

(1) County

Chaut

(2) DEC Well Number

CU 1010

WELL COMPLETION REPORT

(3) OWNER <u>Jason Jordan</u>		Ground Surface * LOG	
(4) ADDRESS <u>2273 Thornton Road Sinclairville NY 14172</u>		ft. above sea	
(5) LOCATION OF WELL <u>42° 17' 03" N - 79° 13' 08" W</u>		ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>100'</u>	(7) DEPTH TO GROUNDWATER <u>79</u>	TOP OF WELL	
CASINGS		LOG	
(8) DIAMETER <u>6</u> in in.		<u>1-5</u>	<u>CLAY</u>
(9) LENGTH <u>68</u> ft. in.		<u>5-26</u>	<u>SANDY SILT</u>
(10) SEALING <u>Cutting a bentonite</u>	(11) CASINGS REMOVED		
SCREENS			
(12) MAKE & MATERIAL	(13) OPENINGS	<u>20-30</u>	<u>7</u>
(14) DIAMETER in in.		<u>30-50</u>	<u>SANDY SILT</u>
(15) LENGTH ft. in.		<u>40-50</u>	<u>GRAVEL</u>
(16) DEPTH TO TOP FROM TOP OF CASING			<u>ASBESTOS CLAY</u>
PUMPING TEST			
(17) DATE <u>5-02-00</u>	(18) TEST OR PERMANENT PUMP? <u>Test</u>		
(19) DURATION OF TEST <u>5</u> hours minutes	(20) MAXIMUM DISCHARGE <u>6</u> gallons per min.	<u>50-100</u>	<u>ASBESTOS CLAY</u>
(21) STATIC LEVEL PRIOR TO TEST ft in below top of casing	(22) LEVEL DURING MAXIMUM PUMPING ft in below top of casing		<u>ASBESTOS CLAY</u>
(23) MAXIMUM DRAWDOWN ft	(23) Approximate time of return to normal level after cessation of pumping hours min.		
PUMP INSTALLED			
(24) TYPE	(25) MAKE	(26) MODEL NUMBER	
(27) MOTIVE POWER	(28) MAKE	(29) H P	
(30) CAPACITY g p m against ft. of discharge head			
(31) NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
(32) DIAMETER & (33) LENGTH		(34) DIAMETER & (35) LENGTH	
(36) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other		(37) USE OF WATER <u>domestic</u>	
(38) WORK STARTED <u>4-28-00</u>		(39) WORK COMPLETED <u>5-02-00</u>	
(40) DATE <u>5-10-00</u>	(41) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(42) REGISTRATION NO. <u>10018</u>	
*See additional instructions on back. 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. See instructions as to Well Driller's Registration and Reports.			
Bottom of Hole			
Original - DEC Copy			



Handwritten notes:
5-13-00
Cup
200

Handwritten mark: 6

Handwritten mark: 1

(1) County Chaut

(2) DEC Well Number

C41013

WELL COMPLETION REPORT

(3) OWNER <u>Matt Crowell</u>		Ground Surface * LOG	
(4) ADDRESS <u>Johnson Road Tinclear, N.Y. 14782</u>		EL. _____ ft. above sea	
(5) LOCATION OF WELL <u>42° 16' 44" N 079° 13' 26" W</u>		TOC ∇ _____ ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>78'</u>		(7) DEPTH TO GROUNDWATER <u>45' 30"</u>	
CASINGS			
(8) DIAMETER <u>6 in.</u>		TOP OF WELL	
(9) LENGTH <u>47 ft.</u>		TOP SOIL <u>2"</u>	
(10) SEALING <u>cuttings</u>		SANDY LOAM <u>15"</u>	
(11) CASINGS REMOVED		GRAY BOLD/ER CLAY <u>20"</u>	
SCREENS			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER		BED ROCK <u>31"</u>	
(15) LENGTH		WATER ZONE	
(16) DEPTH TO TOP FROM TOP OF CASING		JAN 10 2001	
PUMPING TEST			
(17) DATE		(18) TEST OR PERMANENT PUMP? <u>bailed</u>	
(19) DURATION OF TEST hours minutes		(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST ft. in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.		(23) Approximate time of return to normal level after cessation of pumping hours min.	
PUMP INSTALLED			
(24) TYPE	(25) MAKE	(26) MODEL NUMBER	
(27) MOTIVE POWER	(28) MAKE	(29) H.P.	
(30) CAPACITY g.p.m. against ft. of discharge head			
(31) NUMBER OF BOWLS OR STAGES		ft. of total head	
DROP LINE		SUCTION LINE	
(32) DIAMETER & (33) LENGTH		(34) DIAMETER & (35) LENGTH	
(36) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(37) USE OF WATER	
(38) WORK STARTED		(39) WORK COMPLETED	
(40) DATE <u>5-17-00</u>	(41) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(42) REGISTRATION NO. <u>10018</u>	
* See additional instructions on back. 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. See instructions as to Well Driller's Registration and Reports.			
Bottom of Hole			
Original - DEC Copy			

(1) County Chaut



(2) DEC Well Number CW014

WELL COMPLETION REPORT

(3) OWNER <u>John M Yannie</u>		Ground Surface * LOG EL. _____ ft. above sea
(4) ADDRESS <u>1865 Nelson Road Sinclairville NY 14722</u>		
(5) LOCATION OF WELL <u>42° 17' 52" N 079° 16' 35" W</u>		TOC ▽ _____ ft.
(6) DEPTH OF WELL BELOW SURFACE <u>122'</u>	(7) DEPTH TO GROUNDWATER <u>70'</u>	TOP OF WELL
CASINGS		
(8) DIAMETER <u>6</u> in. in. in. in.		
(9) LENGTH <u>42</u> ft. ft. ft. in.		
(10) SEALING <u>cutting</u>	(11) CASINGS REMOVED -	
SCREENS		
(12) MAKE & MATERIAL	(13) OPENINGS	
(14) DIAMETER in. in. in. in.		
(15) LENGTH ft. ft. ft. in.		
(16) DEPTH TO TOP FROM TOP OF CASING		
PUMPING TEST		
(17) DATE	(18) TEST OR PERMANENT PUMP? <u>bailed</u>	
(19) DURATION OF TEST hours minutes	(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST ft. in. below top of casing	(22) LEVEL DURING MAXIMUM PUMPING in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.	(23) Approximate time of return to normal level after cessation of pumping hours min.	
PUMP INSTALLED		
(24) TYPE	(25) MAKE	(26) MODEL NUMBER
(27) MOTIVE POWER	(28) MAKE	(29) H.P.
(30) CAPACITY g.p.m. against ft. of discharge head		
(31) NUMBER OF BOWLS OR STAGES ft. of total head		
DROP LINE		SUCTION LINE
(32) DIAMETER & (33) LENGTH		(34) DIAMETER & (35) LENGTH
(36) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(37) USE OF WATER
(38) WORK STARTED		(39) WORK COMPLETED
(40) DATE <u>5-12-00</u>	(41) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(42) REGISTRATION NO. <u>10018</u>

JAN 17 2001

Bottom of Hole

Duplicate - Retain

DEC COPY

*See additional instructions on back. 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. See instructions as to Well Driller's Registration and Reports.

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 (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 17' 52N 079° 16' 35W

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS, Manufacturer Pioneer
- Map interpolation

Model Magellan

GU 10/19

Location Sketch (indicate north direction)



(2) DEC Well Number

CU1028

(1) County Chautauqua

WELL COMPLETION REPORT

* LOG

(3) OWNER Beth Lindstrom		Ground Surface EL. _____ ft. above sea level		
(4) ADDRESS 3335 Smith Road, Cassadaga, NY 14718		TOC above (+) or below (-) ground surface <u>+1</u> ft.		
(6) DEPTH OF WELL BELOW SURFACE 75'	(7) DEPTH TO GROUNDWATER 45'	<p style="text-align: center;">TOP OF WELL</p> <div style="border: 1px solid black; height: 100%; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black; height: 10px;"></div> <div style="position: absolute; top: 20%; left: 0; right: 0; border-bottom: 1px solid black; height: 10px;"></div> <div style="position: absolute; top: 40%; left: 0; right: 0; border-bottom: 1px solid black; height: 10px;"></div> <div style="position: absolute; top: 60%; left: 0; right: 0; border-bottom: 1px solid black; height: 10px;"></div> <div style="position: absolute; top: 80%; left: 0; right: 0; border-bottom: 1px solid black; height: 10px;"></div> <div style="position: absolute; bottom: 0; left: 0; right: 0; border-top: 1px solid black; height: 10px;"></div> </div> <p style="text-align: center;">75 ft. Bottom of Hole</p>		
CASINGS				
(8) DIAMETER 6-5/8 in.	(9) LENGTH 13 1/2 ft.			
(10) SEALING drive shoe	(11) CASINGS REMOVED			
SCREENS				
(12) MAKE & MATERIAL	(13) OPENINGS			
(14) DIAMETER in.	(15) LENGTH ft.			
(16) DEPTH TO TOP, FROM TOP OF CASING				
PUMPING TEST				
(17) DATE June 26, 2000	(18) TEST OR PERMANENT PUMP? bail test			
(19) DURATION OF TEST 30 minutes	(20) MAXIMUM DISCHARGE 5 gallons per min.			
(21) STATIC LEVEL PRIOR TO TEST 25 ft. in. below top of casing	(22) LEVEL DURING MAXIMUM PUMPING ft. in. below top of casing			
(23) MAXIMUM DRAWDOWN ft.	(24) Approximate time of return to normal water level after cessation of pumping minutes			
PUMP INSTALLED				
(25) TYPE	(26) MAKE			(27) MODEL NUMBER
(28) MOTIVE POWER	(29) MAKE			(30) H.P.
(31) CAPACITY g.p.m. against ft. of discharge head				
(32) NUMBER OF BOWLS OR STAGES ft. of total head				
DROP LINE		SUCTION LINE		
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH		
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER domestic		
(39) WORK STARTED June 17, 2000		(40) WORK COMPLETED June 26, 2000		
(41) DATE June 27, 2000	(42) DRILLER, COMPANY George & Fritz Ehmke Ehmke Well Drillers INC.	(43) REGISTRATION NO. NYRD10050		

clay & gravel

13 1/2'

gray shale

water
45'-50'

DEC 20 2000

Original - DEC Copy

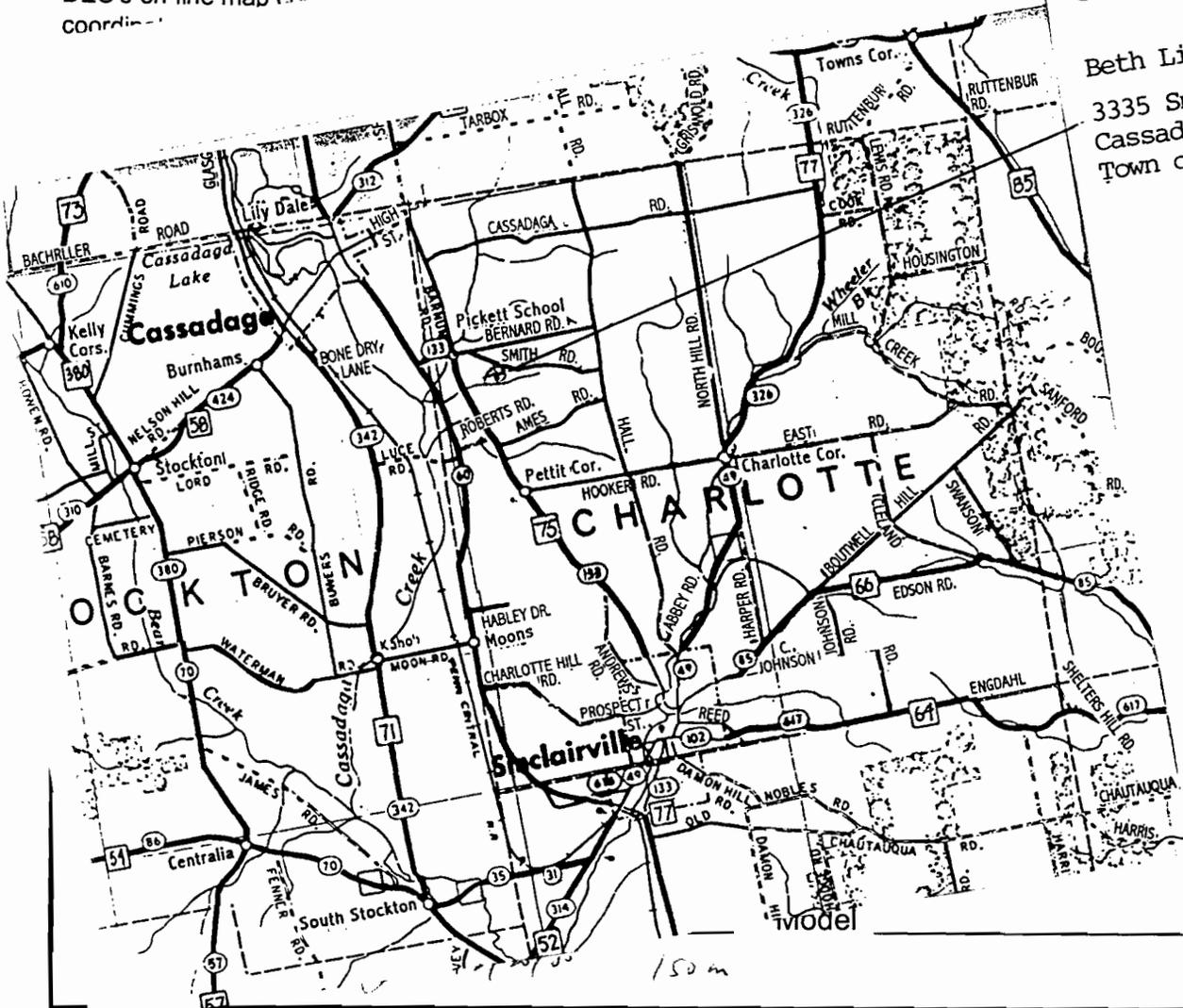
* Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See further instructions titled "Instructions For New York State Well Completion Report".

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

Method 1: Enter coordinates of latitude and longitude on DEC's on-line map coordinate system

Chautauqua County, NY

Beth Lindstrom
3335 Smith Road
Cassadaga, NY
Town of Charlotte



Location Sketch (indicate north direction)

DEC 10 2000

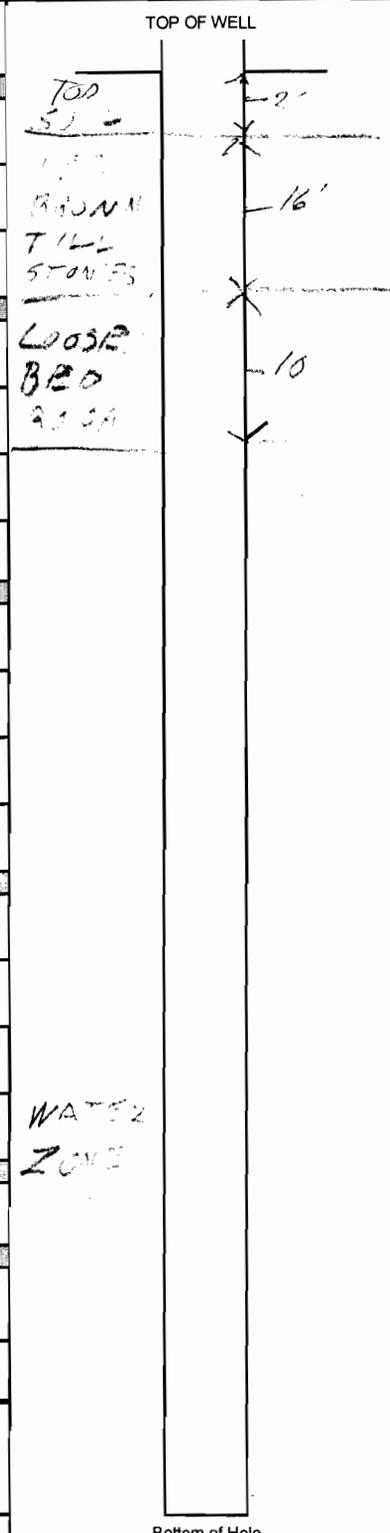
(1) County Chaut



(2) DEC Well Number CU1030

WELL COMPLETION REPORT

(3) OWNER <u>David Dawley</u>			* LOG		
(4) ADDRESS <u>115 Maple Street South Dayton, NY 14138</u>			Ground Surface EL. _____ ft. above sea level		
(5) LOCATION OF WELL (Also see reverse) <u>42° 19' 31" N - 079° - 07' - 07" W</u>			TOC above (+) or below (-) ground surface _____ ft.		
(6) DEPTH OF WELL BELOW SURFACE <u>23'</u>		(7) DEPTH TO GROUNDWATER <u>116'</u>			
CASINGS					
(8) DIAMETER <u>6</u> in. in. in. in.					
(9) LENGTH <u>32</u> ft. ft. ft. in.					
(10) SEALING <u>cuttings and bentonite</u>			(11) CASINGS REMOVED		
SCREENS					
(12) MAKE & MATERIAL			(13) OPENINGS		
(14) DIAMETER in. in. in. in.					
(15) LENGTH ft. ft. ft. in.					
(16) DEPTH TO TOP, FROM TOP OF CASING					
PUMPING TEST					
(17) DATE <u>6-28-00</u>			(18) TEST OR PERMANENT PUMP? <u>Test</u>		
(19) DURATION OF TEST <u>60</u> minutes			(20) MAXIMUM DISCHARGE <u>10</u> gallons per min.		
(21) STATIC LEVEL PRIOR TO TEST <u>82</u> ft. in. below top of casing			(22) LEVEL DURING MAXIMUM PUMPING <u>2</u> ft. in. below top of casing		
(23) MAXIMUM DRAWDOWN ft.		(24) Approximate time of return to normal water level after cessation of pumping minutes			
PUMP INSTALLED					
(25) TYPE		(26) MAKE		(27) MODEL NUMBER	
(28) MOTIVE POWER		(29) MAKE		(30) H.P.	
(31) CAPACITY g.p.m. against ft. of discharge head					
(32) NUMBER OF BOWLS OR STAGES ft. of total head					
DROP LINE			SUCTION LINE		
(33) DIAMETER & (34) LENGTH			(35) DIAMETER & (36) LENGTH		
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____			(38) USE OF WATER		
(39) WORK STARTED			(40) WORK COMPLETED		
(41) DATE <u>6-28-00</u>		(42) DRILLER, COMPANY <u>Nobles Well Drilling</u>		(43) REGISTRATION NO. <u>10018</u>	
* 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. See further instructions titled "Instructions For New York State Well Completion Report".					



Retain - Driller Copy

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 (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 19' 31" N 079° 07' - 07" W

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS, Manufacturer Pioneer
- Map interpolation

Model Magellan

Location Sketch (indicate north direction)

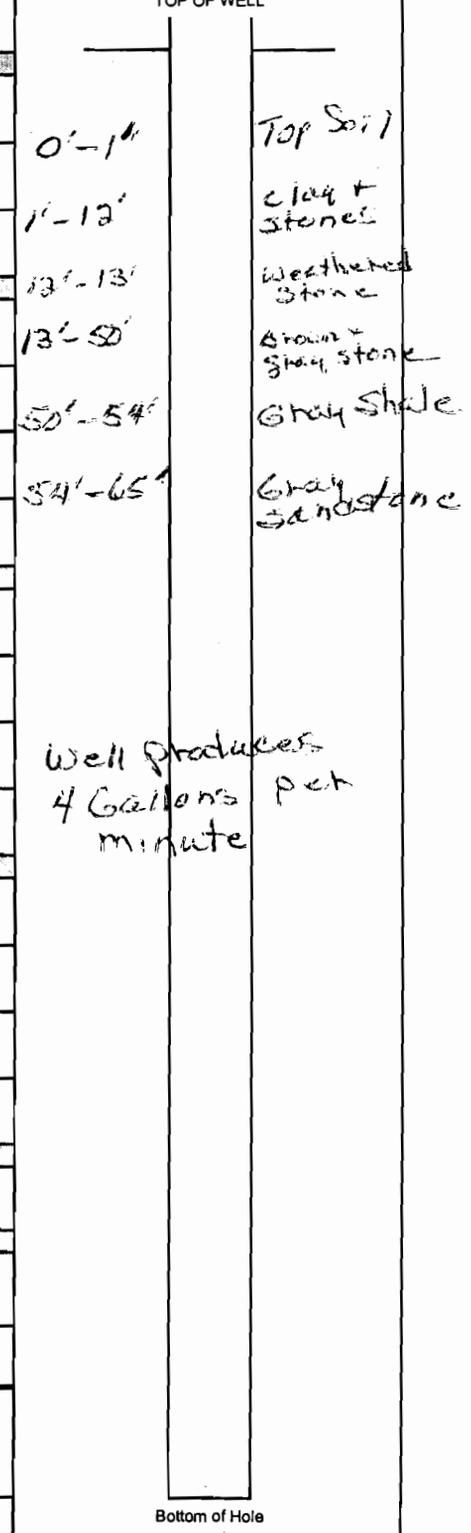


(1) County Chautauque

(2) DEC Well Number C41051

WELL COMPLETION REPORT

(3) OWNER <u>RICK HORTON</u>		Ground Surface * LOG	
(4) ADDRESS <u>P.O. Box 967 - Route #60</u>		EL. _____ ft. above sea	
(5) LOCATION OF WELL <u>Sinclairville, NY 14782</u>		TOC ∇ _____ ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>65'</u>	(7) DEPTH TO GROUNDWATER		
CASINGS			
(8) DIAMETER <u>6</u> in. in.		TOP OF WELL	
(9) LENGTH <u>15</u> ft. ft.		0'-1'	
(10) SEALING <u>Bentonite Grout</u>	(11) CASINGS REMOVED		
SCREENS			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in. in.		1'-12'	
(15) LENGTH ft. ft.		12'-13'	
(16) DEPTH TO TOP FROM TOP OF CASING		13'-50'	
PUMPING TEST			
(17) DATE		(18) TEST OR PERMANENT PUMP?	
(19) DURATION OF TEST hours minutes		(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST ft. in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.	(23) Approximate time of return to normal level after cessation of pumping hours min.		
PUMP INSTALLED			
(24) TYPE	(25) MAKE	(26) MODEL NUMBER	
(27) MOTIVE POWER	(28) MAKE	(29) H.P.	
(30) CAPACITY g.p.m. against ft. of discharge head			
(31) NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
(32) DIAMETER & (33) LENGTH		(34) DIAMETER & (35) LENGTH	
(36) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(37) USE OF WATER <u>Residential</u>	
(38) WORK STARTED		(39) WORK COMPLETED	
(40) DATE <u>7-12-00</u>	(41) DRILLER, COMPANY <u>Trent Caster CASTER WELL DRILLING</u>	(42) REGISTRATION NO. <u>10084</u>	



*See additional instructions on back. 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. See instructions as to Well Driller's Registration and Reports.

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 (degrees minutes seconds)

Longitude (degrees minutes seconds)

N 42 16.834' W 079 17.603'

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS, Manufacturer Stumm Model GPS III
- Map interpolation

Location Sketch (indicate north direction)

(1) County Chaut



(3) DEC Well Number

CU 1079

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Shawn Carson</u>		LOG *	
(5) ADDRESS <u>PO, Box 951 Sinclairville, N.Y. 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>46 722 00 N</u> <u>17 631227 E</u>		Top Of Casing is located <u>2'</u> + ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>8'</u>	DATE MEASURED <u>3-7-01</u>	TOP OF WELL
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>32'</u> ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>3-7-01</u>		(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(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 test discharged away from immediate area? Yes ___ No ___	
PUMP INSTALLATION			
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices)	
(36) DATE DRILLING WORK STARTED <u>3-5-01</u>		(37) DATE DRILLING WORK COMPLETED <u>3-07-01</u>	
(38) DATE REPORT FILED <u>4-6-01</u>	(39) DRILLER & COMPANY <u>Chad Miller Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			NYSDEC COPY

(1) County CHAUTAUGUA



(2) DEC Well Number CU 1096

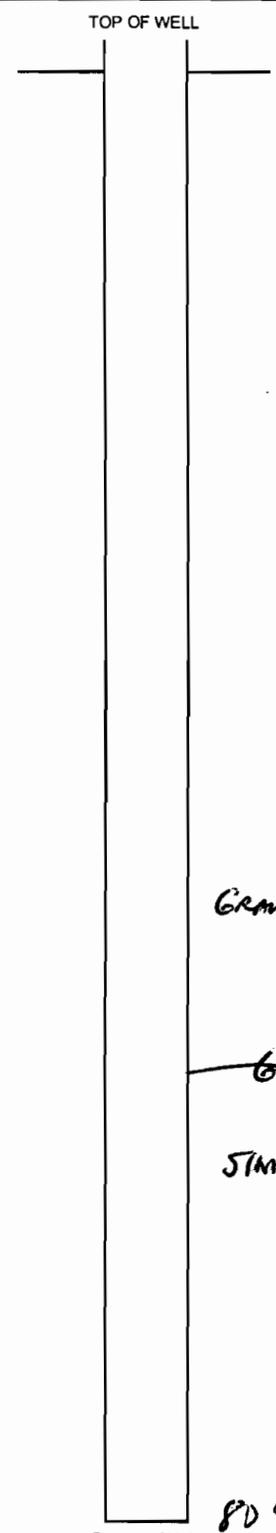
WELL COMPLETION REPORT

(3) OWNER Heartland Homes, PO Box B, Mayville, NY 14757 JOSEPH KRUZA		
(4) ADDRESS 7890 BARNHAM RD, CASSAUNGA, NY, 14718		
(5) LOCATION OF WELL see above Town of Charlotte (Also see reverse) TO REAR OF HOUSE		
(6) DEPTH OF WELL BELOW SURFACE 80	(7) DEPTH TO GROUNDWATER 65'	
CASINGS		
(8) DIAMETER 6 in. in. in. in.		
(9) LENGTH 66 ft. ft. ft. in.		
(10) SEALING	(11) CASINGS REMOVED	
SCREENS		
(12) MAKE & MATERIAL	(13) OPENINGS	
(14) DIAMETER in. in. in. in.		
(15) LENGTH ft. ft. ft. in.		
(16) DEPTH TO TOP, FROM TOP OF CASING		
PUMPING TEST		
(17) DATE 8/24/00	(18) TEST OR PERMANENT PUMP? BAIL TEST	
(19) DURATION OF TEST 30 min minutes	(20) MAXIMUM DISCHARGE 10 gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST 57' ft. in. below top of casing	(22) LEVEL DURING MAXIMUM PUMPING ft. in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.	(24) Approximate time of return to normal water level after cessation of pumping minutes	
PUMP INSTALLED		
(25) TYPE	(26) MAKE	(27) MODEL NUMBER
(28) MOTIVE POWER	(29) MAKE	(30) H.P.
(31) CAPACITY g.p.m. against ft. of discharge head		
(32) NUMBER OF BOWLS OR STAGES ft. of total head		
DROP LINE		SUCTION LINE
(33) DIAMETER & (34) LENGTH	(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER DOMESTIC
(39) WORK STARTED 8-22-00		(40) WORK COMPLETED 8-24-00
(41) DATE 8/25/00	(42) DRILLER, COMPANY GEORGE EMMRE EMMRE WELL DRILLERS INC	(43) REGISTRATION NO. NYRD-10050

* LOG

Ground Surface EL. _____ ft. above sea level

TOC above (+) or below (-) ground surface **+ 1** ft.



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

Original - DEC Copy

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 (degrees minutes seconds)

Longitude (degrees minutes seconds)

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS, Manufacturer _____ Model _____
- Map interpolation

Location Sketch (indicate north direction)



BARCLAY ST





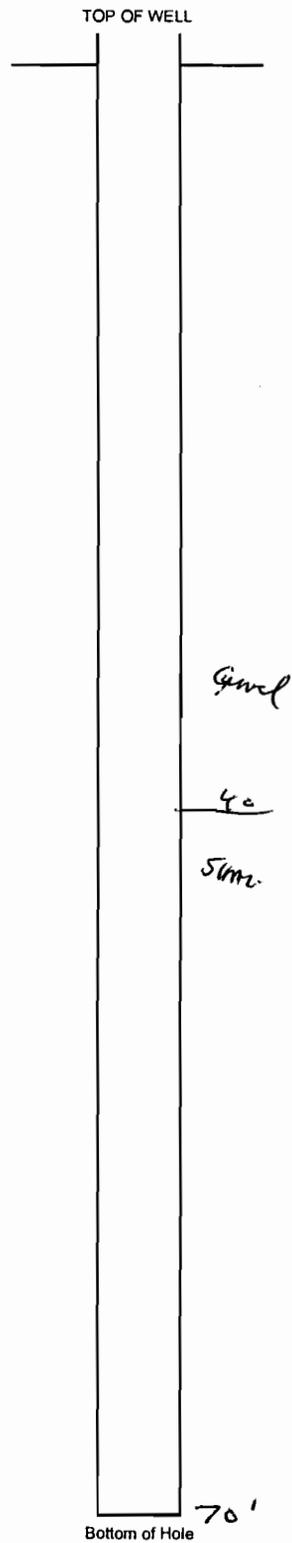
(1) County CHAUTAUGUS

(2) DEC Well Number

DEC 4 CU-1098

WELL COMPLETION REPORT

(3) OWNER <u>TRAVIS WALKER</u>		* LOG	
(4) ADDRESS <u>14th RD, S.W. CHAMBERS NY 14782</u>			
(5) LOCATION OF WELL (Also see reverse) <u>TO ROAD & RIGHT OF WAY 50'</u>		Ground Surface EL. _____ ft. above sea level	
(6) DEPTH OF WELL BELOW SURFACE <u>70'</u>		(7) DEPTH TO GROUNDWATER <u>40', 45'</u>	
CASINGS			
(8) DIAMETER <u>6</u> in. in.		(9) LENGTH <u>41'-2"</u> ft. in.	
(10) SEALING		(11) CASINGS REMOVED	
SCREENS			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in. in.		(15) LENGTH ft. in.	
(16) DEPTH TO TOP, FROM TOP OF CASING			
PUMPING TEST			
(17) DATE <u>8/31/00</u>		(18) TEST OR PERMANENT PUMP? <u>BMC RES.</u>	
(19) DURATION OF TEST <u>30</u> minutes		(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST <u>30</u> ft. in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING ft. in. below top of casing	
(23) MAXIMUM DRAWDOWN <u>Dom</u> ft.		(24) Approximate time of return to normal water level after cessation of pumping minutes	
PUMP INSTALLED			
(25) TYPE	(26) MAKE	(27) MODEL NUMBER	
(28) MOTIVE POWER	(29) MAKE	(30) H.P.	
(31) CAPACITY g.p.m. against ft. of discharge head			
(32) NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER <u>DOMESTIC</u>	
(39) WORK STARTED <u>8/28/00</u>		(40) WORK COMPLETED <u>8/31/00</u>	
(41) DATE <u>9/1/00</u>	(42) DRILLER, COMPANY <u>PRICE DRILLER</u> <u>ENTIRE WELL DRILLED IN</u>	(43) REGISTRATION NO. <u>NYRD-10250</u>	
* 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. See further instructions titled "Instructions For New York State Well Completion Report".			



