
(36) DATE DRILLING WORK STARTED			WORK COMPLETED			
(38) DATE REPORT FILED	(39) DRILLER	& COMPANY	(40) DE	C REGISTRATION NO.		
12/3/01	Willia	n A.Mo 4 Morave	cInc.	10024	,	
 Show log of geologic materials beds and water levels in each; of matters of interest, e.g., water queen 	asings; scr	eens; pump; ad	ditional pumping te	sts and other	ВОТТО	MOFHOLE
separate sheet if necessary. See further instructions titled "In	structions f	or New York Sta	ate Well Completion	Report".	NYSDE	EC COPY

(1) County Steuben



(3) DEC Well Number

SB1408

(2) Township Howard WELL COMPLETION REPORT

(4) OWNER					10	G *
Edward Frey						G
(5) ADDRESS			1.40.43		Ground _ 1652	
3596 Cty Road70A	Howar	d, NY	14843		Surface EL.	ft. above sea level
(6) LOCATION OF WELL (See Instructions On Show Lat/Long if available and method used: 42 22		077 31	032W		Top Of Casing is loca ft.above (+) or below	
□XSPS □ DEC Website □ Map Interpolate		077 31	.03211			
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 4	0'	(8) DEPTH TO GROU BELOW LAND SU	NDWATER IRFACE (Feet)	DATE MEASURED	TOP OF	WELL
(9) DIAMETER	i C	ASINGS				A' G'
6" in.	in.	1	in.	in.	1	0-7
(10) LENGTH						Brown
40 t.	ft.	<u> </u>	ft.	in.		Srow4 Cla
(11) GROUT TYPE / SEALING		(12) GROUT / SEALIN (Feet)	NG INTERVAL FROM	то		- T
	S	CREENS				
(13) MAKE & MATERIAL		(14) OPENINGS				ī
(15) DIAMETER					· · · · · · · · · · · · · · · · · · ·	- i - 1
in.	in.		in.	in.	[[, 1	4,-32,
(16) LENGTH	$\overline{}$				1	5
ft.	ft.		ft.	in		Brown
(17) DEPTH TO TOP OF SCREEN, FROM TOP	OF CASING	(Feet)				Cravel
pump installer to	YIE	LD TEST	complete			<i>V</i>
(18) DATE		(19) DURATION OF T			1 111	
					111	
(20) LIFT METHOD	□ Bail	(21) STABICIZED DIS	CHARGE (GPM)			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(28) MAXIMUM DRAV (feet/inches below	` ,			
(24) RECOVERY (Time in hours/minutes)		(25) Was the water pro- discharged away	oduced during test from immediate area?	Yes No	- Control of the Cont	
pump installer to	PUMPI	NSTALLATION		e i illilili	S. Constant	
(26) PUMP INSTALLED? YES NO X	(27) DATE		(28) PUMP INSTALLER			
(29) TYPE	(30) MAKE		(31) MODEL			
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLA FROM TOP OF C		-		
						2-111
(34) METHOD OF DRILLING		(35) USE OF WATER (see instructions for		nestic	וא וו	35-40
(36) DATE DRILLING WORK STARTED		(37) DATE DRILLING			-	Ca.
4/24/02		4/24/0				Xey,
(38) DATE REPORT FILED		R & COMPANY	(40) DI	EC REGISTRATION NO.	1 11	Dave
5/14/02			ll Driller	S D10070		0,00
		n E. Updi		D10070	140' N	
 Show log of geologic materials of beds and water levels in each; or 					of Casing	OE HOLE
matters of interest, e.g., water q					BOTTOM	OF HULE
separate sheet if necessary.						
See further instructions titled "In	structions	for New York Sta	ate Well Completio	n Report".	NYSDE	C COPY

LOCATION SKETCH - Indicate north See GPS Info.

Site is on Rte 70A in Town of Howard @#3596

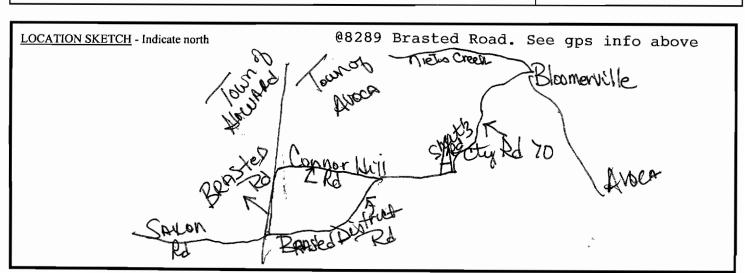


(3) DEC Well Number

SB1439

2) Township <u>Avoca, NY</u>	•			
,	WFII	COMPL	FTION	REPORT

					•		
(4) OWNER Richard Bossa	ırd						LOG *
(5) ADDRESS 8289 Brasted	Road	Avoca, NY	1480			Ground 173 Surface EL.	38 ft. above sea level
(6) LOCATION OF WELL (See Instructions On Show Lat/Long if available and method used:	Reverse)	24.554N				Top Of Casing is	
ELGPS □ DEC Website □ Map Interpolat		30.975W					
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 230		(8) DEPTH TO GROUND BELOW LAND SURF	WATER ACE (Feet)	DATE N	MEASURED	то	P OF WELL
attinian italiyin ahliminini	C	ASINGS					0'-6' Brown
(9) DIAMETER 6 in.	in.		in.		in.		6'-12' Clay
(10) LENGTH	_					20' -	Brown. Clayer Sand Stone
20 ft. (11) GROUT TYPE / SEALING	ft.	(12) GROUT / SEALING I	ft. NTFRVAI		in.	of Gsing	
(T) GROOT THE ENGLANCE		(Feet)	FROM_	TO_			1119 - 530.
(13) MAKE & MATERIAL	S	(14) OPENINGS					110000
							Jand Stone
(15) DIAMETER in.	in.	l .	in.		in.		
(16) LENGTH		<u>-</u>	<u>'</u>			1	
ft.	ft.		ft.		in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP	OF CASING	(Feet)					
以排除研究的。(<u>) [2] [5] [2]</u> [3] [4] [4] [4] [4] [4]	YIE	LD TEST					
(18) DATE		(19) DURATION OF TEST	Г				
(20) LIFT METHOD	□ Bail	(21) STABILIZED DISCHA	ARGE (GPM)	_			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDO (feet/inches below top	•	ed)			
(24) RECOVERY (Time in hours/minutes)		(25) Was the water product discharged away from			No		
		NSTALLATION					111
(26) PUMP INSTALLED? YES NO	(27) DATE	(20	8) PUMP INS	TALLER			
(29) TYPE	(30) MAKE	(3	1) MODEL				
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATIO FROM TOP OF CASI	N LEVEL NG (Feet)		٠,		
				Manager Pala			
(34) METHOD OF DRILLING		(35) USE OF WATER (see instructions for c	hoices)	arm/ omestic			
(36) DATE DRILLING WORK STARTED		(37) DATE DRILLING WO		·			
**		. 6/	/7/02	To "mysers"	-		
(38) DATE REPORT FILED			· · · · ·	(40) DEC REGIST			
6/25/02	Updik Drill	e Water Wel ers	L1	NYRD100	70	,	.
* Show log of geologic materials e			ground s	urface, water l	pearing	1	NH 230'
beds and water levels in each; c	asings; sc	reens; pump; additi	onal pum	ing tests and	other	вотт	OM OF HOLE
matters of interest, e.g., water qu	uality (sulp	hur, salt, methane).	. Describ	e repair work.	Attach		
separate sheet if necessary.						VIAGL	DEC COPY
See further instructions titled "Ins	structions	for New York State	Well Com	pletion Report	ť". i	INIOL	DEC COP I



(1) County SteuBEN



(3) DEC Well Number

SB1515

WELL COMPLETION REPORT

				• • • • •		
(4) OWNER DOUG STEWART				L	.OG *	
6) ADDRESS POTTER Hill RD COHOCTON 14826					Ground Surface EL. 176	19 ft. above sea level
(6) LOCATION OF WELL (See Instructions On I Show Lat/Long if available and method used: MGPS DEC Website Map Interpolation	Reverse)				Top Of Casing is ft.above (+) or bel	located ow (-) ground surface
		(8) DEBTH TO CROIL	INDM/ATER	DATE MEASURED	TOP	OF WELL
(7) DEPTH OF WELL BELOW 220		(8) DEPTH TO GROU BELOW LAND SU	IRFACE (Feet) 60	825/02		I
	C	ASINGS			0-18'	BROWN
(9) DIAMETER in.	in.	I	in.	in.		GRAVE! .
(10) LENGTH			·		1	SANDMIX
125° 11.	ft.	1	ft.	in.	1101	
(11) GROUT TYPE / SEALING NATURAL - DRILL C47	TING-S	(12) GROUT / SEALIN (Feet)	NG INTERVAL FROM	то	18-45'	CLAY W/
	SC	CREENS				SOME ORAUE!
(13) MAKE & MATERIAL		(14) OPENINGS				
(15) DIAMETER					45-85'	BROWN
in.	in.	1	in.	in.	10 05	CANO-
(16) LENGTH	ft.	ı	ft.	in.		DIRTY NON
(17) DEPTH TO TOP OF SCREEN, FROM TOP		<u> </u>	ic.		·	BROWN SAND- DIRTY NON WATER BEAR
(11) 521 111 10 101 01 001221,1110111101	0, 0, 10, 110	(Feet)				WHICK BOTT
	YIE	LD TEST				
(18) DATE 0/25/02		(19) DURATION OF T	· •		85'-118'	BROWN
(20) LIFT METHOD	• •	(21) STABILIZED DIS	_		1	CLAY
□ Pump □ Air Lift	Bail		6			GRAVE MIX
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)) '	(23) MAXIMUM DRAV (feet/inches below	` '-	/2		
(24) RECOVERY (Time in hours/minutes)	nid	(25) Was the water produced during test discharged away from Immediate area? Yes No			118'-150'	BROWN
	PUMP	NSTALLATION	1/28) DI IMP INICTALLED			Stone
(26) PUMP INSTALLED? YES NO	(27) DATE		(28) PUMP INSTALLER			
(29) TYPE	(30) MAKE		(31) MODEL		150-220	GREY SAND STOWE WATER BEARING
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLA	ATION LEVEL			STONE
(02) 111/0111/0111/0111/		FROM TOP OF C				WATER.
						BEARING
(34) METHOD OF DRILLING ☐ Rotary Cable Tool ☐ Other		(35) USE OF WATER (see instructions f		STIC		220'
(36) DATE DRILLING WORK STARTED		(37) DATE DRILLING	WORK COMPLETED	- , · O		BOTTOM
8/21/02		8/25/	102			
(38) DATE REPORT FILED	(39) DRILLER	R & COMPANY POA	U HA 11 (40) DE	C REGISTRATION NO.		
4/4/ 03	DANS	20.77	TERWEIS 10	294		
* Show log of geologic materials e						•
beds and water levels in each; c matters of interest, e.g., water qu					ВОТТО	OM OF HOLE
separate sheet if necessary.	(our	, can, mound	,. = 0000 10pu			
See further instructions titled "In	tructions	for Now Vorte Ct-	ata Wall Campleties	Donosti	NYSD	EC COPY

(1) County STEUBEN



(3) DEC Well Number

SB1658

WELL COMPLETION REPORT

		TE COMILETION IX			
(4) OWNER 51m M	A LONE	=	14560	L	OG *
(5) ADDRESS 8227 5.1	NAIN S	- SPRINGINATER	M.	Ground Surface EL. [88	7ft. above sea level
(6) LOCATION OF WELL (See Instructions On Show Lat/Long if available and method used:	Reverse)	= 	j I	Top Of Casing is lo	ocated ow (-) ground surface
GPS DEC Website Map Interpola	tion W =	11 2362 11			
(7) DEPTH OF WELL BELOW 73F		DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	TOP	OF WELL
(9) DIAMETER /	CA	SINGS	, , , , , , , , , , , , , , , , , , ,	CATIC	BROWN
(in.	in.	. in.	in.	71616	SHALE_
(10) LENGTH 2 % ft.	ft.	ft.	in.	75-1	70 34 FT
(11) GROUT TYPE / SEALING	(1	2) GROUT / SEALING INTERVAL (Feet) FROM	то 36	34	BEDROCK BROWNSHAI
MATORICALD	SCF	EENS		7077	CASING
(13) MAKE & MATERIAL	(1	4) OPENINGS			(381)
(15) DIAMETER		i.	:-		
in. (16) LENGTH	in.	in.	in.		1
ft.	ft.	ft.	în.	1	
(17) DEPTH TO TOP OF SCREEN, FROM TO	P OF CASING _{(F}	eet)		65'	WATER
		D TEST			65 TO
(18) DATE 7/28/04	(1	9) DURATION OF TEST 30m.	<i>i</i> N		75FT
(20) LIFT METHOD Pump Air Lift	S Bail (2	1) STABILIZED DISCHARGE (GPM)			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	F-9 (2	3) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	OFT	75#	
(24) RECOVERY (Time in hours/minutes)	(2	5) Was the water produced during test discharged away from immediate area?	Yes No		WELL
(00) PUND NOTALLEDO		STALLATION (28) PUMP INSTALLE			DEPTH
(26) PUMP INSTALLED? YES NO	(27) DATE	(20) FOME MOTALLI	-1 X		
(29) TYPE	(30) MAKE	(31) MODEL			
(32) MAXIMUM CAPACITY (GPM)	(3	3) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	.		
					1
(34) METHOD OF DRILLING ☐ Rotary	(3	5) USE OF WATER (see instructions for choices)	ESTIC		
(36) DATE DRILLING WORK STARTED	(3	7) DATE DRILLING WORK COMPLETED		,	
(38) DATE REPORT FILED	(39) DRILLER 8 DAWS WELLS	COMPANY WATER (40) LERICPEARSON	DEC REGISTRATION NO.		
* Show log of geologic materials beds and water levels in each; of matters of interest, e.g., water quentiles and separate sheet if pagessan.	encountered asings; scre	with depth below ground surfacens; pump; additional pumping	tests and other	вотто	M OF HOLE
separate sheet if necessary.	atauations fo	h Nove Vorde Chata Mall Comment		NIVEDE	CCOPY

(1) County STOUBEN



(3) DEC Well Number

SB1706

NYSDEC COPY

(2) Township FREMONT **WELL COMPLETION REPORT** (4) OWNER LOG * (5) ADDRESS Ground Surface EL. 169/ft. above sea level <u>8989</u> RT (6) LOCATION OF WELL (See Instructions On Reverse) W: 42° 25. Show Lat/Long if available and method used: TOP OF WELL (7) DEPTH OF WELL BELOW LAND SURFACE (Feet) DATE MEASURED (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 9/23/03 CASINGS (9) DIAMETER in. in. in. (10) LENGTH ft. (11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (Feet) FROM 20 DENTONITE HNATURAL SCREENS (13) MAKE & MATERIAL (14) OPENINGS TOPOF (15) DIAMETER BEDROCK in. in. in. (16) LENGTH ft. ft. ft. (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) YIELD TEST (19) DURATION OF TEST (18) DATE 03 (20) LIFT METHOD (21) STABILIZED DISCHARGE (GPM) Bail Botton ☐ Air Lift □ Pump (22) STATIC LEVEL PRIOR TO TEST (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) (feet/inches below top of casing) (24) RECOVERY (Time in hours/minutes) (25) Was the water produced during test discharged away from immediate area? 30 **PUMP INSTALLATION** (28) PUMP INSTALLER (26) PUMP INSTALLED? (27) DATE NO L YES (30) MAKE (31) MODEL (29) TYPE (32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) (34) METHOD OF DRILLING (35) USE OF WATER Mable Tool ☐ Other (see instructions for choices) □ Rotary (36) DATE DRILLING WORK STARTED (37) DATE DRILLING WORK COMPLETED 03 (40) DEC REGISTRATION NO. (38) DATE REPORT FILED ANSVILLE WATE PEARSON Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other **BOTTOM OF HOLE** matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

See further instructions titled "Instructions for New York State Well Completion Report".



(3) DEC Well Number 5B 1812

WELL COMPLETION REPORT

(4) OWNER DOUG TOWN	VER				LC	OG *
	(5) ADDRESS 3908 MIDDLESEX PL. SARASOTA, FL 34241					ft. above sea level
(6) LOCATION OF WELL (See Instructions On Show Lat/Long if available and method used:	Reverse)	42034.2	62'	Top Of (cated +/55 w (-) ground surface
GPS □ DEC Website □ Map Interpola	tion W:	77°31.6	65			
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 150F	-	(8) DEPTH TO GROU BELOW LAND SU	UNDWATER DATE MEASUR TIPE OF THE PROPERTY OF T	ED	TOP (F WELL 4/SFT
	C	ASINGS	1-1			
(9) DIAMETER $\phi_{\text{in.}}$	in.		in. in.	/3	SF1	BROWN
(10) LENGTH ft.	ft.	1	ft. in.	STA	7,2	BROWN GRAVEL 35FT J
(11) GROUT TYPE / SEALING CLAY SLIMPY		(12) GROUT / SEALI (Feet)	NG INTERVAL TO 304	F- 12.0	104	
	S	CREENS	V	40F		
(13) MAKE & MATERIAL		(14) OPENINGS		101		
(15) DIAMETER in.	in.	1	in. in.	GRE		
(16) LENGTH ft.	ft.	1	ft. in.	- Gilling	^{-Y}	ock.
(17) DEPTH TO TOP OF SCREEN, FROM TO	P OF CASING	(Feet)	·			BEDROCK -> 110FF
	YII	ELD TEST		6.40		7/100
(18) DATE 7/21/04		(19) DURATION OF 1	50mm	114 TOTA CASI		110FT
(20) LIFT METHOD Pump Air Lift	Bail ((21) STABILIZED DIS	SCHARGE (GPM) 20	CASI	rkr	TO
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	FT	(23) MAXIMUM DRAN (feet/inches below				BROWN SHALE
(24) RECOVERY (Time in hours/minutes) HR, 46m	n _I N	(25) Was the water pr discharged away	roduced during test from immediate area? Yes Mo	_ /	35FT	135FF
		NSTALLATION				1335
(26) PUMP INSTALLED? YES NO	(27) DATE		(28) PUMP INSTALLER		até R	150FT
(29) TYPE	(30) MAKE	_	(31) MODEL	T AIY	io	150FT GREY ALE
(32) MAXIMUM CAPACITY (GPM)	<u> </u>	(33) PUMP INSTALLA	L ATION LEVEL CASING (Feet)	10	OFF	100
				- 17		130
(34) METHOD OF DRILLING		(35) USE OF WATER	for choices) DOMESTIC			ROTTOM
☐ Rotary A Cable Tool ☐ Other						BOTTOM
7/19/04		(37) DATE DRIVEING	WORK COMPLETED		1	wei
(38) DATE REPORT FILED	ERIK	RECOMPANY FERRESO VILLE WAT	(40) DEC REGISTRATION 10294 ER WELLS	NO.		
beds and water levels in each; c	asings; sc	reens; pump; ad	ow ground surface, water bearing ditional pumping tests and other ne). Describe repair work. Attact		ВОТТОМ	OF HOLE
separate sheet if necessary. See further instructions titled "In-			·		YSDE	C COPY

(1) County STEUBEN
(2) Town COHOCTON



(3) DEC Well Number

SB1852

WELL COMPLETION REPORT

				<u> </u>		
(4) OWNER SAN WARC	ZOK				L	.OG *
(5) ADDRESS 8731 HASKINVIL	IE THE	CoHOE	TON N.Y. 14	1826	Ground Surface EL/63	70 ft. above sea level
(5) ADDRESS 8731 HASKINVIL (6) LOCATION OF WELL (See Instructions On Show Lat/Long if available and method used:	Reverse)	42025.	4641		Top Of Casing is ft.above (+) or be	located +/-5
இ GPS □ DEC Website □ Map Interpolate	tion W	1135.9	THE			
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)	_ [(8) DEPTH TO GROU BELOW LAND SU	INDWATER IRFACE (Feet) 20F7	DATE MEASURED	TOF	OF WELL
(9) DIAMETER	CA	ASINGS				\$10
€ in.	in.		in.	in.		18FT
(10) LENGTH 22 ft.	ft.		ft.	in.		CLAYWI
(11) GROUT TYPE/SEALING		(12) GROUT / SEALIN (Feet)	NG INTERVAL FROM	то ДЗ	DET	GRAVELO
		REENS			BEDROCK	
(13) MAKE & MATERIAL N/A	·	(14) OPENINGS			(B) 18FT	Bottom
(15) DIAMETER in.	in.		in.	in.	GRE SHALL	CASING
(16) LENGTH		<u> </u>			3411	AND STATIC
ft. (17) DEPTH TO TOP OF SCREEN, FROM TOP	ft.		ft.	in.	(LEVEL
			The state of the s			SOFT
(18) DATE 4/4/04		LD TEST (19) DURATION OF T	est 25min	/		WATER
(20) LIFT METHOD Pump Air Lift	S Bail	(21) STABILIZED DISC	CHARGE (GPM) 20	>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	FT	(23) MAXIMUM DRAW (feet/inches below	and the same of th	FF		
(24) RECOVERY (Time in hours/minutes)		(25) Was the water pro discharged away f	oduced during test from immediate area? Ye	es <u></u> No	705-	BOTTOM
		STALLATION	Less Supplied to the second			WELL
(26) PUMP INSTALLED? YES NO 2	(27) DATE		(28) PUMP INSTALLER			
(29) TYPE	(30) MAKE		(31) MODEL			^
(32) MAXIMUM CAPACITY (GPM)	1	(33) PUMP INSTALLA FROM TOP OF C	TION LEVEL ASING (Feet)			
(34) METHOD OF DRILLING □ Rotary Cable Tool □ Other		(35) USE OF WATER (see instructions for		STIC		
(36) DATE DRILLING WORK STARTED		(37) DATE DRILLING	WORK/COMPLETED			
(38) DATE REPORT FILED	DANSI		TERWELLS	REGISTRATION NO.		
* Show log of geologic materials e beds and water levels in each; c matters of interest, e.g., water qu	asings; scre	eens; pump; add	ditional pumping tes	ts and other	вотто	DM OF HOLE
separate sheet if necessary.	·		·		NVSDE	C COPY

See further instructions titled "Instructions for New York State Well Completion Report".



5BQ114

BOTTOM OF HOLE

NYSDEC COPY

(3) DEC Well Number (2) Township WELL COMPLETION REPORT (4) OWNER (5) ADDRESS Ground Surface EL. 1948 tt. above sea level (6) LOCATION OF WELL (See Instructions On Reverse) Top Of Casing is located _ Show Lat/Long if available and method used: ft.above (+) or below (-) ground surface **#**GPS □ DEC Website □ Map Interpolation DATE MEASURED TOP OF WELL (7) DEPTH OF WELL BELOW LAND SURFACE (Feet) TOBOTO (9) DIAMETER SAARY LOAM (10) LENGTH, ft. (12) GROUT / SEALING INTERVAL (Feet) FROM то BROKEN (13) MAKE & MATERIAL (14) OPENINGS SHALE (15) DIAMETER in. in. in. (16) LENGTH BROWN ft. (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING SHACE. YIELD TEST SANOSTON (19) DURATION OF **3**0 MIX (20) LIFT METHOD (21) STABILIZED DISCHARGE (GPM) WATER Bail ☐ Air Lift BEARIN (22) STATIC LEVEL PRIOR TO TEST (23) MAXIMUM DRAWDOWN (Stabilized) 60 (feet/inches below top of casing) (feet/inches below top of casing) (24) RECOVERY (Time in hours/minutes) (25) Was the water produced during test discharged away from immediate area? PUMP INS (26) PUMP INSTALLED? (27) DATE LOULDS (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) DEPTH (34) METHOD OF DRILLING (35) USE OF WATER **⊮**Cable Tool □ Other (36) DATE DRILLING WORK STARTED 120/06 (40) DEC REGISTRATION NO. LUATER.

Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other

matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach

See further instructions titled "Instructions for New York State Well Completion Report".

separate sheet if necessary.



(3) DEC Well Number SB2/23

	***	-LL COM	LL HON ILLI OILI		
GENE DE	CAPR	10		L	.OG *
(5) ADDRESS 481 STATE RI	721	HORNEH	1 Ny 14843	Ground Surface EL.	ft. above sea level
(6) LOCATION OF WELL (See Instructions On Show Lat/Long if available and method used:	Reverse)	N 42°	1 Ny 14843 R5,500	Top Of Casing is I ft.above (+) or bel	ocatedow (-) ground surface
GPS □ DEC Website □ Map Interpola	tion	w 77° 3	34.546		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)			UNDWATER JRFACE (Feet) 25 DATE MEASURE	ED TOP	OF WELL
	C	ASINGS			To P Co.
(9) DIAMETER in.	in.	1	in. in.	0-5'	TOPSOIC + BROWN SANOY LOAM
(10) LENGTH		<u> </u>		- r	SANOY
35 ft.	ft.		ft. in.	StATIC 25'	un LOAM
(11) GROUT TYPE / SEALING DRIVICUA BENTON ITE & NATO	TT/NGS ERAL	(12) GROUT / SEALIN (Feet)	NG INTERVAL FROM TO		GREY
ally is constructed the second	S	CREENS		5-30	CLAY
(13) MAKE & MATERIAL		(14) OPENINGS		DRIVE	1 .4 /
(15) DIAMETER		I		<i>3mot</i>	BROKEN SHALE
in. (16) LENGTH	in.		in. in.		
ft.	ft.	[ft. in.	30-90	GREY
(17) DEPTH TO TOP OF SCREEN, FROM TO	P OF CASING	(Feet)			SHALE
	YII	ELD TEST		15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	WATER BEARING
(18) DATE 9/19/06		(19) DURATION OF T	EST		BEARING
(20) LIFT METHOD Pump Air Lift	Bail	(21) STABILIZED DIS	CHARGE (GPM)		~
□ Pump □ Air Lift (22) STATIC LEVEL PRIOR TO TEST	- A	(23) MAXIMUM DRAV	8/DONA(N (Stahiirad)	<i>70</i>	
(feet/inches below top of casing)	5'	(feet/inches below		BOTTOM	
(24) RECOVERY (Time in hours/minutes)	3 Omis	(25) Was the water pro discharged away	oduced during test from immediate area? Yes V No		
		NSTALLATION			
(26) PUMP INSTALLED? YES NO	(27) DATE		(28) PUMP INSTALLER		
(29) TYPE	(30) MAKE		(31) MODEL		
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLA	ATION LEVEL	_	
		FROM TOP OF C	ASING (Feet)		
(34) METHOD OF DRILLING ☐ Rotary Cable Tool ☐ Other		(35) USE OF WATER (see instructions f			
(36) DATE DRILLING WORK STARTED	100,007				
(38) DATE REPORT FILED	(39) DRILLE	R&COMPANY	(40) DEC REGISTRATION I	NO.	
4/12/07	RON	HALL	Wells 10294		
			ow ground surface, water bearing		I
			ditional pumping tests and other ne). Describe repair work. Attach	вотто	M OF HOLE
separate sheet if necessary.	, (02)p	, rang manian			
See further instructions titled "In	structions	for New York Sta	ite Well Completion Report".	NYSD	EC COPY