Original - DEC Copy

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 (degrees minutes seconds)

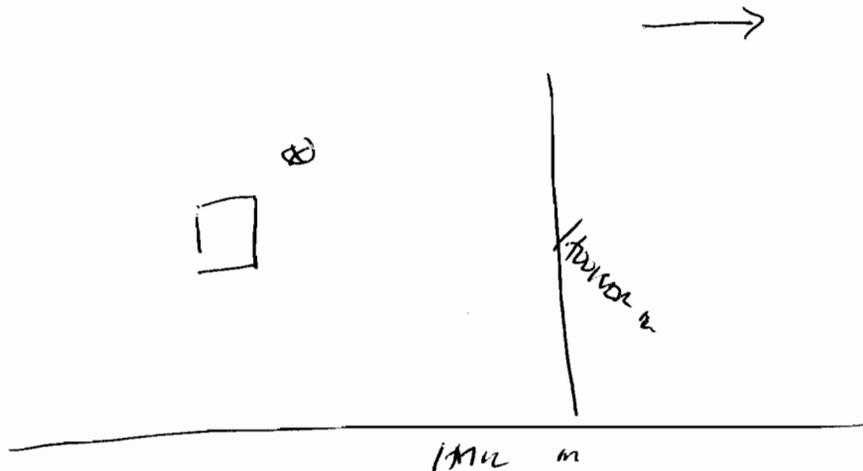
Longitude (degrees minutes seconds)

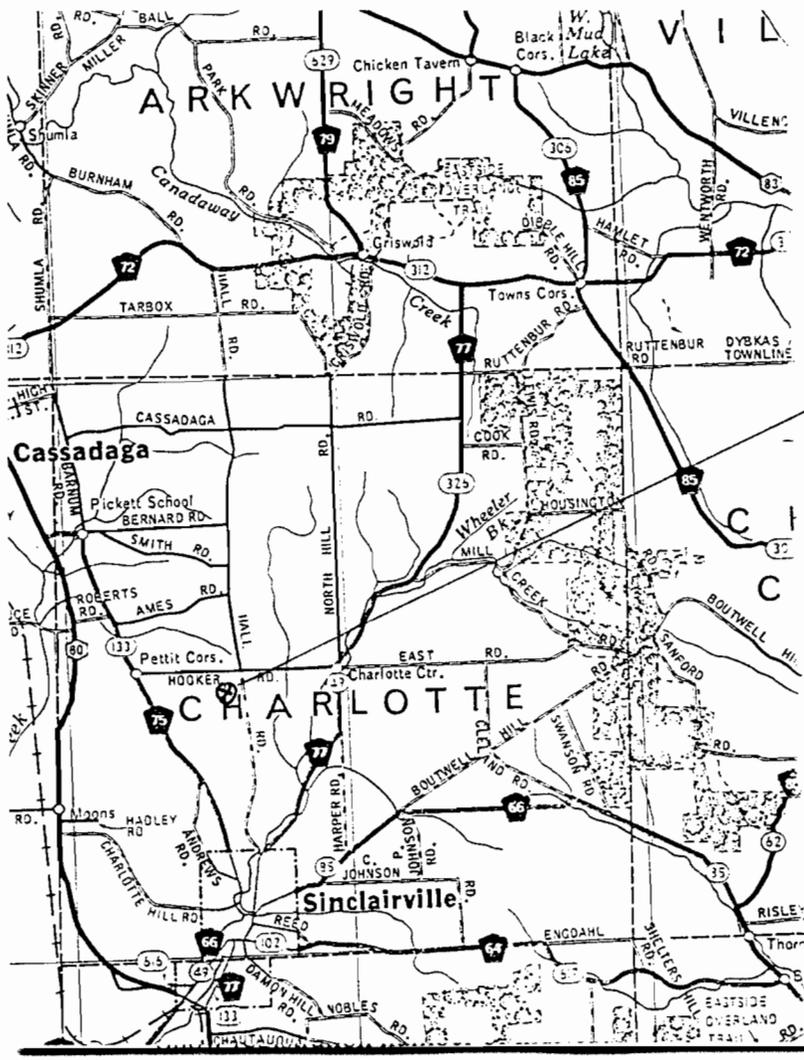
Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS, Manufacturer _____ Model _____
- Map interpolation

Location Sketch (indicate north direction)





New York State
Chautauque County
Travis Walker
Hall Road
Town of Charlotte

CW1098

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) County Chaut

(2) Township Cherry Creek

(3) DEC Well Number Cu1104

WELL COMPLETION REPORT

(4) OWNER <u>Clyde Rodgers</u>		LOG *
(5) ADDRESS <u>7400 N Route 83 Cherry Creek NY</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (Also see reverse) <u>42° 18' 21" N 079° 08' 36" W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>82'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>59'</u>	TOP OF WELL
CASINGS		
(9) DIAMETER <u>6</u> in. _____ in. _____ in. _____ in.		TOP SOIL <u>1'</u>
(10) LENGTH <u>62</u> ft. _____ ft. _____ ft. _____ in.		BROWN CLAY <u>18'</u>
(11) GROUT TYPE <u>cutting-bed note</u>	(12) GROUT INTERVAL (Feet) FROM _____ TO _____	RED ROCK CHIPS
SCREENS		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER _____ in. _____ in. _____ in. _____ in.	(16) LENGTH _____ ft. _____ ft. _____ ft. _____ in.	UNSTABLE BEDROCK BROWN <u>20'</u>
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		Fault at 60'
YIELD TEST		
(18) DATE <u>10-29-00</u>	(19) DURATION OF TEST <u>16 hours</u>	HARD BED ROCK GRAY <u>15'</u>
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>4</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>75'</u>	
(24) RECOVERY (Time in hours/minutes) <u>2 hours</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	LOOSE CAVING ROCK <u>5'</u>
PUMP INSTALLATION		
(26) DATE	(27) PUMP INSTALLED? YES _____ NO _____	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED	
(38) DATE <u>11-1-00</u>	(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>16018</u>
* 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.		BOTTOM OF HOLE
See further instructions titled "Instructions for New York State Well Completion Report".		ORIGINAL - DEC COPY

LOCATION OF WELL

(USE ONE OR MORE OF THE FOLLOWING METHODS)

DEC WELL #: _____

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 (degrees minutes seconds) Longitude (degrees minutes seconds)

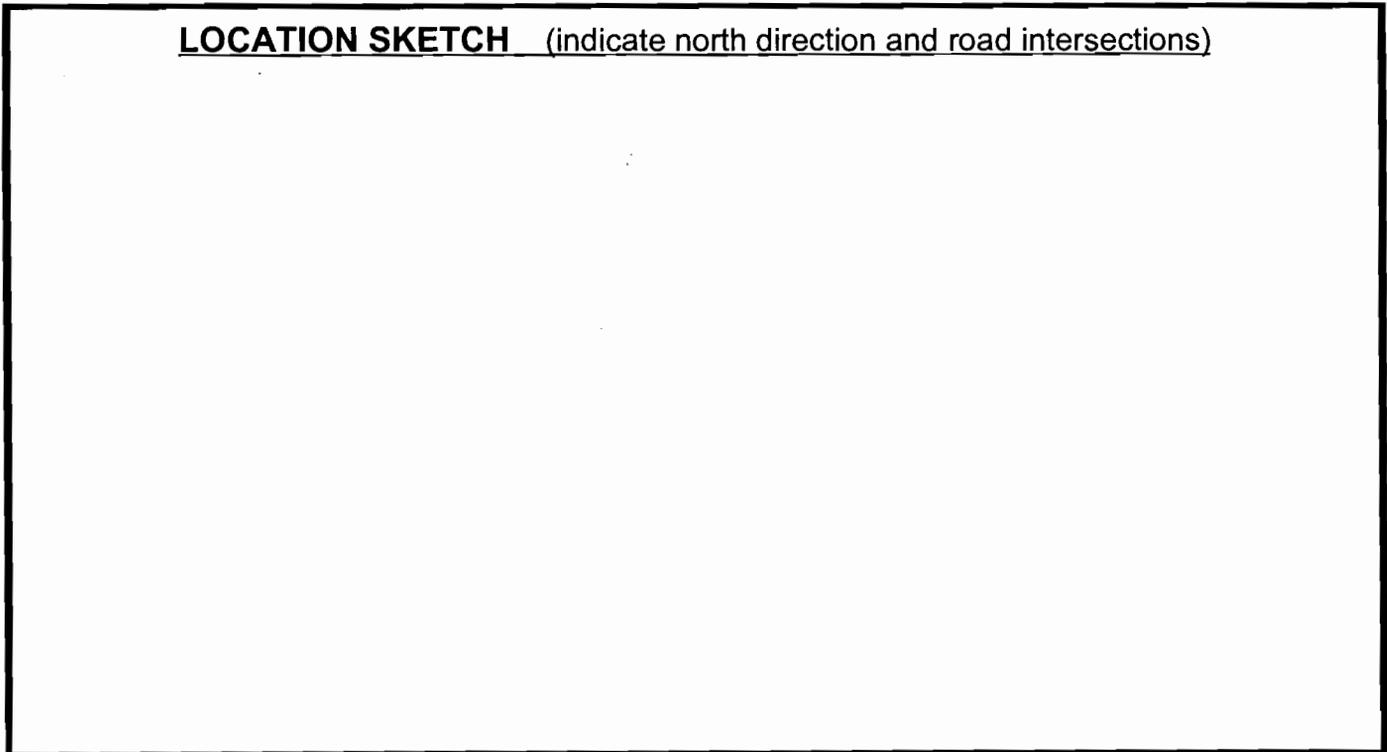
42° 18' 21N 079° 08' 56W

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS Manufacturer Magellan Model Pioneer
- Map interpolation

LOCATION SKETCH (indicate north direction and road intersections)



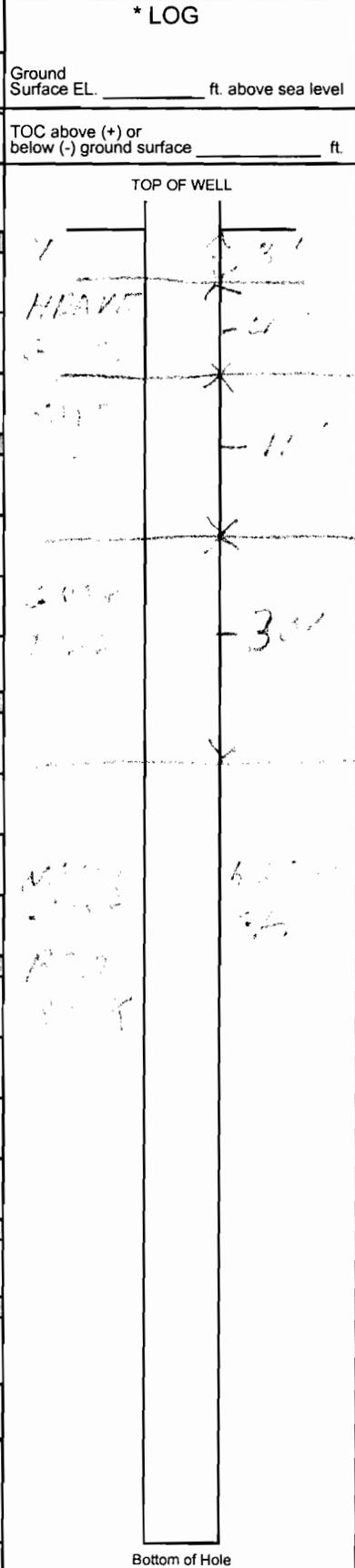
(1) County Chaut



(2) DEC Well Number CW1111

WELL COMPLETION REPORT

(3) OWNER <u>Robert Carlston</u>		* LOG	
(4) ADDRESS <u>Hall Road Sinclairville NY 14782</u>		Ground Surface EL. _____ ft. above sea level	
(5) LOCATION OF WELL (Also see reverse) <u>42°17' 40.4" - 079° 15' 16.0"</u>		TOC above (+) or below (-) ground surface _____ ft.	
(6) DEPTH OF WELL BELOW SURFACE <u>119</u>	(7) DEPTH TO GROUNDWATER <u>60'</u>		
CASINGS			
(8) DIAMETER <u>6</u> in. in. in. in.			
(9) LENGTH <u>50</u> ft. ft. ft. in.			
(10) SEALING <u>cutting</u>		(11) CASINGS REMOVED	
SCREENS			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in. in. in. in.			
(15) LENGTH ft. ft. ft. in.			
(16) DEPTH TO TOP, FROM TOP OF CASING			
PUMPING TEST			
(17) DATE <u>9-24-00</u>		(18) TEST OR PERMANENT PUMP? <u>test</u>	
(19) DURATION OF TEST <u>16 hours</u> minutes		(20) MAXIMUM DISCHARGE <u>24</u> gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST <u>6</u> ft. in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING <u>70</u> ft. in. below top of casing	
(23) MAXIMUM DRAWDOWN <u>70</u> ft.		(24) Approximate time of return to normal water level after cessation of pumping <u>20</u> minutes	
PUMP INSTALLED			
(25) TYPE	(26) MAKE	(27) MODEL NUMBER	
(28) MOTIVE POWER	(29) MAKE	(30) H.P.	
(31) CAPACITY g.p.m. against ft. of discharge head			
(32) NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER	
(39) WORK STARTED		(40) WORK COMPLETED	
(41) DATE <u>9-29-00</u>	(42) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(43) REGISTRATION NO. <u>10018</u>	
* 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. See further instructions titled "Instructions For New York State Well Completion Report".			



Retain - Driller Copy

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 (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 17' 40" N 079° 15' 16" W

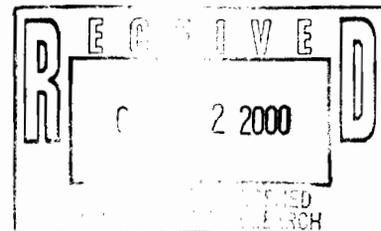
Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS, Manufacturer Pioneer
- Map interpolation

Model Magellan

Location Sketch (indicate north direction)



(1) County Chaut
 (2) Township Charlotte



(3) DEC Well Number CU115

WELL COMPLETION REPORT

(4) OWNER <u>Madora Grant</u>			LOG *	
(5) ADDRESS <u>2562 East Road Sinclairville NY 14782</u>			Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (Also see reverse) <u>42° 18' 18N 079° 13' 45W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>1151</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>100'</u>		
CASINGS				
(9) DIAMETER <u>6</u> in. in. in. in.			TOP SOIL <u>3'</u>	
(10) LENGTH <u>38</u> ft. ft. ft. in.			TILL <u>20'</u>	
(11) GROUT TYPE <u>cutting-bedrate</u>		(12) GROUT INTERVAL (Feet) FROM _____ TO _____		
SCREENS				
(13) MAKE & MATERIAL		(14) OPENINGS		
(15) DIAMETER in. in. in. in.			GRAY CLAY <u>8'</u>	
(16) LENGTH ft. ft. ft. in.			LOOS ROCK <u>8'</u>	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			BIEN ROCK	
YIELD TEST				
(18) DATE <u>12-13-00</u>		(19) DURATION OF TEST <u>2 hour</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> 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)		
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION				
(26) DATE	(27) PUMP INSTALLED? YES ___ NO ___		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>12-11-00</u>		(37) DATE DRILLING WORK COMPLETED <u>12-13-00</u>		
(38) DATE <u>12-23-00</u>	(39) DRILLER & COMPANY <u>Noble Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* 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.				
See further instructions titled "Instructions for New York State Well Completion Report".				
			WATER ZONE Reworked well drilled deeper BOTTOM OF HOLE	
ORIGINAL - DEC COPY				

LOCATION OF WELL

(USE ONE OR MORE OF THE FOLLOWING METHODS)

DEC WELL #: CW115

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 (degrees minutes seconds) Longitude (degrees minutes seconds)

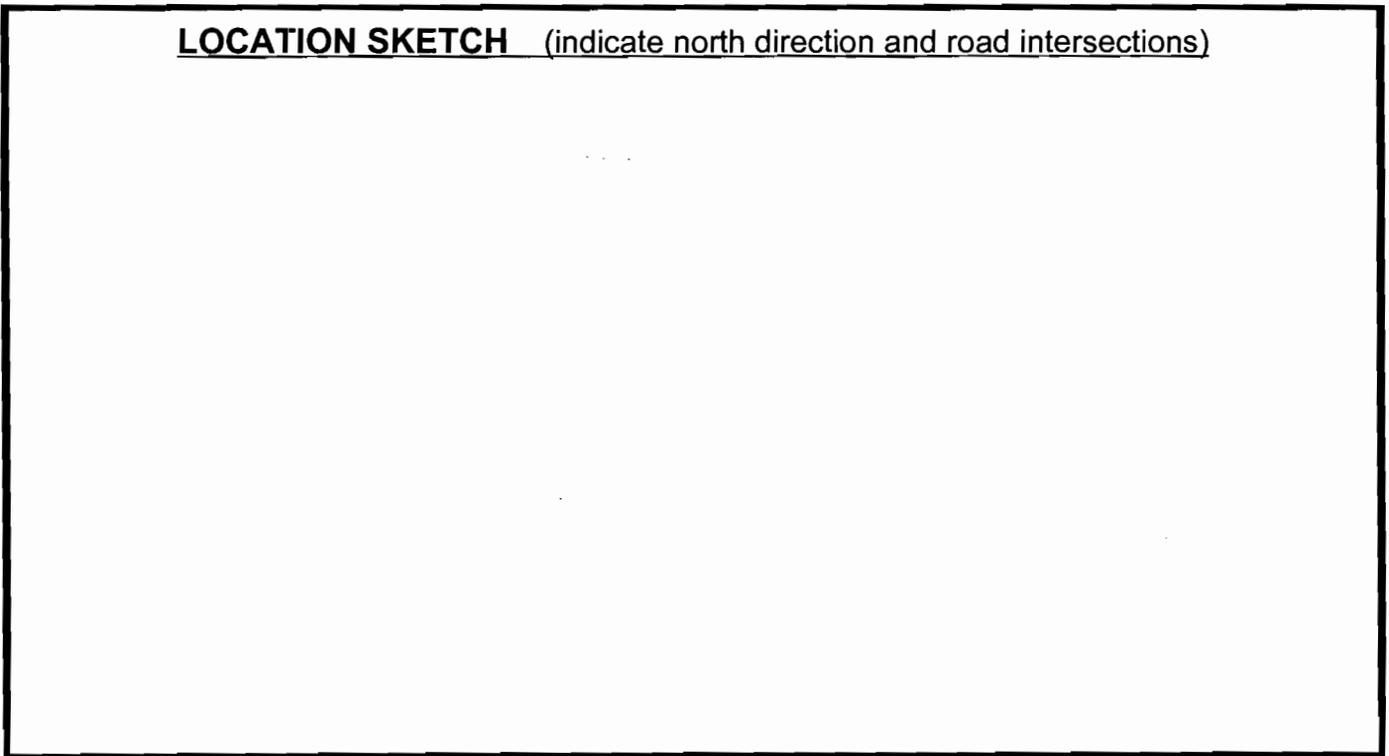
42° 18' 18N 079° 13' 45W

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS Manufacturer Pioneer Model Mapellan
- Map interpolation

LOCATION SKETCH (indicate north direction and road intersections)



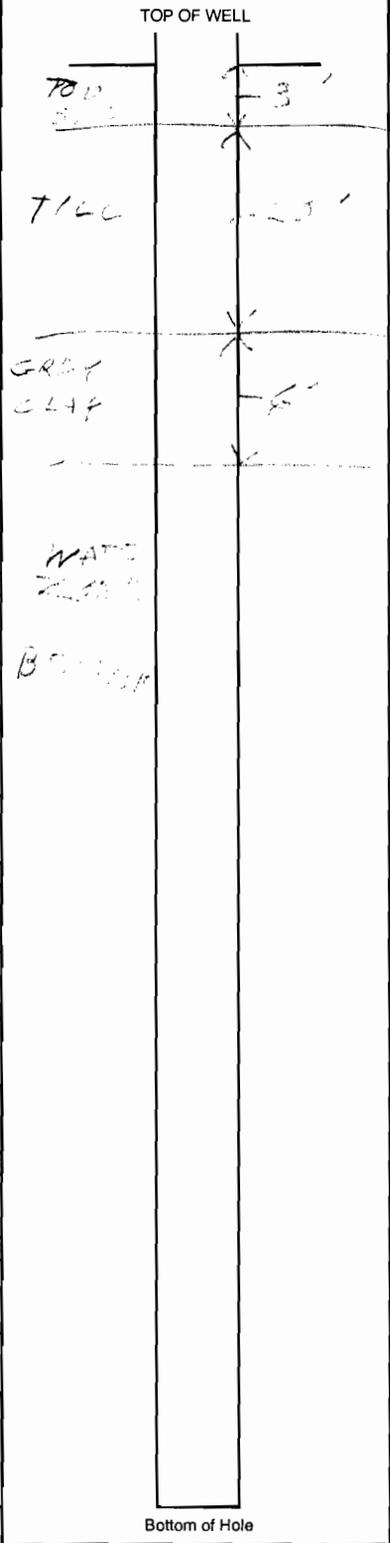
(1) County Chaut



(2) DEC Well Number CU1115

WELL COMPLETION REPORT

(3) OWNER <u>Madora Grant</u>			* LOG
(4) ADDRESS <u>2562 Cast Road Sinclairville NY 14782</u>			
(5) LOCATION OF WELL (Also see reverse) <u>42° 18' 12N 079° 13' 45W</u>			Ground Surface EL. _____ ft. above sea level
(6) DEPTH OF WELL BELOW SURFACE <u>52'</u>		(7) DEPTH TO GROUNDWATER <u>40'</u>	
CASINGS			
(8) DIAMETER <u>6</u> in. in. in. in.			
(9) LENGTH <u>31</u> ft. ft. ft. in.			
(10) SEALING <u>cutting</u>		(11) CASINGS REMOVED	
SCREENS			
(12) MAKE & MATERIAL		(13) OPENINGS	
(14) DIAMETER in. in. in. in.			
(15) LENGTH ft. ft. ft. in.			
(16) DEPTH TO TOP, FROM TOP OF CASING			
PUMPING TEST			
(17) DATE <u>10</u>		(18) TEST OR PERMANENT PUMP? <u>baled</u>	
(19) DURATION OF TEST minutes		(20) MAXIMUM DISCHARGE gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST ft. in. below top of casing		(22) LEVEL DURING MAXIMUM PUMPING ft. in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.		(24) Approximate time of return to normal water level after cessation of pumping minutes	
PUMP INSTALLED			
(25) TYPE	(26) MAKE		(27) MODEL NUMBER
(28) MOTIVE POWER	(29) MAKE		(30) H.P.
(31) CAPACITY g.p.m. against ft. of discharge head			
(32) NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH	
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER	
(39) WORK STARTED		(40) WORK COMPLETED	
(41) DATE <u>10-5-00</u>	(42) DRILLER, COMPANY <u>Nobles Well Drilling</u>		(43) REGISTRATION NO. <u>10018</u>



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

Retain - Driller Copy

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 (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 18' 18N 079° 13' 45W

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS, Manufacturer Pioneer
- Map interpolation

Model

Magellan

Location Sketch (indicate north direction)

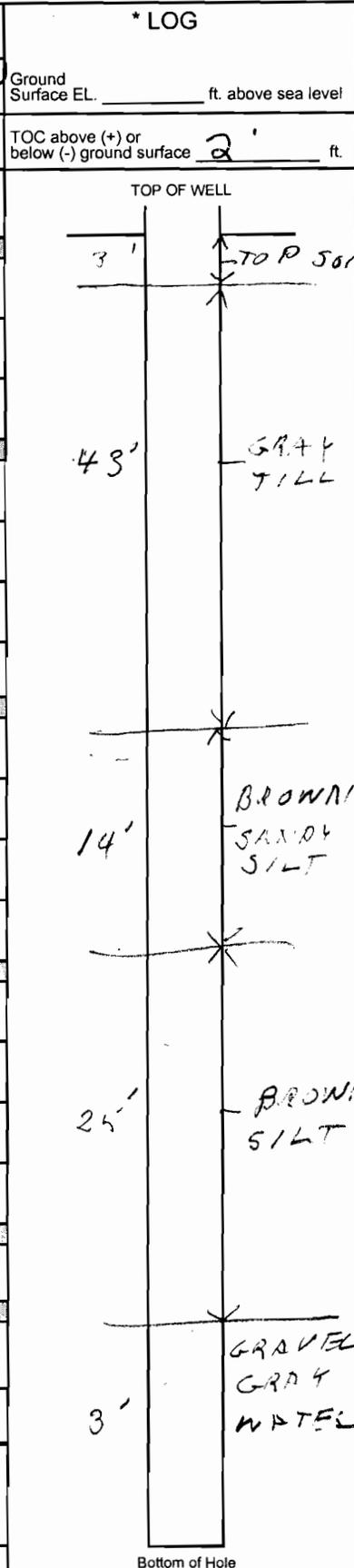
(1) County Chaut



(2) DEC Well Number CU1119

WELL COMPLETION REPORT

(3) OWNER <u>Harry Loomis</u>		
(4) ADDRESS <u>7495 Harrington Hollow Cherry Creek NY</u>		
(5) LOCATION OF WELL (Also see reverse) <u>42°19'06N 079°09'25W</u>		
(6) DEPTH OF WELL BELOW SURFACE <u>97'</u>	(7) DEPTH TO GROUNDWATER <u>73'</u>	
CASINGS		
(8) DIAMETER <u>6</u> in. in. in. in.		
(9) LENGTH <u>99</u> ft. ft. ft. in.		
(10) SEALING <u>cutting</u>	(11) CASINGS REMOVED	
SCREENS		
(12) MAKE & MATERIAL	(13) OPENINGS	
(14) DIAMETER in. in. in. in.		
(15) LENGTH ft. ft. ft. in.		
(16) DEPTH TO TOP, FROM TOP OF CASING		
PUMPING TEST		
(17) DATE	(18) TEST OR PERMANENT PUMP? <u>Test</u>	
(19) DURATION OF TEST <u>16 hour</u> minutes	(20) MAXIMUM DISCHARGE <u>6</u> gallons per min.	
(21) STATIC LEVEL PRIOR TO TEST <u>73</u> ft. in. below top of casing	(22) LEVEL DURING MAXIMUM PUMPING <u>65</u> ft. in. below top of casing	
(23) MAXIMUM DRAWDOWN ft.	(24) Approximate time of return to normal water level after cessation of pumping <u>15</u> minutes	
PUMP INSTALLED		
(25) TYPE	(26) MAKE	(27) MODEL NUMBER
(28) MOTIVE POWER	(29) MAKE	(30) H.P.
(31) CAPACITY g.p.m. against ft. of discharge head		
(32) NUMBER OF BOWLS OR STAGES ft. of total head		
DROP LINE		SUCTION LINE
(33) DIAMETER & (34) LENGTH		(35) DIAMETER & (36) LENGTH
(37) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(38) USE OF WATER
(39) WORK STARTED		(40) WORK COMPLETED
(41) DATE <u>10-20-00</u>	(42) DRILLER, COMPANY <u>Nobles Well Drilling</u>	(43) REGISTRATION NO. <u>10018</u>



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

Retain - Driller Copy

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 (degrees minutes seconds)

Longitude (degrees minutes seconds)

42° 19' 06N

079° 09' 25W

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS, Manufacturer Mogeller
- Map interpolation

Model Pioneer

Location Sketch (indicate north direction)

LOCATION OF WELL

(USE ONE OR MORE OF THE FOLLOWING METHODS)

DEC WELL #: _____

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 (degrees minutes seconds) Longitude (degrees minutes seconds)

42°17'30N - 079°07'27W

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

- DEC on-line map coordinate assistant
- GPS Manufacturer Magellan Model Pioneer
- Map interpolation

LOCATION SKETCH (indicate north direction and road intersections)

(1) County Chaut.



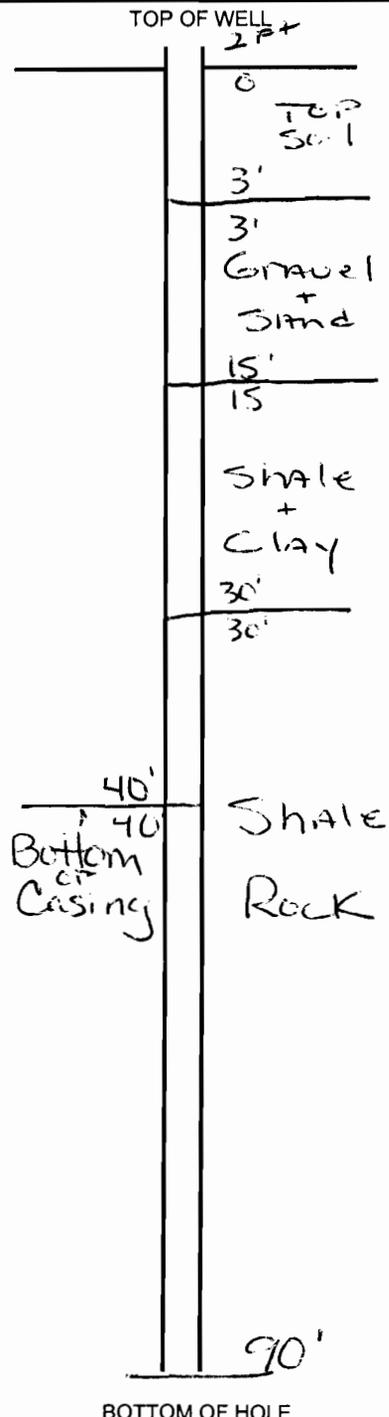
(3) DEC Well Number

CU 1185

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Nathanael DeuField</u>			LOG *		
(5) ADDRESS <u>3165 Southwestern Blv Orchard Park NY 14127</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N. Hill Sinclairville</u> <u>42° 20' 17" N</u> <u>79° 14' 02" W</u>			Top Of Casing is located _____ ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>90'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>30'</u>		DATE MEASURED <u>5-16-01</u>	
CASINGS					
(9) DIAMETER <u>6</u> in. in.					
(10) LENGTH <u>42</u> ft. ft.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. in.					
(16) LENGTH ft. ft.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>5-16-01</u>			(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>25 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60 ft</u>		
(24) RECOVERY (Time in hours/minutes) <u>5 min</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
PUMP INSTALLATION					
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>5-15-01</u>			(37) DATE DRILLING WORK COMPLETED <u>5-16-01</u>		
(38) DATE REPORT FILED <u>5-17-01</u>		(39) DRILLER & COMPANY <u>CHAD MILLER Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
BOTTOM OF HOLE					
NYSDEC COPY					



(1) County CATAUGUS



(3) DEC Well Number

CU 1196

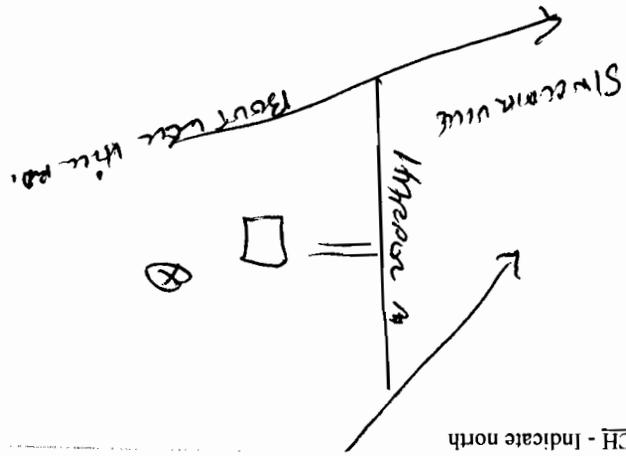
(2) Township PORTLAND

WELL COMPLETION REPORT

(4) OWNER <u>RICK JAROSZYNSKI</u>		LOG *
(5) ADDRESS <u>HARPER RD, SINCLAIRVILLE, NY, 14782</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input checked="" type="checkbox"/> Map Interpolation		Top Of Casing is located <u>1</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>55</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED
CASINGS		
(9) DIAMETER <u>6</u> in. in. in.		
(10) LENGTH <u>33'-8"</u> ft. ft. in.		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL FROM _____ TO _____
SCREENS		
(13) MAKE & MATERIAL		(14) OPENINGS
(15) DIAMETER in. in. in.		
(16) LENGTH ft. ft. in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>5/14/01</u>		(19) DURATION OF TEST <u>30 MINUTES</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>35 GPM</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>2'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>
(24) RECOVERY (Time in hours/minutes) <u>IMMEDIATE</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES _____ NO _____		(27) DATE
(29) TYPE		(28) PUMP INSTALLER
(30) MAKE		(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>DOMESTIC</u>
(36) DATE DRILLING WORK STARTED <u>5/12/01</u>		(37) DATE DRILLING WORK COMPLETED <u>5/14/01</u>
(38) DATE REPORT FILED <u>5/15/01</u>	(39) DRILLER & COMPANY <u>MATTHEW KOWLER EAMKE WELL DRUGS INC</u>	(40) DEC REGISTRATION NO. <u>10050</u>
* 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 separate sheet if necessary. See further instructions titled "Instructions for New York State Well Completion Report".		TOP OF WELL
		BOTTOM OF HOLE
		<p style="font-size: 2em;">33' 8"</p> <p style="font-size: 2em;">55'</p>
		<p>CLAY + SAND + GRAVEL</p> <p>SHALE ROCK</p>
		NYSDEC COPY