(1) COUNTY <u>Steuben</u>
(2) TOWN <u>Wayland</u>



(3) DEC Well Number

SB2231

WA	TER WELL COM	MPLETION REPORT		
(4) OWNER	NCa.		(43)	LOG
Serge Coutu		14424	Ground	
3961 Middle Ro (6) LOCATION OF WELL (See Instructions On Reverse)		<u>daigua N9</u>	Surface EL. 175	ft. above sea level
Show Lat/Long if available and method used:	ereeves f	(d ·	Top Of Casing is	locatedelow (-) ground surface
□ GPS ▼ Map Interpolation 42° 27′ 10.9	_		, ,	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWAT BELOW LAND SURFACE		TOP	OF WELL
	CASINGS			1
(9) DIAMETER in.	in.	in. in.		
45'7'#	ft.	ft. in.		Glacial till
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTE (feet)	FROM TO		till
	SCREENS		50, 2007 100, 100, 100, 100, 100, 100, 100, 100,	1 25'
(13) MAKE & MATERIAL	(14) OPENINGS			
(15) DIAMETER in.	in.	in. in.		
(16) LENGTH ft.	ft.	ft. in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet	1)			
The state of the s	IELD TEST	At the same of the	, 	
(18) DATE 10/15/07	(19) DURATION OF TEST	60min		
(20) LIFT METHOD Air Lift Bail	(21) STABILIZED DISCHARG	GE (GPM)		Shake
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (feet/inches below top of			
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced discharged away from im		_	
PUMP	INSTALLATION			1
(26) PUMP INSTALLED? YES NO	(27) DATE	(28) PUMP INSTALLER	_	
(29) TYPE	(30) MAKE	(31) MODEL		
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION L FROM TOP OF CASING			
			d d	
(34) METHOD OF DRILLING X Rotary	(35) USE OF WATER (See instructions for cho	ices) Domestic	7	
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK	COMPLETED		
(38) DATE REPORT FILED (39) REGISTERED COMPANY		(40) DEC REGISTRATION NO.	┥	
11/107 Barneum	oravec Inc	NYRD 10024		
(41) CERTIFIED DRILLER (Print name)	(42) CERTIFIED DRILLER SI	GNATURE *		
John K. Moravec		Mon		1 L160'
* By signing this document I hereby affirm that: (ВОТТС	M OF HOLE
defined by Environmental Conservation Law §15-1 water well standards promulgated by the New Yor perjury the information provided in this Well Compstand that any false statement made herein is pun	k State Department of Heal pletion Report is true, accur-	Ith; (3) under the penalty of ate and complete, and I under-	NYSD	EC COPY

(1) COUNTY Sterber (2) TOWN AUCA



(3) DEC Well Number

532284

John Tutravartolo	LOG *
	LOO
(5) ADDRESS (Ground Surface EL,	1748 t. above sea level
	ing is located 2ft.+
gr GPS □ Map Interpolation 077°30.167₩ ft. above (+)	
(8) DEPTH OF WELL BELOW LAND SURFACE (feet) 135+ (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 25 3-29-08 CASINGS	TOP OF WELL
(9) DIAMETER	ELAYS
(10) LENGTH ft. ft. in.	Flat
(11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (feet) FROM TO	1. Ishale
SCREENS (13) MAKE & MATERIAL (14) OPENINGS	BedRock
None (15) DIAMETER	
in. in. in.	
ft. ft. ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
(18) DATE (19) DURATION OF TEST	
3-29-04 30mins	
(20) LIFT METHOD (21) STABILIZED DISCHARGE (GPM)	1
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (23) MAXIMUM (DFAWDOWN (Stabilized) (feet/inches below top of casing) (24) 44 (25) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes) (25) Was the water produced during the test discharged away from immediate area? Yes X No	
PUMP INSTALLATION (26) PUMP INSTALLED? (27) DATE (28) PUMP INSTALLER	
YES NO	
(29) TYPE (30) MAKE (31) MODEL	
(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING (35) USE OF WATER	
Rotary Cable Tool Other (See instructions for choices) Cable Tool Other (See instructions for choices) Cable Tool Other (36) DATE DRILLING WORK STARTED (37) DATE DRILLING WORK COMPLETED	
3-18-08 3-28-08	,
(38) DATE REPORT FILED (39) REGISTERED COMPANY (40) DEC REGISTRATION NO. NYRD /04/80	<u> </u>
(38) DATE REPORT FILED (39) REGISTERED COMPANY (40) DEC REGISTRATION NO. NYRD 10480 (41) CERTIFIED DRILLER (Print name) (42) CERTIFIED DRILLER SUNATURE	
John Godike 1. (balide 1359) .
* Show log of geologic materials encountered with depth below ground surface, water bearing BC	OTTOM OF HOLE
beds and water levels in each; casings; screens; pump; additional pumping tests and other	SDEC COPY

LOCATION SKETCH - Indicate north

Well Site

Co. At least of the state of the state

(1) COUNTY STEUBEN
(2) TOWN COLOCTON



(3) DEC Well Number 5B2325

	TIER WELL COMPLETION REPORT		
CHARLIE GEIHL		(43) LC	OG
(5) ADDRESS 2489 DEREE	VES RD. WAY/AND 1457	Depth to Bedrock _3	(ft. below ground surface)
	Check here if same as address above, also provide Lat / Long below)	Ground Elev. <u>/99</u>	(ft. above S.L.)
and method used: BGPS	7,201 W 77°25,263'	Top of Casing or below	(ft., above (+) (-) ground surface)
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWATER DATE MEASURED	TOP OF	<u> </u>
Interest to the control of the contr	CASINGS	Misurija	
(9) DIAMETER 6 in.	in. in. in.	0-10'	BROWN
(10) LENGTH 3a ft.	ft. ft. in.		CLAY SAND GRAVE!
(11) GROUT TYPE / SEALING BENTONITE + DRILL CUTT	(12) GROUT / SEALING INTERVAL D TO 20		GRAVE!
(13) MAKE & MATERIAL	SCREENS (14) OPENINGS		MIX
(15) DIAMETER		10/ 201	6284
in.	in. in. in.	10'-20'	ClAY
(16) LENGTH ft.	ft. ft. in.		CRAVE!
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Fe	et)		mix
(18) DATE	(19) DURATION OF TEST.	20'-30'	GREY
6/30/08	1 hR.		CLAY
(20) LIFT METHOD Air Lift Bail	(21) STABILIZED DISCHARGE (GPM)		BROKEN
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		SHALE
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes No		
PUME	INSTALLATION	30-110	GRAY
(26) PUMP INSTALLED? YES NO	(27) DATE, (28) PUMP INSTALLER ROW HALL		SANOY
SUBMERSIBLE	(30) Make (31) MODEL (35) MODEL 76505422		SHATE
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 105	1	SANDY SHALE WATER BEARIN AF TERM
		で (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4	BEARIN
(34) METHOD OF DRILLING Rotary Cable Tool Other	(35) USE OF WATER (See instructions for choices)		At 16RE
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED]	
(38) DATE REPORT PILED (39) REGISTERED COMPANY 4/7/09 DANSVILLE	(40) DEC REGISTRATION NO.		
(44) CER FIFIED DRILLER (Print name)	(42) CERTIFIED DRILLER SIGNATURE		
RONALD A. HALL	T A Hall		
defined by Environmental Conservation Law §15-	(1) I am certified to supervise water well drilling activities as 1502; (2) this water well was constructed in accordance with rk State Department of Health; (3) under the penalty of	воттом с	OF HOLE
perjury the information provided in this Well Com	pletion Report is true, accurate and complete, and I is punishable as a class A Misdemeanor under Penal Law	NYSDEC	COPY

(1) COUNTY Steuben
(2) TOWN Cohocton

LOCATION SKETCH - Indicate north



(3) DEC Well Number

SB2342

WATER WELL COMPLETION REPORT (4) OWNER -indner (43) LOG (5) ADDRESS Depth to Bedrock (ft. below ground surface) (6) LOCATION OF WELL (See Instructions On Reverse) Ground Elev. <u>4064</u> (ft. above S.L.) Show Lat/Long if available and method used: Top of Casing (ft., above (+) □ GPS \$\text{Map Interpolation \$42° 28' 5.25" N 77°32' 31.69" W or below (-) ground surface) (7) DEPTH OF WELL BELOW LAND SURFACE (feet) (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) TOP OF WELL 120 CASINGS (9) DIAMETER in. a in. l in. in. (10) LENGTH 85'2" ft. ft. in. (12) GROUT / SEALING INTERVAL (11) CROUT TYPE / SEALING FROM zentoni te SCREENS (13) MAKE & MATERIAL (14) OPENINGS (15) DIAMETER in. in. in. (16) LENGTH ft. ft. ft. (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) Broken YIELD TEST (19) DURATION OF TEST (18) DATE shale 08 (20) LIFT METHOD Pump (21) STABILIZED DISCHARGE (GPM) wiclay Air Lift Bail 10 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) snale slo (25) Was the water produced during the test discharged away from immediate area? (24) RECOVERY (Time in hours/minutes) then bac to broke **PUMP INSTALLATION** shale? (26) PUMP INSTALLED? YES X NO pto clay (29) TYPE <u>boulds</u> stale clay (32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) mixsome wat (35) USE OF WATER (See instructions for choices) (34) METHOD OF DRILLING -83′ Rotary Cable Tool Othe (36) DATE DRILLING WORK STARTED 912108 (37) DATE DRILLING WORK COMPLETED 9|3/08 Shake (38) DATE REPORT FILED (39) REGISTERED COMPANY (40) DEC REGISTRATION NO. NYRD 10024 bar new Moravesyns (41) CERTIFIED DRILLER (Print nar 120 Chad W. Moravec me * By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as **BOTTOM OF HOLE** defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I NYSDEC COPY understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law

NEW YORK STA	TE DEPARTMENT OF ENVIRONMENTAL CONSER	EVATION	
(1) COUNTY Steuben		(3) DEC Well	Number
(2) TOWN <u>Cohocton</u> WAT	ER WELL COMPLETION REPORT	(<u>SB2</u>	36'7
Shirley Kompshall (5) ADDRESS		(43) LO	G
(5) ADDRESS 8380 COUNTY Rte 55 (0h	octon NY 14826	Depth to Bedrock 40	
(6) LOCATION OF WELL (See Instructions On Reverse) (Chec Show Lat/Long if available	ck here if same as address above, also provide Lat / Long below)	Ground Elev. <u>1586</u>	(ft. above S.L.)
and method used: GPS	077-33 .387	Top of Casing i 8"+ or below (-)	_ (ft., above (+) ground surface)
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 70	TOP OF W	/ELL
(9) DIAMETER	in. in.		
(10) LENGTH , j \(\)	ft. ft. in.	Clas	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM TO	Gracial	
Fig. 3. A MAKE & MATERIAL	REENS (14) OPENINGS	Overbuden	, , , ,
(15) DIAMETER		-	40'steel
(16) LENGTH	in. in. in.	-	
ft. (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	ft. . ft. in.		
医阿斯斯氏氏氏征 医二氏性 化二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二	LD TEST	6 hershall	
(18) DATE	(19) DURATION OF TEST		90' Towater
(20) LIFT METHOD Air Lift (20) Pump Air Lift (22) STATIC LEVEL PRIOR TO TEST	(21) STABILIZED DISCHARGE (GPM)		90 .
(feet/inches below top of casing) (24) RECOVERY (Time in hours/minutes)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) (25) Was the water produced during the test		
4 Hours	discharged away from immediate area? Yes X No		
(26) PUMP INSTALLED? YES NO	(27) DATE (28) PUMP INSTALLER		
(29) TYPE	(30) MAKE (31) MODEL		
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING	(35) USE OF WATER (See instructions for choices)		
Cable Tool Other (36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED		
(38) DATE REPORT FILED (39) REGISTERED COMPANY	(40) DEC REGISTRATION NO.	-	
9/3/08 Loon Lake S			
Joseph A-Meyers	(42) CERTIFIED DRILLER SIGNATURE *	20	<u> </u>
* By signing this document I hereby affirm that: (1) I	I am certified to supervise water well drilling activities as 2; (2) this water well was constructed in accordance with	воттом оғ	HOLE
water well standards promulgated by the New York S perjury the information provided in this Well Complet	State Department of Health; (3) under the penalty of	NYSDEC	COPY
LOCATION SKETCH - Indicate north	- mel		$\overline{}$
440			
C.			
1 TERX,	et.	المالية المالية	
	³ 55\		
antong	* /V		
1 west			

(1) COUNTY STEVIBEN
(2) TOWN HOWARD

§210.45.



(3) DEC Well Number

5B 2405

8/2007

WAT	ER WELL COMPLETION REPORT		
BURT CARNE.	51	(43)	LOG
	E, HUNNINGTON, NY. 11743	Depth to Bedrock	(ft. below ground surface)
(6) LOCATION OF WELL (See Instructions On Reverse) (Chec	k here if same as address above, also provide Lat / Long below)	Ground Elev. 18	(ft. above S.L.)
and method used: N: 72 13.	37 / · 742 /		(ft., above (+)
(7) DEPTH OF WELL BELOW	(8) DEPTH TO GROUNDWATER DATE MEASURED		OF WELL
LAND SURFACE (feet)	BELOW LAND SURFACE (feet) /05 5/20/09		
(9) DIAMETER	in. in.	0-20FF	
(10) LENGTH 44 ft.		ELAY, ROCK	
(11) GROUT TYPE / SEALING RENTONITE SEURRY	(12) GROUT / SEALING INTERVAL FROM TO 28	LOFT ON	4
SC	REENS	COLKYING	(0.7
(13) MAKE & MATERIAL	(14) OPENINGS		40FT
(15) DIAMETER in.	in. in. in.	40FT	40 FT 42.5FT BOTTOM OF CASING
(16) LENGTH ft.	ft. ft. in.	TOFT	OF WA
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		GRAY	CASING
E CHECK THE BREAK AND AND AND ADDRESS OF VELOCIAL SECTION AND ADDRESS OF A SECTION ADDRESS OF A SE	DITEST	SHALL	
(18) DATE 5/20/09	(19) DURATION OF TEST	·	
(20) LIFT METHOD Air Lift Bail	(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) /06.5FT	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes No		
I ST BT AND AND A DE TENER EN TENER EN AND AND AND AND AND AND AND AND AND AN	STALLATION (28) PLUMP INSTALLER / / (28) PLUMP INSTALLER / / /		
(26) PUMP INSTALLED? YES NO	5/25/09 RON Hall		WATER WATER STATIC
SUBMERSIBLE	(30) MAKE (31) MODEL (31) MODEL (32) MODEL		STATIC
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		Leve
(34) METHOD OF DRILLING Rotary Cable Tool Other	(See instructions for choices)		
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED SZO 109		(155
3/29/10 (38) REGISTERED COMPANY ANSWILLE U	NYRD 10294) 165 FT WATER RETARZING ROCK
(41) CERTIFIED DRILLER (Print name)	(42) CERTIFIED DRILLER SIGNATURE *		POLIC
ERIK PEARSON	SKE	1704_	
defined by Environmental Conservation Law §15-150	I am certified to supervise water well drilling activities as 2; (2) this water well was constructed in accordance with	вотто	M OF HOLE
perjury the information provided in this Well Complete	State Department of Health; (3) under the penalty of ion Report is true, accurate and complete, and I punishable as a class A Misdemeanor under Penal Law	NYSDE	C COPY

(1) COUNTY STEUBEN
(2) TOWN DANSVILLE

§210.45.



(3) DEC Well Number

WATER WELL COMPLETION REPORT

MIKE GUARASCI	(43) LOG
(5) ADDRESS	Depth to Bedrock <u>40</u> (ft. below
9762 LANDER RD. WAYAND NY 14572 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here if same as address above, also provide Lat / Long below) Show Lat/Long if available	ground surface) Ground Elev 2044 (ft. above S.L.)
and method used: BY GPS Map Interpolation N 42°28.512′ W 77°36.814′	Top of Casing (ft., above or below (-) ground surface)
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) (7) DEPTH OF WELL BELOW (8) DEPTH TO GROUNDWATER (9) DEPTH TO GROUNDWATER (10) DEPTH TO GROUNDWATER (11) DEPTH TO GROUNDWATER (12) DEPTH TO GROUNDWATER (13) DEPTH TO GROUNDWATER (14) DEPTH TO GROUNDWATER (15) DEPTH TO GROUNDWATER (16) DEPTH TO GROUNDWATER (17) DEPTH TO GROUNDWATER (17) DEPTH TO GROUNDWATER (18) DEPTH TO G	TOP OF WELL
(9) DIAMETER	0-15' BROWN
(10) LENGTH in. in. in.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
42 ft. ft. ft. in.	CLAy
BENTONITE + DRILL CUTTINGS (feet) FROM TO SCREENS	BROKEN
(13) MAKE & MATERIAL (14) OPENINGS	SHALE
(15) DIAMETER in. in. in. in.	LAEY
(16) LENGTH ft. ft. ft. in.	15-40' GAEY CLAY BROKEN
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	BROKEN
(18) DATE	SHACE
(20) LIFT METHOD (21) STABILIZED DISCHARGE (GPM)	
Pump Air Lift Bail	40-85 GREY
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	SHALE
(24) RECOVERY (Time in hours/minutes) 5 h R 20 min (25) Was the water produced during the test discharged away from immediate area? Yes No	WATER BEAR
PUMP INSTALLATION (26) PUMP INSTALLED? (27) DATE (28) PUMP INSTALLER	BEARY
YES NO	1
(29) TYPE (30) MAKE (31) MODEL	
(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING Rotary Cable Tool Other (See instructions for choices)	
Rotary Cable Tool Other (See instructions for choices) Ome 5716 (36) DATE DRILLING WORK STARTED (37) DATE DRILLING WORK COMPLETED	-
(38) DATE REPORT FILED (39) REGISTERED COMPANY (40) DEC REGISTRATION NO.	-
3/16/10 DANSVITE WATERWELLS NYRD 10294	
(42) CERTIFIED DRILLER (Print name)	
* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as	
defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of	BOTTOM OF HOLE
perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law	NYSDEC COPY

8/2007

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (1) COUNTY Stayben (3) DEC Well Number 522435 adoison arkpor (2) TOWN WATER WELL COMPLETION REPORT (4) OWNER Serrand (43) LOG (5) ADDRESS Depth to Bedrock _ (ft. below are of oats $\frac{1}{2}$ ark $\frac{1}{2}$ ark $\frac{1}{2}$ $\frac{1}$ round surface) Ground Elev. (ft. above S.L.) N42° 30,305 (ft., above (+) Top of Casing GPS

Map Interpolation

W 017° 31.73° or below (-) ground surface) (7) DEPTH OF WELL BELOW LAND SURFACE (feet) TOP OF WELL (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>פטלרולר</u> CASINGS (9) DIAMETER in. I (10) LENGTH ft. ft. ft. I in. (12) GROUT / SEALING INTERVAL (feet) FROM SCREENS (13) MAKE & MATERIAL (14) OPENINGS (15) DIAMETER in. in. in. in. (16) LENGTH ft. ft. (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) YIELD TEST (18) DATE Ha (20) LIFT METHOD Pump (21) STABILIZED DISCHARGE (GPM) (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 30 Grave (25) Was the water produced during the test discharged away from immediate area? (24) RECOVERY (Time in hours/minutes) PUMP INSTALLATION NO X (26) PUMP INSTALLED? (28) PUMP INSTALLER YES (29) TYPE (30) MAKE (31) MODEL 300 ROCK (32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) (34) METHOD OF DRILLING
Rotary Cable Too (35) USE OF WATER (See instructions for choices) Other NYRD 10827 loon lake Services (41) CERTIFIED DRILLER (Print name) (42) CERTHIED DRILLER SIGNATURE Joseph mayers * By signing this document I hereby affirm that: (1) I am conflied to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with **BOTTOM OF HOLE** water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I NYSDEC COPY understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45. LOCATION SKETCH - Indicate north

§210.45.



582443

WATER WELL COMPLETION REPORT

(4) OWNER SALKIE MOHRM	DAN/		⁽⁴³⁾ LOG
(5) ADDRESS		Depth to B	edrock 38 (ft. below
(6) LOCATION OF WELL (See Instructions On Reverse) (Chec	27, NY, 14807 k here 17 if same as address above, also provide Lat	/Long below)	ground surface)
Show Lat/Long if available and method used: W: 42 24			100
AGPS Map Interpolation W: 7703	3.825'	Top of Cas	or below (-) ground surface)
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 150FT	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 43 F 8/	MEASURED ZI 109	TOP OF WELL
	SINGS INGS INGS INGS INGS INGS INGS INGS	Company of the compan	
(9) DIAMETER 6 in.	n. in.	in. 29 F1	()
(10) LENGTH 43 ft.	ft. ft.	in. 13/0 11	ا میں در ا
(11) GROUT TYPE / SEALING BENTONITE SLUKRY	(12) GROUT / SEALING INTERVAL OF TO	35 CHALL	31.5 m
SC Control of the con	REENS		DECEDIT 4
(13) MAKE & MATERIAL	(14) OPENINGS	38FT	· +-+-7`
(15) DIAMETER in.	n. in.	in. 10	- m 45FT
(16) LENGTH ft.	ft. ft.	in. GRA	E WATER
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		- 3 HA.	LEVEL
The state of the s	The state of the s		
(18) DATE 8/21/09	(19) DURATION OF TEST		
(20) LIFT METHOD Air Lift Bail	(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) /30	F	
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes	No	
The second secon	STALLATION		
(26) PUMP INSTALLED? YES NO	(27) DATE (28) PUMP INSTALLE	R /	
(29) TYPE	(30) MAKE (31) MODEL		
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		120FT TD 130 FT WATER BEARING ROCK
The state of the s			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(34) METHOD OF DRILLING Rotary Dable Tool Other	(35) USE OF WATER (See instructions for choices)	76	WATER
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED	/	BEARING
(38) DATE REPORT FILED (39) REGISTERED COMPANY DANSVILLE WA	FTER WELLS NYRD 10	/	
(41) CERTIFIED DRILLER (Print name)	(42) CERTIFIED TRILLER SIGNATURE *	Ur Ur	
ERIKPEARSON	El	1504	
* By signing this document I hereby affirm that: (1) defined by Environmental Conservation Law §15-150	(2) this water well was constructed in accor	rdance with	OTTOM OF HOLE
water well standards promulgated by the New York S perjury the information provided in this Well Complet understand that any false statement made herein is	tion Report is true, accurate and complete, and		SDEC COPY

(1) COUNTY <u>532444</u> 5 teuben		(3) DEC Wel	
(2) TOWN Fremon + WA	ATER WELL COMPLETION REPORT	5824	144
(4) OWNER		(43) LC)G
(5) ADDRESS		Depth to Bedrock	3 (ft. below
	Check here ☐ if same as address above, also provide Lat / Long below)	Ground Elev. 1650	ground surface) (ft. above S.L.)
	142°.76°, 925°,	Top of Casing 2	(ft., above
GPS Map Interpolation W (7) DEPTH OF WELL BELOW LAND SURFACE (feet) 105	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) Output Date MeasureD Date MeasureD	TOP OF	
	CASINGS PROGRAMMENT OF THE PROGR		<u>~</u> `
(9) DIAMETER (f) in.	in. in. in.	lagu	
(10) LENGTH 3 ft.	ft. ft. in.	94695 to1.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM TO	27	
The state of the s	SCREENS (14) OPENINGS) S .	
(15) DIAMETER		(ally	
in. (16) LENGTH	in. in. in		
ft. (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Fe	ft. ft. in.	_	
A second control of the control of t	PELD TEST (1976)	74 de 1950 de	
(18) DATE 10/7.0/09	(19) DURATION OF TEST		
(20) LIFT METHOD Pump Air Lift Bail	(21) STABILIZED DISCHARGE (GPM)	Pay	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	_ /	
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes No No	Shala	1 591M
(OO) DUMP NOTAL EDG	(28) PUMP INSTALLER	· • • • • • • • • • • • • • • • • • • •	
(29) TYPE	(30) MAKE (31) MODEL	_	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL		
	FROM TOP OF CASING (Feet)	1500	
(34) METHOD OF PRILLING Rotary Cable Tool Other	(35) USE OF WATER (See instructions for choices)	8	
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED W/ 70/9	1	
(38) DATE REPORT FILED (39) REGISTERED COMPANY	(40) DEC REGISTRATION NO.	1	
	le Services NYRD 10827		
(41) CERTIFIED DRILLER (Print name)	(42) CERTIFIED DRILLER SIGNATURE *		1/15
* By signing this document I hereby affirm that:	(1) I am certified to supervise water well drilling activities as)
defined by Environmental Conservation Law §15- water well standards promulgated by the New Yo	1502; (2) this water well was constructed in accordance with ork State Department of Health; (3) under the penalty of	BOTTOWIC	
	pletion Report is true, accurate and complete, and I n is punishable as a class A Misdemeanor under Penal Law 8/2007	NYSDEC	COPY
LOCATION SKETCH - Indicate north	0/2007	-	
Hovrell		Lade I	
4		, was land	
P+21	DavisRd		
K C			
	Cuentake		

(1) COUNTY STENBEN
(2) TOWN DANS VILLE



(3) DEC Well Number

WATER WELL COMPLETION REPORT

DAVE MOOSE			(43) L	.OG
9943 ESS RD. WAY	AND NY 14	 '572	Depth to Bedrock _	16 (ft. below ground surface)
	k here 🔲 if same as address a	above, also provide Lat / Long below)	Ground Elev	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (fee			F WELL
(9) DIAMETER	SINGS	Similar Signatura Signatur	0-16'	Resul
(in.	n.	in. in.		BROWN
	t.	ft. in.	_ ,	GRAVE
BENTONITE DAIL CUTTING		AL OM TO		mix
(13) MAKE & MATERIAL	REENS (14) OPENINGS		16-110	BROWN
(15) DIAMETER			-, , ,	16REY
(16) LENGTH	n.	in. in.	- ;	SANDY
ft. ft.	t.	ft. in.	- 1	SHALE
	DITEST	And the second of the second o		WATER
(18) DATE 8/6/09	(19) DURATION OF TEST		8"REAM	BEARN
(20) LIFT METHOD Air Lift Bail	(21) STABILIZED DISCHARGE (0		TO 35'	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Si (feet/inches below top of cas		PRINT	
(24) RECOVERY (Time in hours/minutes) 8 hr 20min	(25) Was the water produced duri discharged away from immed		6"	
PUMP IN	STALLATION (27) DATE	(28) PUMP INSTALLER	CASINO	
(26) PUMP INSTALLED? YES NO	8/6/09	RON		
SUBMERSIB/E	(30) MAKE	106-507422		
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVE FROM TOP OF CASING (Fe			
(34) METHOD OF DRILLING	(35) USE OF WATER (See instructions for choices		2 G	
Rotary Cable Tool Other	(37) DATE DRILLING WORK CO	1001103716	_	
(38) DATE REPORT FILED (39) REGISTERED COMPANY	8/5/05	(40) DEC REGISTRATION NO.	_	
3/28/09 DANS VILLE WI	ATER WElls	NYRD 10294		
(41) CERTIFIED ORILLER (Print name)	(42) CERTIFIED DRILLER SIGN.	ATURE *		
* By signing this document I hereby affirm that: (1) I	am certified to supervise	Water well drilling activities as	POTTON	I A OE HOLE
defined by Environmental Conservation Law §15-1502 water well standards promulgated by the New York S	2; (2) this water well was tate Department of Health	constructed in accordance with ; (3) under the penalty of	BOLLOW	1 OF HOLE
perjury the information provided in this Well Completi understand that any false statement made herein is p §210.45.				C COPY

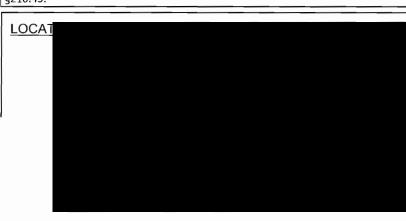
(1) COUNTY Steuben (2) TOWN HOWard



(3) DEC Well Number 5B2529

WATER WELL COMPLETION REPORT

(4) OWNER			(⁴³⁾ LC	
Steuben County (5) ADDRESS			}	
3 East Pultury Soyar	e Bath Ne	w York 14810	Depth to Bedrock 4	ground surface)
(6) LOCATION OF WELL (See Instructions On Reverse) (Chec Show Lat/Long if available	k here 🔲 if same as address abo	ove, also provide Lat / Long below)	Ground Elev. 1673	(ft. above S.L.)
and method used:			Top of Casing _/\$	
GPS Map Interpolatio	(A) DEDTUTO ORGUNDWATER	DATE MEASURED		(-) ground surface)
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	TOP OF	WELL
Carlotte of the carlotte of th	SINGS	The control of the co		0.221
(9) DIAMETER 6 in. 1	n.	in. in.		0-53
(10) LENGTH 56 ft.		ft. I in.		Claration
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL	n/	1	031 1151
Tell	REENS			20:-4/1
(13) MAKE & MATERIAL	(14) OPENINGS	######################################		graygra
(15) DIAMETER			1 1	
in.	n.	in. in.		
(16) LENGTH ft.	ft.	ft. in.		47.1.12
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)]] [Gray SA
And the state of t	D TEST	Highlight and the property of		
(18) DATE	(19) DURATION OF TEST			
(20) LIFT METHOD Air Lift Bail	(21) STABILIZED DISCHARGE (GF	PM)	i <i> </i>	
(22) STATIC LEVEL PRIOR TO TEST	(23) MAXIMUM DRAWDOWN (State	pilized)	- 11	
(feet/inches below top of casing)	(feet/inches below top of casing]	
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during discharged away from immedia			
The state of the s	STALLATION		1 11	
(26) PUMP INSTALLED? YES NO	(27) DATE	(28) PUMP INSTALLER		[]
(29) TYPE	(30) MAKE	(31) MODEL		
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet		1	
the control of the co			1.51.10.10.10.10.10.10.10.10.10.10.10.10.10	
(34) MS HOD OF DRILLING Rotary Cable Tool Other	(35) USE OF WATER (See instructions for choices)]	
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COM	PLETED	,	
(38) DATE REPORT FILED (39) REGISTERED COMPANY	- 11 000 M	(40) DEC REGISTRATION NO.	1 1	
3-18-2010 apolike Water	1 Well Driller	NYRD /0070		
M, ITON E Updike	(42) CORTIFIED PRIVLER SIGNAT	" upoliki		
* By signing this document I hereby affirm that: (1) defined by Environmental Conservation Law §15-150			воттом (OF HOLE
water well standards promulgated by the New York S perjury the information provided in this Well Complet understand that any false statement made herein is §210.45.	tate Department of Health; ion Report is true, accurate a	(3) under the penalty of and complete, and I	NYSDEC	COPY