CH 1196

→ TO OTHER QUARTER



↑ NORTH

LOCATION SKETCH - Indicate north

(1) County Chautauqua
 (2) Township Charlotte

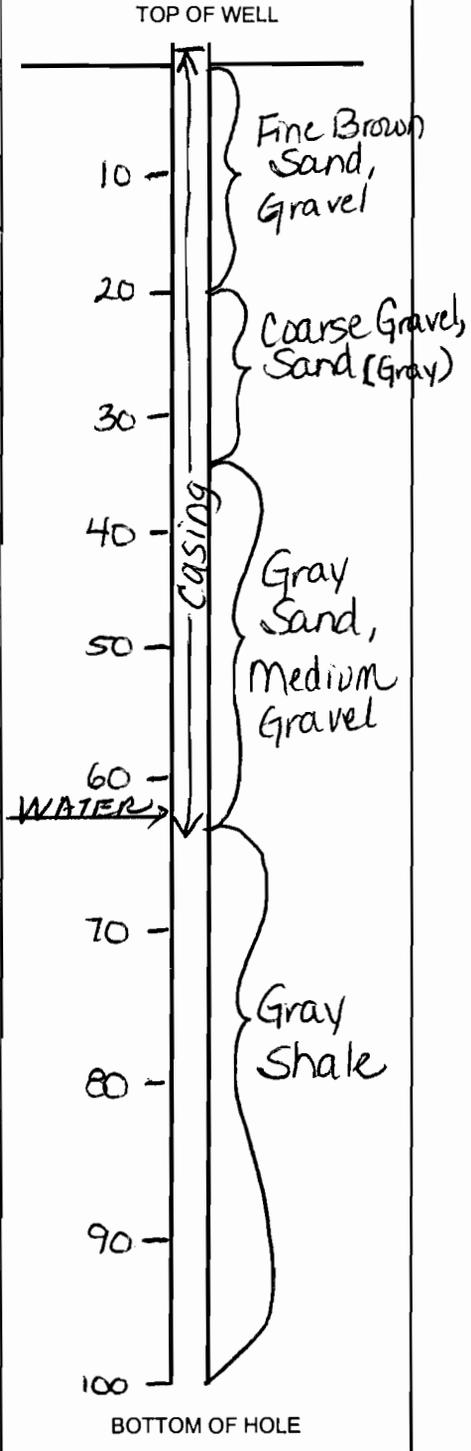


(3) DEC Well Number

CU 1212

WELL COMPLETION REPORT

(4) OWNER <u>Peter & Nicole Snyder</u>			LOG *		
(5) ADDRESS <u>Road Road, Sinclairville, NY 14782</u>			Ground Surface EL. <u>1744</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N 42° 19' 20.22"</u> <u>W 79° 12' 59.34"</u>			Top Of Casing is located <u>+1 1/2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>100'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>20'</u>		DATE MEASURED <u>6-4-01</u>		
CASINGS					
(9) DIAMETER <u>6</u> in.					
(10) LENGTH <u>63'</u> ft.					
(11) GROUT TYPE / SEALING <u>None</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(13) MAKE & MATERIAL <u>None</u>			(14) OPENINGS		
(15) DIAMETER in.					
(16) LENGTH ft.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>6-4-01</u>			(19) DURATION OF TEST <u>45 min</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>10 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>90'</u>		
(24) RECOVERY (Time in hours/minutes) <u>11 min</u>			(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO ___		(27) DATE <u>6-5-01</u>	(28) PUMP INSTALLER <u>DRILLER</u>		
(29) TYPE <u>SUBMERSIBLE</u>		(30) MAKE <u>AERMOTOR</u>	(31) MODEL <u>T12-56-305</u>		
(32) MAXIMUM CAPACITY (GPM) <u>12 GPM</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>95</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-1-01</u>			(37) DATE DRILLING WORK COMPLETED <u>6-4-01</u>		
(38) DATE REPORT FILED <u>9-10-01</u>		(39) DRILLER & COMPANY <u>Dave Diekenbach Sales & Service, Inc</u>		(40) DEC REGISTRATION NO. <u>NYRD 10143</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					



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(1) County Chaut



(3) DEC Well Number CU1236

(2) Township Charlotte

WELL COMPLETION REPORT

new address
different GPS

(4) OWNER <u>Cindy Miller</u>			LOG *					
(5) ADDRESS <u>10300 Pourquet Lane East Concord NY 14055</u>			Ground Surface EL. <u>150</u> ft. above sea level					
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 16' 9" N 079° 13' 68" W</u>			Top Of Casing is located <u>02</u> ft. above (+) or below (-) ground surface					
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>52'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>36</u>		DATE MEASURED <u>8-22-2002</u>				
CASINGS								
(9) DIAMETER <u>6</u> in. in.			TOP OF WELL					
(10) LENGTH <u>40</u> ft. in.								
(11) GROUT TYPE / SEALING <u>bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>2</u> TO <u>8</u>		Topsoil 3' Brown Gravel 30'				
SCREENS								
(13) MAKE & MATERIAL			(14) OPENINGS					
(15) DIAMETER in. in.			Gray Till 7'					
(16) LENGTH ft. ft. in.								
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			Bed Rock Water Zone 18'					
YIELD TEST								
(18) DATE <u>8-22-2002</u>		(19) DURATION OF TEST <u>24 hours</u>						
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>6</u>						
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>35</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>6'</u>						
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
PUMP INSTALLATION								
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>					
(36) DATE DRILLING WORK STARTED <u>8-16-2002</u>			(37) DATE DRILLING WORK COMPLETED <u>8-23-2002</u>					
(38) DATE REPORT FILED <u>8-24-2002</u>		(39) DRILLER & COMPANY <u>Nobles Well Drill</u>		(40) DEC REGISTRATION NO. <u>10018</u>				
* 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 separate sheet if necessary.								
See further instructions titled "Instructions for New York State Well Completion Report".								
BOTTOM OF HOLE								
NYSDEC COPY								

(1) County Chaut



(3) DEC Well Number

CU1259

(2) Township Chalotte

WELL COMPLETION REPORT

(4) OWNER <u>Chris McQuiggen & Rebecca Malepa</u>			LOG *	
(5) ADDRESS <u>312 Buckner St. Dunkirk NY 14048</u>			Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°18'05N 079°16'32W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>92</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>30</u>	DATE MEASURED <u>8-01-01</u>	TOP OF WELL	
CASINGS			<u>TOP SOIL</u>	<u>2</u>
(9) DIAMETER <u>6</u> in. in.			<u>BEGINN</u>	
(10) LENGTH <u>55</u> ft. in.			<u>TILL</u>	<u>10</u>
(11) GROUT TYPE / SEALING <u>cutting benonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>53</u> TO <u>53</u>	<u>GRAY</u>	<u>4' 11"</u>
SCREENS			<u>TILL</u>	
(13) MAKE & MATERIAL				
(14) OPENINGS				
(15) DIAMETER in. in.				
(16) LENGTH ft. in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			<u>WATER ZONE</u>	
YIELD TEST				
(18) DATE <u>8-02-01</u>		(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>60 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>85'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION				
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>7-01-2001</u>		(37) DATE DRILLING WORK COMPLETED <u>8-02-01</u>		
(38) DATE REPORT FILED <u>8-8-01</u>	(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10018</u>		
* 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 separate sheet if necessary.			BOTTOM OF HOLE	
See further instructions titled "Instructions for New York State Well Completion Report".			NYSDEC COPY	

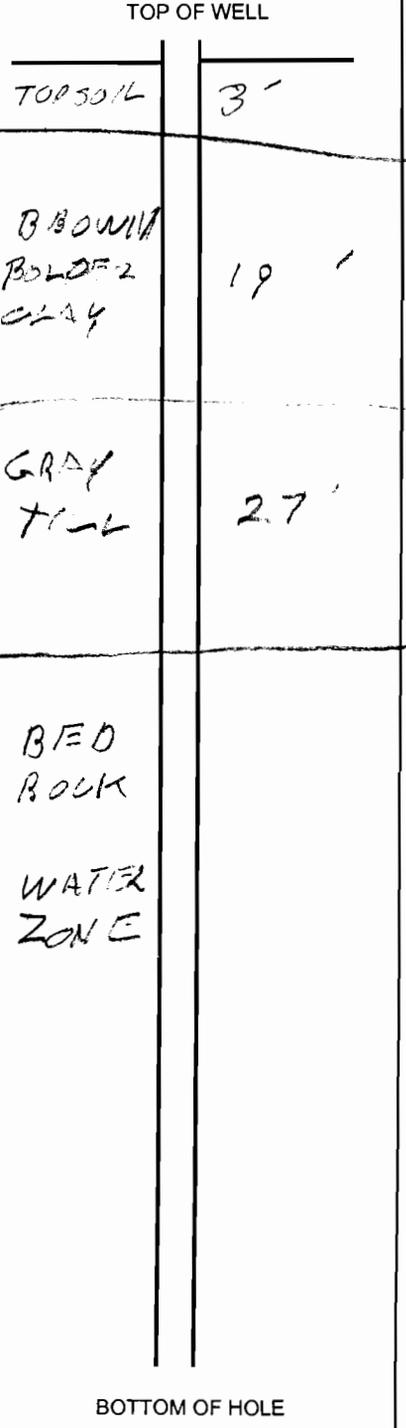
(1) County Chaut
 (2) Township Chollatie



(3) DEC Well Number CU 1298

WELL COMPLETION REPORT

(4) OWNER <u>Roger + Tina King</u>			LOG *		
(5) ADDRESS <u>116 Euclid Ave Perry NY 14530</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°18'94N 079°16'45W</u>			Top Of Casing is located <u>5</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>45'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>30</u>		DATE MEASURED <u>8-8-01</u>	
CASINGS					
(9) DIAMETER <u>6</u> in. in.					
(10) LENGTH <u>57</u> ft. ft. in.					
(11) GROUT TYPE / SEALING <u>bentonite</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>2</u> TO <u>49</u>		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in.					
(16) LENGTH ft. ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>8-9-01</u>			(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>8</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10'</u>		
(24) RECOVERY (Time in hours/minutes) <u>2 hour</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-6-01</u>			(37) DATE DRILLING WORK COMPLETED <u>8-10-01</u>		
(38) DATE REPORT FILED <u>8-20-01</u>		(39) DRILLER & COMPANY <u>Nobles Well</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					



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(1) County Chaut



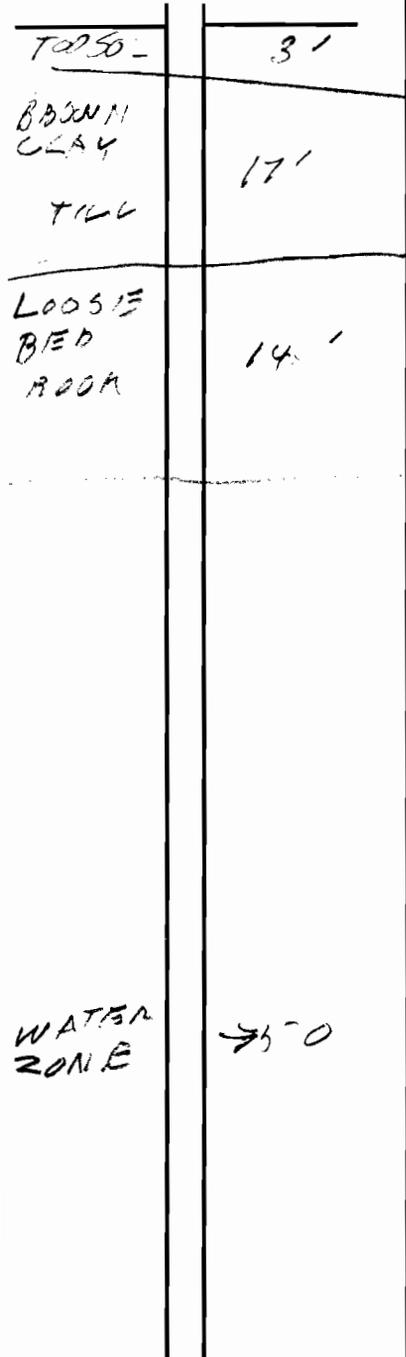
(3) DEC Well Number

CU1321

(2) Township Cherry Creek

WELL COMPLETION REPORT

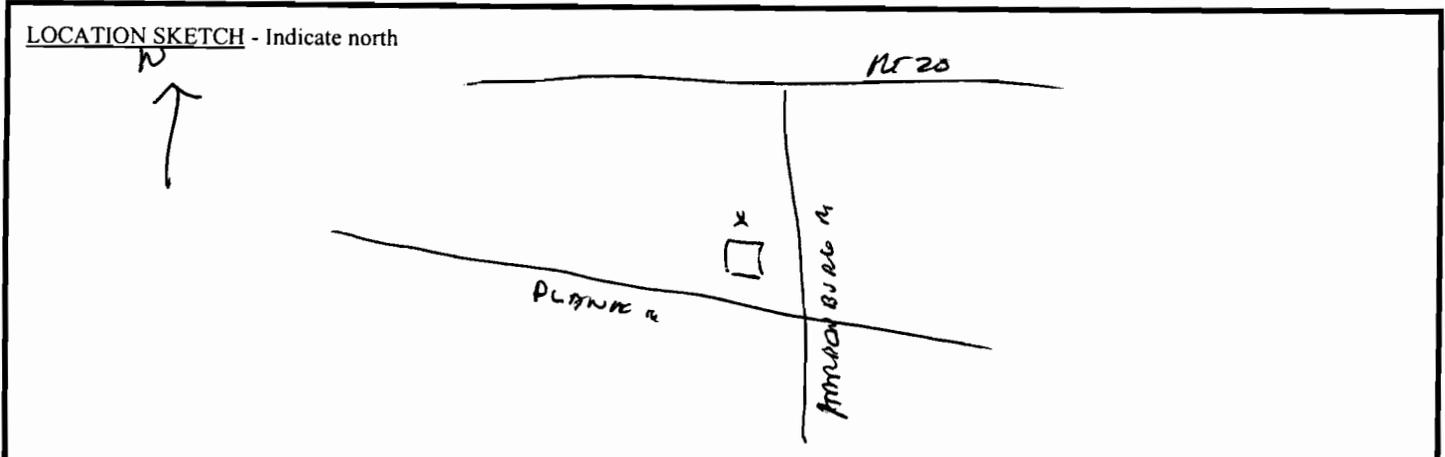
(4) OWNER <u>Bruce Thompson</u>			LOG *		
(5) ADDRESS <u>6813 Main Street Cherry Creek, NY 14723</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°18'87N 079°09'54W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>58'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>25'</u>		DATE MEASURED <u>09-21-01</u>	
CASINGS					
(9) DIAMETER <u>6</u> in. in. in. in.					
(10) LENGTH <u>34</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>70</u> TO <u>20</u>		
SCREENS					
(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)					
YIELD TEST					
(18) DATE <u>09-20-01</u>			(19) DURATION OF TEST <u>2 hour</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>6</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>34'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hours</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>09-18-01</u>			(37) DATE DRILLING WORK COMPLETED <u>09-21-01</u>		
(38) DATE REPORT FILED <u>09-24-01</u>		(39) DRILLER & COMPANY <u>Nobles Well</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
See further instructions titled "Instructions for New York State Well Completion Report".					



BOTTOM OF HOLE

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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chautauqua



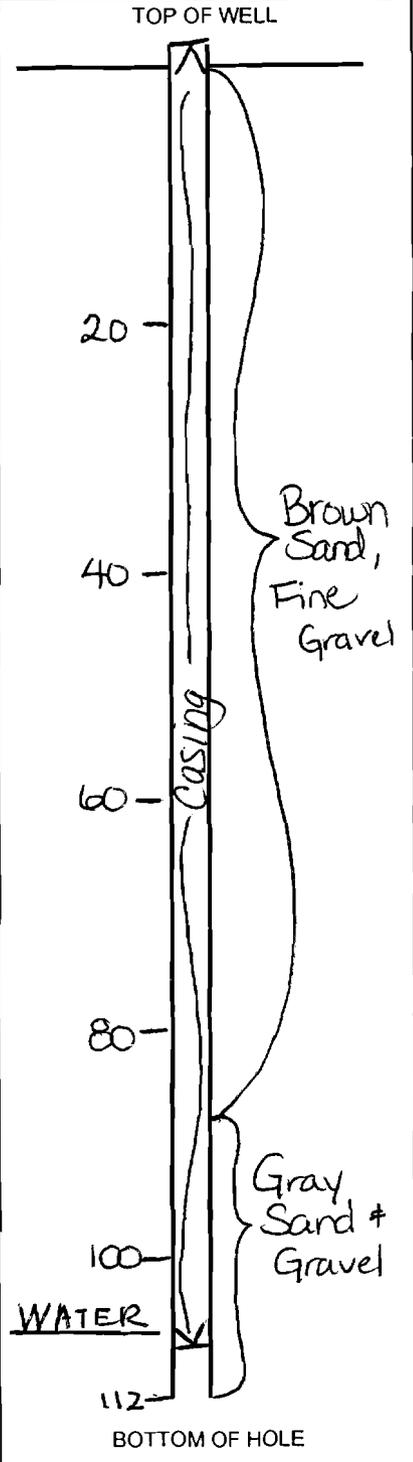
(3) DEC Well Number

CU 1324

(2) Township Stockton

WELL COMPLETION REPORT

(4) OWNER <u>Albert VanDette</u>		LOG *	
(5) ADDRESS <u>2071 Main Rd, Silver Creek, NY 14136</u>		Ground Surface EL. <u>1327</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>Route 60 N 42° 19' 31.14"</u> <u>Cassadaga, NY W 79° 17' 29.88"</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>+1'6"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>112'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>10'</u>	DATE MEASURED <u>8-27-01</u>	
CASINGS			
(9) DIAMETER <u>6"</u> in. in. in. in.			
(10) LENGTH <u>110'</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>None</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL <u>None</u>		(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)			
YIELD TEST			
(18) DATE <u>8-27-01</u>		(19) DURATION OF TEST <u>1 HR</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>11'6"</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>81'6"</u>	
(24) RECOVERY (Time in hours/minutes) <u>11 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>8-31-01</u>	(28) PUMP INSTALLER <u>DRILLER</u>
(29) TYPE <u>SUBMERSIBLE</u>		(30) MAKE <u>MYERS</u>	(31) MODEL <u>2NFL52-12</u>
(32) MAXIMUM CAPACITY (GPM) <u>12 GPM</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>101 1/2 FT</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>8-23-01</u>		(37) DATE DRILLING WORK COMPLETED <u>8-27-01</u>	
(38) DATE REPORT FILED <u>11-28-01</u>		(39) DRILLER & COMPANY <u>Dave Diefenbach Sales & Service</u>	(40) DEC REGISTRATION NO. <u>NYRD 10143</u>



* 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 separate sheet if necessary.

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

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(1) County Chaut.



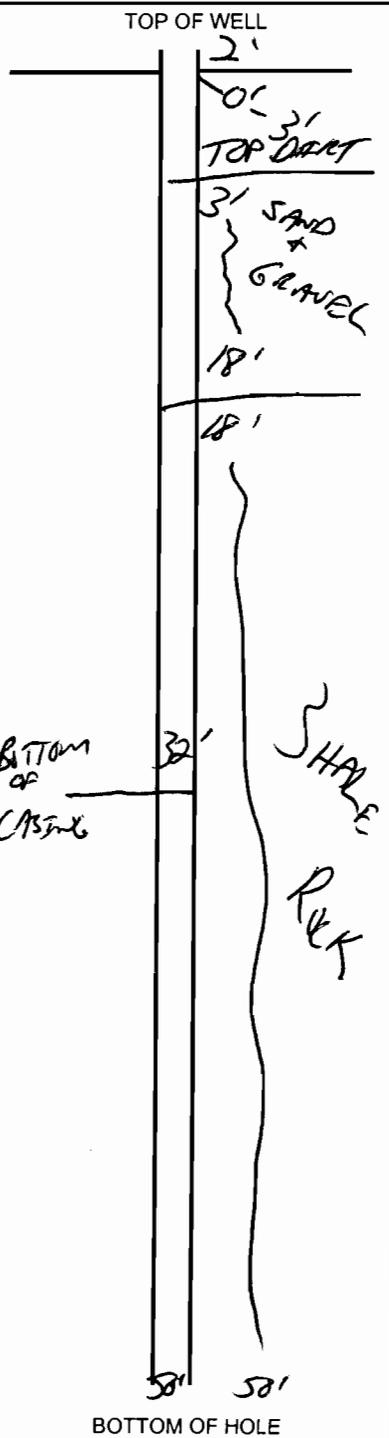
(3) DEC Well Number

CU-1337

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Archie Krzyzanowski</u>		LOG *	
(5) ADDRESS <u>1605 Rt. 60 Sinclairville N.Y. 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42 16 05 N</u> <u>79 17 33 W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>5'</u>	DATE MEASURED <u>8-29-01</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>34'</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>8/30/01</u>		(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5 FT.</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>30 FT.</u>	
(24) RECOVERY (Time in hours/minutes) <u>15 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____		(27) DATE <u>8-31-01</u>	(28) PUMP INSTALLER <u>MAH Tom Miller</u>
(29) TYPE <u>Sub.</u>		(30) MAKE <u>MYERS</u>	(31) MODEL <u>#26.4M RUSTLER</u>
(32) MAXIMUM CAPACITY (GPM) <u>12 G.P.M.</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>48 FT.</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>8-28-01</u>		(37) DATE DRILLING WORK COMPLETED <u>8-29-01</u>	
(38) DATE REPORT FILED <u>9-6-01</u>		(39) DRILLER & COMPANY <u>Chad Miller Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u># 10203</u>
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



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(1) County Chaut.



(3) DEC Well Number CU 1343

(2) Township Charlotte

WELL COMPLETION REPORT

(4) OWNER <u>Mike Johnson</u>			LOG *														
(5) ADDRESS <u>7370 North Hill RD. Sinclairville, NY</u>			Ground Surface EL. _____ ft. above sea level														
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>N 42° 19.294'</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>W 079° 14.135'</u>			14782 Top Of Casing is located <u>+</u> ft. above (+) or below (-) ground surface														
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)		DATE MEASURED													
CASINGS																	
(9) DIAMETER <u>6</u> in. in. in. in.																	
(10) LENGTH <u>38'</u> ft. ft. ft. in.																	
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____														
SCREENS																	
(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) <u>38-65</u>																	
YIELD TEST																	
(18) DATE			(19) DURATION OF TEST														
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> 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)														
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___														
PUMP INSTALLATION																	
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>														
(36) DATE DRILLING WORK STARTED <u>9-4-01</u>			(37) DATE DRILLING WORK COMPLETED <u>9-5-01</u>														
(38) DATE REPORT FILED <u>9-5-01</u>		(39) DRILLER & COMPANY <u>Tom Jones</u> <u>Jones Well Drilling, NYSD-10091</u>		(40) DEC REGISTRATION NO.													
* 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 separate sheet if necessary.																	
See further instructions titled "Instructions for New York State Well Completion Report"																	
TOP OF WELL																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-right: 1px solid black; padding: 5px;">0-10</td> <td style="padding: 5px;">BROWN DIRT</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">10-20</td> <td style="padding: 5px;">Blue Clay & Stones</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">20-30</td> <td style="padding: 5px;">" "</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">30-38</td> <td style="padding: 5px;">Clay-Stones</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">38-65</td> <td style="padding: 5px;">Shale</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 20px 0 0 0;">15 GPM</td> </tr> </table>						0-10	BROWN DIRT	10-20	Blue Clay & Stones	20-30	" "	30-38	Clay-Stones	38-65	Shale	15 GPM	
0-10	BROWN DIRT																
10-20	Blue Clay & Stones																
20-30	" "																
30-38	Clay-Stones																
38-65	Shale																
15 GPM																	
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(1) County Chautauqua



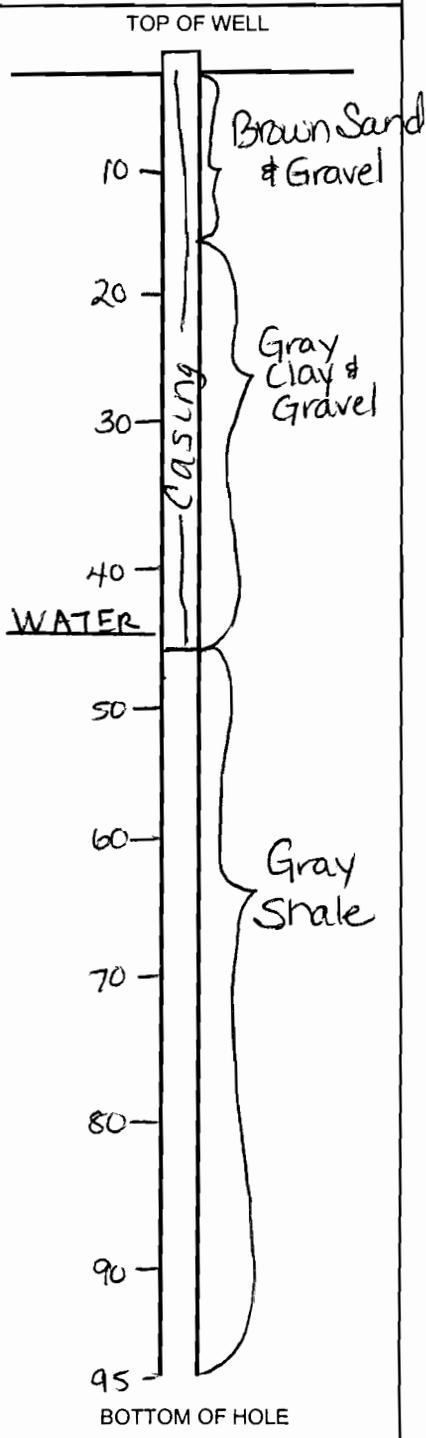
(3) DEC Well Number

CU1362

(2) Township Stockton

WELL COMPLETION REPORT

(4) OWNER <u>Roger Sutter</u>		LOG *	
(5) ADDRESS <u>6714 Bowers Rd, Cassadaga, NY 14718</u>		Ground Surface EL. <u>1381</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>Same</u> <u>N 42° 17' 42.90"</u> <u>W 79° 19' 22.32"</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>+2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>95'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED <u>10/10/01</u>	
CASINGS			
(9) DIAMETER <u>6"</u> in. in. in. in.			
(10) LENGTH <u>47'</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>None</u>		(12) GROUT / SEALING INTERVAL FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL <u>None</u>		(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)			
YIELD TEST			
(18) DATE <u>10-10-01</u>		(19) DURATION OF TEST <u>1 HR</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>12 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>42</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50</u>	
(24) RECOVERY (Time in hours/minutes) <u>NO DRAWDOWN</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>10-15-01</u>	(28) PUMP INSTALLER <u>DRILLER</u>
(29) TYPE <u>SUBMERSIBLE</u>		(30) MAKE <u>GOULDS</u>	(31) MODEL <u>BRUISER 125B05A2</u>
(32) MAXIMUM CAPACITY (GPM) <u>12 GPM</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>92'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>10-8-01</u>		(37) DATE DRILLING WORK COMPLETED <u>10-10-01</u>	
(38) DATE REPORT FILED <u>1-25-02</u>		(39) DRILLER & COMPANY <u>Dave Diefenbach Sales & Service, Inc</u>	(40) DEC REGISTRATION NO. <u>NYRD10143</u>
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



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(1) County Chaut



(3) DEC Well Number CU1378

(2) Township Villenova

WELL COMPLETION REPORT

(4) OWNER <u>Douglas Bunker</u>		LOG *	
(5) ADDRESS <u>783 Huriburt Road Forestville NY 14062</u>		Ground Surface EL <u>500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°16'24N 079°07'04W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>18'</u>	DATE MEASURED <u>10-19-01</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in.		TOP OF WELL	
(10) LENGTH <u>18</u> ft. in.		BOLDFERS 10"	
(11) GROUT TYPE / SEALING <u>cutting</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>10</u>		LOSE 6"
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in. in.	WATER ZONE 7		
(16) LENGTH ft. in.	BFE 2 hole		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>10-19-01</u>	(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>15</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>18</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 1/2 hours</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>10-22-01</u>	(28) PUMP INSTALLER	
(29) TYPE <u>submersible</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>10GS05422</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>57'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-17-01</u>	(37) DATE DRILLING WORK COMPLETED <u>10-22-01</u>		
(38) DATE REPORT FILED <u>10-23-01</u>	(39) DRILLER & COMPANY <u>Nobles Well Drill</u>	(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
BOTTOM OF HOLE			
NYSDEC COPY			



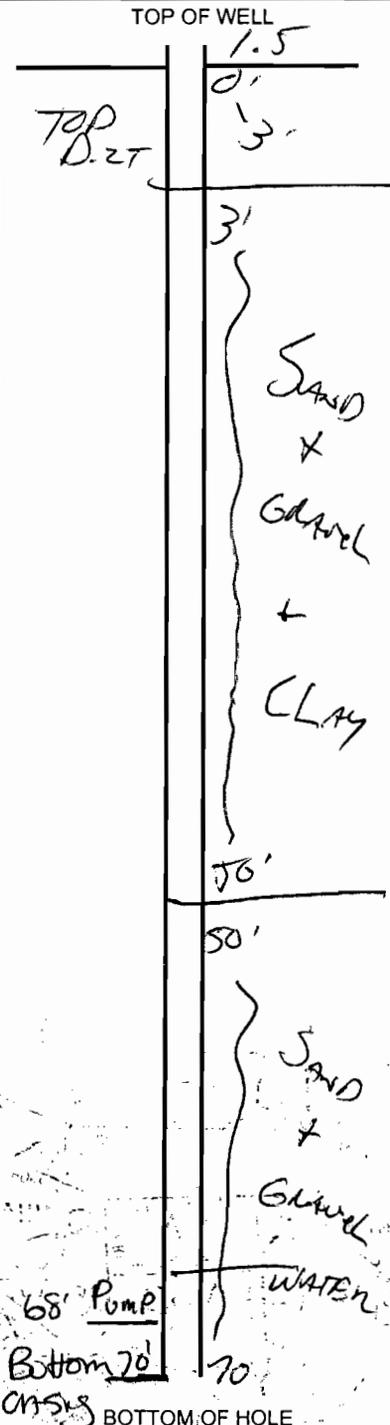
(1) County Chaut.

(2) Township Sunclawville

(3) DEC Well Number C41464

WELL COMPLETION REPORT

(4) OWNER <u>Kevin Oakes</u>			LOG *		
(5) ADDRESS <u>2812 Hooker Rd, Sunclawville, NY 14782</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>1.5'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>70'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>2'</u>		DATE MEASURED	
CASINGS					
(9) DIAMETER <u>6</u> in. in. in. in.					
(10) LENGTH <u>72</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(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)					
YIELD TEST					
(18) DATE			(19) DURATION OF TEST <u>30 min</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>70'</u>		
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>10-11-01</u>		(28) PUMP INSTALLER	
(29) TYPE <u>sub.</u>		(30) MAKE <u>Goulds</u>		(31) MODEL <u>1/2 hp. 10 gpm</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>68'</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-8-01</u>			(37) DATE DRILLING WORK COMPLETED <u>10-11-01</u>		
(38) DATE REPORT FILED <u>11-26-01</u>		(39) DRILLER & COMPANY <u>Tom Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					



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(1) County Chaut.



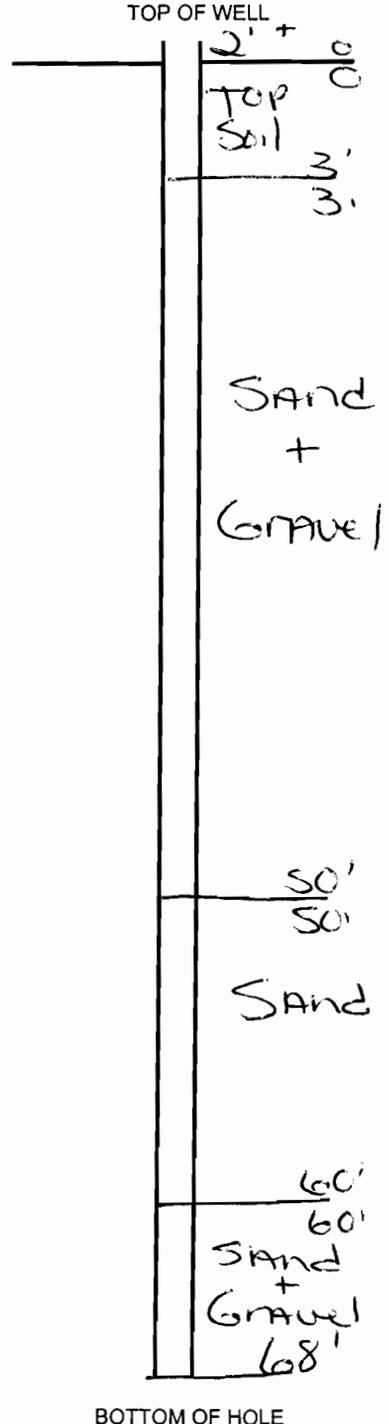
(3) DEC Well Number

C41465

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER <u>Jim Morrison</u>		LOG *	
(5) ADDRESS <u>Risley Rd. Cherry Creek, 14723</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>68'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>25'</u>	DATE MEASURED <u>9-18-01</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>70</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>9-18-01</u>		(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>25 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>25 ft.</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50 ft.</u>	
(24) RECOVERY (Time in hours/minutes) <u>10 min.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
PUMP INSTALLATION			
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9-17-01</u>		(37) DATE DRILLING WORK COMPLETED <u>9-18-01</u>	
(38) DATE REPORT FILED <u>12-12-01</u>	(39) DRILLER & COMPANY <u>Chad Miller Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



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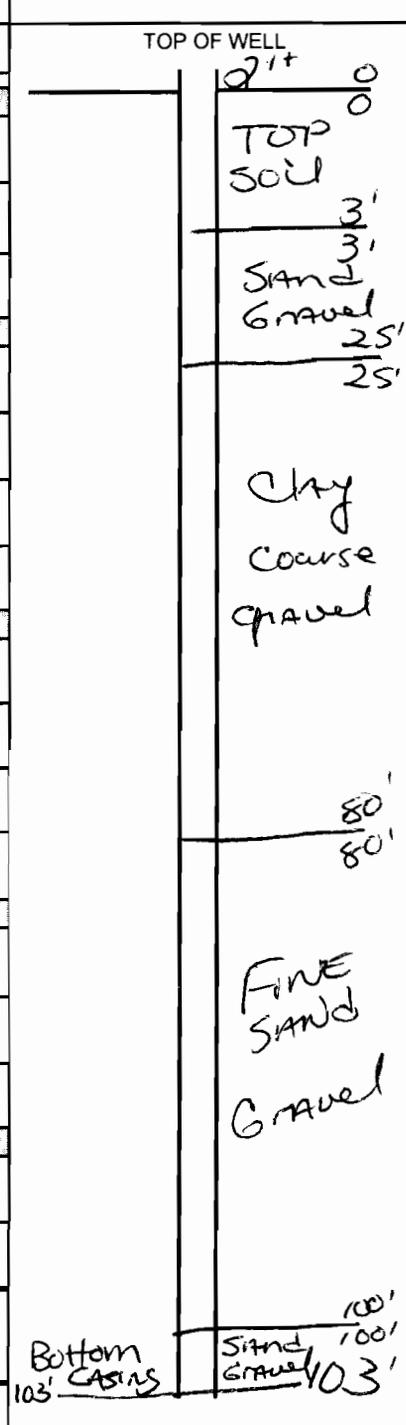
(1) County Chaut.
 (2) Township Cherry Creek



(3) DEC Well Number C4 1497

WELL COMPLETION REPORT

(4) OWNER <u>Philip Peters</u>			LOG *		
(5) ADDRESS <u>7778 Aldrich Hill Cherry Creek NY</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42 20 348 N / 79 06 903 W</u> <u>14723</u>			Top Of Casing is located <u>21+</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>103'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>103'</u>		DATE MEASURED <u>4-21-02</u>	
CASINGS					
(9) DIAMETER <u>6</u> in. in.					
(10) LENGTH <u>105'</u> ft. ft. in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. in.					
(16) LENGTH ft. ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>4-21-02</u>			(19) DURATION OF TEST <u>30 min</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>25'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>		
(24) RECOVERY (Time in hours/minutes) <u>15 min.</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>04-18-02</u>			(37) DATE DRILLING WORK COMPLETED <u>04-21-02</u>		
(38) DATE REPORT FILED <u>4-29-02</u>		(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
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(1) County Chaut



(3) DEC Well Number

C4 1500

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Fred Johnson</u>		LOG *	
(5) ADDRESS <u>Rt. 60 Sinclairville, NY 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42-15-862 N / 079-17-361 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2' +</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>45'</u>	DATE MEASURED <u>4-24-02</u>	<p>TOP OF WELL <u>2' +</u></p> <p>0</p> <p>0</p> <p>TOP SOIL.</p> <p>3</p> <p>3</p> <p>Sand + Gravel</p> <p>32'</p> <p>32'</p> <p>Shale</p> <p>50'</p> <p>BOTTOM OF HOLE</p>
CASINGS			
(9) DIAMETER <u>6 3/8</u> in. in. in. in.			
(10) LENGTH <u>32</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>4-24-02</u>	(19) DURATION OF TEST <u>30 min</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>45+ gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>35'</u>		
(24) RECOVERY (Time in hours/minutes) <u>5 m.r.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>4-24-02</u>		(37) DATE DRILLING WORK COMPLETED <u>4-24-02</u>	
(38) DATE REPORT FILED <u>4-29-02</u>	(39) DRILLER & COMPANY <u>DAVE Tubbs Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			

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(1) County Chaut.

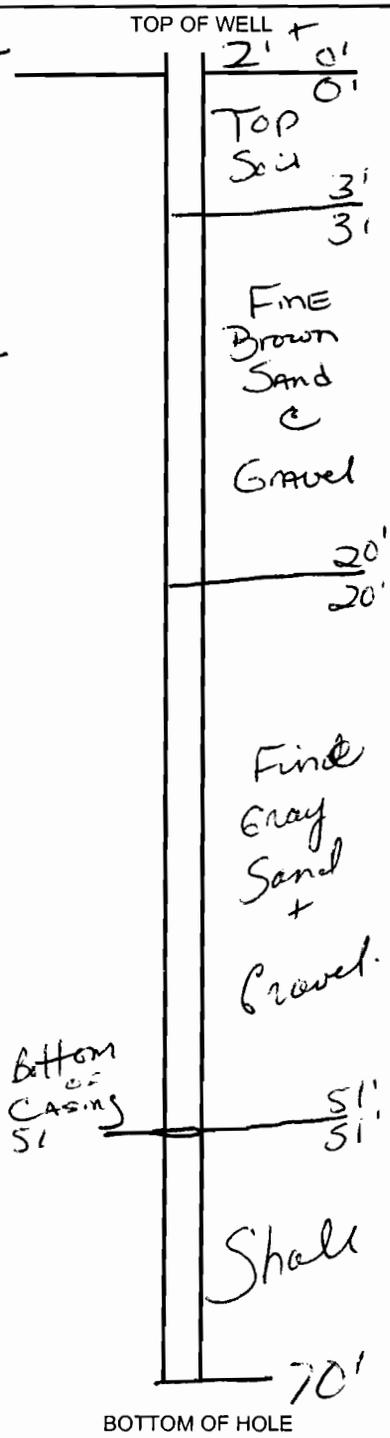
(2) Township Sinclairville

(3) DEC Well Number

CU 1501

WELL COMPLETION REPORT

(4) OWNER <u>Ken Oakes</u>		LOG *	
(5) ADDRESS <u>2862 Hooker Rd. Sinclairville, NY 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42-18-350N/079-15-010W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2' 1"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>70'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>55'</u>	DATE MEASURED <u>4-24-02</u>	TOP OF WELL <u>2' +</u>
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>53</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>4-24-02</u>	(19) DURATION OF TEST <u>30 min.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>5 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>70'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hr.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
PUMP INSTALLATION			
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>4-26-02</u>	(37) DATE DRILLING WORK COMPLETED <u>4-29-02</u>		
(38) DATE REPORT FILED <u>May 3, 2002</u>	(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u># 10203</u>	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



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(1) County Chaut



(3) DEC Well Number

CU 1504

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER <u>David Young</u>		LOG *	
(5) ADDRESS <u>5204 Fairgrounds Rd. Hamburg NY 14075</u>		Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°17'48N 079°09'12W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>10</u>	DATE MEASURED <u>4-30-02</u>	TOP OF WELL
CASINGS			
(9) DIAMETER <u>6</u> in. in.			<u>TOP SOIL</u> <u>2'</u>
(10) LENGTH <u>20</u> ft. <u>2 1/2</u> in.			<u>BRINA' CLAY BED ROCK CHIPS</u> <u>12'</u>
(11) GROUT TYPE / SEALING <u>bentonite-culting</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>14</u> TO <u>3</u>	<u>LOOSE BED ROCK</u> <u>8'</u>
SCREENS			
(13) MAKE & MATERIAL			<u>WATER ZONE</u> <u>30</u>
(14) OPENINGS			<u>BED ROCK</u>
(15) DIAMETER in. in.			<u>GRAY</u>
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>5-01-02</u>		(19) DURATION OF TEST <u>16 hours</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>7 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>12'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>3'</u>	
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>5-01-2002</u>	(28) PUMP INSTALLER <u>Higley Mobles</u>
(29) TYPE <u>Submersible</u>		(30) MAKE <u>Goulds</u>	(31) MODEL <u>10G505422</u>
(32) MAXIMUM CAPACITY (GPM) <u>10</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>45'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>4-29-02</u>		(37) DATE DRILLING WORK COMPLETED <u>5-01-02</u>	
(38) DATE REPORT FILED <u>5-02-2002</u>	(39) DRILLER & COMPANY <u>Nobles Well</u>	(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
			BOTTOM OF HOLE
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(1) County Chaut.



(3) DEC Well Number

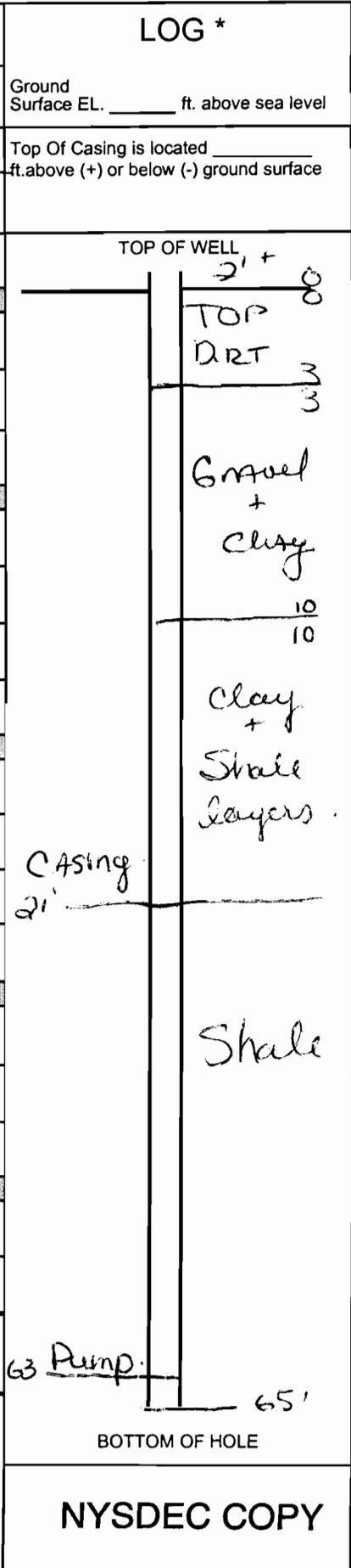
CU 1512

(2) Township Sinclairville

~~CU 1509~~

WELL COMPLETION REPORT

(4) OWNER <u>Harley Goodwin</u>	
(5) ADDRESS <u>2552 Cassadaga Rd. Sinclairville</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42-20-530 N 1079-13-817 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>25'</u> DATE MEASURED <u>5-3-02</u>
CASINGS	
(9) DIAMETER <u>6</u> in. in.	
(10) LENGTH <u>23</u> ft. in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____
SCREENS	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in. in.	<i>W</i>
(16) LENGTH ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
YIELD TEST	
(18) DATE <u>5-3-02</u>	(19) DURATION OF TEST <u>30 min</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>18 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>8F</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>65'</u>
(24) RECOVERY (Time in hours/minutes) <u>20 min</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE
(29) TYPE <u>Sub</u>	(30) MAKE <u>Goulds</u>
(32) MAXIMUM CAPACITY (GPM) <u>25 gpm</u>	(31) MODEL <u>1 hp 25 gal. e.m.m.</u>
(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>21'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>5-2-02</u>	(37) DATE DRILLING WORK COMPLETED <u>5-3-02</u>
(38) DATE REPORT FILED <u>5-3-02</u>	(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling</u>
(40) DEC REGISTRATION NO. <u>#10203</u>	



* 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 separate sheet if necessary.

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

(1) County Chaut
 (2) Township Cherry Creek



(3) DEC Well Number CU 1517

WELL COMPLETION REPORT

(4) OWNER <u>Bob Astry</u>		LOG *																
(5) ADDRESS <u>122 Oak Street South Dayton, NY 14138</u>		Ground Surface EL. <u>1650</u> ft. above sea level																
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42017192N 079009107W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface																
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>197'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>164'</u> DATE MEASURED <u>5-13-02</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">TOP OF WELL</th> </tr> <tr> <td style="width: 50%;"><u>POSSIBLE</u></td> <td style="width: 50%;"><u>2'</u></td> </tr> <tr> <td><u>BROWN TILL</u></td> <td><u>21</u></td> </tr> <tr> <td><u>GRAY TILL</u></td> <td><u>50</u></td> </tr> <tr> <td><u>LOOSE BED ROCK</u></td> <td><u>10</u></td> </tr> <tr> <td><u>BEA ROCK</u></td> <td></td> </tr> <tr> <td><u>WATER ZONE</u></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">BOTTOM OF HOLE</td> </tr> </table>	TOP OF WELL		<u>POSSIBLE</u>	<u>2'</u>	<u>BROWN TILL</u>	<u>21</u>	<u>GRAY TILL</u>	<u>50</u>	<u>LOOSE BED ROCK</u>	<u>10</u>	<u>BEA ROCK</u>		<u>WATER ZONE</u>		BOTTOM OF HOLE	
TOP OF WELL																		
<u>POSSIBLE</u>	<u>2'</u>																	
<u>BROWN TILL</u>	<u>21</u>																	
<u>GRAY TILL</u>	<u>50</u>																	
<u>LOOSE BED ROCK</u>	<u>10</u>																	
<u>BEA ROCK</u>																		
<u>WATER ZONE</u>																		
BOTTOM OF HOLE																		
CASINGS																		
(9) DIAMETER <u>6</u> in. in.																		
(10) LENGTH <u>83</u> ft. in.																		
(11) GROUT TYPE / SEALING <u>bentonite-cutting</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>80</u>																	
SCREENS																		
(13) MAKE & MATERIAL	(14) OPENINGS																	
(15) DIAMETER in. in.																		
(16) LENGTH ft. in.																		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)																		
YIELD TEST																		
(18) DATE <u>5-13-2002</u>	(19) DURATION OF TEST <u>6 hours</u>																	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) 100 <u>10 gpm</u>																	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>164'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10 feet</u>																	
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
PUMP INSTALLATION																		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE																	
(29) TYPE	(30) MAKE																	
(32) MAXIMUM CAPACITY (GPM)	(31) MODEL																	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)																	
(36) DATE DRILLING WORK STARTED <u>5-6-2002</u>	(35) USE OF WATER (see instructions for choices) <u>domestic</u>																	
(38) DATE REPORT FILED <u>5-14-2002</u>	(37) DATE DRILLING WORK COMPLETED <u>5-13-2002</u>																	
(39) DRILLER & COMPANY <u>Nobles Well</u>	(40) DEC REGISTRATION NO. <u>10018</u>																	
* 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 separate sheet if necessary.																		
See further instructions titled "Instructions for New York State Well Completion Report".																		

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(1) County CHAUT.



(3) DEC Well Number CU-1525

(2) Township _____

WELL COMPLETION REPORT

(4) OWNER CHRIS HUTNIK		LOG *	
(5) ADDRESS 7650 BARNUM RD. CASSADAGA, NY 14718		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation N-42° 20' 079" W 079° 17' 385"		Top Of Casing is located <u>+</u> _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 70'	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	
CASINGS			
(9) DIAMETER 6 in. in.		TOP OF WELL	
(10) LENGTH 40 ft. in.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	0-10 10-20- 20-30 30-40 40-70	
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS	BROWN TOP DIRT CLAY-GRAVEL Grey GRAVEL-CLAY Soft Shale H. Shale 10 GPM	
(15) DIAMETER in. in.	(16) LENGTH ft. in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE	(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 30'	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) Domestic		
(36) DATE DRILLING WORK STARTED 5/13/02	(37) DATE DRILLING WORK COMPLETED 5/15/02		
(38) DATE REPORT FILED 5-15-02	(39) DRILLER & COMPANY James Jones Jones Well Drilling	(40) DEC REGISTRATION NO. NVRD-10091	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
		BOTTOM OF HOLE	
NYSDEC COPY			

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Shaw



(3) DEC Well Number CU1540

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER <u>Dan Zuk & Kevin Smith</u>		LOG *	
(5) ADDRESS <u>1926 Buffham Road, Seville, Ohio</u>		Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 17' 57" N 87° 08' 45" W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>98</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>60</u>	DATE MEASURED <u>7-9-2002</u>	
CASINGS			
(9) DIAMETER <u>6</u> in.		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>TOP CASING <u>2'</u></p> <p>BROWN TILL <u>10'</u></p> <p>GRAY TILL <u>78'</u></p> </div> <div style="width: 35%; border-left: 1px solid black; border-right: 1px solid black; padding-left: 5px;"> <p style="text-align: center;">TOP OF WELL</p> </div> </div>	
(10) LENGTH <u>92</u> ft.			
(11) GROUT TYPE / SEALING <u>Cutting - bed nite</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>10</u> TO <u>20</u>		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER	(16) LENGTH		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>7-9-2002</u>	(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>6</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>60'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>		
(24) RECOVERY (Time in hours/minutes) <u>0-</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7-2-2002</u>		(37) DATE DRILLING WORK COMPLETED <u>7-9-2002</u>	
(38) DATE REPORT FILED <u>7-15-2002</u>	(39) DRILLER & COMPANY <u>Nobles Well</u>	(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.			
BOTTOM OF HOLE			
NYSDEC COPY			
See further instructions titled "Instructions for New York State Well Completion Report".			

9

BED
ROCK
WATER
ZONE

(1) County Chaut.



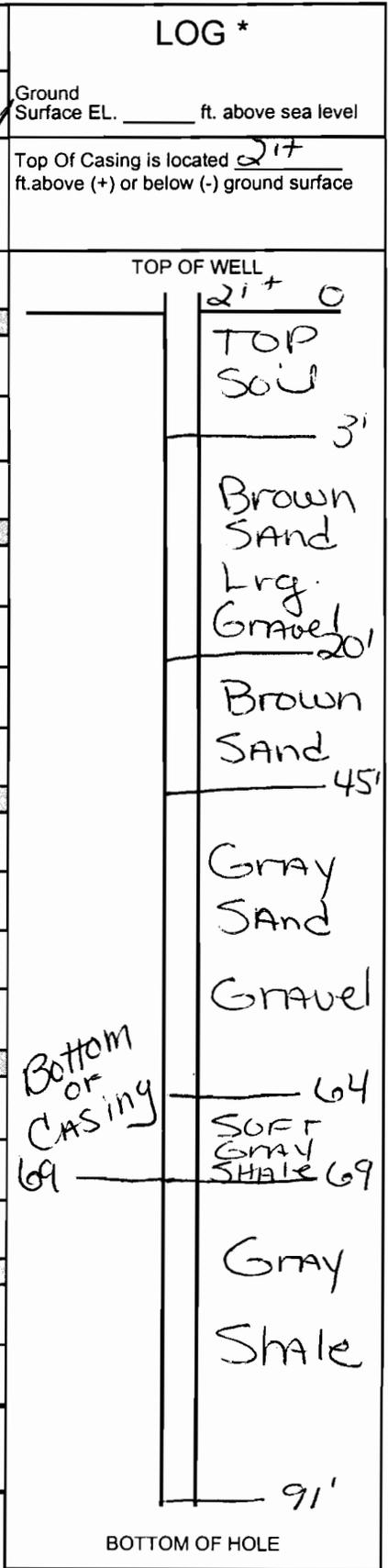
(3) DEC Well Number

C41553

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER <u>Tammy Braumagin</u>		
(5) ADDRESS <u>7393 Farrington Hollow Cherry Creek NY 14723</u>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 19.098 N 079° 08.618 W</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>91'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>69'</u>	DATE MEASURED <u>02/12/03</u>
CASINGS		
(9) DIAMETER <u>8</u> in. in.		
(10) LENGTH <u>70</u> ft. in.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in. in.		
(16) LENGTH ft. in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>02-12-03</u>	(19) DURATION OF TEST <u>1 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>5 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>89'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 hrs.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		
(35) USE OF WATER (see instructions for choices) <u>DOMESTIC</u>		
(36) DATE DRILLING WORK STARTED <u>02-06-03</u>		(37) DATE DRILLING WORK COMPLETED <u>02-12-03</u>
(38) DATE REPORT FILED <u>02-14-03</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>



* 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 separate sheet if necessary.

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

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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Croat



(3) DEC Well Number C41572

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Dewen Millward</u>		LOG *
(5) ADDRESS <u>45 Sinclair Dr. Sinclairville NY 14782</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 16' 25.2" N</u> <u>079° 13' 53.2" W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>75'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>20'</u> DATE MEASURED <u>7/5/02</u>	<div style="text-align: center;">TOP OF WELL</div> <div style="text-align: right; margin-bottom: 5px;"><u>2' 0"</u></div> <div style="text-align: right; margin-bottom: 5px;">TOP Soil</div> <div style="text-align: right; margin-bottom: 5px;"><u>3'</u></div> <div style="text-align: right; margin-bottom: 5px;">Gray Clay</div> <div style="text-align: right; margin-bottom: 5px;"><u>15'</u></div> <div style="text-align: right; margin-bottom: 5px;">Red Shale</div> <div style="text-align: right; margin-bottom: 5px;"><u>23'</u></div> <div style="text-align: right; margin-bottom: 5px;">Gray Shale</div> <div style="text-align: right; margin-bottom: 5px;"><u>75'</u></div> <div style="text-align: center;">BOTTOM OF HOLE</div>
CASINGS		
(9) DIAMETER <u>6"</u> in. in. in. in.		
(10) LENGTH <u>17</u> ft. ft. ft. in.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS		
(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)		
YIELD TEST		
(18) DATE <u>7/5/02</u>	(19) DURATION OF TEST <u>3 hrs.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>7 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>75' 75' GPM</u>	
(24) RECOVERY (Time in hours/minutes) <u>1 hr.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
PUMP INSTALLATION		
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>7/3/02</u>		(37) DATE DRILLING WORK COMPLETED <u>7/5/02</u>
(38) DATE REPORT FILED <u>7-11-02</u>	(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling #10203</u>	(40) DEC REGISTRATION NO.
* 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 separate sheet if necessary.		
See further instructions titled "Instructions for New York State Well Completion Report".		

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NYSDEC COPY

(1) County Chaut.



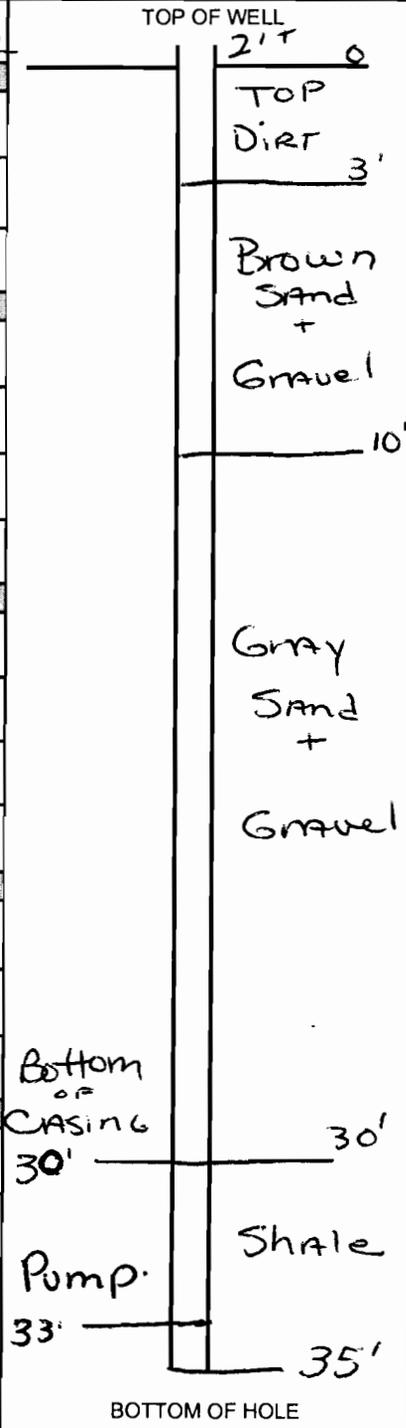
(3) DEC Well Number

C41573

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Terry Hollis</u>		LOG *	
(5) ADDRESS <u>408 Edwood Dr. Saverer P.A. 16055</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16' 14.2 N</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>079° 11.562 W</u>		Top Of Casing is located <u>21'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>35'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>32'</u>	DATE MEASURED <u>7-10-02</u>	
CASINGS			
(9) DIAMETER <u>6"</u> in. in. in. in.			
(10) LENGTH <u>32'</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>7-10-02</u>		(19) DURATION OF TEST <u>60 min</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>35'</u>	
(24) RECOVERY (Time in hours/minutes) <u>5 m.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>7-11-02</u>	(28) PUMP INSTALLER <u>TOM + MATT MILLER</u>
(29) TYPE <u>Sub</u>		(30) MAKE <u>Caulds</u>	(31) MODEL <u>10 gpm</u>
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm.</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>33'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7-8-02</u>		(37) DATE DRILLING WORK COMPLETED <u>7-10-02</u>	
(38) DATE REPORT FILED <u>7-12-02</u>		(39) DRILLER & COMPANY <u>DAVE TURBBS Miller-Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



NYSDEC COPY

(1) County Chaut.



(3) DEC Well Number

CL-1584

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Judy Benson</u>			LOG * Ground Surface EL. _____ ft. above sea level		
(5) ADDRESS <u>2375 Boutwell Hill Rd, Johnson Rd Sinclairville, NY. 14701</u>					
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.235 N / 079° 13.498 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>45'</u>		DATE MEASURED <u>6-24-02</u>	
CASINGS					
(9) DIAMETER <u>6</u> in. in.					
(10) LENGTH <u>23</u> ft. in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. in.					
(16) LENGTH ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>6-24-02</u>		(19) DURATION OF TEST <u>1 hr.</u>			
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>15 gpm</u>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>15'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>			
(24) RECOVERY (Time in hours/minutes) <u>20 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>6-24-02</u>		(28) PUMP INSTALLER <u>Matt + Tom Miller</u>	
(29) TYPE <u>Sub</u>		(30) MAKE <u>Gould</u>		(31) MODEL <u>1/2 hp.</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gpm</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>58'</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-22-02</u>			(37) DATE DRILLING WORK COMPLETED <u>6-24-02</u>		
(38) DATE REPORT FILED <u>8-1-02</u>		(39) DRILLER & COMPANY <u>Tom Miller Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					

TOP OF WELL

2'

TOP DIRT 3'

Brown Sand + Gravel

Bottom CASING 21'

Gray Shale

Pump 58'

BOTTOM OF HOLE 60'

NYSDEC COPY

(1) County Chaut.



(3) DEC Well Number C41585

(2) Township Charlotte

WELL COMPLETION REPORT

(4) OWNER <u>Daryl Trecaoski</u>			LOG *
(5) ADDRESS <u>411 DESHIER ST. BUFFALO, N.Y. 14212</u>			
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 18.075 N</u> <u>079° 12.667 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Ground Surface EL. _____ ft. above sea level Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED <u>7-24-02</u>	<div style="text-align: right; margin-bottom: 5px;">TOP OF WELL</div> <div style="text-align: right; margin-bottom: 5px;"><u>2'</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>0</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>TOP</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>DIRT</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>3</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>Sand</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>Gravel</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>+</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>Clay</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>mix</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>10'</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>Clay</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>+</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>Gravel</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>46'</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>Clay</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>+</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>Gravel</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>mix</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>50</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>GRAY</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>SHALE</u></div> <div style="text-align: right; margin-bottom: 5px;"><u>65'</u></div> <div style="text-align: right; margin-bottom: 5px;">BOTTOM OF HOLE</div>
CASINGS			
(9) DIAMETER <u>6"</u> in. in.			
(10) LENGTH <u>67</u> ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>7-24-02</u>		(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>12 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>65'</u>	
(24) RECOVERY (Time in hours/minutes) <u>30 min.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7-22-02</u>		(37) DATE DRILLING WORK COMPLETED <u>7-24-02</u>	
(38) DATE REPORT FILED <u>8-1-02</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
NYSDEC COPY			

(1) County Chaut.

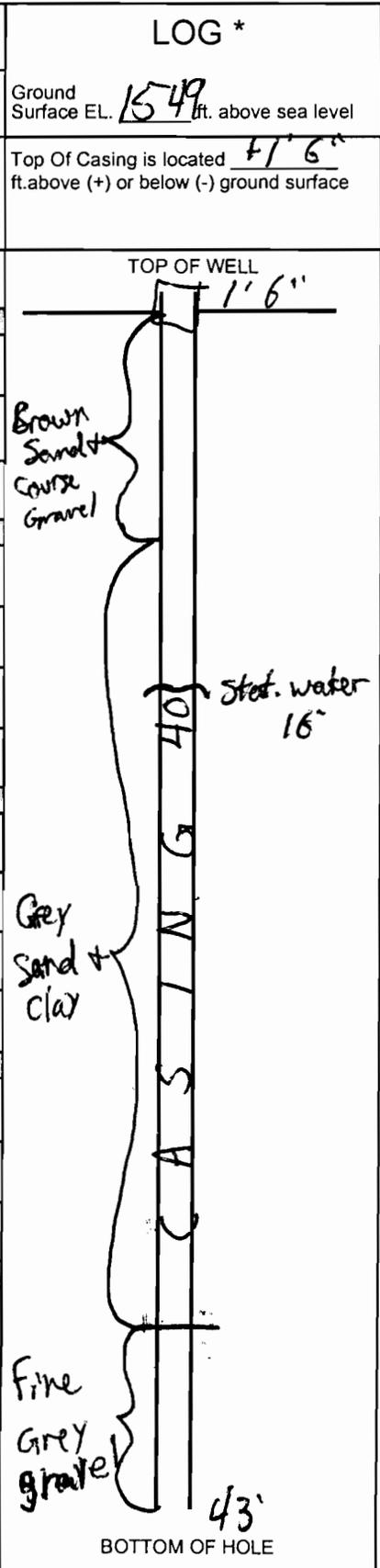


(3) DEC Well Number CU1594

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER Robert Krenzer	
(5) ADDRESS 7685 Aldrich Hill Rd. Cherry Creek 14723	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation Same as above N 42° 19' 57.48" W 79° 06.48.96"	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 43'	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) _____ DATE MEASURED _____
CASINGS	
(9) DIAMETER 6 in. _____ in. _____ in. _____ in.	
(10) LENGTH 40 ft. _____ ft. _____ ft. _____ in.	
(11) GROUT TYPE / SEALING None	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____
SCREENS	
(13) MAKE & MATERIAL none	(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) _____	
YIELD TEST	
(18) DATE 8-20-02	(19) DURATION OF TEST 1 hr.
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) 10 gpm
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 17' 6"	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 45'
(24) RECOVERY (Time in hours/minutes) 4 min.	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES _____ NO <input checked="" type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) Domestic
(36) DATE DRILLING WORK STARTED 8-19-02	(37) DATE DRILLING WORK COMPLETED 8-20-02
(38) DATE REPORT FILED 8-29-02	(39) DRILLER & COMPANY Great Lakes Enterprises of Brocton NY INC (40) DEC REGISTRATION NO. NYRD10518



* 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 separate sheet if necessary.

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

NYSDEC COPY

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chemt.



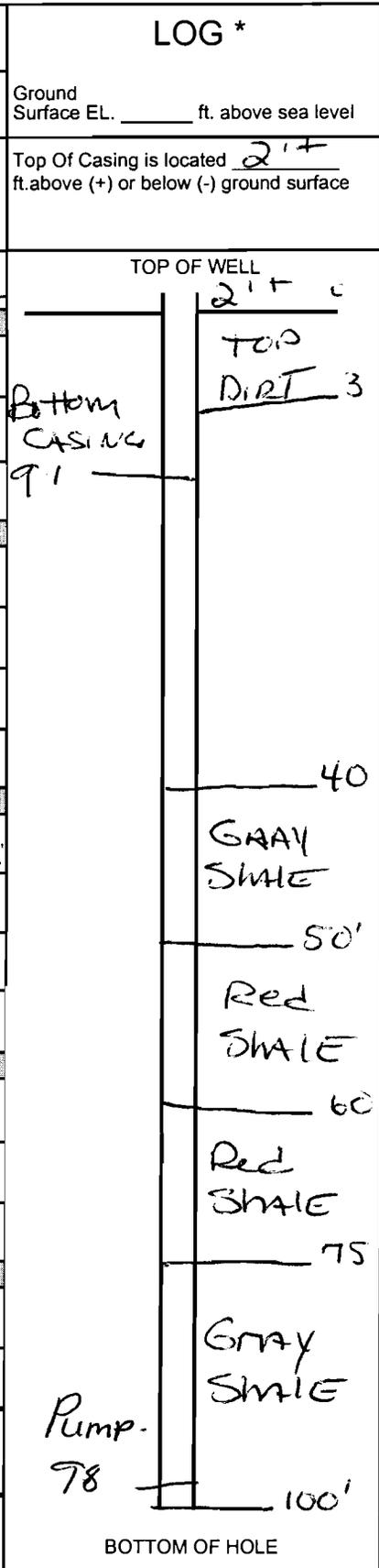
(3) DEC Well Number

CU 1605

(2) Township Cassadaga

WELL COMPLETION REPORT

(4) OWNER <u>ROBERT Walker</u>	
(5) ADDRESS <u>Smith Rd. Cassadaga, NY.</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 19.264 N / 079° 15.759</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>100'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>28'</u> DATE MEASURED <u>7-23-02</u>
CASINGS	
(9) DIAMETER <u>8</u> in. in.	
(10) LENGTH <u>11'</u> ft. ft.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____
SCREENS	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in. in.	
(16) LENGTH ft. ft.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
YIELD TEST	
(18) DATE <u>7-23-02</u>	(19) DURATION OF TEST <u>30 hr</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>2 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>15</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)
(24) RECOVERY (Time in hours/minutes) <u>3 hrs.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE
(29) TYPE <u>Sub.</u>	(30) MAKE <u>Gould.</u>
(32) MAXIMUM CAPACITY (GPM) <u>7 gpm</u>	(31) MODEL <u>7gal 1/2hp. 220V.</u>
(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>98'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>7-21-02</u>	(37) DATE DRILLING WORK COMPLETED <u>7-23-02</u>
(38) DATE REPORT FILED <u>9-20-02</u>	(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>
	(40) DEC REGISTRATION NO. <u>410203</u>



* 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 separate sheet if necessary.