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (1) COUNTY STEUBEN (3) DEC Well Number SBQS 78 (2) TOWN WATER WELL COMPLETION REPORT (45) WELL LOG Depth to Bedrock 23 (ft. below (5) ADDRESS land surface) Ground Elevation 1828 (ft. above sea level) (ft. above (+) or Top of Casing (7) LATHTUDE/LONGTIUDE AND METHOD USED

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((8) TAX MAP NO. below (-) land surface) (9) DEPTH OF WELL BELOW DATE MEASURED (10) DEPTH TO GROUNDWATER LAND SURFACE (feet) BELOW LAND SURFACE (feet) TOP OF WELL CASINGS (11) DIAMETER (12) LENGTH ft. ft. ft. in. (13) GROUT TYPE / SEALING (14) GROUT / SEALING INTERVAL BENTONITE + DRIVI CUTTINGS FROM (feet) SCREENS (15) MAKE & MATERIAL (16) OPENINGS Q-23 (17) DIAMETER in. in. in. in. (18) LENGTH ft. ft ft. in. (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) YIELD TEST (20) DATE 8 (22) LIFT METHOD ☐ Air Lift ☐ Pump (24) STATIC LEVEL PRIOR TO TEST (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) (27) Was the water produced during the test discharged away from immediate area? PUMP INSTALLATION (28) PUMP INSTALLED? (29) DATE (30) PUMP INSTALLER (31) TYPE (32) MAKE (33) MODEL (34) MAXIMUM CAPACITY (GPM) (35) PUMP INSTALLATION LEVEL

FROM TOP OF CASING (Feet)

(See instructions for choices)

(42) DEC REGISTRATION NO.

BOTTOM OF HOLF

NYSDEC

DRILLER INFORMATION

* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury

the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45.

(37) USE OF WATER

(36) METHOD OF DRILLING

Cable Tool

DRILLING WORK STARTED

☐ Other

(41) REGISTERED COMPAN

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION STEUBER (3) DEC Well Number 5B2582 (2) TOWN WATER WELL COMPLETION REPORT (4) OWNER Depth to Bedrock 42 (ft. below (5) ADDRESS land surface) (ft. above sea level) Top of Casing 1.5 (ft. above the (7) LATITUDE/LONGTIUDE AND METHOD USED below (-) land surface) GPS Map N:45 (9) DEPTH OF WELL BELOW (10) DEPTH TO GROUNDWATER DATE MEASURED LAND SURFACE (feet) BELOW LAND SURFACE (feet) 40F1 TOP OF WELL 8/20/10 (11) DIAMETER (12) LENGTH ft. ft. ft. in. (14) GROUT / SEALING INTERVAL 30 (feet) FROM SCREENS (15) MAKE & MATERIAL (17) DIAMETER in. in. in. in. (18) LENGTH ft. ft. in. (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) YIELD TEST (20) DATE (21) DURATION OF TEST

(23) STABILIZED DISCHARGE (GPM)

(25) MAXIMUM DRAWDOWN (Stabilized)

(feet/inches below top of casing)

(27) Was the water produced during the test discharged away from immediate area?

(35) PUMP INSTALLATION LEVEL

FROM TOP OF CASING (Feet)

(39) DATE DRILLING WORK COMPLETE

20

Baile

PUMP INSTALLATION

(32) MAKE

DRILLER INFORMATION (37) USE OF WATER (See instructions for chi

By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as

defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45.

GIOUL

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(42) DEC REGISTRATION NO NYRD 10294

BOTTOM OF HOLE

NYSDEC

(22) LIFT METHOD

(28) PUMP INSTALLED?

☐ Rotary

(38) DATE DRILLIN

(34) MAXIMUM CAPACITY (GPM)

☐ Pump

MR

SUBMERSIBLE

10

WORK STARTED

☐ Othe

(24) STATIC LEVEL PRIOR TO TEST

(feet/inches below top of casing)

(26) RECOVERY (Time in hours/minutes)

(1) COUNTY Stauber (2) TOWN Freemant



(3) DEC Well Number

SB1650

Murallace

	TER WELL COM	PECTION REPO	<u> </u>		
Rahaet Plasko	V2			⁽⁴³⁾ LO	G
(5) ADDRESS Rith Now You	k		Depth to	Bedrock /	ر الله below ground surface)
Show Lat/Long if available	heck here if same as address	above, also provide Lat / Long b	a a a a a a a a a a a a a a a a a a a	- 0/	_ (ft. above S.L.)
	037W.		Top of C		(ft., above (+) ground surface)
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (fo	Reet) SOCT DATE MEASU	3-11	TOP OF V	VELL
(9) DIAMETER	CASINGS			1	
(10) LENGTH	in.		in.		
(11) GROUT TYPE / SEALING	ft. (12) GROUT / SEALING INTERV	/AL	in.)AU	
	(feet) Ff	ROM TO		*	
(13) MAKE & MATERIAL Wone	(14) OPENINGS		pe	01	
(15) DIAMETER in.	in.	in.	in. GR	tuel	
(16) LENGTH ft.	ft.	ft.	n.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Fee	et)				
(18) DATE	(19) DURATION OF TEST				
(20) LIFT METHOD	30m ws	(GPM)			
Pump Air Lift Bail	(23) MAXIMUM DRAWDOWN (,			
(feet/inches below top of casing)	(feet/inches below top of ca	sing) 55+4.			
2hes.	discharged away from imme				
(26) PUMP INSTALLED? YESNOX	(27) DATE	(28) PUMP INSTALLER			
(29) TYPE	(30) MAKE	(31) MODEL			
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEV FROM TOP OF CASING (F			}	
	(35) USE OF WATER				
(34) METHOD OF DRILLING Rotary Cable Tool Other (36) DATE DRILLING WORK STARTED	(See instructions for choice	DOMESTIC U	2/02	4. V	
5-26-11	5-28-		40 Cle	ANT.	
(38) DATE REPORT FILED (39) REGISTERED COMPANY	/ / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	NYRD 1048	me	2-15	
(41) CERTIFIED DRILLER (Print name)	(42) GERTIFIED DRILLER SIGN	<u> </u>	- ERA	\{ \}_{\begin{subarray}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1 20/ 00
John Updite	Vol	Califo	50	Stir	WHER
* By signing this document I hereby affirm that: (defined by Environmental Conservation Law §15-1				воттом о	F HOLE
water well standards promulgated by the New Yor perjury the information provided in this Well Com understand that any false statement made herein	pletion Report is true, accurat	e and complete, and I	N	YSDEC	COPY
\$210.45.	- Constitution as a class A Mis		3/2007		
LOCATION SKETCH - Indicate north	14.6				
	Court. 6		100 []	Site	Toceno
	7		Well	J10.	
	(
:/ 10 0 5)				
Kongra Kt 415				1/1/19//	Aco

(1) COUNTY J/640C	T		(3) DEC W	Vell Number
127	ER WELL COMPLETIO	N REPORT	3 Pd	ed
John wilson			(43)	.OG
9003 akins Rd Col	octon, My 1482	<u>ل</u> ا	Ground Surface EL. //05	ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used:	142.26.230		Top Of Casing is loc	
GPS ☐ Map Interpolation	10770 32.447	f	ft. above (+) or belo	w (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	TOP OF	WELL
(9) DIAMETER	in. in.	in.		
(10) LENGTH 90 ft.	ft. ft.	in.	20/	fractured Sind stor
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM	то	90' (asing	Sharton
SC	REENS		(a sing	with
(13) MAKE & MATERIAL	(14) OPENINGS	{	(a)	Coyo
(15) DIAMETER in.	in. in.	in.		Gravel
(16) LENGTH ft.	ft. ft.	in.	}	ne las
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
	D TEST			
(18) DATE 8/30/11	(19) DURATION OF TEST			
(20) LIFT METHOD Pump Air Lift Bail	(21) STABILIZED DISCHARGE (GPM)			90
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)			
(24) RECOVERY (Time in hours/minutes) 20 m; 7		s	Sand Store 5 5 ball	
(26) PUMP INSTALLED?	STALLATION (28) PUMP IN	ISTALLER	Store	
YES NO	(30) MAKE (31) MODEL		2	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL		51.00	
(32) MAXIMUM CAPACITY (GFM)	FROM TOP OF CASING (Feet)		Share	
(34) METHOD OF DRILLING Rotary Cable Tool Other	(35) USE OF WATER (See instructions for choices)	+1,~		
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED			
(38) DATE REPORT FILED (39) REGISTERED COMPANY		10827		
(41) CERTIFIED DRILLER (Print name)	(42) CERTIFIED DRILLER SIGNATURE *			
Jap Moyers	Copp A Mayer		86PM1	
* By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law §15-150.	am certified to supervise water well dri	lling activities as	ВОТТОМ (
water well standards promulgated by the New York S perjury the information provided in this Well Completi stand that any false statement made herein is punish	ate Department of Health; (3) under the Report is true, accurate and complet	ne penalty of e, and I under-	NYSDEC	COPY
	Avica			
LOCATION SKETCH - Indicate north	U			
, 1				
V				
\mathcal{M}_{\cdot}	64	I		
		Typ,		
6 h coton 5 N		inty eth		
ען לא יט	k i/d			
	**			
			-	

(1) COUNTY STEUBEN

(2) TOWN FREMONT WATER WELL COMPLETION REPORT



NYSDEC

09/2010

(3) DEC Well Number

WAI	EN WELL COM LETION NEI ONT	
BURNS FAMILY FA	Heim	(45) WELL LOG
7731 Rose Howeld, H	2	Depth to Bedrock // (ft. below land surface)
(6) LOCATION OF WELL (See Instructions On Reverse)	(Check here Anaddress is same as above)	Ground Elevation 1830 (ft. above sea level)
(7) LATITUDE/LONGTIUDE AND METHOD USED GPS	(8) TAX MAP NO.	Top of Casing (ft. above (+) or below (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet)	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	TOP OF WELL
C/	ASINGS	
	in. in. in.	IDFT.
_38 ft.	ft. ft. in.	BROWN:
(13) GROUT TYPE / SEALING : BENTONITE/CLAY SLURRY (15) MAKE & MATERIAL	(14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 36 F.T	City.
(15) MAKE & MATERIAL	(16) OPENINGS	10 FT 36/25
(17) DIAMETER in.	in. in. in.	36/257 BOTTEM CASING
(18) LENGTH	ft. ft. in.	GROWN CASING
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	16. 11.	SHALE !
YIE	LD TEST	
(20) DATE 9/14/11	(21) DURATION OF TEST	110F;
(22) LIFT METHOD Air Lift Bailer	(23) STABILIZED DISCHARGE (GPM)	SLEVEL
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) ////2 F;	(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(26) RECOVERY (Time in hours/minutes)	(27) Was the water produced during the test discharged away from immediate area? YesNo	
PUMPIN	STALLATION	I I I TOFF
(28) PUMP INSTALLED? YES NO	(29) DATE (30) PUMP INSTALLER	15 OF TO 200 FF WATER BETANINK
(31) TYPE	(32) MAKE (33) MODEL	200 PT
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	BE HIR ING
DRILLER	INFORMATION	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(36) METHOD OF DRILLING	(37) USE OF WATER	
Rotary Cable Tool Other	(See instructions for choices) STOCK SUPPLY	
(38) DATE DRILLINGWORK STARTED	(39) DATE DRILLING WORK COMPLETED	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 2/15/11 141) REGISTERED COMPANY 141) REGISTERED COMPANY	PATERWELLS NYRD 10294	
(43) CERTIFIED DRILLER (Brint name)	(44) CERTIFIED DRILLER SIGNATURE	a//
ERIK TEARSON	SEL	225 /
defined by Environmental Conservation Law 15-1502;	m certified to supervise water well drilling activities as (2) this water well was constructed in accordance with tate Department of Health; (3) under the penalty of perjury	BOTTOM OF HOLE
the information provided in this Well Completion Repo any false statement made herein is punishable as a C	ort is true, accurate and complete, and I understand that	NVCDEC