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

NYSDEC COPY

(1) County Chaut
 (2) Township Charlotte



(3) DEC Well Number

CU 1621

WELL COMPLETION REPORT

(4) OWNER <u>Mark LeBarron</u>			LOG *	
(5) ADDRESS <u>7284 Road Road Tinclearville NY 14782</u>			Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 19' 58" N 079° 12' 72" W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>110</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>72</u>		DATE MEASURED <u>09-04-02</u>
CASINGS				
(9) DIAMETER <u>6</u> in. in.			TOP SOIL <u>2</u>	
(10) LENGTH <u>110</u> ft. ft. in.				
(11) GROUT TYPE / SEALING <u>Bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>3'</u> TO <u>10'</u>		
SCREENS				
(13) MAKE & MATERIAL		(14) OPENINGS		
(15) DIAMETER in. in.				
(16) LENGTH ft. ft. in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
YIELD TEST				
(18) DATE <u>09-04-02</u>		(19) DURATION OF TEST <u>1/2 hour</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>15 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>72'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>80'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION				
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-30-02</u>		(37) DATE DRILLING WORK COMPLETED <u>09-04-02</u>		
(38) DATE REPORT FILED <u>9- -02</u>		(39) DRILLER & COMPANY <u>Nobles Well</u>		(40) DEC REGISTRATION NO. <u>10018</u>
* 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 separate sheet if necessary.			BEE ROCK T WATER ZONE	
See further instructions titled "Instructions for New York State Well Completion Report".			BOTTOM OF HOLE	
NYSDEC COPY				

(1) County Chaut.



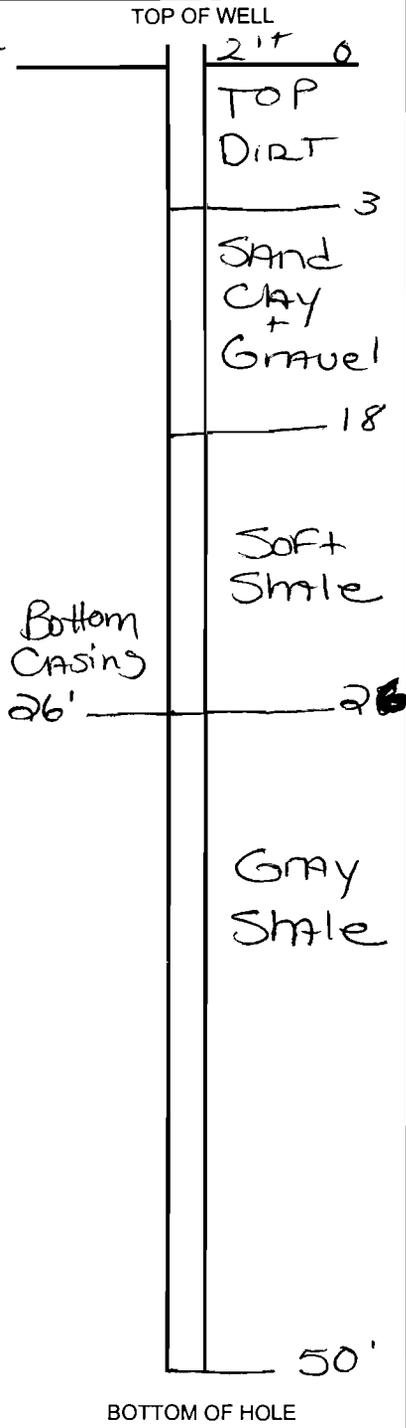
(3) DEC Well Number

CW1637

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Amy Greenwalt</u>			LOG *		
(5) ADDRESS <u>2224 East Rd. Sinclairville.</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 18.314 N / 079° 12.439 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>21'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>27'</u>		DATE MEASURED <u>8-22-02</u>	
CASINGS					
(9) DIAMETER <u>4</u> in. in.					
(10) LENGTH <u>28'</u> ft. ft. in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. in.					
(16) LENGTH ft. ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>8-22-02</u>		(19) DURATION OF TEST <u>2hr.</u>			
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>12 gpm</u>			
(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) <u>1hr</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____			
PUMP INSTALLATION					
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-20-02</u>			(37) DATE DRILLING WORK COMPLETED <u>8-22-02</u>		
(38) DATE REPORT FILED <u>10-21-02</u>		(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
BOTTOM OF HOLE					
NYSDEC COPY					



(1) County Chaut.
 (2) Township Stackton



(3) DEC Well Number C 4 1638

WELL COMPLETION REPORT

(4) OWNER <u>Teresa O'Connell</u>			LOG *
(5) ADDRESS <u>P.O. Box 240 Stackton, NY 14784</u>			Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.916 W</u> <u>079° 19.292 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED <u>9-13-02</u>	TOP OF WELL <u>2' + 0</u> <hr/> TOP DIRT <hr/> Brown Sand Fine Gravel <hr/> 3 <hr/> 32 <hr/> Clay + Sand <hr/> 215 <hr/> Sand + Gravel <hr/> 230 <hr/> Gravel <hr/> 234 <hr/> BOTTOM OF HOLE
CASINGS			
(9) DIAMETER <u>6</u> in. in. in.			
(10) LENGTH <u>234</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>9-13-02</u>		(19) DURATION OF TEST <u>1/2 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>50 gpm.</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>Artisan</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>30'</u>	
(24) RECOVERY (Time in hours/minutes) <u>Immediate</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>9-20-02</u>	
(28) PUMP INSTALLER <u>Matt Miller</u>		(29) TYPE <u>Sub</u>	
(30) MAKE <u>Goulds</u>		(31) MODEL <u>7 gal. 1/2hp 110wt</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gal.</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>100'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9-6-02</u>		(37) DATE DRILLING WORK COMPLETED <u>9-13-02</u>	
(38) DATE REPORT FILED <u>9-20-02</u>		(39) DRILLER & COMPANY <u>DAVE TURBS Miller Well Drilling</u>	
(40) DEC REGISTRATION NO. <u>#10203</u>		(41) _____	

* 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 separate sheet if necessary.

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

NYSDEC COPY

(1) County Chaut.



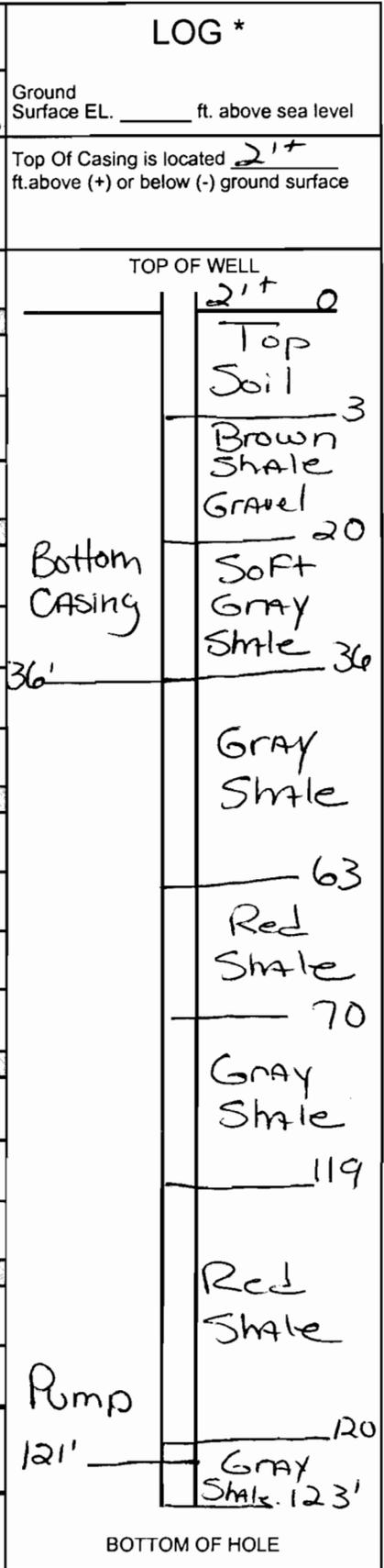
(3) DEC Well Number

C41644

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER <u>Maureen O'Conner</u>		LOG *	
(5) ADDRESS <u>Risley Rd. Cherry Creek N.Y. 14723</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 15. 812 N / 079° 08. 394 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>123</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>50'</u>	DATE MEASURED _____	
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>38</u> ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>9-19-02</u>		(19) DURATION OF TEST <u>2 hrs.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>45 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes) <u>30 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____		(27) DATE	(28) PUMP INSTALLER
(29) TYPE <u>Sub</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gal.</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9-18-02</u>		(37) DATE DRILLING WORK COMPLETED <u>9-19-02</u>	
(38) DATE REPORT FILED <u>9-24-02</u>		(39) DRILLER & COMPANY <u>DAVE TURBBS Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

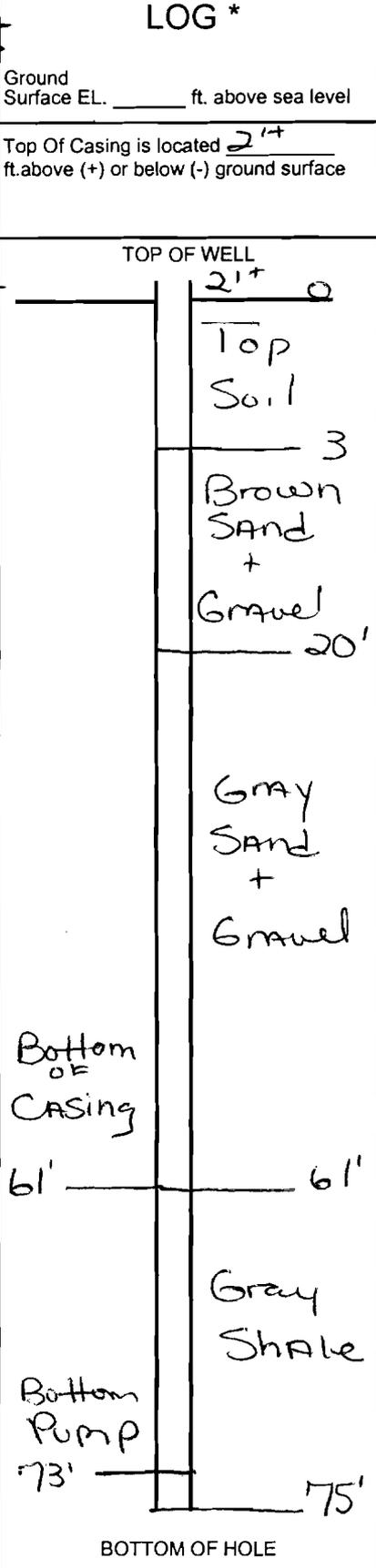


(1) County Chaut
 (2) Township Cass

(3) DEC Well Number C41650

WELL COMPLETION REPORT

(4) OWNER <u>Mark Coon</u>		LOG *
(5) ADDRESS <u>3659 High St. Cassadaga, NY. 14718</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 20' 670 N</u> <u>079° 10' 143 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>75'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>61'</u>	DATE MEASURED <u>9-26-02</u>
CASINGS		
(9) DIAMETER <u>6</u> in. in. in. in.		
(10) LENGTH <u>63</u> ft. ft. ft. in.		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL FROM _____ TO _____
SCREENS		
(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)		
YIELD TEST		
(18) DATE <u>9-26-02</u>		(19) DURATION OF TEST <u>1/2 hr</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>25'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>
(24) RECOVERY (Time in hours/minutes) <u>1/2 hr</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____		(27) DATE <u>10-1-02</u>
(28) PUMP INSTALLER <u>Matt Miller</u>		
(29) TYPE <u>Sub</u>		(30) MAKE <u>Goulds</u>
(31) MODEL <u>1/2 hp</u>		
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		
(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>9-25-02</u>		(37) DATE DRILLING WORK COMPLETED <u>9-26-02</u>
(38) DATE REPORT FILED <u>10-01-02</u>		(39) DRILLER & COMPANY <u>DAVE TUBBS Miller-Well Drilling</u>
(40) DEC REGISTRATION NO. <u>#10203</u>		



W

* 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 separate sheet if necessary.

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

NYSDEC COPY

(1) County Chaut.
 (2) Township Sinclairville.



(3) DEC Well Number

C41683

WELL COMPLETION REPORT

(4) OWNER <u>Steve Frost</u>			LOG * Ground Surface EL. _____ ft. above sea level
(5) ADDRESS <u>37 Prospect St. Sinclairville NY 14782</u>			
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16' 238N 079° 16' 306W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>21'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>50'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>25'</u>	DATE MEASURED <u>7-23-02</u>	TOP OF WELL <u>21' 0</u> TOP Dirt 3 Clay SAND Gravel 10' Clay 15' Shale layers. 23' Gray Shale 48' ——— 50' BOTTOM OF HOLE
CASINGS			
(9) DIAMETER <u>6"</u> in. in. in. in.			
(10) LENGTH <u>250</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>7-23-02</u>	(19) DURATION OF TEST <u>1 hr</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>12</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1/2 hr</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____	(27) DATE <u>7-25-02</u>	(28) PUMP INSTALLER <u>MATT MILLER</u>	
(29) TYPE <u>Sub.</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp.</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>48'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>7-23-02</u>	(37) DATE DRILLING WORK COMPLETED <u>7-25-02</u>		
(38) DATE REPORT FILED <u>11-1-02</u>	(39) DRILLER & COMPANY <u>Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			

NYSDEC COPY

(1) County Chaut



(3) DEC Well Number CU 1710

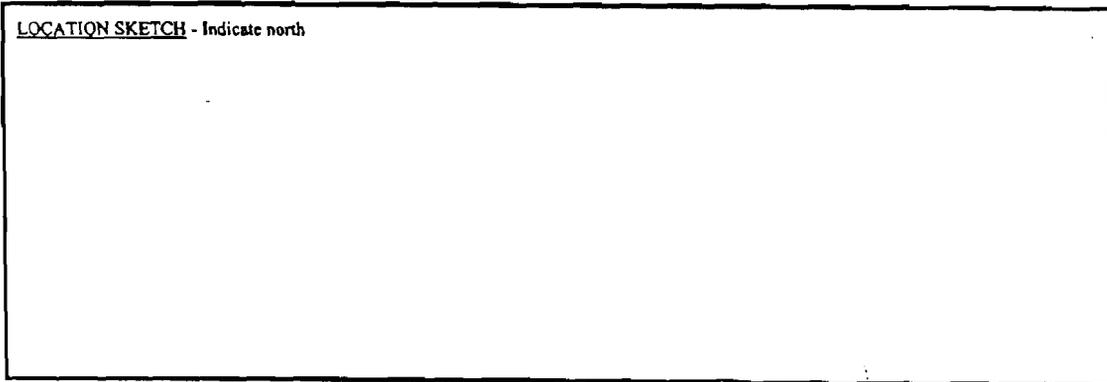
(2) Township _____

WELL COMPLETION REPORT

(4) OWNER <u>Richard Pleszewski</u>		LOG *	
(5) ADDRESS <u>3315 Smith Road Cassadaga NY</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) <u>3315 Smith Road Cassadaga, NY</u> Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N43° 19.35' W079° 16.71'</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>105</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	
(9) DIAMETER <u>6</u> in. _____ in. _____ in. _____ in.		TOP OF WELL	
(10) LENGTH <u>30</u> ft. <u>6</u> ft. _____ ft. _____ ft.		0'-15'	
(11) GROUT TYPE / SEALING <u>Bentonite</u>		(12) GROUT / SEALING INTERVAL FROM _____ TO _____	
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. _____ in. _____ in. _____ in.		15'-17'	
(16) LENGTH ft. _____ ft. _____ ft. _____ ft.		17'-20'	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		20'-105'	
(18) DATE <u>8-14-02</u>		(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10</u>	
(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 test discharged away from immediate area? Yes ___ No ___	
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>		(27) DATE	
(28) TYPE		(29) PUMP INSTALLER	
(29) MAKE		(30) MODEL	
(31) MAXIMUM CAPACITY (GPM)		(32) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(33) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(34) USE OF WATER (see instructions for choices) <u>Residential</u>	
(35) DATE DRILLING WORK STARTED <u>8-13-02</u>		(36) DATE DRILLING WORK COMPLETED <u>8-13-02</u>	
(37) DATE REPORT FILED <u>4-1-04</u>		(38) DRILLER & COMPANY <u>Parnee Carter</u>	
(39) DEC REGISTRATION NO. <u>10084</u>			
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
		BOTTOM OF HOLE	
NYSDEC COPY			

Hard pan
wet clay w/ gravel
Broken to hard shale
Shale/sandstone

LOCATION SKETCH - Indicate north



(1) County Chaut



(3) DEC Well Number

CU1773

(2) Township Charlotte

WELL COMPLETION REPORT

(4) OWNER <u>Robert Miller</u>		LOG *	
(5) ADDRESS <u>PO Box 835 Buffalo NY 14205</u>		Ground Surface EL. <u>1466</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available <u>3335 AMES Rd ON 42° 18' 42.12"</u> and method used: <u>CASSADAGA, NY 14718 W 79° 16' 39.18"</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>+1'6"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>3'</u>	DATE MEASURED <u>5-12-03</u>	<p>TOP OF WELL</p> <p>The diagram shows a vertical well casing. At the top, it is labeled 'TOP OF WELL +1'6"'. Below this, an arrow points to 'Stat water 3'' (3 feet). A bracket indicates a section of '40' 4 1/2" BROWN SAND & Grey gravel'. Further down, another bracket indicates '39' 5" Grey shale'. The bottom of the casing is labeled '80'' and 'BOTTOM OF HOLE'. The word 'CASING' is written vertically along the right side of the casing.</p>
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>40'</u> ft. <u>4 1/2"</u> in.			
(11) GROUT TYPE / SEALING <u>NONE</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL <u>NONE</u>		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>5-12-03</u>		(19) DURATION OF TEST <u>1 hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>3'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>75'</u>	
(24) RECOVERY (Time in hours/minutes) <u>1 hr 45 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>5-8-03</u>		(37) DATE DRILLING WORK COMPLETED <u>5-12-03</u>	
(38) DATE REPORT FILED <u>7-3-03</u>	(39) DRILLER & COMPANY <u>GREAT LAKES Enterprises OF BROOKLYN NY INC</u>	(40) DEC REGISTRATION NO. <u>NYRD10518</u>	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
			NYSDEC COPY

(1) County Chaut.
 (2) Town Cass.

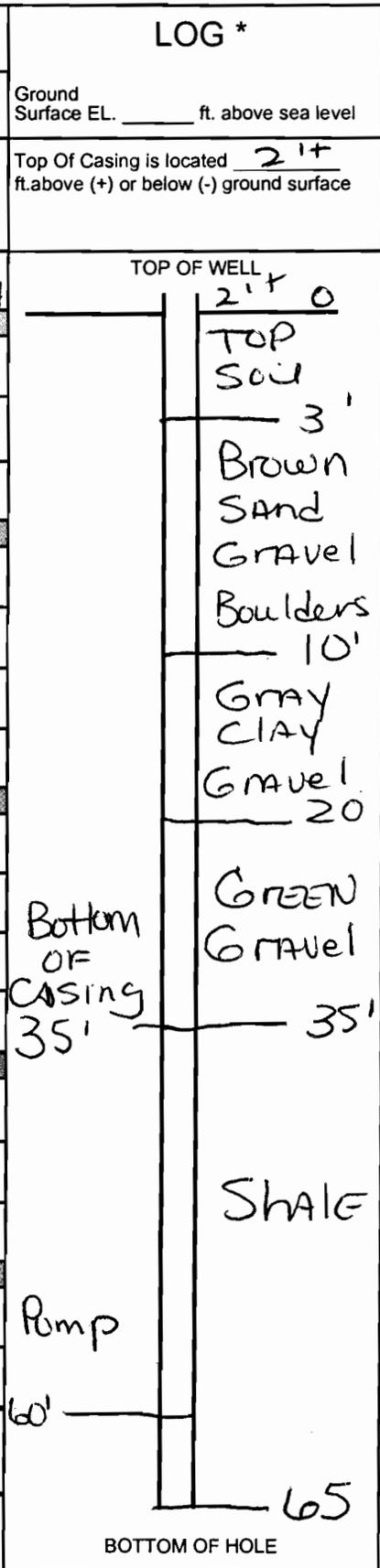


(3) DEC Well Number

CU 1777

WELL COMPLETION REPORT

(4) OWNER <u>John Baughman</u>		
(5) ADDRESS <u>15 Ulrich Park Dr. CASSADAGA MI.</u>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 18.203 N 147° 18' 079° 13.859 W</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>55'</u>	DATE MEASURED <u>04-07-04</u>
CASINGS		
(9) DIAMETER <u>6</u> in. in.		
(10) LENGTH <u>37</u> ft. in.		
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in. in.		
(16) LENGTH ft. in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>04-07-04</u>	(19) DURATION OF TEST <u>1 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>10 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>15'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60"</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 hr</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>04-21-04</u>	(28) PUMP INSTALLER <u>MATT MILLER</u>
(29) TYPE <u>Sub.</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2hp. 1 D gal</u>
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>60'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>04-06-04</u>	(37) DATE DRILLING WORK COMPLETED <u>04-07-04</u>	
(38) DATE REPORT FILED <u>04-15-04</u>	(39) DRILLER & COMPANY <u>Tom Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>



* 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 separate sheet if necessary.

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

NYSDEC COPY

(1) County Chaut
 (2) Township Cherry Creek



(3) DEC Well Number

CW1787

WELL COMPLETION REPORT

(4) OWNER <u>Sherry Hill</u>			LOG * Ground Surface EL. <u>1580</u> ft. above sea level	
(5) ADDRESS <u>Thornton Road Cherry Creek, NY 14723</u>				
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°17'80N 079°07'92W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>48'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>8</u>	DATE MEASURED <u>6-04-03</u>	TOP OF WELL	
CASINGS				
(9) DIAMETER <u>6</u> in.	(10) LENGTH <u>50</u> ft.	(11) GROUT TYPE / SEALING <u>cutting bentonite</u>	<u>1-3'</u>	<u>TOP SOIL</u>
(12) GROUT / SEALING INTERVAL (Feet) <u>2' TO 6'</u>	(13) MAKE & MATERIAL	(14) OPENINGS	<u>3-6'</u>	<u>BOLTERS</u>
SCREENS			<u>6-15'</u>	<u>BROWN GRAVES AND SILT</u>
(15) DIAMETER	(16) LENGTH	(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	<u>16-48</u>	<u>WATER GRAVE</u>
YIELD TEST			<u>16-48</u>	<u>GRAV TILL</u>
(18) DATE <u>6-04-03</u>	(19) DURATION OF TEST <u>12 hours</u>	(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>7 gpm</u>	<u>1</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>8'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>6"</u>	(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>1</u>
PUMP INSTALLATION			CASING PERFORATED	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>domestic</u>		BOTTOM OF HOLE NYSDEC COPY	
(36) DATE DRILLING WORK STARTED <u>5-30-2003</u>	(37) DATE DRILLING WORK COMPLETED <u>6-04-03</u>			
(38) DATE REPORT FILED <u>6-10 2003</u>	(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10018</u>		
* 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 separate sheet if necessary. See further instructions titled "Instructions for New York State Well Completion Report".				

(1) County Chaut.



(3) DEC Well Number C4-1801

(2) Township Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Gregory J. Alaimo</u>		LOG *
(5) ADDRESS <u>7447 North Hill Rd. Sinclairville N.Y.</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 19.553 N / 079° 14.416 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>35'</u>	DATE MEASURED <u>06-05-03</u>
CASINGS		
(9) DIAMETER <u>8"</u> in. in. in. in.		
(10) LENGTH <u>31</u> ft. ft. ft. in.		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____
SCREENS		
(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)		
YIELD TEST		
(18) DATE <u>06-05-03</u>		(19) DURATION OF TEST <u>1 hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>35'</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>7'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>
(24) RECOVERY (Time in hours/minutes) <u>4 hrs.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES ___ NO ___		(27) DATE
(29) TYPE		(28) PUMP INSTALLER
(30) MAKE		(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>06-04-03</u>		(37) DATE DRILLING WORK COMPLETED <u>06-05-03</u>
(38) DATE REPORT FILED <u>06-11-03</u>		(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>
		(40) DEC REGISTRATION NO. <u>#10203</u>
* 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 separate sheet if necessary.		
See further instructions titled "Instructions for New York State Well Completion Report".		

TOP OF WELL

2'⁰

TOP SOIL

3'

Brown Sand

10'

Gravel

25'

Gray Sand

29'

Gravel

60'

Gray Shale

BOTTOM OF HOLE

Bottom OF CASING 29'

W

NYSDEC COPY

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chaut



(3) DEC Well Number

CW1806

(2) Township ~~Stockton~~ Charlotte

WELL COMPLETION REPORT

(4) OWNER <u>Beverly Wilcox</u>			LOG *	
(5) ADDRESS <u>Barnum Road Cassadaga NY 14718</u>			Ground Surface EL. <u>1560</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 20.46'N 079° 17.61'W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>72'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>36</u>		DATE MEASURED <u>6-18-2003</u>
(9) DIAMETER <u>6</u> in. in.			TOP OF WELL	
(10) LENGTH <u>30</u> ft. in.			MOD <u>3'</u>	
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>3</u> TO <u>6</u>		BRUNN TILL
(13) MAKE & MATERIAL		(14) OPENINGS		GRAY TILL
(15) DIAMETER in. in.			16	
(16) LENGTH ft. in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
(18) DATE <u>6-19-2003</u>		(19) DURATION OF TEST		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>4</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>36</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-13-2003</u>		(37) DATE DRILLING WORK COMPLETED <u>6-19-2003</u>		
(38) DATE REPORT FILED <u>6-27-03</u>		(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>
* 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 separate sheet if necessary.			BED ROCK WATER ZONE	
See further instructions titled "Instructions for New York State Well Completion Report".			42	
			MEET CEMENT	
			6'	
			BOTTOM OF HOLE	
NYSDEC COPY				

W



(1) County Chaut

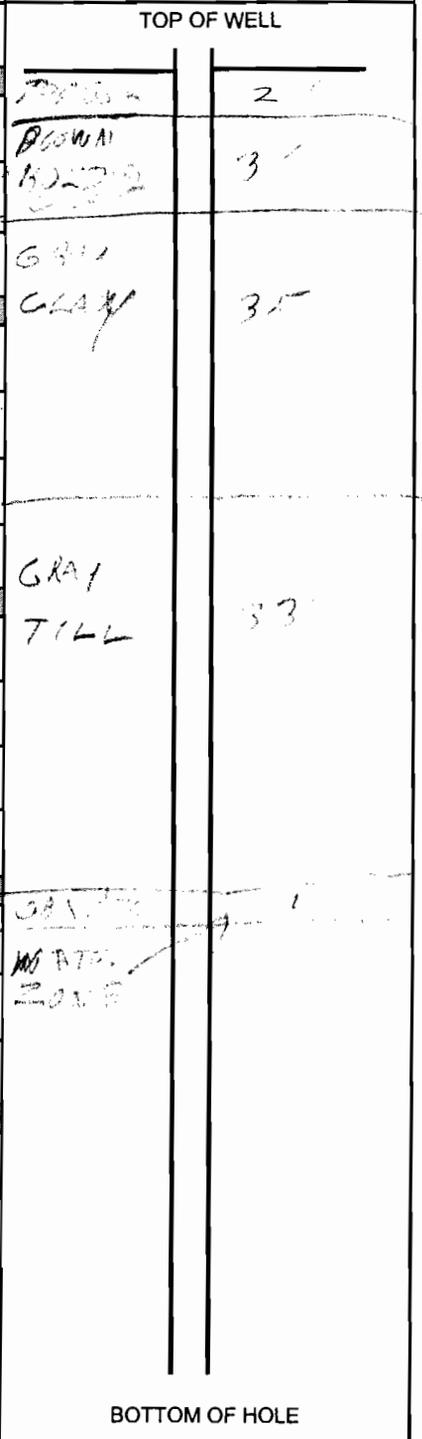
(2) Township Cherry Creek

(3) DEC Well Number

CU1843

WELL COMPLETION REPORT

(4) OWNER <u>Terry Libby</u>		LOG *	
(5) ADDRESS <u>Farington Hollow Road Cherry Creek NY</u>		Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 18' 13N 079° 07' 80W</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>73'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>38'</u>	DATE MEASURED <u>7-24-02</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>75</u> ft. ft. ft. <u>6</u> in.			
(11) GROUT TYPE / SEALING <u>bedtonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>2</u> TO <u>3</u>	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>7-23-2003</u>		(19) DURATION OF TEST <u>6 hours</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>6</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>38'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>70'</u>	
(24) RECOVERY (Time in hours/minutes) <u>20 minutes</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>7-24-03</u>	(28) PUMP INSTALLER <u>Higley Nobles</u>
(29) TYPE <u>Subm</u>		(30) MAKE <u>Goulds</u>	(31) MODEL <u>78505422</u>
(32) MAXIMUM CAPACITY (GPM) <u>7</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>70</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7-1-2003</u>		(37) DATE DRILLING WORK COMPLETED <u>7-24-2003</u>	
(38) DATE REPORT FILED <u>8-1-2003</u>		(39) DRILLER & COMPANY <u>Higley Nobles</u>	
(40) DEC REGISTRATION NO. <u>10018</u>			



* 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 separate sheet if necessary.

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

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(1) County Chaut.



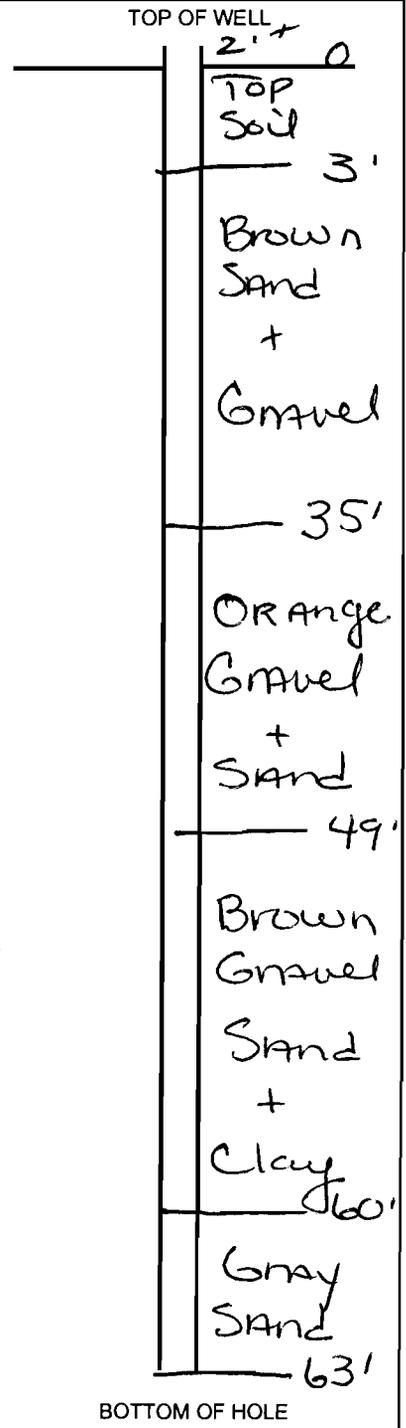
(3) DEC Well Number

C4 1860

(2) Township Cherry Creek.

WELL COMPLETION REPORT

(4) OWNER <u>Phil Desborough.</u>			LOG *		
(5) ADDRESS <u>5948 Thornton Rd. Cherry Creek N.M.</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 15.471 N 14723</u> <u>079° 09:379 W</u> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>2' +</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>63'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>63'</u>		DATE MEASURED <u>8/18/03</u>	
CASINGS					
(9) DIAMETER <u>8"</u> in. in. in. in.					
(10) LENGTH <u>65'</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(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)					
YIELD TEST					
(18) DATE <u>8-18-03</u>			(19) DURATION OF TEST <u>1 hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>25 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>50'</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
PUMP INSTALLATION					
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-14-03</u>			(37) DATE DRILLING WORK COMPLETED <u>8-18-03</u>		
(38) DATE REPORT FILED <u>8-26-03</u>		(39) DRILLER & COMPANY <u>DAVETUBBS Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
BOTTOM OF HOLE					



NYSDEC COPY



(1) County Chaut.
 (2) Town Cherry Creek.