(1) COUNTY STEUBEN (2) TOWN DANSVILLE



(3) DEC Well Number 5B 2718

	VATER WELL	COMPLETION RE	PORI		
(4) OWNER NATE MATH	EWS			oth to Bedrock	_
6) ADDRESS C) ED 11/11 SOUL KARD DI HARAGOI NV 14843					land surface)
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here 🔲 if address is same as above)					(ft. above sea level)
(7) LATITUDE/LONGTIUDE AND METHOD USED AND W. 77.36		(8) TAX MAP NO.	Тор		(ft. above (+) or ow (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 150 F.	(10) DEPTH TO GROUP	NDWATER DATE FACE (feet) POF 2/1	MEASURED	TOP OF	WELL
	CASINGS				
(11) DIAMETER in.	in.	in.	in.	TO JOFT LAY, ROCK	20 -035E-
(12) LENGTH 3() ft.	ft.	ft.	in	AY,REEK	20 TO 25 FT GRAY CLAY,
(13) GROUT TYPE / SEALING BENTONITE / CLAY SLURI	(14) GROUT / SEALING (feet)	FROM TO 5	28/2F- Z	-5FT -	- 28/2FF
	SCREENS			SOFT	BOTTEIN
(15) MAKE & MATERIAL	(16) OPENINGS			1024	CASING
(17) DIAMETER in.	in.	in.	in. 3	HALE	
(18) LENGTH ft.	ft.	ft.	in.) ~	- 90FF
(19) DEPTH TO TOP OF SCREEN. FROM TOP OF CASING	(Feet)				- GOFT STATIC LEVEL
	YIELD TEST				22,0
(20) DATE 2/1/12	(21) DURATION OF TE	45m,N	and the second s		
(22) LIFT METHOD AIR Lift B	(23) STABILIZED DISC	HARGE (GPM)			
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(25) MAXIMUM DRAWI (feet/inches below	4 -	-,		
(26) RECOVERY (Time in hours/minutes)	(27) Was the water production discharged away from	duced during the test om immediate area? Yes	No		
S. Cale Della Control of the Control	MP INSTALLATION				
(28) PUMP INSTALLED? YESNO	(29) DATE	(30) PUMP INSTALLER			1786
(31) TYPE	(32) MAKE	(33) MODEL			135FT
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLAT				145FT WATER BETHEIN
ORII	LER INFORMATION			\	BETIEIN
(36) METHOD OF DRILLING Rotary Cable Tool Other	(37) USE OF WATER (See instructions for	or choices) DamESTIC	<u> </u>) ROCK
(38) DATE DRILLING WORK STARTED	(39) DATE DRILLING V				
(40) DATE REPORT FILED (41) REGISTERED COMPAN	ENATER WELL	(42) DEC REGISTRATION	34		
(43) CERTIFIED DRILLER (Print name) CRIK PEARSON	(44) CERTIFIED ORIA	ER SIGNATURE *		V /57	PFT
* By signing this document I hereby affirm that defined by Environmental Conservation Law 1	5-1502; (2) this water we	ll was constructed in accorda	nce with	воттом	
water well standards promulgated by the New the information provided in this Well Completic any false statement made herein is punishable	n Report is true, accurate	and complete, and I unders	tand that	NYSI	DEC

(1) COUNTY STEUBEN

(2) TOWN DANSVILLE WATE



WATER WELL COMPLETION DEPORT

(3) DEC Well Number 5B 2765

	ER WELL COMPLETION REPORT	
RON SMITH		(45) WELL LOG
(5) ADDRESS	ENDALL NY 14476	Depth to Bedrock (ft. below land surface)
(6) LOCATION OF WELL (See Instructions on Reverse) W: 422840.1	NOAL, NY. 14476 77°35′52.7 ^(Check here □ if address is same as above)	Ground Elevation 1891 (ft. above sea level)
(7) LATITUDE/LONGITUDE AND METHOD USED GPS	(8) TAX MAP NO.	Top of Casing (ft. abov + o below (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet)	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 35 5/22/12	TOP OF WELL
<u> </u>	ASINGS	
(11) DIAMETER (in.	in. in. in.	OFT
(12) LENGTH 24 ft.	ft. ft. in.	20FT BROWN CLAY,
(13) GROUT TYPE / SEALING RENTONITE CLAY SLURRY	(14) GROUT / SEALING INTERVAL O TO 22½	ROCK
/ SC	REENS	
(15) MAKE & MATERIAL	(16) OPENINGS	- 20FT
(17) DIAMETER in.	in. in.	221/2 ^{FT} - 20FT Bottom 20FT
(18) LENGTH ft.	ft. ft. in.	MASING TO
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		35FT BROWN STATIC BROWN LEVEL SHALE
YE YE	LD TEST	STATIC BLANE
(20) DATE 5/22/12	(21) DURATION OF TEST 45m, N	LEVEL June
(22) LIFT METHOD Air Lift Bailer	(23) STABILIZED DISCHARGE (GPM)	
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(26) RECOVERY (Time in hours/minutes) 30 m i v.	(27) Was the water produced during the test discharged away from immediate area? Yes No	
•	STALLATION	
(28) PUMP INSTALLED? YESNO	(29) DATE (30) PUMP INSTALLER	
(31) TYPE	(32) MAKE (33) MODEL	
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	85Fr2 /
DRILLER	INFORMATION	70
(36) METHOD OF DRILLING	(37) USE OF WATER (See instructions for choices)	9351
Rotary Cable Tool Other	Domesin	WATER
(38) DATE DRILLING WORK STARTED	(39) DATE DRILLING WORK COMPLETED	BEARING
(40) DATE REPORT FILED (41) REGISTERED COMPANY 2/32/13 DANSVILLE WAY	TERWAYS NYRD 10294	SHALE
(43) CERTIFIED DRILLER (Print name)	(44) CERTIFIED RIVER SIGNATURE	
ERIK FEARSON	Mf	100FT
defined by Environmental Conservation Law 15-150	am certified to supervise water well drilling activities as 2; (2) this water well was constructed in accordance with State Department of Health; (3) under the penalty of perjury	BOTTOM OF HOLE
the information provided in this Well Completion Repany false statement made herein is punishable as a	ort is true, accurate and complete, and I understand that	NVSDEC

	5L. 1.	ATE DEPARTMENT OF ENVIRONMENTAL CONSER	(3) DEC Well Number
	own Wayland Was		532785
	NNER Ray Mauro	TER WELL COMPLETION REPORT	(45) WELL LOG
	DORESS STORY DOCATION OF WELL (See Instructions On Reverse)	J Wasland by 14572 (CHick here if address is same as above)	Depth to Bedrock
	ATTITUDE/LONGTIUDE AND METHOD USED SPS Map M 42°26.970′	W077°32. 742°	Top of Casing 2 (ft. above (+) or below (-) land surface)
L	mente materiale de l'esperat, son l'apprent la constitut product per come activit forces de l'apprent de la co	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) ASINGS	TOP OF WELL
	in. ength ft.	in. in. in. in.	Burn
(13)	GROUT TYPE / SEALING	(14) GROUT / SEALING INTERVAL (feet) FROM TO	Burn (ly d bowl 20-to
(15)	MAKE & MATERIAL	CREENS (16) OPENINGS	6 www 20-towater
\(\begin{align*} \text{\bigs.} \text{\bigs.}	in.	in. in.	
(19)	ft. DEPTH TO TOP OF SCREEN. FROM TOP OF CASING (Feet)	ft. ft. in.	40-
(20)	DATE 7/4/12	(21) DURATION OF TEST	Shalo
	LIFT METHOD	(23) STABILIZED DISCHARGE (GPM) (25) MAXIMUM DRAWDOWN (Stabilized)	
	(feet/inches below top of casing) Zo	(feet/inches below top of casing) / 3 / (27) Was the water produced during the test discharged away from immediate area? Yes No	Greyhal
.538.5	PUMP INSTALLED? YES NO X	NSTALLATION (30) PUMP INSTALLER	46pm
	TYPE MAXIMUM CAPACITY (GPM)	(32) MAKE (33) MODEL	1 0110
	DRILLER	(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
	METHOD OF DRILLING Rotary M Cable Tool Other DATE DRILLING WORK STARTED	(39) DATE DRILLING WORK COMPLETED	0100
(40)	DATE REPORTYFILED (41) REGISTERED COMPANY / OON (41)	(42) DEC REGISTRATION NO. NYRD 1827	130 Reop
* By	CERTIFIED ORILLER (Print name) Or Moyer S visigning this document I hereby affirm that: (1) I	am certified to supervise water well drilling activities as	130 Play
defi wat the	ned by Environmental Conservation Law 15-150 er well standards promulgated by the New York information provided in this Well Completion Re	12; (2) this water well was constructed in accordance with State Department of Health; (3) under the penalty of perjury port is true, accurate and complete, and I understand that Class A Misdemeanor under Penal Law §210.45.	NYSDEC
LC	OCATION SKETCH - Indicate north Wew Gas	o VIII Blank Hi	"II Rd
	ayland	Rt21 Suth	



(3) DEC Well Number SB 2809

NYSDEC

10/2011

(2) TOWN WA	TER WELL COMPLETION REPORT	da volta anera	or land an annual sur
Victor Ross	rena reimud suti eresti nu restum ad benis, erropa trujan	⁽⁴⁵⁾ WE	LL LOG
(5) ADDRESS	oca NY 14809 (Check here ☐ if address is same as above)	Depth to Bedrock Ground Elevation	(ft. below land surface) 1829 (ft. above sea level)
(7) LATITUDE/LONGITUDE AND METHOD USED	77°30′14.20° W		(ft. above (+) or low (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 120 '	(10) DEPTH TO GROUNDWATER DATE MEASURED BELOW LAND SURFACE (feet)	ТОРО	FWELL
	CASINGS	awant o tasquar	APPLICATION ON
(11) DIAMETER (in.	in. in. in.	to Bother and the	Till
(12) LENGTH	ft. ft.	is an income on it	of a county
(13) GROUT TYPE / SEALING Bentonite	(14) GROUT / SEALING INTERVAL (feet) FROM TO	oels, yern policy b	Michod 2. Code
Estant oration, and account of	SCREENS	olsedmame'va	de-
(15) MAKE & MATERIAL	(16) OPENINGS	а долдей вслот.	MANUAL P
(17) DIAMETER in.	in. in.	Ston) francesta	-51
(18) LENGTH ft.	ft. ft. in.		Pack
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet	unt or between the strain than the growing of an arms.	Lister and the in	Rock
Y	TELD TEST		1 -20 KS
(20) DATE 9/12/12	(21) DURATION OF TEST 90 min	Clary II 189 Spring	streaks
(22) LIFT METHOD Pump Air Lift Bailer	(23) STABILIZED DISCHARGE (GPM)	it europeant som	0 - bartett in 1 35
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	9	13. Stabilized Direct
(26) RECOVERY (Time in hours/minutes)	(27) Was the water produced during the test discharged away from immediate area? Yes No		dentaria a standard
PUMP	INSTALLATION	1,	in pall sell test pin
(28) PUMP INSTALLED? YES NO	(29) DATE (30) PUMP INSTALLER	5	-93'
(31) TYPE	(32) MAKE (33) MODEL	50	Soft
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	0	Share
DRILLE	RINFORMATION	0	in Evalle (granter)
(36) METHOD OF DRILLING Cable Tool Other	(37) USE OF WATER (See instructions for choices) bomestic		1 Nyne – Include I
(38) DATE DRILLING WORK STARTED	(39) DATE DRILLING WORK COMPLETED 9/12/12	THE CORN LOW L	Historian I
(40) DATE REPORT FILED (41) REGISTERED COMPANY 9/20/12 Bar ney N	Nova vecture (42) DEC REGISTRATION NO. 4	wari Guerra S	T Use at Water
(43) CERTIFIED DRILLER (Print name)	(40 CERTIFIED DRILLER SIGNATURE	Ryond In sa	-120'
* By signing this document I hereby affirm that: (1) defined by Environmental Conservation Law 15-150	I am certified to supervise water well drilling activities as 02; (2) this water well was constructed in accordance with	воттом	OF HOLE
the information provided in this Well Completion Relay false statement made herein is punishable as a	State Department of Health; (3) under the penalty of perjury eport is true, accurate and complete, and I understand that a Class A Misdemeanor under Penal Law §210.45.	NVO	

COUNTY Steybon		1 '	Well Number
TOWN Hornell WATE	ER WELL COMPLETION REPORT	3130	2882
OWNER // // //	en wite the points of an ether of allow thousand	⁽⁴⁵⁾ WI	ELL LOG
ADDRESS 1	00 44 140012	Depth to Bedrock	25 (ft. below
8200 Jones Rd Ho	rrell, Ny 14843	Ground Elevation	land surface
LOCATION OF WELL (See Instructions On Reverse)	(Check here if address is same as above)	7	sea level)
LATITUDE/LONGTIUDE AND METHOD USED	(8) TAX MAP NO.	Top of Casing be	(ft. above (+) or elow (-) land surface)
DEPTH OF WELL BELOW	(10) DEPTH TO GROUNDWATER DATE MEASURED	A free problem	estado acestado de contrado de
LAND SURFACE (feet)	BELOW LAND SURFACE (feet) SINGS	TOP (OF WELL
) DIAMETER	No action of the control of the cont	beilig been	TO THE PARTY OF TH
in. in.	. in. in.	25	Brown
25 ft. ft.		Casing	Sandston
s) GROUT TYPE / SEALING (14) GROUT / SEALING INTERVAL (feet) FROM TO		Sandston
	REENS	ot ign nomer ne	
i) MAKE & MATERIAL ((16) OPENINGS	Trale Sugni	SOL
) DIAMETER in. in.	. in. in.	E SAMONES TO AME	water
) LENGTH	Name and a second		
ft. ft.) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	ft. in.	Lendin From I	hi qui ai maari.
	m in Na-Sauni 2005 No. 18-35 di nicolasi 30 Baraca (pa	Celani anawa sa	of any many opening
	D TEST 21) DURATION OF TEST	TECH MINISTER	
5/8/13	1 h		DI TON MOUSE US
) LIFT METHOD Air Lift Bailer	23) STABILIZED DISCHARGE (GPM)	Over	- boliom m.1
) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	- ^	tagid boulders.
75	27) Was the water produced during the test	Shale	Herman Samuel
DIIMD INC	discharged away from immediate area? Yey No No		AG maineral
) PUMP INSTALLED?	29) DATE (30) PUMP INSTALLER	- China	Some modern linds
	32) MAKE (33) MODEL	and mercen to	50
minus (36)	ve- discharged away from mediate area? - In-	Um more asmoot	-36PM
) MAXIMUM CAPACITY (GPM)	35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
	NFORMATION	h logica amount	55/
Rotary Cable Tool Other	37) USE OF WATER (See instructions for choices)	100000000000000000000000000000000000000	_
DATE DRILLING WORK STARTED (5	39) DATE DRILLING WORK COMPLETED	rald doubt on	86 RM
) DATE REPORT FILED (41) REGISTERED COMPANY	/ (42) DEC REGISTRATION NO.	Commission Day	Use of Wiler
CERTIFIED DRILLER (Print name)	44) CERMITED DRILLER SIGNATURE:	n and horses and	1.2
DO Wesel	Cano Rhallenger	callon No Rec	160 101
By signing this document I hereb∲ affirm that: (1) I am fined by Environmental Conservation Law 15-1502;	certified a supervise water well dilling activities as (2) this water well was constructed in accordance with	BOTTON	OF HOLE
e information provided in this Well Completion Report	te Department of Health; (3) under the penalty of perjury t is true, accurate and complete, and I understand that		
y false statement made herein is punishable as a Cla	ass A Misdemeanor under Penal Law §210.45.	NYS	DEC
OCATION SKETCH - Indicate north	1	redeveloped hio.	en aldskovadi-,
A usternamentary is part received build extrait at 6)			
	Toward To to Rd		
(+1	1 ntss \		13
			194
uglas Rt	21 Haskinsville	North Park Control of	

(1) COUNTY STEUBEN					Well Number
(2) TOWN DAWSVILLE WA	TED WELL (OMBI FEIGURE	DODE	SBO	2904
(4) OWNER John SENKA	TER WELL	COMPLETION RE	PORT	(45) WE	LL LOG
(5) ADDRESS	The second second	THE PERSON NAMED IN		Depth to Bedrock _	
2282 CO RT 5	O WAYLA	NO NY 1457	2	Ground Elevation	land surface)
(6) LOCATION OF WELL (See Instructions On Reverse)	° 36 00.3	(Check here I if address is same	e as above)	Ground Elevation	sea level)
(7) LATITUDE/LONGITUDE AND METHOD USED GPS	26 00,3	(8) TAX MAP NO.		Top of Casing bel	(ft. above ff or ow (-) land surface)
(9) DEPTH OF WELL BELOW AND SURFACE (feet)		NDWATER RFACE (feet) FROUND 6	MEASURED /	TOPO	F WELL
(11) DIAMETER 1	CASINGS	25757		0 101	
6 in.	in.	in.	in.	0-18'	BROWN
(12) LENGTH 36 ft.	ft.	ft.	in.	production and production	CLAY
(13) GROUT TYPE / SEALING BENTONITE & Dail/CUTTING	(14) GROUT / SEALING (feet)	FROM TO	ing interest	Loan Varinetir Li	SAND
	SCREENS				GRAVE!
(15) MAKE & MATERIAL	(16) OPENINGS	cheer Week Bank Dancerty	A Face Inc	H moral a	The state of the s
(17) DIAMETER	STREE BASKWICK CO.	aheriau augus erus erus	BRAD GO DE	10/3//	GRAY
in.	in.	in.	in.	18-34	CLAY
(18) LENGTH ft.	ft.	ft.	in.		BROKEN
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	Vadinit plantan	Tour Ole Talk nation at	61.371.8	risiani mana matain	SHALE
Y	ELD TEST				
(20) DATE	(21) DURATION OF TES	ST	d Sobratio	THE CHANGE OF THE PARTY OF	600.
6/24/13		60 min		34-90	GRAY
(22) LIFT METHOD	(23) STABILIZED DISCH	HARGE (GPM)	obspectation.	Tatapanga cos	SHALE
(24) STATIC LEVEL PRIOR TO TEST GROUND (feet/inches below top of casing)	(25) MAXIMUM DRAWD (feet/inches below t	/		named - Section	WATER
(26) RECOVERY (Time in hours/minutes)	(27) Was the water prod	duced during the test	Ma	nique of force was a	BEARING
3 hR 50 min	INSTALLATION	om immediate area? Yes	NO	Brann Stabilizery)	ava mum uota et
(28) PUMP INSTALLED?	(29) DATE	(30) PUMP INSTALLER		adamin's	a for Tribute brail
YES NO	A STREET	10	PREMI	sometimes with the	military course in
(31) TYPE	(32) MAKE	(33) MODEL	midelo tab	militario Labumino	Comment of the Contest
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATI				
DRILLER	RINFORMATION			S Name Labor	innaren gang ti
(36) METHOD OF DRILLING ☐ Rotary ☐ Cable Tool ☐ Other	(37) USE OF WATER (See instructions fo	or choices) Domesti	C	and the modern day	abeloni – eqvil 18
(38) DATE DRILLING WORK STARTED	(39) DATE DRILLING W	ORK COMPLETED	82 NOTO!	n - Chem in a	Inc. to bother a
(40) DATE REPORT FILED (41) REGISTERED COMPANY 3/30/14 DANSVIlle W	IATED GIEL	(42) DEC REGISTRATION NYRD 102	NO. 94	Pair and	Wanted Day To
(43) CERTIFIED DRILLER (Print name)	(44) CERTIFIED DRICH	7	U Moved	the of these - ma	Strings black by
ROWALD A. HAll * By signing this document I hereby affirm that: (1) I	am certified to super	vise water well drilling activities	es as	osh - ali nahim	AND DECEMBER
defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York	2; (2) this water well	was constructed in accordan	ce with	ВОТТОМ	OF HOLE
the information provided in this Well Completion Re	port is true, accurate	and complete, and I understa	nd that		
any false statement made herein is punishable as a	Class A Misdemeand	or under Penal Law §210.45.	10/2011	NYSI	DEC

E

(1) COUNTY Stellben		(3) DEC	Well Number
Cohorton		5830	014
(4) OWNER Simons	ATER WELL COMPLETION REPORT		ELL LOG
(5) ADDRESS 10997 Bea 5 PA (ohocton, NY 14626	Depth to Bedrock	land surface)
(6) LOCATION OF WELL (See Instructions On Reverse) 27 (7) LATITUDE/LONGTIUDE AND METHOD USED CONTROL Map	32' 53,6" (8) TAX MAP NO.	Top of Casing	sea level) (ft. above +) or elow (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet)	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Seet) 3 DATE MEASURED 2/4/14	TOP	DF WELL
(11) DIAMETER (in.	in. in. in.	0-20'	BROWN
(12) LENGTH 40 ft.	ft. ft. in.		RANKEN
BENTONITE DAILCUTTI	(14) GROUT / SEALING INTERVAL (feet) FROM TO SCREENS		BROKEN
(15) MAKE & MATERIAL	(16) OPENINGS	20'-36'	ERAY
(17) DIAMETER in.	in. in.		CLAY
ft. (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (F	ft. ft. in.	1	Mix mix
	YIELD TEST		
(20) DATE 2/4/14	(21) DURATION OF TEST 30 miw	36-70	ERAY SANDY SHALE
(22) LIFT METHOD Air Lift Bai	10		SHALE
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (26) RECOVERY (Time in hours/minutes)	(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 50'		WATER
2 hr 10m	discharged away from immediate area? Yes No IP INSTALLATION		BEARING
(28) PUMP INSTALLED? YES NO	(29) DATE (30) PUMP INSTALLER (32) MAKE (33) MODEL		
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATION LEVEL	C	
DRILLI	FROM TOP OF CASING (Feet)		
(36) METHOD OF DRILLING Rotary Cable Tool Dther	(37) USE OF WATER (See instructions for choices)		
(38) DATE DRILLING WORK STARTED	(39) DATE DRILLING WORK COMPLETED		
(40) DATE REPORT FILED (41) REGISTERED COMPANY DUBSVINED	uter Wells NYRD 10294		
* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as	DOTTO	105,401.5
defined by Environmental Conservation Law 15- water well standards promulgated by the New Yo	1502; (2) this water well was constructed in accordance with ork State Department of Health; (3) under the penalty of perjury Report is true, accurate and complete, and I understand that		1 OF HOLE
	as a Class A Misdemeanor under Penal Law §210.45.	NYS	SDEC

11) COUNTY Steuber		(3) DEC Well Number
20 11	R WELL COMPLETION REPORT	SB 3021
M. OWNER	1000	(45) WELL LOG
John E. h	<u>/20 D</u>	h to Bedrock(ft. below land surface)
(6) LOCATION OF WELL (See Instructions On Reverso)	/ Route 70 A (Check here ☐ faddress is same as above) Grou	ind Elevation 745 (ft. above sea level)
3492 County D	aute 70 A	of Casing (fl. above (+) or
(7) LATITUDE/LONGITUDE AND METHOD USED GOEPS	(8) TAX MAP NO.	below (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 178	10) DEPTH 10 GROUNDWATER DATE MEASURED BELOW LAND SURFACE (feet)	TOP OF WELL
	SINGS	
(11) DIAMETER 6 in. in.	in. in.	
(12) LENGTH ZO fl. ft	ft. in.	, ,
(13) GROOT TIPE I SEALING	(14) GROUT / SEALING INTERVAL (feet) FROM	face of
Quitek Crete sci	REENS H	¹⁴ }
(15) MAKE & MATERIAL	(16) OPENINGS	
(17) DIAMETER in. ir	in. in.	
(18) LENG1H		9 4
ft. ft	. 1	
	.D TEST	
WO DATE	(21) DURATION OF TEST	}
10-24-13	(23) STABILIZED DISCHARGE (GPM)	
Pump Air Lift Bailer	(25) MAXIMUM DRAWDOWN (Stabilized)	
(24) STATIC LEVEL PRIOR TO LEST (feetinches below top of casing)	(feetinches belaw top of casing)	٢
(26) RECOVERY (Time in hours/minutes)	(27) Was the water produced during the fast discharged away from immediate area? Yes No	alef
PUMP IN	STALLATION	
(28) PUMP INSTALLED?	(29) DATE (30) PUMP INSTALLER	
(31) TYPE	(32) MAKE (33) MODEL	
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
DRILLER	INFORMATION	
(36) METHOD OF DRILLING	(37) USE OF WATER	
Cable Tool Other	1, jones	
10-24-13	(39) DATE DRILLING WORK COMPLETED 13 (42) DEC REGISTRATION NO	
(40) DATE REPORT FILED (41) REGISTERED COMPANY	ter Well Driller NYRD 100 70_	
(43) CERTIFIED DRILLER (Print name)	(44) CERTIFIED DRILLER SIGNATURE.	178
+ By signing this document hereby affirm that: (1) 8	m certified to supervise water well drilling activities as (2) this water well was constructed in accordance with	BOTTOM OF HOLE
	state Department of Health; (3) under the penalty of perjury of is true, accurate and complete, and I understand that	
any false statement made herein is punishable as a	Class A Misdemeanor under Penal Law §210.45.	NYSDEC
LOCATION SKETCH - Indicate north		
)	
	42° 22.13 W	
	42° 22.13 N 177° 31.30 W	
	•	

(1) COUNTY Stey Len		(3) DEC	Well Number
(1) COUNTY Steyler (2) TOWN (6/10 Cton) W	ATER WELL COMPLETION REPORT	SI	3035
(4) OWNER	as de	(45) WI	ELL LOG
(5) ADDRESS	to 2)	Depth to Bedrock	(ft. below land surface)
(6) LOCATION OF WELL (See Instructions On Reverse)	(Check here ☐ if address is same as above)	Ground Elevation	(ft. above sea level)
(7) LATITUDE/LONGITUDE AND METAIOD USED	(8; TAX MAP NO.	Top of Casing —	(ftabove (+) or
MGPS □ Map / 426 27.	930 40736.687 TOTO DEPTH TO GROUNDWATER DATE MEASURED		elow (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet)	BELOW I AND SURFACE (feet) 100 4/6/14	TOP (OF WELL
(11) DIAMETER f	CASINGS		
(32) LENGTH . (3)	in. in.	-	- D
40 ft.1	ft. ft. in.	-	Evanuel +
(13) GROUT TYPE / SEALING	(feet) FROM TO		(lay
(15) MAKE & MATERIAL	SCREENS (16) OPENINGS	-	
(17) DIAMETER			
in.	in. in.		Sanduka
(18) 1 F NG1H	ft. ft. in.		
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Fe	eet)		
(20) DATE	YIELD TEST (21) DURATION OF TEST		
9/16/14	(23) STABILIZED DISCHARGE (GPM)	•	
(22) LIFT METHOD Air Lift Balle			-
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(26) RECOVERY (Time in hours/minutes)	(27) Was the water produced during the test discharged away from immediate area? Yes No No.		
(28) PUMP INSTALLED?	P INSTALLATION (29) DATE (30) PUMP INSTALLER	0/	
YES NO /1		50 #	
(31) TYPE	(32) MAKE (33) MODEL	l has	156P
(34) MAXIMUM CAPACITY (GPM)	135) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
DRILL (36) METHOD OF DRILLING	ER INFORMATION (37) JSE OF WATER		
Rotary Cable Toul Other	(See instructions for choices)		
(38) DATE DRALING WORK STARTED	(39) DATE DRILLING WORK COMPLETED		
(40) DATE REPORT/FILEDY (41) REGISTERED COMPANY	the Services NYRD 10027		
(43) CFRTIFIED DRILLER (Print name)	(44) CERTIFIED DRILLER SIGNATURE		1.150
* By signing this document I hereby affirm that: (1	1) I am certified to supervise Nater well drilling activities as 1502: (2) this water well was constructed in accordance with	ВО⊤ТОІ	M OF HOLE
water well standards promulgated by the New You the information provided in this Well Completion	ork State Department of Health; (3) under the penalty of perjury Report is true, accurate and complete, and I understand that		
any false statement made herein is punishable a	s a Class A Misdemedia funder Penal Law §210.45.	NYS	RDFO
LOCATION SKETCH - Indicate north			
Gra Den			
	Grose ed		
	Jen pol		
	4		
Wa	eters Rd		