(3) DEC Well Number C41912

WELL COMPLETION REPORT

(4) OWNER <u>Don Blair</u>		LOG *
(5) ADDRESS <u>6521 Pickup Hill Rd. Cherry Creek, NY</u>		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.984N / 14723</u> <u>1079° 06.996W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>75'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED <u>9/22/03</u>
CASINGS		
(9) DIAMETER <u>6</u> in. in. in. in.		
(10) LENGTH <u>14'</u> ft. ft. ft. in.		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL FROM _____ TO _____
SCREENS		
(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)		
YIELD TEST		
(18) DATE <u>9-22-03</u>		(19) DURATION OF TEST <u>1 hr</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>5 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>73'</u>
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES ___ NO ___		(27) DATE
(29) TYPE		(28) PUMP INSTALLER
(30) MAKE		(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>9-18-03</u>		(37) DATE DRILLING WORK COMPLETED <u>9-22-03</u>
(38) DATE REPORT FILED <u>10-05-03</u>		(39) DRILLER & COMPANY <u>Dave Tubbs Miller Well Drilling</u>
(40) DEC REGISTRATION NO. <u>#10203</u>		

TOP OF WELL 2'

Top Soil 3'

Light Brown Clay Gravel 12'

Bottom of Casing 12'

Gray Shale

75'

BOTTOM OF HOLE

* 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 separate sheet if necessary.

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

NYSDEC COPY

(1) County Chaut.
 (2) Town Cherry Creek



(3) DEC Well Number CU-1917

WELL COMPLETION REPORT

(4) OWNER <u>David GRABIAS</u>			LOG *
(5) ADDRESS <u>231 Hoyt St. Dunkirk, N.Y. 14048</u>			Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 16.416 N 079° 09.661 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation			Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>110'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>100'</u>	DATE MEASURED <u>09-11-03</u>	TOP OF WELL <u>2'</u>
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>97</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>09-11-03</u>		(19) DURATION OF TEST <u>1 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>50'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>95'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 hrs.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES ___ NO ___		(28) PUMP INSTALLER	
(29) TYPE		(31) MODEL	
(30) MAKE		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(32) MAXIMUM CAPACITY (GPM)		(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	
(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		(36) DATE DRILLING WORK STARTED <u>09-09-03</u>	
(37) DATE DRILLING WORK COMPLETED <u>09-11-03</u>		(38) DATE REPORT FILED <u>09-15-03</u>	
(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.			<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"> <p style="text-align: center;">TOP OF WELL</p> <p style="text-align: center;"><u>2'</u></p> <p style="text-align: center;">TOP SOIL</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">Brown Clay Gravel <u>3'</u></p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">Gray Clay + Gravel <u>10'</u></p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">Brown Clay Gravel <u>30'</u></p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">GREEN Gravel <u>62'</u></p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">Bottom OF CASING <u>95'</u></p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">SOFT GREEN SHALE <u>95'</u></p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">BOTTOM OF HOLE <u>110'</u></p> </div>
See further instructions titled "Instructions for New York State Well Completion Report".			NYSDEC COPY

(1) County Chaut.
 (2) Town Chaumont



(3) DEC Well Number CL1-1919

WELL COMPLETION REPORT

(4) OWNER Alan Chase

(5) ADDRESS 4484 Gerry Levant Rd. Gerry, N.Y. 14740

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used: 42° 20.280 N
079° 12.307 W
 GPS DEC Website Map Interpolation

(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 65'
 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 42' DATE MEASURED 10-24-03

CASINGS

(9) DIAMETER 6 in. | | | | in.

(10) LENGTH 41 ft. | | | | ft.

(11) GROUT TYPE / SEALING | (12) GROUT / SEALING INTERVAL (Feet) FROM | TO |

SCREENS

(13) MAKE & MATERIAL | (14) OPENINGS

(15) DIAMETER | | | | in.

(16) LENGTH | | | | ft.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

YIELD TEST

(18) DATE 10-24-03 (19) DURATION OF TEST 1 hr.

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 20+

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) artesian (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 50'

(24) RECOVERY (Time in hours/minutes) 1/2 hr. (25) Was the water produced during test discharged away from immediate area? Yes No

PUMP INSTALLATION

(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 Rotary Cable Tool Other | (35) USE OF WATER (see instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 10-13-03 (37) DATE DRILLING WORK COMPLETED 10-28-03

(38) DATE REPORT FILED 10-29-03 (39) DRILLER & COMPANY DAVE TUBBS Miller Well Drilling (40) DEC REGISTRATION NO. #10203

* 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 separate sheet if necessary.

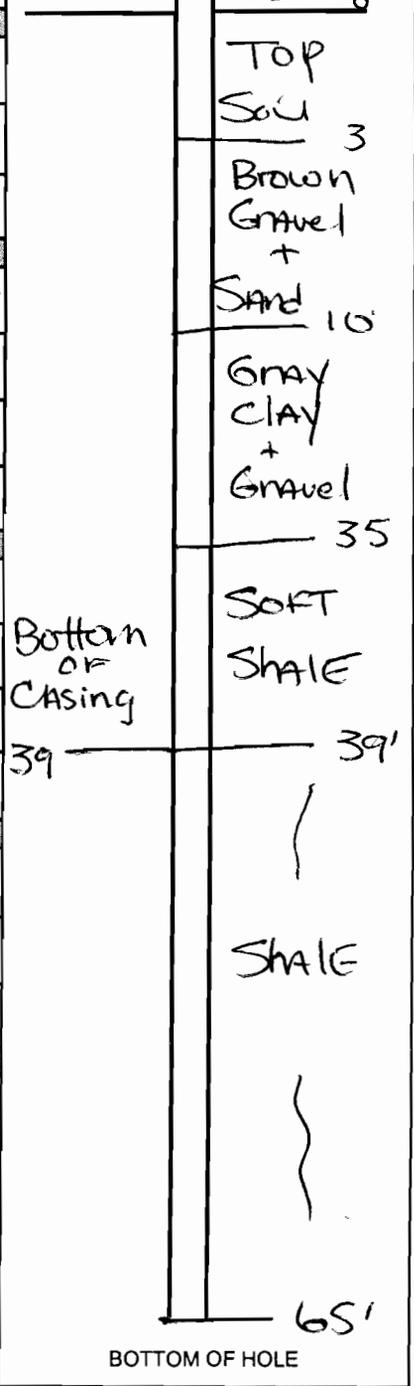
See further instructions titled "Instructions for New York State Well Completion Report".

LOG *

Ground Surface EL. _____ ft. above sea level

Top Of Casing is located 2'± ft. above (+) or below (-) ground surface

TOP OF WELL 2'±



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(1) County Chaut.

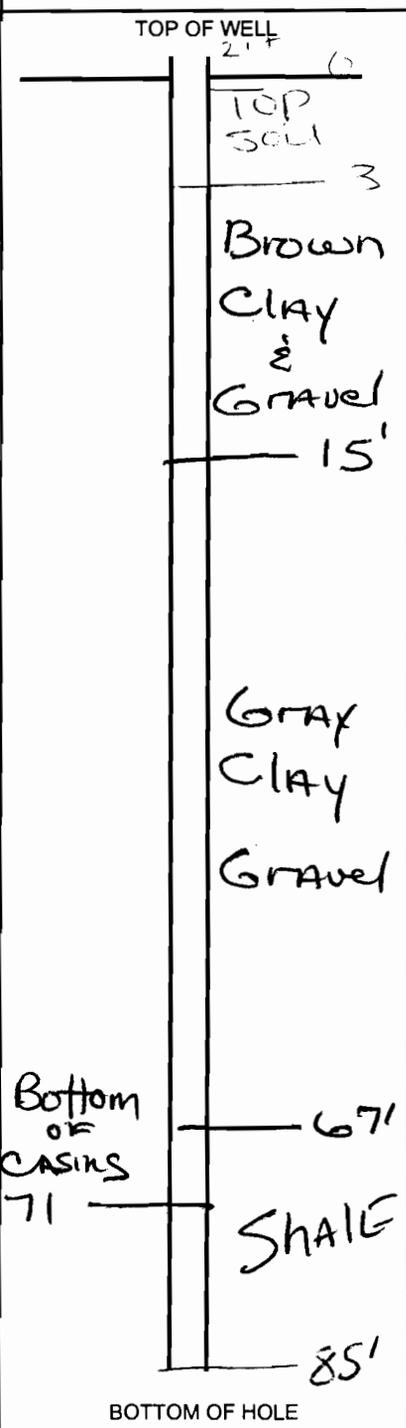
(3) DEC Well Number

CL1-1920

(2) Town Charlotte Center

WELL COMPLETION REPORT

(4) OWNER <u>Sam Pantaleo</u>		LOG *	
(5) ADDRESS <u>N. Work St. Ext, Falconer, N.Y. 14733</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 19.407 N / 079° 12.936 W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>85'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>75'</u>	DATE MEASURED <u>9-17-03</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>73</u> ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>09-17-03</u>		(19) DURATION OF TEST <u>1 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>65'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 1/2 hr</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>09-16-03</u>		(37) DATE DRILLING WORK COMPLETED <u>09-17-03</u>	
(38) DATE REPORT FILED <u>09-19-03</u>		(39) DRILLER & COMPANY <u>Tom Miller Miller-Well Drilling</u>	(40) DEC REGISTRATION NO. <u>#10203</u>
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



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(1) County Chaut
 (2) Town Charlotte

(3) DEC Well Number CU1926

WELL COMPLETION REPORT

(4) OWNER <u>David ARTERS</u>			LOG *		
(5) ADDRESS <u>5301 Webster Rd. Fredonia NY 14063</u>			Ground Surface EL. <u>1679</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>Hall Rd Cassadaga</u> <u>N 42° 19 837</u> <u>W 079° 15 673</u>			Top Of Casing is located <u>+2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>65'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>10'</u>		DATE MEASURED <u>12/9/03</u>	
CASINGS					
(9) DIAMETER <u>12</u> in. in. in. in.					
(10) LENGTH <u>21</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING <u>NONE</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(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)					
YIELD TEST					
(18) DATE <u>12/9/03</u>			(19) DURATION OF TEST <u>1 hr</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>10 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>12'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60'</u>		
(24) RECOVERY (Time in hours/minutes) <u>30 min</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>12/4/03</u>			(37) DATE DRILLING WORK COMPLETED		
(38) DATE REPORT FILED <u>1-26-04</u>		(39) DRILLER & COMPANY <u>Great Lakes Enterprises of Brocton NY Inc.</u>		(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	
* 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 separate sheet if necessary.					

TOP OF WELL
+2'

CASING

65'

BOTTOM OF HOLE

Brown sand & gravel 21'

Brown sand & gravel 44'

NYSDEC COPY

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

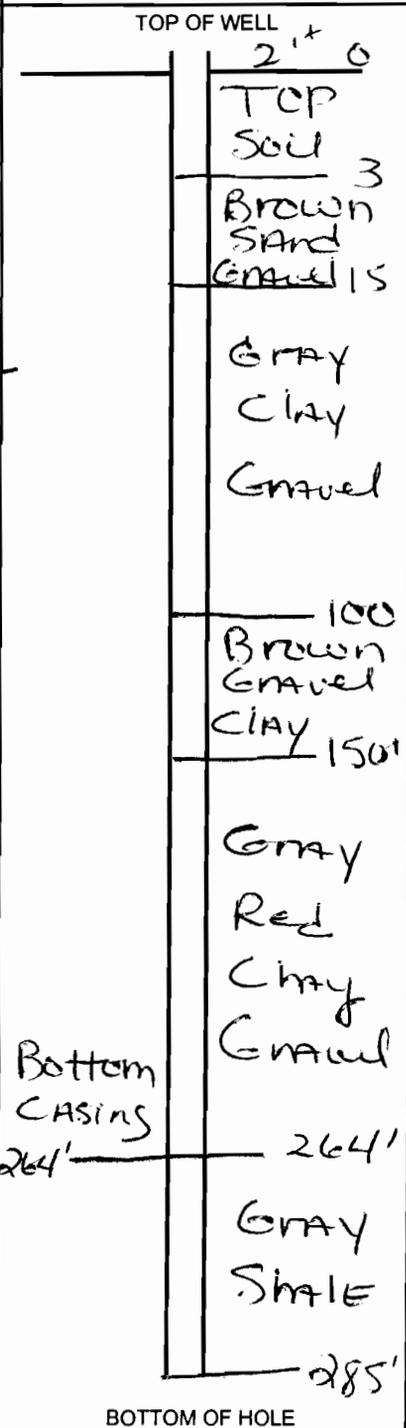


(1) County Chaut.
 (2) Town Cherry Creek

(3) DEC Well Number CU1937

WELL COMPLETION REPORT

(4) OWNER <u>Joe Blackowski</u>		MRK		LOG *
(5) ADDRESS <u>125 Fenton St. Buffalo, N.Y.</u>		Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 15.832 N / 107° 08.071 W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>285'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>130</u>	DATE MEASURED _____		
CASINGS				
(9) DIAMETER <u>6</u> in. _____ in. _____ in. _____ in.				
(10) LENGTH <u>266</u> ft. _____ ft. _____ ft. _____ in.				
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS				
(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)				
YIELD TEST				
(18) DATE <u>10-06-03</u>		(19) DURATION OF TEST <u>1 hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>150'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>250'</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
PUMP INSTALLATION				
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>09-25-03</u>		(37) DATE DRILLING WORK COMPLETED <u>10-06-03</u>		
(38) DATE REPORT FILED <u>10-11-03</u>		(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>



* 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 separate sheet if necessary.

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

NYSDEC COPY

(1) County Chaut



(3) DEC Well Number

CU 1951

(2) Township Cherry Creek

WELL COMPLETION REPORT

(4) OWNER <u>Mike Isub</u>			LOG *		
(5) ADDRESS <u>6574 Erwin Road Cherry Creek, NY 14723</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°17.21N 079°08.35</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>124'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>77</u>		DATE MEASURED	
CASINGS					
(9) DIAMETER <u>6</u> in. in. in.					
(10) LENGTH <u>20</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING <u>cutting</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(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)					
YIELD TEST					
(18) DATE <u>11-10-2003</u>			(19) DURATION OF TEST <u>1 hour</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>1 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>77</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-27-2003</u>			(37) DATE DRILLING WORK COMPLETED <u>11-10-2003</u>		
(38) DATE REPORT FILED <u>11- 2003</u>		(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					

TOP OF WELL

<u>BROWN TILL</u>	<u>3'</u>
<u>LOOSE BEDROCK</u>	<u>13"</u>
<u>BROWN</u>	
<u>BED ROCK</u>	

BOTTOM OF HOLE

NYSDEC COPY

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County Chaut.



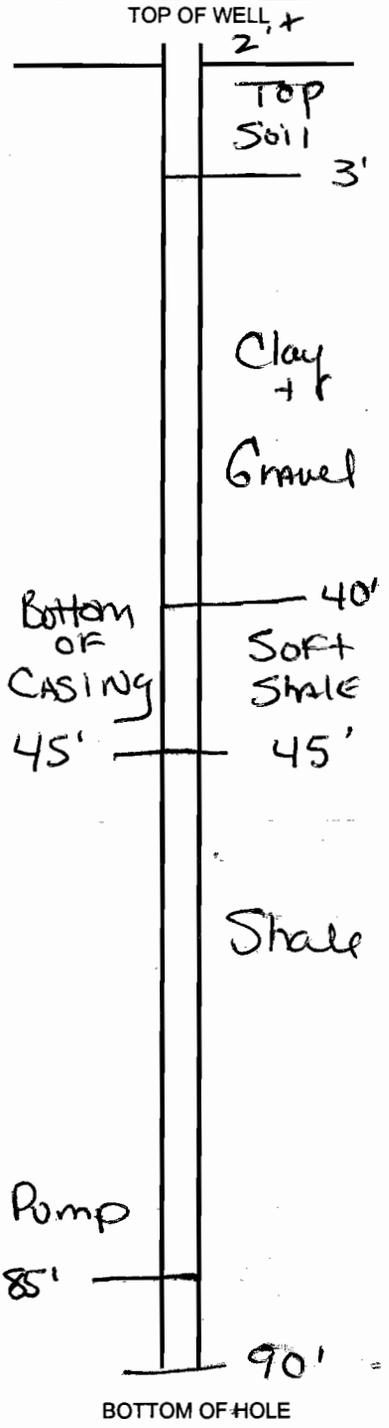
(3) DEC Well Number

CW 1981

(2) Town Sinclairville

WELL COMPLETION REPORT

(4) OWNER <u>Jim Baerens</u>			LOG *		
(5) ADDRESS <u>6783 Clonard Rd. Sinclairville, NY. 14782</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 17.666 N / 1079° 12.529 W</u>			Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>90'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>65'</u>	DATE MEASURED <u>5-11-04</u>	TOP OF WELL, + <u>2'</u>		
CASINGS					
(9) DIAMETER <u>6</u> in. in.					
(10) LENGTH <u>47</u> ft. in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. in.					
(16) LENGTH ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>5-11-04</u>			(19) DURATION OF TEST <u>1 hr</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>4.5 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>15'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>87'</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hr.</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____		(27) DATE <u>5-20-04</u>	(28) PUMP INSTALLER <u>MATT MILLER</u>		
(29) TYPE <u>Sub</u>		(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp</u>		
(32) MAXIMUM CAPACITY (GPM) <u>7 gpm</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>85'</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>5-7-04</u>			(37) DATE DRILLING WORK COMPLETED <u>5-11-04</u>		
(38) DATE REPORT FILED <u>5-22-04</u>		(39) DRILLER & COMPANY <u>DAVE TUBBS Miller Well Drilling</u>		(40) DEC REGISTRATION NO. <u>#10203</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					



NYSDEC COPY

(1) County Chaut



(3) DEC Well Number CU 2056

(2) Town _____

WELL COMPLETION REPORT

(4) OWNER <u>Richard Mansfield</u>			LOG *		
(5) ADDRESS <u>7945 Farrington-Hollowood Cherry Creek</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 20.65'N 079° 10.41'W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>121</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>20'</u>		DATE MEASURED <u>6-29-04</u>	
CASINGS					
(9) DIAMETER <u>8</u> in. in.					
(10) LENGTH <u>102</u> ft. <u>8</u> in.					
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>10</u> TO <u>20</u>		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. in.					
(16) LENGTH ft. ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>6-29-2004</u>			(19) DURATION OF TEST <u>16 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>15 gallons</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>78'</u>		
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>6-29-2004</u>		(28) PUMP INSTALLER <u>Higley Nobles</u>	
(29) TYPE <u>submersible</u>		(30) MAKE <u>Goulds</u>		(31) MODEL <u>10G905422</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10</u>			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>117'</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-15-2004</u>			(37) DATE DRILLING WORK COMPLETED <u>6-29-2004</u>		
(38) DATE REPORT FILED <u>6-30-2004</u>		(39) DRILLER & COMPANY <u>Higley Nobles Well Drill</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					
			TOP OF WELL		
			TOP SOIL		
			BROWN GRAVEL CLAY MIN		
			BROWN SAND SILT		
			BROWN SAND		
			CLAY		
			GRAY TILL		
			BED ROCK		
			BOTTOM OF HOLE		
NYSDEC COPY					

W

(1) County Chaut
 (2) Town Charlottesville



(3) DEC Well Number CU2079

WELL COMPLETION REPORT

(4) OWNER <u>Ray & Vickie Holland</u>		LOG *	
(5) ADDRESS <u>2860 Gerry-Ellington Road Gerry 14742</u>		Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 15.79N 079° 13.05W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>90</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>35</u>	DATE MEASURED <u>8-25-04</u>	TOP OF WELL
CASINGS			
(9) DIAMETER <u>6</u> in. in.			<u>TOP SOIL</u> 3'
(10) LENGTH <u>35</u> ft. in.			TOP SOIL <u>TILL BROWN</u> 15'
(11) GROUT TYPE / SEALING <u>Cutting bedfonte</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>00</u>		<u>GRAY TILL</u> 15'
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		<u>GRAY TILL</u>
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			<u>LOOS ROOK BED</u> 2'
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			<u>BED ROOK WATER ZONE</u>
YIELD TEST			
(18) DATE <u>8-25-2004</u>	(19) DURATION OF TEST <u>1 hour</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>4</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>80'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hour</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>8-23-2004</u>		(37) DATE DRILLING WORK COMPLETED <u>8-25-2004</u>	
(38) DATE REPORT FILED	(39) DRILLER & COMPANY <u>Higley Nobleswell</u>	(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.			BOTTOM OF HOLE
See further instructions titled "Instructions for New York State Well Completion Report".			NYSDEC COPY

(1) County _____



(3) DEC Well Number

CU 2103

(2) Township _____

WELL COMPLETION REPORT

(4) OWNER Steve Weber		LOG *	
(5) ADDRESS 3551 Wyckliffe Toledo, Ohio		Ground Surface EL. _____ ft. above sea level.	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: N 42° 15.483' W 79° 21.823' <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 104	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	
(9) DIAMETER 6 in. _____ in. _____ in. _____ in.		TOP OF WELL	
(10) LENGTH 23 ft. _____ ft. _____ ft. _____ ft.		0'-1' top soil	
(11) GROUT TYPE / SEALING Bentonite	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	1'-10' loam	
(13) MAKE & MATERIAL	(14) OPENINGS	10'-15' weathered gray shale	
(15) DIAMETER in. _____ in. _____ in. _____ in.	(16) LENGTH ft. _____ ft. _____ ft. _____ ft.	15'-101' gray shale	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
(18) DATE 3-15-04		(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) 5	
(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 test discharged away from immediate area? Yes ___ No ___	
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>		(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 <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) residential	
(36) DATE DRILLING WORK STARTED 3-15-04		(37) DATE DRILLING WORK COMPLETED 3-15-04	
(38) DATE REPORT FILED 8-5-04	(39) DRILLER & COMPANY Pernell Carter Carter Drilling Ent.	(40) DEC REGISTRATION NO. 10054	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".		BOTTOM OF HOLE	
		NYSDEC COPY	

LOCATION SKETCH - Indicate north

W

(1) County Chaut
 (2) Town Charlottesville



(3) DEC Well Number CU2117

WELL COMPLETION REPORT

(4) OWNER <u>Scott P Kauffman</u>			LOG *	
(5) ADDRESS <u>90 Philson Drive Oranah Park NY 14127</u>			Ground Surface EL. <u>1500</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°18.14N 079°15.62W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>60</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>32</u>	DATE MEASURED <u>8-9-04</u>	TOP OF WELL	
CASINGS			2	
(9) DIAMETER <u>6</u> in. in. in. in.			15	
(10) LENGTH <u>37</u> ft. ft. ft. <u>2</u> in.			9	
(11) GROUT TYPE / SEALING <u>cutting bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>32</u> TO <u>32</u>	GRIND TILL	
SCREENS			P&S	
(13) MAKE & MATERIAL			WATER ZONE	
(14) OPENINGS			BOTTOM OF HOLE	
(15) DIAMETER in. in. in. in.			NYSDEC COPY	
(16) LENGTH ft. ft. ft. in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
YIELD TEST				
(18) DATE <u>8-9-2004</u>		(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>7 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>18'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>32'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION				
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>8-5-2004</u>		(37) DATE DRILLING WORK COMPLETED <u>8-9-2004</u>		
(38) DATE REPORT FILED <u>8-17-2004</u>		(39) DRILLER & COMPANY <u>Higley Nobles Well</u>		(40) DEC REGISTRATION NO. <u>10018</u>
* 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 separate sheet if necessary.				
See further instructions titled "Instructions for New York State Well Completion Report".				

(1) County Chaut.



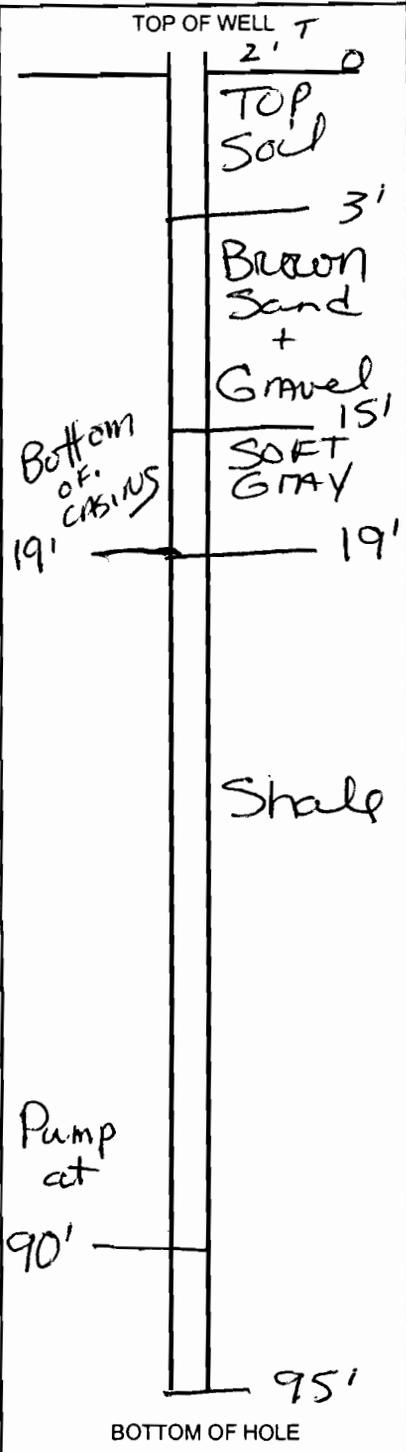
(3) DEC Well Number

CU2140

(2) Town Cassadaga

WELL COMPLETION REPORT

(4) OWNER <u>Roger Marsh</u>		LOG *	
(5) ADDRESS <u>5149 Henderson Rd Lot 44 Erie, PA. 16509</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 19.607N</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>079° 16.711W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>95'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED <u>9/13/04</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>21</u> ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL FROM _____ TO _____ (Feet)	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN FROM TOP OF CASING (Feet) <u>19'</u>			
YIELD TEST			
(18) DATE <u>9/13/04</u>		(19) DURATION OF TEST <u>1hr.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>15'</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>49'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>90'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4hr</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>9/14/04</u>	
(28) PUMP INSTALLER <u>MATT miller</u>		(29) TYPE <u>Sub</u>	
(30) MAKE <u>Goulds</u>		(31) MODEL <u>1/2 hp</u>	
(32) MAXIMUM CAPACITY (GPM) <u>7gpm</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>90'</u>	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>9/10/04</u>		(37) DATE DRILLING WORK COMPLETED <u>9/10/04</u>	
(38) DATE REPORT FILED <u>10/12/04</u>		(39) DRILLER & COMPANY <u>Dave Tubbs Miller Well Drilling</u>	
		(40) DEC REGISTRATION NO. <u>#10203</u>	
*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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			



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(1) County Chaut.
 (2) Town Charlotte.

(3) DEC Well Number CU-2154

WELL COMPLETION REPORT

(4) OWNER <u>Thomas + Donna Luh</u>			LOG * Ground Surface EL. _____ ft. above sea level		
(5) ADDRESS <u>88 Garland Dr. Eggertsville, NY 14226</u>					
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N42 18.870 W079 16.284</u>			Top Of Casing is located <u>+</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>70'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED	TOP OF WELL 0-10 10-20 20-30 30-40 40-70 Brown Hard pan Blue clay clay & soft shale soft shale Shale 10 GPM		
CASINGS					
(9) DIAMETER <u>6"</u> in. in. in. in.					
(10) LENGTH <u>30</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____				
SCREENS					
(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)					
YIELD TEST					
(18) DATE		(19) DURATION OF TEST			
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> 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)			
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___			
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>5-30-05</u>	(28) PUMP INSTALLER <u>Kurt Jones</u>			
(29) TYPE <u>Submersible</u>	(30) MAKE <u>Gould</u>	(31) MODEL <u>7605421110V</u>			
(32) MAXIMUM CAPACITY (GPM) <u>10</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>66'</u>			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>			
(36) DATE DRILLING WORK STARTED <u>9-20-04</u>		(37) DATE DRILLING WORK COMPLETED <u>9-21-04</u>			
(38) DATE REPORT FILED <u>8/31/04</u>	(39) DRILLER & COMPANY <u>Kurt Jones Jones Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD-1-0091</u>		
* 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 separate sheet if necessary.					BOTTOM OF HOLE
See further instructions titled "Instructions for New York State Well Completion Report".					NYSDEC COPY

(1) County Chaut



(3) DEC Well Number CU2187

(2) Town _____

WELL COMPLETION REPORT

(4) OWNER <u>Doug Aldrich</u>			LOG *		
(5) ADDRESS <u>10162 Route 60 Fredonia NY 14663</u>			Ground Surface EL. <u>1500</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42°21.29 N Fredonia 14663 079°14.64 W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 75 <u>100</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>50</u>		DATE MEASURED	
CASINGS					
(9) DIAMETER <u>6</u> in. in.					
(10) LENGTH <u>18</u> ft. ft. in.					
(11) GROUT TYPE / SEALING <u>cutting bedstone</u>			(12) GROUT / SEALING INTERVAL (Feet) FROM <u>8</u> TO <u>14</u>		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. in.					
(16) LENGTH ft. ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>10-8-2004</u>			(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>8</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>50</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>86'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 hour 15 minutes</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10 4 - 2004</u>			(37) DATE DRILLING WORK COMPLETED <u>10 9 - 2004</u>		
(38) DATE REPORT FILED <u>10 - 2004</u>		(39) DRILLER & COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>10018</u>	
* 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 separate sheet if necessary.					
See further instructions titled "Instructions for New York State Well Completion Report".					

12/8
da
6

TOP OF WELL

BOTTOM OF HOLE

WATER ZONE

NYSDEC COPY



5/24/05

(1) COUNTY Chautauq
 (2) TOWN Lily Dale

(3) DEC Well Number
CU 2234

WATER WELL COMPLETION REPORT

(4) OWNER Scott Briggs

(5) ADDRESS Box 247 Lily Dale, NY. 14752

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used: 42° 18.701 N
 GPS Map Interpolation 079° 16.937 W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 65' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 40' DATE MEASURED 3/11/05

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 40 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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)

YIELD TEST

(18) DATE 3/11/05 (19) DURATION OF TEST 1 hr.

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 18 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 10' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 50"

(24) RECOVERY (Time in hours/minutes) 4 hr. (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(26) PUMP INSTALLED? YES NO (27) DATE 5/3/05 (28) PUMP INSTALLER Matt Miller

(29) TYPE Sub. (30) MAKE Goulds (31) MODEL 1/2 hp

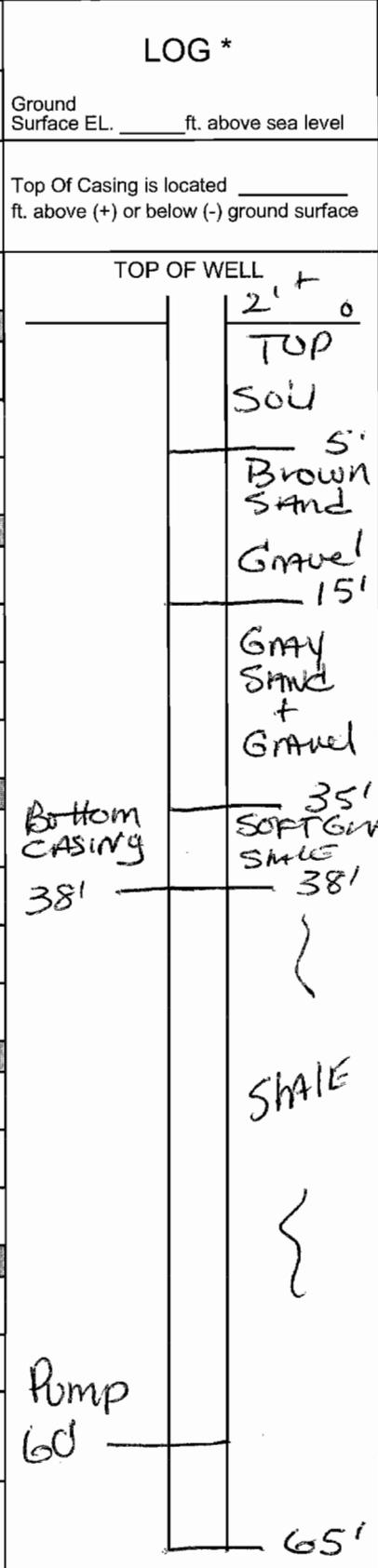
(32) MAXIMUM CAPACITY (GPM) 7 gpm (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 60

(34) METHOD OF DRILLING Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 3/8/05 (37) DATE DRILLING WORK COMPLETED 3/11/05

(38) DATE REPORT FILED 4/22/05 (39) REGISTERED COMPANY Miller Well Drilling (40) DEC REGISTRATION NO. NYRD 10203

(41) CERTIFIED DRILLER (Print name) TOM miller (42) CERTIFIED DRILLER SIGNATURE X Tom Miller



* 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 separate sheet if necessary.