(1) COUNTY _ 5-teyber		(3) DEC We	
C 1 -1	LL COMPLETION REPORT	SB 30	36_
(4) OWNER		(45) WELL	1
Isi ADDRESS Dan Dondlo		Depth to Bedrock Z	O(ft. below land surface)
3 607 walters Rel (6) LOCATION OF WELL (See Instructions On Reverse)	(Check here if address is same as above)	Ground Elevation 🗵	(ft. above sea level)
(7) LATITUDE/LONGITUDE AND METHOD USED	WO7731.159	Top of Casing below	(ft. above (+) or v (-) land surface)
	O GROUNDWATER AND SURFACE (feet)	TOP OF	WELL
LAND SURFACE (feet) 230 BFLOW LA	AD SURFACE (less), 770 4 25 1 1		
(11) DIAMETER (in. in.	in. in.		4
(12) LENGTH 7 0 ft. ft.	ft. in.		Clay of
	SEALING INTERVAL FROM TO		Erawl
SCREENS			į
(15) MAKE & MATERIAL (16) OPENING	3\$		·
(17) DIAMETER in. in.	in. in.		20
(18) LENG'H ft. ft.	ft. in.		70
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(20) DATE 48 / (21) DURATI	ON OF TEST		5, 0
(22) LIFT ME THOD Air Lite Bailer (23) STABILI	ZED DISCHARGE (GPM) /5		Sundsteen
174/01/4/10/22/22/11/01/10/10/10/10/10/10/10/10/10/10/10/	JM DRAWDOWN (Stabilized) hes below too of casing) 2. 0		
(26) RECOVERY (Time in hoursminutes) (27) Was the discharge	water produced during the test ed away from immediate area? Yes No		
PUMP INSTALLA			'
(28) PUMP INSTALLED? YES NO (29) DATE	(30) PUMP INSTALLER	G'a'	
(31) TYPE (32) MAKE	(33) MODEL	40 autos	
	NSTALLATION LEVEL TOP OF CASING (Feet)	17	
DRILLER INFORM	ATION		
(36) METHOD OF DRILLING ☐ Rotary ☐ Cable Tool ☐ Other (See in	F WATER structions for choices)	612	
	ORILLING WORK COMPLETED	1	
(40) DATE REPORT FLED (41) REGISTERED COMPANY	NYRD 1003 7		
(43) CERTIFIED DIRECTOR INCOME.	FIED WRILLER SIGNATURE	<u> </u>	مرکه
By signing this document I hereby affirm that: (1) I am certified	to supervise water well drilling activities as	воттом	OF HOLE
defined by Environmental Conservation Law 15-1502; (2) this to	rement of Health: (3) under the penalty of perjury	<u></u>	
the information provided in this Well Completion Report is true, any false statement made herein is punishable as a Class A Mi	sdemeanor under Penal Law §210.45.	Mys	DEC
LOCATION SKETCH - Indicate north			·
Gruber Rd	\mathcal{J}		
	Wagen M		
	ager (a)		
walters		_	
(Victor)			

			(3) DEC Well	
(2) TOWN Hornell WA	TER WELL COMPLET	ION REPORT	SB 310	
(4) OWNER Shawn Mac Naugh			(45) WELL I	_OG
I(E) ADDDECC	Depth to Bedrock	(ft. below land surface)		
2959 Daris Rd Hornell	Ground Elevation 171			
(6) LOCATION OF WELL (See Instructions On Reverse)	(Check here if	address is same as above)	Glound Elevation 1771	sea level)
(7) LATITUDE/LONGITUDE AND METHOD USED	(8) TAX MAP NO		Top of Casing(fi	above or
GPS - Map 42° 22, 46.64"N 770			below (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet)	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	TOP OF W	CII
190	BELOW LAND SURFACE (feet)	31 9/19/14	O II	CLL
(11) DIAMETER		n colle de la collega de l La collega de la collega d		
€ in.	in. in.	in.		
(12) LENGTH	ft. ft.	in.	,	
(13) GROUT TYPE / SEALING	(14) GROUT / SEALING INTERVAL	то 30	Clay	
Bentonite	(feet) FROM	то О	of	
(15) MAKE & MATERIAL	CREENS (16) OPENINGS		6	
		HENNEL WITH THE	1	
(17) DIAMETER in.	in. in.	in.		
(18) LENGTH		in.		
ft.	ft. ft.	in.		
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
The Control of the Co	ELD TEST			
(20) DATE	(21) DURATION OF TEST	ti ek intihyallalah ok cantilida antantilasi kalapatan dilibah, artama dibantan panta sami		
9/19/14	30 mm		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(22) LIFT METHOD Pump Air Lift Bailer	(23) STABILIZED DISCHARGE (GPM)		and having a	
(24) STATIC LEVEL PRIOR TO TEST	(25) MAXIMUM DRAWDOWN (Stabilized)	E AVIDERAL AND A	15.12.36	
(feet/inches below top of casing) 142	(feet/inches below top of casing)	0	Shele	
(26) RECOVERY (Time in hours/minutes)	(27) Was the water produced during the test discharged away from immediate area?	YesNo	since	
	NSTALLATION		or leading to the	
(28) PUMP INSTALLED? YES NO	(29) DATE (30) PUM	PINSTALLER		
(31) TYPE	(32) MAKE (33) MOD	DEL	A moduli seens	
	The state of the s	a de tracementario	ATT NOT THE	
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	ye kusurka		
DRILLEI	RINFORMATION	THE PARTY OF THE P	men labore de	
(36) METHOD OF DRILLING	(37) USE OF WATER (See instructions for choices)	mestic		
Rotary Cable Tool Other (38) DATE DRILLING WORK STARTED	(39) DATE DRILLING WORK COMPLETED	restic	and leaving	
	1/20) DITTE DITTELLED MOUNT CONFEELED			
9.119 1 141	9/19/14	Zacadaman Serins	ded water in vie	
9/19/12/ (40) DATE REPORT FILED (41) REGISTERED COMPANY	(42) DEC F	REGISTRATION NO.		
9/19/14/ (40) DATE REPORT FILED (41) REGISTERED COMPANY -9/28/14 Hess Well Da	Iling Jac NYF	REGISTRATION NO.		
9/19/14/ (40) DATE REPORT FILED (41) REGISTERED COMPANY 9/29/14 Hess Well Date (43) CERTIFIED DRILLER (Print name)	(42) DEC F	REGISTRATION NO.	142	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 9/29/14 Hess Well Dr. (43) CERTIFIED DRILLER (Print name) Scott Hess * By signing this document I hereby affirm that: (1) I	(42) DEC R NYF (44) CERTIFIED DRILLER SIGNATURE am certified to supervise water well di	RD 10162		HOLE
(40) DATE REPORT FILED (41) REGISTERED COMPANY 9/29/14 Hess Well Dr. (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York	(42) DEC R NYF (44) CERTIFIED DRILLER SIGNATURE am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under	illing activities at we in accordance with refreshealty of perjury		HOLE
(40) DATE REPORT FILED (41) REGISTERED COMPANY 9/29/14 Hess Well Dr. (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150	(42) DEC R NYF (44) CERTIFIED DRILLER SIGNATURE am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under cort is true, accurate and complete, ar	rilling activities at the penalty of perjury and understand that aw §210.45.	BOTTOM OF	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 9/29/14 Hess Well Dr. (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re	(42) DEC R NYF (44) CERTIFIED DRILLER SIGNATURE am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under cort is true, accurate and complete, ar	illing activities at in accordance with repenalty of perjury and understand that aw §210.45.		
(40) DATE REPORT FILED (41) REGISTERED COMPANY 9129/14 Hess Well Dr. (43) CERTIFIED DRILLER (Print name) Scott Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re	(42) DEC R NYF (44) CERTIFIED DRILLER SIGNATURE am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under cort is true, accurate and complete, ar	rilling activities at the penalty of perjury and understand that aw §210.45.	BOTTOM OF	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 91.25/14 Hess Well DA (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re any false statement made herein is punishable as a	(42) DEC R NYF (44) CERTIFIED DRILLER SIGNATURE am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under cort is true, accurate and complete, ar	illing activities at in accordance with repenalty of perjury and understand that aw §210.45.	BOTTOM OF	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 91.25/14 Hess Well DA (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re any false statement made herein is punishable as a	(42) DEC R NYF (44) CERTIFIED DRILLER SIGNATURE am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under cort is true, accurate and complete, ar	illing activities at in accordance with repenalty of perjury and understand that aw §210.45.	BOTTOM OF	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 91.25/14 Hess Well DA (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re any false statement made herein is punishable as a	am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under port is true, accurate and complete, and Class A Misdemeanor under Penal La	illing activities at in accordance with repenalty of perjury and understand that aw §210.45.	BOTTOM OF	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 91.25/14 Hess Well DA (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re any false statement made herein is punishable as a	(42) DEC R NYF (44) CERTIFIED DRILLER SIGNATURE am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under cort is true, accurate and complete, ar	illing activities at in accordance with repenalty of perjury and understand that aw §210.45.	BOTTOM OF	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 91.25/14 Hess Well DA (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re any false statement made herein is punishable as a	am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under port is true, accurate and complete, and Class A Misdemeanor under Penal La	illing activities at in accordance with repenalty of perjury and understand that aw §210.45.	BOTTOM OF	
(40) DATE REPORT FILED (41) REGISTERED COMPANY 91.25/14 Hess Well DA (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re any false statement made herein is punishable as a	am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under port is true, accurate and complete, and Class A Misdemeanor under Penal La	illing activities at in accordance with repenalty of perjury and understand that aw §210.45.	BOTTOM OF	
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(40) DATE REPORT FILED (41) REGISTERED COMPANY 91.25/14 Hess Well DA (43) CERTIFIED DRILLER (Print name) Soft Hess * By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150 water well standards promulgated by the New York the information provided in this Well Completion Re any false statement made herein is punishable as a	am certified to supervise water well di 2; (2) this water well was constructed State Department of Health; (3) under port is true, accurate and complete, and Class A Misdemeanor under Penal La	illing activities at in accordance with repenalty of perjury and understand that aw §210.45.	BOTTOM OF	

(1) COUNTY Steuben			(3) DEC Well Number
(2) TOWN Hornell WAT	TER WELL CO	MPLETION REPORT	UB3279
(4) OWNER Chad McNaughtor	2		(45) WELL LOG
(5) ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1	12	Depth to Bedrock (ft. below land surface)
(6) LOCATION OF WELL (See Instructions On Reverse)	1, 11y 1484	Check here If address is same as above)	Ground Elevation 1770 (ft. above sea level)
(7) LAŢITUDE/LONGITUDE AND METHOD USED	\alpha\	(8) TAX MAP NO.	Top of Casing (ft. above the
EGPS Map 42° 22' 40.80" N	709.95		below (-) land surface)
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 139	(10) DEPTH TO GROUNDWA BELOW LAND SURFACE		TOP OF WELL
(11) DIAMETER	ASINGS		0
€ in.	in.	in, in.	
(12) LENGTH (12) LENGTH	ft.	ft. ft.	
(13) GROUT TYPE / SEALING Bentonite	(14) GROUT / SEALING INTE (feet) FR	ERVAL O TO UO	clay
S	CREENS		
(15) MAKE & MATERIAL	(16) OPENINGS		
(17) DIAMETER in,	în.	in, in,	1
(18) LENGTH ft.	ft.	ft. ft.	55
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YII	ELD TEST		
(20) DATE 10127115	(21) DURATION OF TEST	· n	
(22) LIFT METHOD Air Lift Bailer	(23) STABILIZED DISCHARG		
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(25) MAXIMUM DRAWDOWN (feet/inches below top of		
(feet/inches below top of casing) (26) RECOVERY (Time in hours/minutes)	(27) Was the water produced	during the test	Shak
— PIIMP I	discharged away from im	mediate area? Yes No	
(28) PUMP INSTALLED? YESNO	(29) DATE	(30) CERTIFIED PUMP INSTALLER	
(31) TYPE	(32) MAKE	(33) MODEL	-
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATION L	EVEL	
DRILLES	FROM TOP OF CASING	(Feet)	
(36) METHOD OF DRILLING	(37) USE OF WATER (See instructions for choi	(PS) D	
Rotary Cable Tool Other (38) DATE DRILLING WORK STARTED	(39) DATE DRILLING WORK	DOMINOTIC	-
(40) DATE REPORT FILED (41) REGISTERED COMPANY	10/2	(42) DEC REGISTRATION NO.	
11115113 Hess Well Dr	Uing Inc	NYRD /0/62	14/0
(43) CERTIFIED DRILLER (Print name)	(44) CHRTIFIED DRIVLER SI	SHALL SHALL	1:40
By signing this document I hereby affirm that: (1) I defined by Environmental Conservation Law 15-150	(2) this water well was	s constructed in accordance with	BOTTOM OF HOLE
water well standards promulgated by the New York the information provided in this Well Completion Repany false statement made herein is punishable as a	ort is true, accurate and	complete, and I understand that nder Penal Law §210.45.	NYSDEC
LOCATION SKETCH - Indicate north	Spree	DAULS RD.	N: ->
H	Checa	DAULS RU.	
	-	17 xyell	
+	+		
	780	0	
1			

(1) COUNTY Steuben (3) DEC Well Number 5B 3326 (2) TOWN Cohoton WATER WELL COMPLETION REPORT (45) WELL LOG Depth to Bedrock Cohocton, NY 14826
(Check here Mif addr Ground Elevation 7337 (ft. above Top of Casing 2'4 (ft. above (+) or below (-) land surface) GPS (7) LATITUDE/LONGITUDE AND METHOD USED 975

Map N 42° 25, 228' W 77° 33, 044 (8) TAX MAP NO. (9) DEPTH OF WELL BELOW DATE MEASURED BELOW LAND SURFACE (feet) 45 TOP OF WELL CASINGS (11) DIAMETER (12) LENGTH ft (14) GROUT / SEALING INTERVAL (feet) FROM SCREENS (15) MAKE & MATERIAL (17) DIAMETER in. (18) LENGTH ft. ft. (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) (20) DATE (22) LIFT METHOD (23) STABILIZED DISCHARGE (GPM) Bailer 9 ☐ Pump (25) MAXIMUM DRAWDOWN (Stabilized) (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (feet/inches below top of casing) (26) RECOVERY (Time in hours/min (27) Was the water produced during the test discharged away from immediate area? **PUMP INSTALLATION** (28) PUMP INSTALLED? Goulds (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) DRILLER INFORMATION (37) USE OF WATER (36) METHOD OF DRILLING Z Cable Tool (See instructions for choices) ☐ Other (39) DATE DRILLING WORK COMPLETED (42) DEC REGISTRATION NO NYRD 1082 Loon Lake Services WD Ford * By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with BOTTOM OF HOLE water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45. NYSDEC LOCATION SKETCH - Indicate north CTYRd#6 matoon Rd