NYSDEC COPY

(1) County Chaut



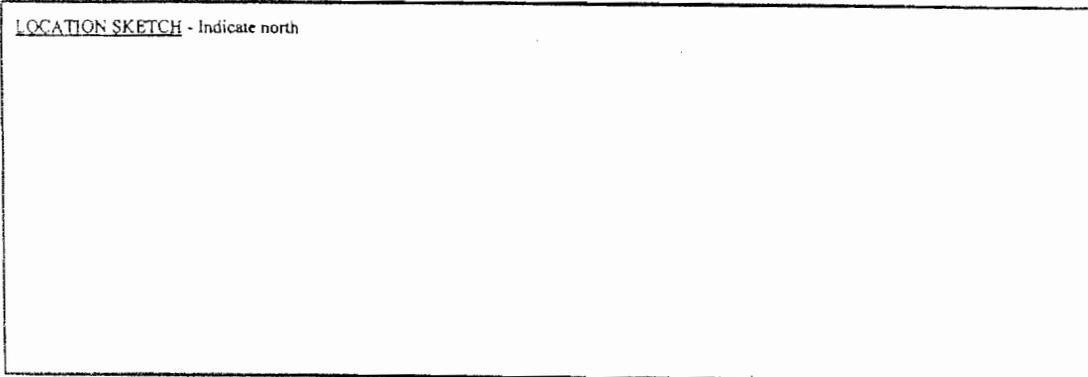
(3) DEC Well Number CU 2255

(2) Township _____

WELL COMPLETION REPORT

(4) OWNER Ontario Specialty Contracting		LOG *	
(5) ADDRESS Honnberg line Rt #60 Sinclairville, NY		Ground Surface EL. 1381 ft. above sea level.	
(8) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used N 42° 16.029' W 079° 17.555' <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing Is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 85'	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	DATE MEASURED	TOP OF WELL
(9) DIAMETER 6 in. in.		0'-1'	
(10) LENGTH 28 ft. ft.		1'-10'	
(11) GROUT TYPE / SEALING Bentonite		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.		10'-12'	
(16) LENGTH ft. ft.		12'-25'	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		CLAY w/ STONE	
(18) DATE 3-15-05		(19) DURATION OF TEST 3-15-05	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Ball		(21) STABILIZED DISCHARGE (GPM) 50	
(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 test discharged away from immediate area? Yes ___ No ___	
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO ___	(27) DATE 3-16-05	(28) PUMP INSTALLER	
(29) TYPE Sub	(30) MAKE Flint & Walling	(31) MODEL 4FDG05-005	
(32) MAXIMUM CAPACITY (GPM) 10	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other		(35) USE OF WATER (see Instructions for choices) Residential	
(36) DATE DRILLING WORK STARTED 3-15-05		(37) DATE DRILLING WORK COMPLETED 3-16-05	
(38) DATE REPORT FILED 7-18-05	(39) DRILLER & COMPANY Caster Drilling Enterprises	(40) DEC REGISTRATION NO. 10084	
* 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 separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
			BOTTOM OF HOLE
			NYSDEC COPY

LOCATION SKETCH - Indicate north



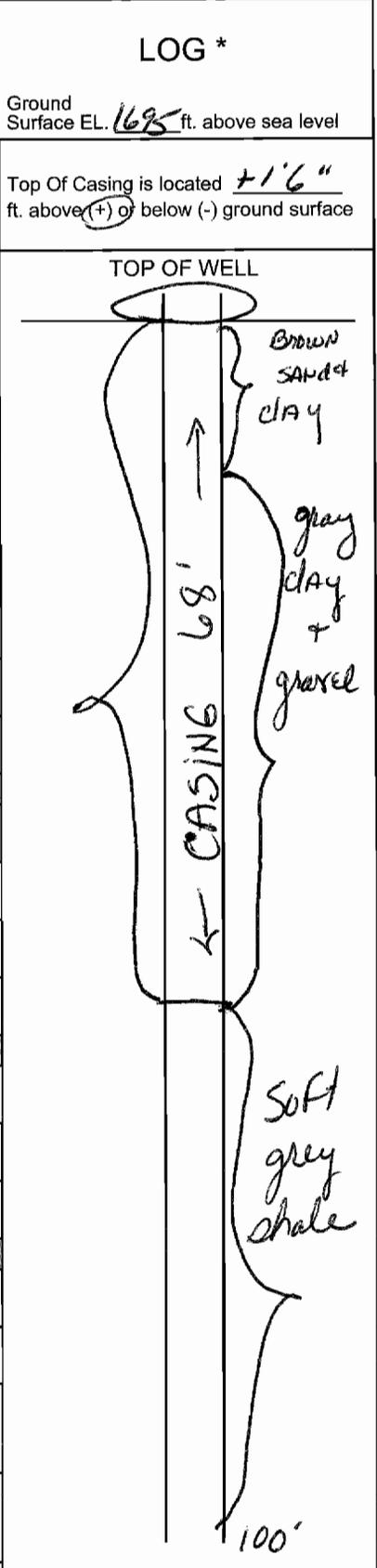


(1) COUNTY Chaut
 (2) TOWN SINCLAIRVILLE

(3) DEC Well Number
CU2261

WATER WELL COMPLETION REPORT

(4) OWNER <u>Mike Rzepka</u>	
(5) ADDRESS <u>7241 N. Hill Rd. Sinclairville NY</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>SAME</u> <u>N 42° 18' 898"</u> <u>W 079° 14' 14.32L'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>100'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>60'</u> DATE MEASURED <u>5/27/05</u>
CASINGS	
(9) DIAMETER <u>6</u> in. in. in. in.	
(10) LENGTH <u>68</u> ft. ft. ft. in.	
(11) GROUT TYPE / SEALING <u>—</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>0</u>
SCREENS	
(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)	
YIELD TEST	
(18) DATE <u>5/27/05</u>	(19) DURATION OF TEST <u>1 hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>106 GPM</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>61' 6"</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>75'</u>
(24) RECOVERY (Time in hours/minutes) <u>1 1/2 min</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE
(29) TYPE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>domestic</u>
(36) DATE DRILLING WORK STARTED <u>5/26/05</u>	(37) DATE DRILLING WORK COMPLETED <u>5/27/05</u>
(38) DATE REPORT FILED <u>6/15/05</u>	(39) REGISTERED COMPANY <u>GREAT LAKES Ent. of Brocton, NY Inc</u>
(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	
(41) CERTIFIED DRILLER (Print name) <u>Gordon Thompson</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Gordon Thompson</u>



* 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 separate sheet if necessary.

NYSDEC COPY

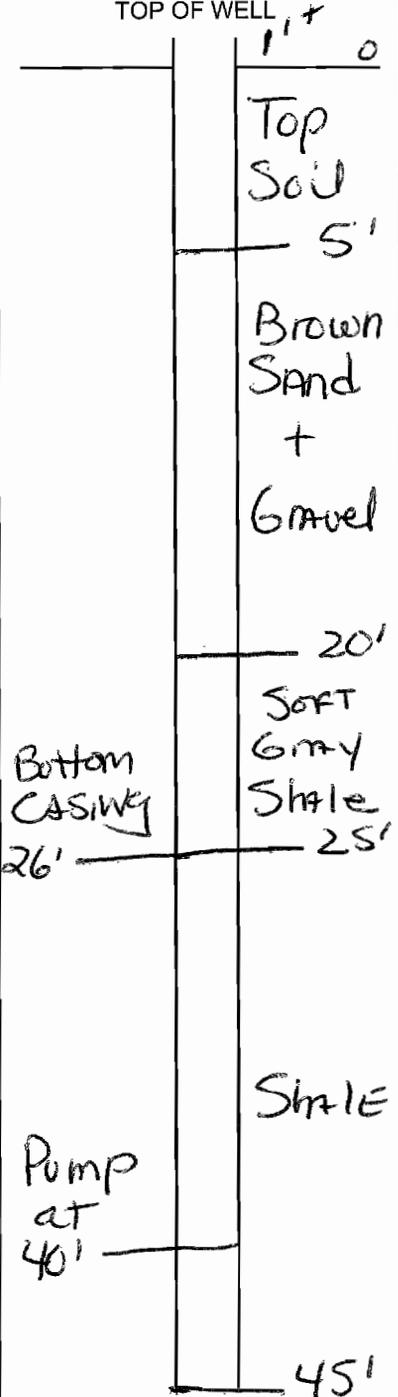


(1) COUNTY Chaut.
 (2) TOWN Sinclairville

(3) DEC Well Number
CU 2270

WATER WELL COMPLETION REPORT

(4) OWNER <u>Jason Johnson</u>		LOG *	
(5) ADDRESS <u>Charlotte Center Rd Sinclairville NY 14782</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42° 17.733N</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>079° 14.237N</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>45'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>25'</u>	DATE MEASURED <u>4/15/05</u>	TOP OF WELL <u>1' 0"</u>
CASINGS			
(9) DIAMETER <u>10" in.</u>	in.	in.	in.
(10) LENGTH <u>26' ft.</u>	ft.	ft.	in.
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER	in.	in.	in.
(16) LENGTH	ft.	ft.	in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>4/14/05</u>	(19) DURATION OF TEST <u>1 hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>40'</u>		
(24) RECOVERY (Time in hours/minutes) <u>4 hr</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>4/15/05</u>	(28) PUMP INSTALLER <u>Matt Miller</u>	
(29) TYPE <u>Sub</u>	(30) MAKE <u>Goolds</u>	(31) MODEL <u>1/2 hp</u>	
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>40</u>		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>4/12/05</u>	(37) DATE DRILLING WORK COMPLETED <u>4/15/05</u>		
(38) DATE REPORT FILED <u>5/24/05</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10203</u>	
(41) CERTIFIED DRILLER (Print name) <u>Tom Miller</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Tom Miller</u>		
* 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 separate sheet if necessary.			
BOTTOM OF HOLE			
NYSDEC COPY			



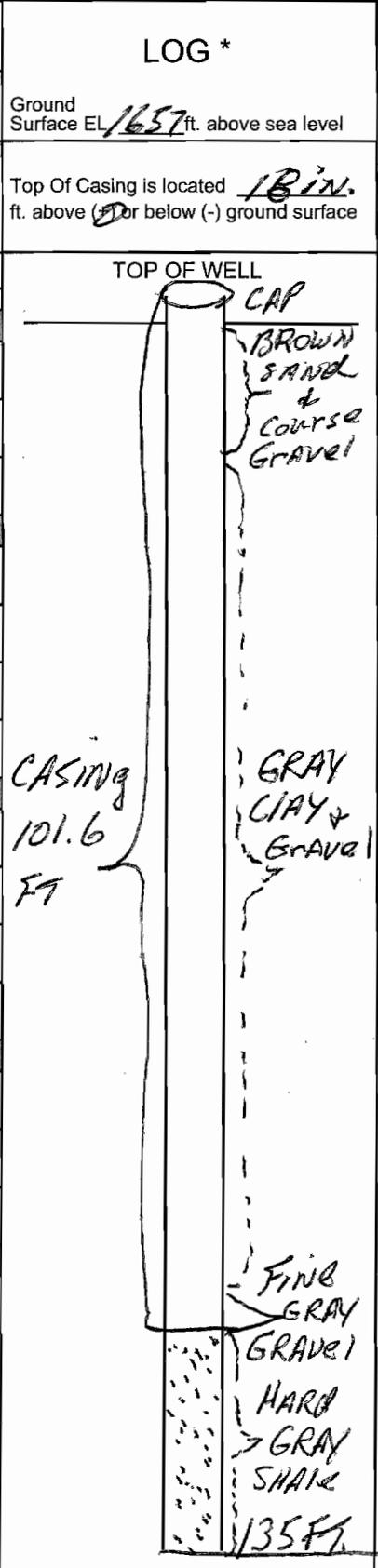


(1) COUNTY Chaut.
 (2) TOWN Charlotte

(3) DEC Well Number
CU2292

WATER WELL COMPLETION REPORT

(4) OWNER <u>Rich Hoisington</u>	
(5) ADDRESS <u>7577 Hall Rd, Cassadaga NY 14718</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>7628 Hall Rd, Cassadaga NY 14718</u> <u>N 42° 20.044'</u> <u>W 079° 15.546'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>135 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>50 FT</u> DATE MEASURED <u>9/13/05</u>
CASINGS	
(9) DIAMETER <u>8</u> in. in.	
(10) LENGTH <u>101</u> ft. <u>6</u> in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
SCREENS	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in. in.	
(16) LENGTH ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
YIELD TEST	
(18) DATE <u>9/12/05</u>	(19) DURATION OF TEST <u>1 Hour</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>51' 6 in</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>130 FT</u>
(24) RECOVERY (Time in hours/minutes) <u>24 min</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE
(29) TYPE	(28) PUMP INSTALLER
(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>9/8/05</u>	(37) DATE DRILLING WORK COMPLETED <u>9/12/05</u>
(38) DATE REPORT FILED <u>2/2/06</u>	(39) REGISTERED COMPANY GREAT LAKE ENTERPRISES OF BROCTON NY, INC. 109 Highland Ave. Brocton, NY 14716
(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	(41) CERTIFIED DRILLER (Print name) <u>Daniel Kellogg</u>
(42) CERTIFIED DRILLER SIGNATURE <u>Daniel Kellogg</u>	



* 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



(1) COUNTY Chaut.
 (2) TOWN CASSADAGA

(3) DEC Well Number
C4-2300

WATER WELL COMPLETION REPORT

(4) OWNER George McCoy

(5) ADDRESS 330 BORNARD RD. CASSADAGA, NY.

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used: 42°19.599'N 079°16.658'W 14718
 GPS Map Interpolation

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 110' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 85' DATE MEASURED 6/8/05

CASINGS

(9) DIAMETER 6" in. | in. | in. | in.

(10) LENGTH 17' ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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)

YIELD TEST

(18) DATE 6/8/05 (19) DURATION OF TEST 1 hr.

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 5/6 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 50' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 110'

(24) RECOVERY (Time in hours/minutes) 4 hr (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(26) PUMP INSTALLED? YES NO (27) DATE 6/9/05 (28) PUMP INSTALLER MATT MILLER

(29) TYPE Sub (30) MAKE Goulds (31) MODEL 1/2hp

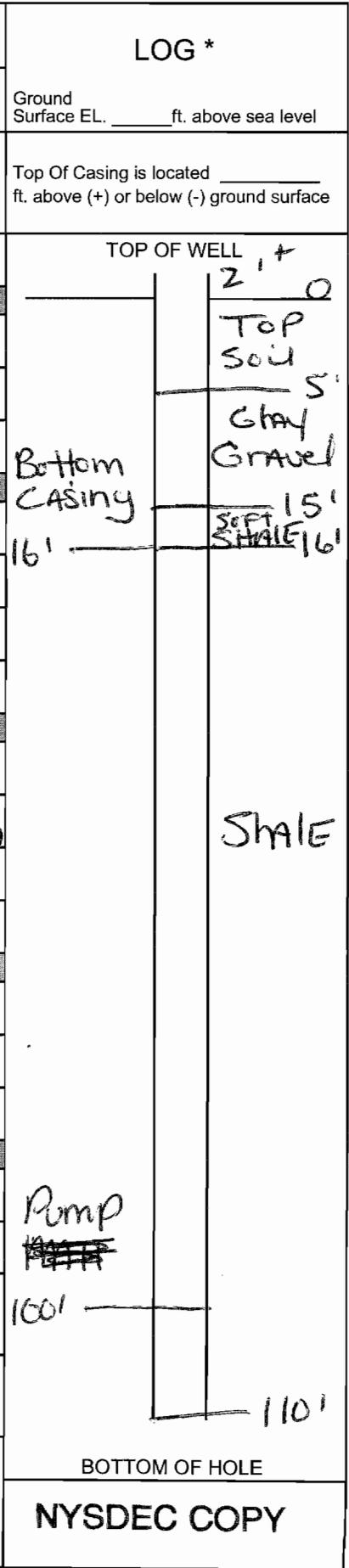
(32) MAXIMUM CAPACITY (GPM) 7 gpm (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 100'

(34) METHOD OF DRILLING Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 6-6-05 (37) DATE DRILLING WORK COMPLETED 6-8-05

(38) DATE REPORT FILED 6/29/05 (39) REGISTERED COMPANY Miller Well Drilling (40) DEC REGISTRATION NO. NYRD 10203

(41) CERTIFIED DRILLER (Print name) Tom Miller (42) CERTIFIED DRILLER SIGNATURE [Signature]



* 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 separate sheet if necessary.



(1) COUNTY Chaut
 (2) TOWN Cherry Creek

(3) DEC Well Number
CU2387

WATER WELL COMPLETION REPORT

(4) OWNER <u>Dave Hall #1</u>			LOG *		
(5) ADDRESS <u>1329 Sanford Road Cherry Creek, NY</u>			Ground Surface EL. <u>160</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 17.65'N 079° 08.44'W</u>			Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>112</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>85</u>		DATE MEASURED <u>10-24-05</u>	
CASINGS					
(9) DIAMETER <u>6</u> in. in. in. in.					
(10) LENGTH <u>81</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING <u>benetone</u>			(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>80</u>		
SCREENS					
(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)					
YIELD TEST					
(18) DATE <u>10-24-2005</u>			(19) DURATION OF TEST <u>4 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>8</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>23</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>20</u>		
(24) RECOVERY (Time in hours/minutes) <u>2 hours</u>			(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (See instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-17-2005</u>			(37) DATE DRILLING WORK COMPLETED <u>10-25-2005</u>		
(38) DATE REPORT FILED <u>11-04-05</u>		(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD 10018</u>	
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>			(42) CERTIFIED DRILLER SIGNATURE <u>Higley Nobles</u>		
* 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 separate sheet if necessary.					
BOTTOM OF HOLE					
NYSDEC COPY					

TOP OF WELL	
TOP SOIL	0-2
BROWN TILL	2-94
GRAY TILL	94-80
BED ROCK	80 112
WATER ZONE	



(1) COUNTY Chaut
 (2) TOWN Cherry Creek

(3) DEC Well Number
CU 2388

WATER WELL COMPLETION REPORT

(4) OWNER <u>Dave Hall #2</u>		LOG *															
(5) ADDRESS <u>1329 Sonford Road Cherry Creek</u>		Ground Surface EL. <u>1620</u> ft. above sea level															
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 17' 62" N 079° 08.61 W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface															
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>2268</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>245</u>	DATE MEASURED <u>10-2005</u>															
CASINGS																	
(9) DIAMETER <u>6</u> in. in. in. in.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><u>TOP SOIL</u></td> <td style="width:50%;"><u>1-3</u></td> </tr> <tr> <td><u>GRAVEL TILL</u></td> <td><u>3-47</u></td> </tr> <tr> <td><u>GOOD GRAVEL</u></td> <td><u>48-49</u></td> </tr> <tr> <td><u>GRAVEL TILL</u></td> <td><u>49-149</u></td> </tr> <tr> <td><u>BROWN TILL</u></td> <td><u>148-160</u></td> </tr> <tr> <td><u>BROWN CLAY</u></td> <td><u>160-194</u></td> </tr> <tr> <td><u>BLACK TILL</u></td> <td><u>194-240</u></td> </tr> </table>		<u>TOP SOIL</u>	<u>1-3</u>	<u>GRAVEL TILL</u>	<u>3-47</u>	<u>GOOD GRAVEL</u>	<u>48-49</u>	<u>GRAVEL TILL</u>	<u>49-149</u>	<u>BROWN TILL</u>	<u>148-160</u>	<u>BROWN CLAY</u>	<u>160-194</u>	<u>BLACK TILL</u>	<u>194-240</u>
<u>TOP SOIL</u>	<u>1-3</u>																
<u>GRAVEL TILL</u>	<u>3-47</u>																
<u>GOOD GRAVEL</u>	<u>48-49</u>																
<u>GRAVEL TILL</u>	<u>49-149</u>																
<u>BROWN TILL</u>	<u>148-160</u>																
<u>BROWN CLAY</u>	<u>160-194</u>																
<u>BLACK TILL</u>	<u>194-240</u>																
(10) LENGTH <u>240</u> ft. ft. ft. in.																	
(11) GROUT TYPE / SEALING <u>bentonite</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>16</u> TO <u>18</u>																
SCREENS																	
(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)																	
YIELD TEST																	
(18) DATE <u>10-21-2005</u>		(19) DURATION OF TEST <u>4 hours</u>															
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>3</u>															
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>120'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>200'</u>															
(24) RECOVERY (Time in hours/minutes) <u>4 hours</u>		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
PUMP INSTALLATION																	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>															
(36) DATE DRILLING WORK STARTED <u>10-1-2005</u>		(37) DATE DRILLING WORK COMPLETED <u>10-24-2005</u>															
(38) DATE REPORT FILED <u>11-5-05</u> 10-1-20	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10018</u>															
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Higley Nobles</u>															
* 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 separate sheet if necessary.		BOTTOM OF HOLE															
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SORT BED ROCK WATER ZONE

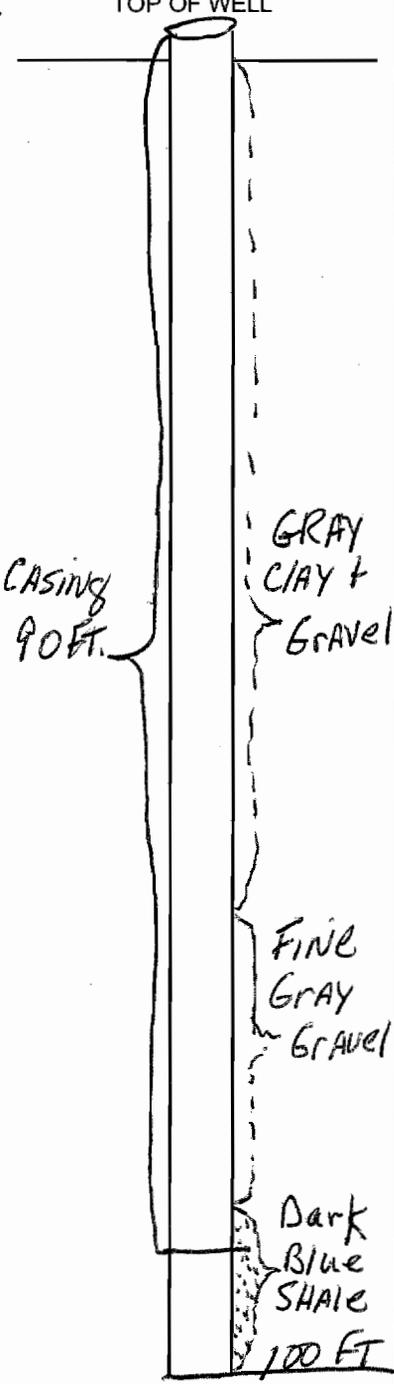


(1) COUNTY CHAUT
 (2) TOWN CHARLOTTE

(3) DEC Well Number
CU 2393

WATER WELL COMPLETION REPORT

(4) OWNER <u>Jason Taylor</u>		LOG * Ground Surface EL <u>1772</u> ft. above sea level	
(5) ADDRESS <u>130 Martin Rd Jamestown NY 14701</u>			
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N 42° 18.882"</u> <u>W 079° 14.256"</u>		(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>100 FT.</u>	
(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>65 FT.</u>		DATE MEASURED <u>09/26/05</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>90</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>09/26/05</u>		(19) DURATION OF TEST <u>1 Hour</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>67 FT.</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>95 FT.</u>	
(24) RECOVERY (Time in hours/minutes) <u>4.5 min</u>		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>09/21/05</u>		(37) DATE DRILLING WORK COMPLETED <u>09/24/05</u>	
(38) DATE REPORT FILED <u>02/02/06</u>	(39) REGISTERED COMPANY GREAT LAKE ENTERPRISES OF BROXTON NY INC. 109 Highlan d	(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	
(41) CERTIFIED DRILLER (Print name) <u>GARDNER THOMPSON</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Gardner Thompson</u>	
* 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 separate sheet if necessary.			



NYSDEC COPY



(1) COUNTY Chaut.
 (2) TOWN Shelburne

(3) DEC Well Number
CU 2404

WATER WELL COMPLETION REPORT

(4) OWNER KAY MARTIN

(5) ADDRESS 6454 Harper Rd. Shelburne, N.Y. 14782

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used: 42° 16.635' N
079° 14.249' W
 GPS Map Interpolation

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 75'

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 30' DATE MEASURED 9-30-05

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 33 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING

(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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)

YIELD TEST

(18) DATE 9-30-05

(19) DURATION OF TEST 1 hr.

(20) LIFT METHOD Pump Air Lift Bail

(21) STABILIZED DISCHARGE (GPM) 15

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 5'

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 70'

(24) RECOVERY (Time in hours/minutes) 4 hr.

(25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(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 Rotary Cable Tool Other _____

(35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 9-23-05

(37) DATE DRILLING WORK COMPLETED 9-30-05

(38) DATE REPORT FILED 10/21/05

(39) REGISTERED COMPANY Miller Well Drilling

(40) DEC REGISTRATION NO. NYRD 10203

(41) CERTIFIED DRILLER (Print name) DAVE TUBBS

(42) CERTIFIED DRILLER SIGNATURE [Signature]

LOG *

Ground Surface EL. _____ ft. above sea level

Top Of Casing is located 2' ft. above (+) or below (-) ground surface

TOP OF WELL

2' 0"

TOP SOIL

3'

Brown SAND CLAY GRAVEL

15'

GRAY CLAY SAND GRAVEL

Bottom OF CASING

31'

Red

Shale

Gray

Blue

75'

75'

BOTTOM OF HOLE

NYSDEC COPY

* 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 separate sheet if necessary.



(1) COUNTY Chaut.
 (2) TOWN Sinclairville

(3) DEC Well Number
CU-2408

WATER WELL COMPLETION REPORT

(4) OWNER Mark Miles

(5) ADDRESS PO Box 783 Sinclairville, NY 14782

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used: 42° 16.621 N
 GPS Map Interpolation 079° 14.309 W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 75'

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 25' DATE MEASURED 9/22/05

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 27 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING

(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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)

YIELD TEST

(18) DATE 9/22/05

(19) DURATION OF TEST 1hr.

(20) LIFT METHOD Pump Air Lift Bail

(21) STABILIZED DISCHARGE (GPM) 20

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 5'

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 65'

(24) RECOVERY (Time in hours/minutes) 4hr.

(25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(26) PUMP INSTALLED? YES NO

(27) DATE 11-3-05

(28) PUMP INSTALLER Matt Miller

(29) TYPE Sub.

(30) MAKE Goulds

(31) MODEL 1/2 hp

(32) MAXIMUM CAPACITY (GPM) 7gal.

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 70'

(34) METHOD OF DRILLING Rotary Cable Tool Other _____

(35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 9/21/05

(37) DATE DRILLING WORK COMPLETED 9/22/05

(38) DATE REPORT FILED 10/21/05

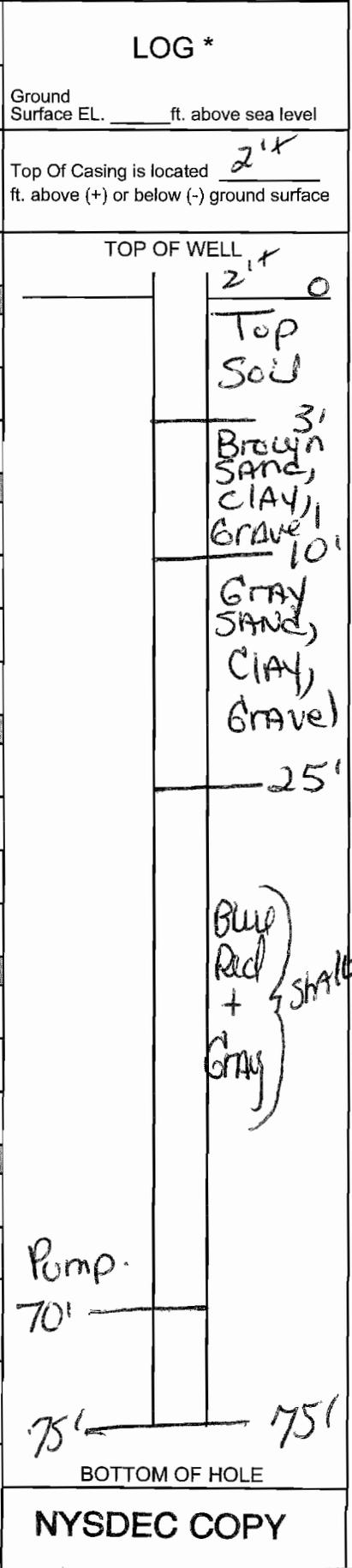
(39) REGISTERED COMPANY Miller Well Drilling

(40) DEC REGISTRATION NO. NYRD 10203

(41) CERTIFIED DRILLER (Print name) Thomas Miller

(42) CERTIFIED DRILLER SIGNATURE [Signature]

* 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 separate sheet if necessary.





(1) COUNTY Chaut

(2) TOWN Albion

(3) DEC Well Number

CU-2417

WATER WELL COMPLETION REPORT

(4) OWNER <u>Maria Sienta</u>			LOG *		
(5) ADDRESS <u>6973 Putman RD. Passadaga, NY 14718</u>			Ground Surface EL. _____ ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N 42° 18.318' - W 079° 18-708</u>			Top Of Casing is located <u>7</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>65'</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)		DATE MEASURED	
CASINGS					
(9) DIAMETER <u>6</u> in. in. in. in.					
(10) LENGTH <u>37</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING			(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____		
SCREENS					
(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)					
YIELD TEST					
(18) DATE			(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> 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)		
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___		
PUMP INSTALLATION					
(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (See instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>10-13-05</u>			(37) DATE DRILLING WORK COMPLETED <u>10-20-05</u>		
(38) DATE REPORT FILED <u>10-13-05</u>		(39) REGISTERED COMPANY <u>Jones Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD-0091</u>	
(41) CERTIFIED DRILLER (Print name) <u>Kurt M Jones</u>			(42) CERTIFIED DRILLER SIGNATURE <u>Kurt Jones</u>		
* 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 separate sheet if necessary.					
BOTTOM OF HOLE					
NYSDEC COPY					

0-10 Brown Top Soil

10-20 Brown hard pan

20-30 grey hard pan/clay

30-35 grey clay & stones

35-37 strat shale

37-65 shale

10 GPM

LOCATION SKETCH - Indicate north

1) County Chaut



(3) DEC Well Number

CU 2468

2) Township _____

WELL COMPLETION REPORT

(4) OWNER <u>H+H Rowe Paving</u>		
(5) ADDRESS <u>7W 1st St - Lakewood, NY 14750</u>		
(6) LOCATION OF WELL <u>Cassadaga, NY</u> (Also see reverse) <u>N42° 20.612' W079° 16.741'</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>125'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet)	
CASINGS		
(9) DIAMETER <u>6</u> in. _____ in. _____ in. _____ in.	TOP OF WELL	
(10) LENGTH <u>49</u> ft. _____ ft. _____ ft. _____ in.	0'-13'	
(11) GROUT TYPE <u>Bentonite</u>	(12) GROUT INTERVAL (Feet) FROM _____ TO _____	
SCREENS		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER _____ in. _____ in. _____ in. _____ in.	13'-15'	
(16) LENGTH _____ ft. _____ ft. _____ ft. _____ in.	15'-25'	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	25'-65'	
YIELD TEST		
(18) DATE	(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>56 GPM</u>	
(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 test discharged away from immediate area? Yes ___ No ___	
PUMP INSTALLATION		
(26) DATE <u>11-28-05</u>	(27) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
PUMP TEST		
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>Residential</u>	
(36) DATE DRILLING WORK STARTED <u>11-28-05</u>	(37) DATE DRILLING WORK COMPLETED <u>11-29-05</u>	
(38) DATE <u>12-2-05</u>	(39) DRILLER & COMPANY <u>CASTER WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>10084</u>
* 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.		
See further instructions titled "Instructions for New York State Well Completion Report".		

LOG *

Ground Surface EL. 1454' ft. above sea level

Top Of Casing is located _____ ft. above (+) or below (-) ground surface

0'-13' Gravel w/ water

13'-15' CLAY

15'-25' Sand & gravel

25'-65' Clay w/ Stone

65'-69' Gravel

69'-125' Gray shale

BOTTOM OF HOLE

COPY - DRILLER RETAIN

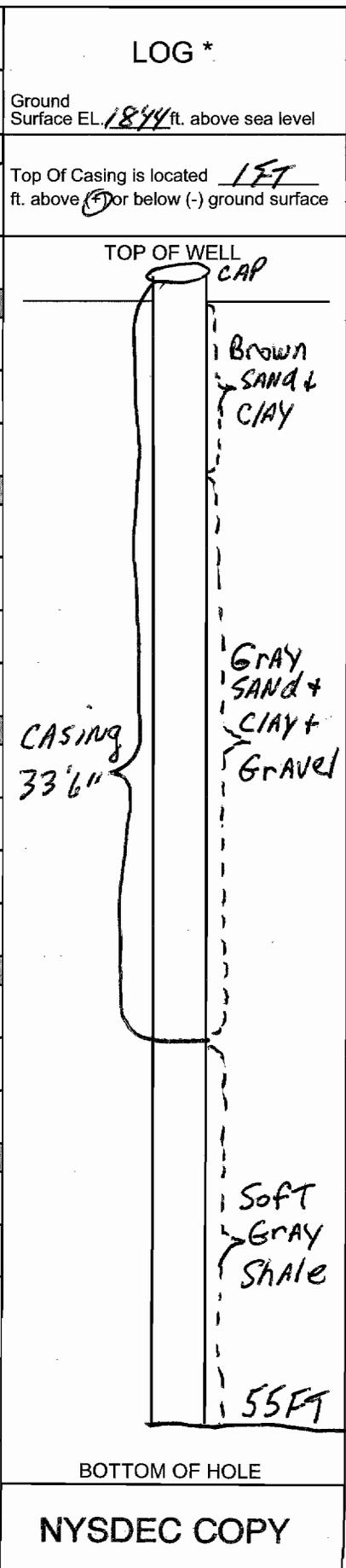


(1) COUNTY Chaut.
 (2) TOWN Charlotte

(3) DEC Well Number
CU2484

WATER WELL COMPLETION REPORT

(4) OWNER FRANK LUSTAN	
(6) ADDRESS 149 Nadine Drive Cheektowaga, NY 14225	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation Cleland Rd Sinclairville, NY 14782 N 42° 17' 57.72 W 79° 12' 25.86	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 55 FT	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED 5 FT 2/3/06
CASINGS	
(9) DIAMETER 6 in.	(10) LENGTH 3.3 ft.
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
SCREENS	
(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)	
YIELD TEST	
(18) DATE 2/3/06	(19) DURATION OF TEST 1 Hour
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) 10 GPM
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 6 FT. 6 IN	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 30 FT
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES _____ NO <input checked="" type="checkbox"/>	(27) DATE
(29) TYPE	(30) MAKE
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See Instructions for choices) Domestic
(36) DATE DRILLING WORK STARTED 2/3/06	(37) DATE DRILLING WORK COMPLETED 2/3/06
(38) DATE REPORT FILED 2/6/06	(39) REGISTERED COMPANY GREAT LAKE ENTERPRISES OF BROCTON NY, INC.
(41) CERTIFIED DRILLER (Print name) Gardner Thompson	(40) DEC REGISTRATION NO. NYRD 10518
(41) CERTIFIED DRILLER SIGNATURE Gardner Thompson	



* 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 separate sheet if necessary.

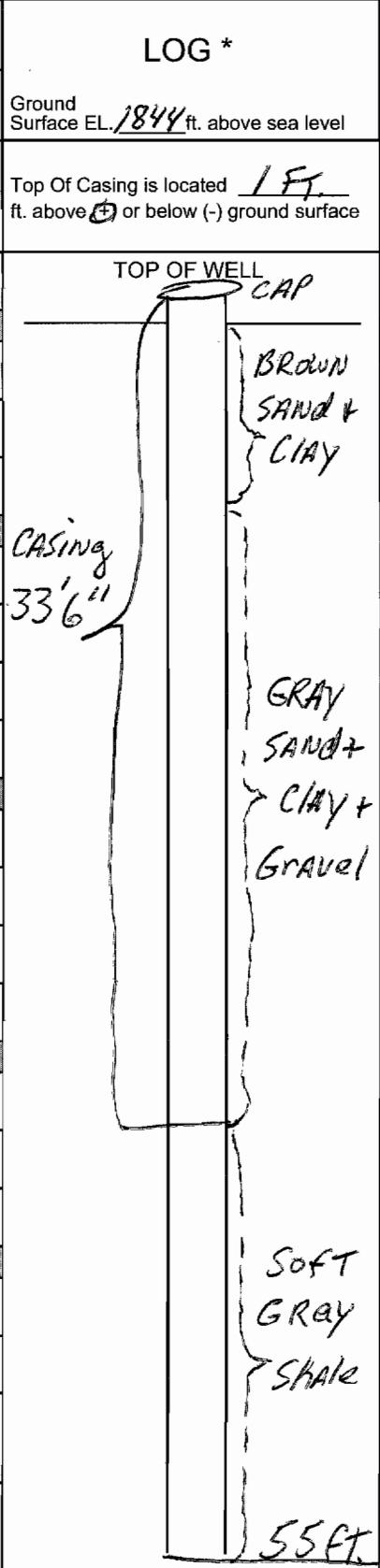


(1) COUNTY CHAUT.
 (2) TOWN CHARLOTTE

(3) DEC Well Number
CU2484

WATER WELL COMPLETION REPORT

(4) OWNER <u>FRANK LUSTAN</u>	
(5) ADDRESS <u>149 NADINE Drive Cheektowaga, NY 14225</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>Cleland Rd. Sinclairville, NY 14782</u> <u>N 42° 17' 57.72"</u> <u>W 79° 12' 25.86"</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>55 Ft.</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>5 Ft.</u> DATE MEASURED <u>02/03/06</u>
CASINGS	
(9) DIAMETER <u>6</u> in. in. in. in.	
(10) LENGTH <u>33</u> ft. ft. ft. <u>6</u> in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
SCREENS	
(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)	
YIELD TEST	
(18) DATE <u>02/03/06</u>	(19) DURATION OF TEST <u>1 Hour</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6 Ft. 6 in</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>30 Ft.</u>
(24) RECOVERY (Time in hours/minutes) <u>4 min.</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE
(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE
(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
METHOD OF DRILLING	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>02/03/06</u>	(37) DATE DRILLING WORK COMPLETED <u>02/03/06</u>
(38) DATE REPORT FILED <u>02/6/06</u>	(39) REGISTERED COMPANY
(40) DEC REGISTRATION NO. <u>NYRD 10518</u>	
(41) CERTIFIED DRILLER (Print name) <u>Gardner Thompson</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Gardner Thompson</u>



* 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 separate sheet if necessary.

NYSDEC COPY

(1) COUNTY CHAUT
 (2) TOWN WESTFIELD



(3) DEC Well Number
CU 9560

WATER WELL COMPLETION REPORT

(4) OWNER <u>WESTFIELD NURSERY</u>		LOG *	
(5) ADDRESS <u>P.O. BOX 115, WESTFIELD NY 14787</u>		Ground Surface EL. <u>733</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N 42 18.691'</u> <u>WELL #1</u> <u>W 079 13.875'</u>		Top Of Casing is located <u>+18'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>80'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	
CASINGS			
(9) DIAMETER <u>10' in.</u>	in.	in.	in.
(10) LENGTH <u>53 ft.</u>	ft.	ft.	<u>10 in.</u>
(11) GROUT TYPE / SEALING <u>BENTONITE</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>SURFACE</u> TO <u>20'</u>		
SCREENS			
(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)			
YIELD TEST			
(18) DATE	(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bell	(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)		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
METHOD OF DRILLING			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other	(35) USE OF WATER (See instructions for choices) <u>COMMERCIAL</u>		
(36) DATE DRILLING WORK STARTED <u>6/27/06</u>	(37) DATE DRILLING WORK COMPLETED <u>6/28/06</u>		
(38) DATE REPORT FILED <u>6/28/06</u>	(39) REGISTERED COMPANY <u>CASTER DRILLING ENTERPRISES LLC</u>	(40) DEC REGISTRATION NO. <u>NYRD 10084</u>	
(41) CERTIFIED DRILLER (Print name) <u>PERNELL CASTER</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Pernell L. Caster</u>		
* 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 separate sheet if necessary.			
BOTTOM OF HOLE			
NYSDEC COPY			

LOCATION SKETCH - Indicate north

3



(1) COUNTY Chaut.
 (2) TOWN Cassadaga
Charlotte

(3) DEC Well Number
CY-2573

WATER WELL COMPLETION REPORT

(4) OWNER Rachel Lapp Kellogg

(5) ADDRESS 7796 Barnum Rd. CASSADAGA, N.Y. 14718

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation
42° 20' 484 N 079° 17' 410 W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 105

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 100 DATE MEASURED 7/11/06

CASINGS

(9) DIAMETER 12 in. | in. | in. | in.

(10) LENGTH 36 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING

(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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)

YIELD TEST

(18) DATE 7/11/06

(19) DURATION OF TEST 1hr

(20) LIFT METHOD Pump Air Lift Bail

(21) STABILIZED DISCHARGE (GPM) 15gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 80'

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 80''

(24) RECOVERY (Time in hours/minutes) 4hr

(25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(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 Rotary Cable Tool Other _____

(35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 7/5/06

(37) DATE DRILLING WORK COMPLETED 7/11/06

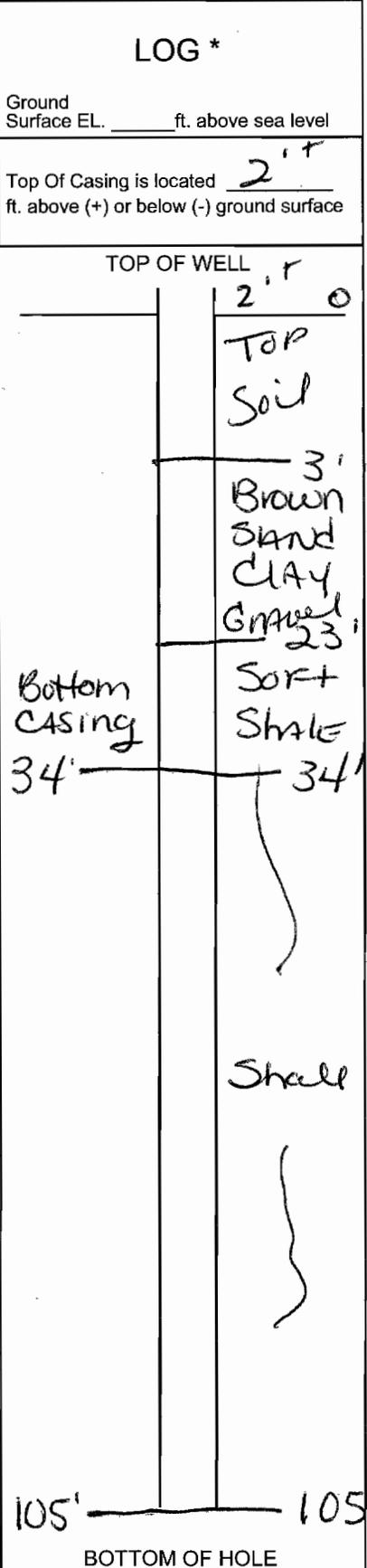
(38) DATE REPORT FILED 9/25/06

(39) REGISTERED COMPANY Miller Well Drilling

(40) DEC REGISTRATION NO. NYRD 10203

(41) CERTIFIED DRILLER (Print name) Tom Miller

(42) CERTIFIED DRILLER SIGNATURE [Signature]



E

* 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 separate sheet if necessary.

NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN Charlotte

(3) DEC Well Number
CU2576

WATER WELL COMPLETION REPORT

(4) OWNER <u>Jeff Crowell</u>		LOG *	
(5) ADDRESS <u>3312 Ames Road Sinclairville NY 14782</u>		Ground Surface EL. <u>50</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 18.86N 079° 16.59W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>50</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>23</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>cutting bedtonite</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>7-1-06</u>		(19) DURATION OF TEST <u>24 hours</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>7</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>10'</u>	
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>6-27-2006</u>		(37) DATE DRILLING WORK COMPLETED <u>7-1-2006</u>	
(38) DATE REPORT FILED <u>7-06</u>	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD 10018</u>
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Higley Nobles</u>	

TOP OF WELL	
<u>BROWN TILL</u>	<u>0-11</u>
<u>GRAY TILL</u>	<u>11-22</u>
<u>BED ROCK</u>	<u>22-60</u>

42. Certified Driller Signature -- The certified well driller, recorded in box 42 of this form, must provide his/her signature



(1) COUNTY Chaut
 (2) TOWN Chol

(3) DEC Well Number
CU 2606

WATER WELL COMPLETION REPORT

(4) OWNER <u>John & Janice Heail</u>		LOG *									
(5) ADDRESS <u>2475 Boutwell Hill Sinclairville NY</u>		Ground Surface EL. _____ ft. above sea level									
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 16.88N 079° 13.56W</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface									
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>62'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>30'</u>	DATE MEASURED <u>8-1-06</u>									
CASINGS											
(9) DIAMETER <u>6</u> in. in. in. in.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;">1-10</td> <td style="width:80%; text-align: center;">BROWN TILE</td> </tr> <tr> <td style="text-align: center;">10-22</td> <td style="text-align: center;">BROWN SILT</td> </tr> <tr> <td style="text-align: center;">22-45</td> <td style="text-align: center;">GRAY TILE</td> </tr> <tr> <td style="text-align: center;">45-55</td> <td style="text-align: center;">BED ROCK</td> </tr> </table>		1-10	BROWN TILE	10-22	BROWN SILT	22-45	GRAY TILE	45-55	BED ROCK
1-10	BROWN TILE										
10-22	BROWN SILT										
22-45	GRAY TILE										
45-55	BED ROCK										
(10) LENGTH <u>48' 6"</u> ft. ft. ft. in.											
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____										
SCREENS											
(13) MAKE & MATERIAL	(14) OPENINGS										
(15) DIAMETER in. in. in. in.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;">22-45</td> <td style="width:80%; text-align: center;">GRAY TILE</td> </tr> <tr> <td style="text-align: center;">45-55</td> <td style="text-align: center;">BED ROCK</td> </tr> </table>			22-45	GRAY TILE	45-55	BED ROCK				
22-45				GRAY TILE							
45-55	BED ROCK										
(16) LENGTH ft. ft. ft. in.											
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)											
YIELD TEST											
(18) DATE <u>8-2-06</u>		(19) DURATION OF TEST									
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> 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)									
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___									
PUMP INSTALLATION											
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>									
(36) DATE DRILLING WORK STARTED <u>7-27-2006</u>		(37) DATE DRILLING WORK COMPLETED <u>8-2-2006</u>									
(38) DATE REPORT FILED <u>8 2006</u>	(39) REGISTERED COMPANY <u>Nobles Well Drill.</u>	(40) DEC REGISTRATION NO. <u>NYRD 60018</u>									
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Higley Nobles</u>									
* 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 separate sheet if necessary.		BOTTOM OF HOLE									
		NYSDEC COPY									



(1) COUNTY Chaut.
 (2) TOWN Cherry Creek

(3) DEC Well Number
CU-2619

WATER WELL COMPLETION REPORT

(4) OWNER <i>Susan E. Bentley</i>		LOG *
(5) ADDRESS <i>59 Laura Ct. Cherry Creek Ny. 14723</i>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <i>N 42° 19.229' - W- 079° 10.684'</i>		Ground Surface EL. _____ ft. above sea level Top Of Casing is located <u>+</u> _____ ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <i>105'</i>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <i>15'</i>	DATE MEASURED
CASINGS		
(9) DIAMETER <i>6</i> in. in. in. in.		0-10
(10) LENGTH <i>32</i> ft. ft. ft. in.		
(11) GROUT TYPE / SEALING <i>Concrete</i>		10-15
(12) GROUT / SEALING INTERVAL (feet) FROM <i>0</i> TO <i>20'</i>		
SCREENS		
(13) MAKE & MATERIAL		15-20
(14) OPENINGS		
(15) DIAMETER in. in. in. in.		20-105
(16) LENGTH ft. ft. ft. in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE		(19) DURATION OF TEST
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> 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)
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO ___		(27) DATE <i>9/19/06</i>
(28) PUMP INSTALLER <i>Kurt Jones</i>		(29) TYPE <i>Submersible</i>
(30) MAKE <i>Howells</i>		(31) MODEL <i>75B05422</i>
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <i>102'</i>
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <i>Domestic</i>
(36) DATE DRILLING WORK STARTED <i>9-6-06</i>		(37) DATE DRILLING WORK COMPLETED <i>9-6-06</i>
(38) DATE REPORT FILED <i>8-18-06</i>		(39) REGISTERED COMPANY <i>Jones Well Drilling</i>
(40) DEC REGISTRATION NO. <i>NYRD-0091</i>		4 AM.
(41) CERTIFIED DRILLER (Print name) <i>Mike J. Jones</i>		
(42) CERTIFIED DRILLER SIGNATURE <i>[Signature]</i>		BOTTOM OF HOLE
* 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 separate sheet if necessary.		
NYSDEC COPY		

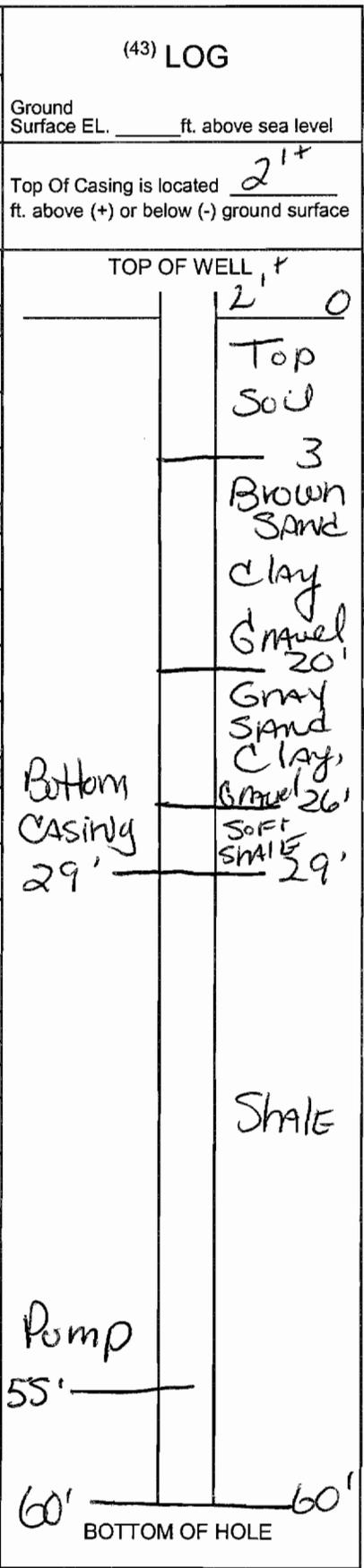


(1) COUNTY Chaut.
 (2) TOWN Medonia

(3) DEC Well Number
C42655

WATER WELL COMPLETION REPORT

(4) OWNER <u>John Nabone</u>	
(5) ADDRESS <u>136 Lakewood Ave. Fredonia, N.Y.</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 18.295' N 079° 13.613' W</u> <u>14063</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>60</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>40</u> DATE MEASURED <u>9/22/06</u>
CASINGS	
(9) DIAMETER <u>8</u> in. in. in. in.	
(10) LENGTH <u>30</u> ft. ft. ft. in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
SCREENS	
(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)	
YIELD TEST	
(18) DATE <u>9-22-06</u>	(19) DURATION OF TEST <u>1 hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>12 gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>10'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>55'</u>
(24) RECOVERY (Time in hours/minutes) <u>4 hr</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>9/26/06</u> (28) PUMP INSTALLER <u>MATT Miller</u>
(29) TYPE <u>Goulds</u>	(30) MAKE <u>Sub</u> (31) MODEL <u>1/2 hp.</u>
(32) MAXIMUM CAPACITY (GPM) <u>10 gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>35'</u>
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>9/19/06</u>	(37) DATE DRILLING WORK COMPLETED <u>9/22/06</u>
(38) DATE REPORT FILED <u>10/7/06</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u> (40) DEC REGISTRATION NO. <u>NYRD 10203</u>
(41) CERTIFIED DRILLER (Print name) <u>Tom Miller</u>	(42) CERTIFIED DRILLER SIGNATURE * <u>[Signature]</u>



* 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.

NYSDEC COPY

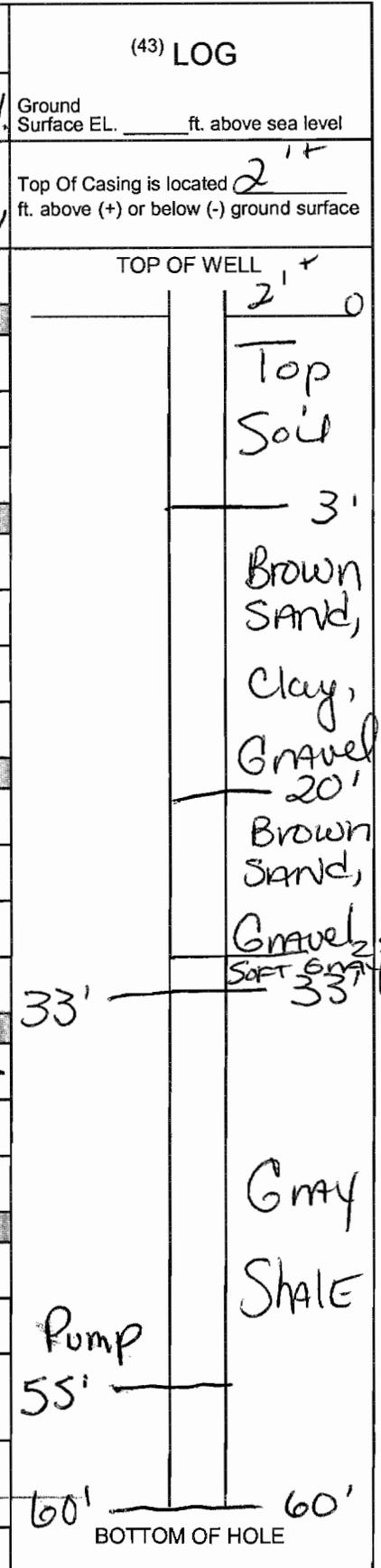


(1) COUNTY Chaut
 (2) TOWN Sinclairville

(3) DEC Well Number
CU-2669

WATER WELL COMPLETION REPORT

(4) OWNER <u>Bill Newton</u>	
(5) ADDRESS <u>Thoumton Rd. Sinclairville, N.Y.</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 16.892N 079° 12.381W</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>60</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>25'</u> DATE MEASURED <u>11/20/06</u>
CASINGS	
(9) DIAMETER <u>6</u> in. in. in. in.	
(10) LENGTH <u>35</u> ft. ft. ft. in.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
SCREENS	
(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)	
YIELD TEST	
(18) DATE <u>10/20/06</u>	(19) DURATION OF TEST <u>1hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>50gpm</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>10'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>20"</u>
(24) RECOVERY (Time in hours/minutes) <u>4hr</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>11/27/06</u>
(28) PUMP INSTALLER <u>MATT Miller</u>	(29) TYPE <u>Sub.</u>
(30) MAKE <u>Goulds</u>	(31) MODEL <u>1/2 hp</u>
(32) MAXIMUM CAPACITY (GPM) <u>10gpm</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>55'</u>
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>10/09/06</u>	(37) DATE DRILLING WORK COMPLETED <u>11/20/06</u>
(38) DATE REPORT FILED <u>12-04/06</u>	(39) REGISTERED COMPANY <u>Miller Well Drilling</u>
(40) DEC REGISTRATION NO. <u>NYRD 10203</u>	
(41) CERTIFIED DRILLER (Print name) <u>Tom Miller</u>	(42) CERTIFIED DRILLER SIGNATURE * <u>Thomas Miller</u>



* 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.

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(1) COUNTY Chaut
 (2) TOWN Cherry Creek

(3) DEC Well Number
CU2679

WATER WELL COMPLETION REPORT

(4) OWNER
Jayson & Jue Rowicki

(5) ADDRESS
7361 Davison Road Cherry Creek, NY

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation 42° 19.06N 079° 06.86W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 172' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 100 DATE MEASURED 10-12-06

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 39 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING bedtonite (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

SCREENS

(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)

YIELD TEST

(18) DATE 10-13-06 (19) DURATION OF TEST 24

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 10+

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 100 (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 10'

(24) RECOVERY (Time in hours/minutes) 10 minutes (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(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 Rotary Cable Tool Other (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 10-3-06 (37) DATE DRILLING WORK COMPLETED 10-13-2006

(38) DATE REPORT FILED 11 2006 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE Higley Nobles

LOG *

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

TOP OF WELL	
<u>0-2</u>	<u>TOP SOIL</u>
<u>2-12</u>	<u>BROWN SILT</u>
<u>12-30</u>	<u>GRAY TILL</u>
<u>30-37</u>	<u>GRAY CLAY</u>
<u>37-170</u>	<u>BED ROCK</u>

WATER ZONE

* 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 separate sheet if necessary.

BOTTOM OF HOLE
NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN Cherry Hill

(3) DEC Well Number
CU-2746

WATER WELL COMPLETION REPORT

(4) OWNER Joe Vallone

(43) LOG

(5) ADDRESS 6658 West Rd. Conewango Valley, NY 14726

Ground Surface EL. _____ ft. above sea level

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation N 42° 19.140' - W-079° 08.434'

Top Of Casing is located + ft. above (+) or below (-) ground surface

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 80

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 30' DATE MEASURED _____

TOP OF WELL

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 30 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING _____ (12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

0-10
10-20
10-30
30-80-

SCREENS

(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) _____

Brown Dirt
Brown dirt & gravel
Brown gravel
shells

YIELD TEST

(18) DATE _____ (19) DURATION OF TEST _____

(20) LIFT METHOD Pump 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) _____

(24) RECOVERY (Time in hours/minutes) _____ (25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___

PUMP INSTALLATION

(26) PUMP INSTALLED? YES ___ NO (27) DATE _____ (28) PUMP INSTALLER _____

(29) TYPE _____ (30) MAKE _____ (31) MODEL _____

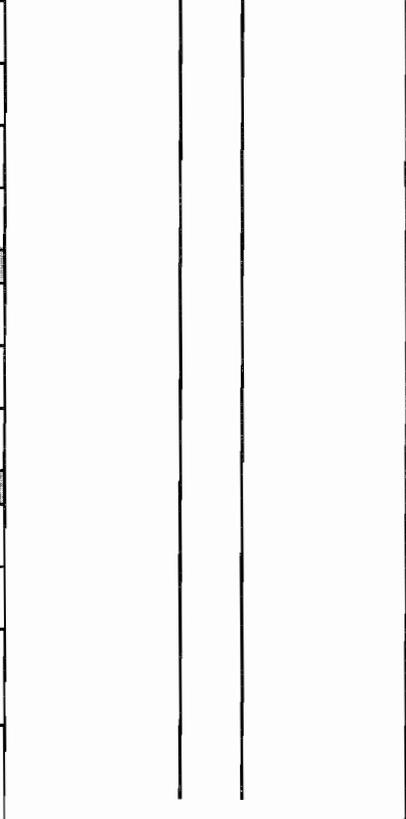
(32) MAXIMUM CAPACITY (GPM) _____ (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) _____

(34) METHOD OF DRILLING Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 4-28-07 (37) DATE DRILLING WORK COMPLETED 4-30-07

(38) DATE REPORT FILED 4-24-07 (39) REGISTERED COMPANY Jones Well Drilling, Inc (40) DEC REGISTRATION NO. NYRD-0091

(41) CERTIFIED DRILLER (Print name) Mike & Jones (42) CERTIFIED DRILLER SIGNATURE * [Signature]



* 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.

BOTTOM OF HOLE
NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN CC

(3) DEC Well Number
CW2769

WATER WELL COMPLETION REPORT

(4) OWNER <u>Craig Minick</u>		(43) LOG	
(5) ADDRESS <u>1551 Boutwell Hill Road Cherry Creek NY</u>		Ground Surface EL. <u>2</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42° 18.59' N 079° 09.60' W</u>		Top Of Casing is located <u>1500</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>103</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>36'6"</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>bedstone</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>	
SCREENS			
(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)			
YIELD TEST			
(18) DATE <u>6-18-07</u>		(19) DURATION OF TEST	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> 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)	
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>	
(36) DATE DRILLING WORK STARTED <u>6-18-2007</u>		(37) DATE DRILLING WORK COMPLETED <u>6-21-07</u>	
(38) DATE REPORT FILED <u>8-24-07</u>	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>		(40) DEC REGISTRATION NO. <u>NYRD 10018</u>
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE * <u>Higley Nobles</u>	

TOP SOIL	1-3
BROWN TILL	3-31
GRAV TILL	31-33
SSD Rock	33-103

BOTTOM OF HOLE

* 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 is intended for use as a drinking water well.

42. Certified Driller Signature - The certified well driller, recorded in box 41 of this form, must provide his/her signature.



(1) COUNTY Chaut
 (2) TOWN Charlotte

(3) DEC Well Number
CU2770

WATER WELL COMPLETION REPORT

(4) OWNER John Conway

(5) ADDRESS 2619 Cassadaga Rd. Sinclairville NY

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation 42° 20.28' N 079° 14.09' W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 36

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 18' DATE MEASURED 5-15-07

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 31 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cutting a bedstone

(12) GROUT / SEALING INTERVAL (feet) FROM 0 TO _____

SCREENS

(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) _____

YIELD TEST

(18) DATE 5-15-2007

(19) DURATION OF TEST 16 hours

(20) LIFT METHOD Pump Air Lift Bail

(21) STABILIZED DISCHARGE (GPM) 7 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 18'

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 2'

(24) RECOVERY (Time in hours/minutes) 10 mins

(25) Was the water produced during the test discharged away from immediate area? Yes No _____

PUMP INSTALLATION

(26) PUMP INSTALLED? YES _____ NO X

(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 Rotary Cable Tool Other _____

(35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 5-14-2007

(37) DATE DRILLING WORK COMPLETED 5-15-2007

(38) DATE REPORT FILED 5-26-2007

(39) REGISTERED COMPANY Nobles Well Drilling

(40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles

(42) CERTIFIED DRILLER SIGNATURE * Higley Nobles

* 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.

(43) LOG

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

TOP OF WELL

<u>TOP SOIL</u>	<u>0-3</u>
<u>BROWN TILL</u>	<u>3-15</u>
<u>GRAY TILL</u>	<u>15-80</u>
<u>BED ROCK</u>	

BOTTOM OF HOLE

NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN Cherry Creek

(3) DEC Well Number ^{CU}
278B 2786

WATER WELL COMPLETION REPORT

(4) OWNER
Dennis Zicarelli

(5) ADDRESS
3 Running Brook Dr Lancaster

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation 42° 20.44N 079° 08.07W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 56' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 18' DATE MEASURED 6-13-07

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 25 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cuttings & bentonite (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

SCREENS

(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)

YIELD TEST

(18) DATE 6-12-07 (19) DURATION OF TEST 6 hours

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 3

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 18 (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 50

(24) RECOVERY (Time in hours/minutes) 3 hours (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(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 Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 6-8-07 (37) DATE DRILLING WORK COMPLETED 6-14-07

(38) DATE REPORT FILED 7 3 07 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE * Higley Nobles

(43) LOG

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

TOP OF WELL	
TOP SOIL	0-2
BROWN TILL	2-10
GRAY TILL	10-20
LOOSE BED ROCK	10-
BED ROCK	
WATER ZONE	43'
BOTTOM OF HOLE	

* 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.

NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN Charlotte

(3) DEC Well Number
CU2798

WATER WELL COMPLETION REPORT

(4) OWNER <u>Barry Lindquist</u>		(43) LOG		
(5) ADDRESS <u>P.O. Box 975 Sinclairville, NY 14782</u>		Ground Surface EL. <u>2</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42 17:13N 079 11:30W</u>		Top Of Casing is located <u>1500</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>58'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED <u>7-2-07</u>	TOP OF WELL BROWN TILL 1-10 LOSS CLAY 10-21 21-58 WATER ZONE 50' BOTTOM OF HOLE	
CASINGS				
(9) DIAMETER <u>6</u> in. in. in. in.				
(10) LENGTH <u>33</u> ft. ft. ft. in.				
(11) GROUT TYPE / SEALING <u>bedtonite</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>			
SCREENS				
(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)				
YIELD TEST				
(18) DATE <u>7-02-07</u>	(19) DURATION OF TEST <u>12 hours</u>			
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>6 gpm</u>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>6'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>40'</u>			
(24) RECOVERY (Time in hours/minutes) <u>3 hours</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
PUMP INSTALLATION				
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(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 <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>domestic</u>		
(36) DATE DRILLING WORK STARTED <u>6-28-07</u>		(37) DATE DRILLING WORK COMPLETED <u>7-2-07</u>		
(38) DATE REPORT FILED <u>8-24-07</u>	(39) REGISTERED COMPANY <u>Nobles Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10018</u>		
(41) CERTIFIED DRILLER (Print name) <u>Higley Nobles</u>		(42) CERTIFIED DRILLER SIGNATURE * <u>Higley Nobles</u>		
* 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.				

NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN CC

(3) DEC Well Number
CU 2826

WATER WELL COMPLETION REPORT

(4) OWNER
Mairanne Fisher

(5) ADDRESS
7564 Route 83 South Dayton NY 14138

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation
42° 19.65' N 079° 06.98' W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 95

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 31 DATE MEASURED 8-15-07

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 21 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cutting bedtonite

(12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

SCREENS

(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)

YIELD TEST

(18) DATE

(19) DURATION OF TEST 2 hours

(20) LIFT METHOD Pump Air Lift Bail

(21) STABILIZED DISCHARGE (GPM) 7

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 31

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 25

(24) RECOVERY (Time in hours/minutes) 10 minutes

(25) Was the water produced during the test discharged away from immediate area? Yes 1 No

PUMP INSTALLATION

(26) PUMP INSTALLED? YES ___ NO X

(27) DATE

(28) PUMP INSTALLER

(29) TYPE

(30) MAKE

(31) MODEL

(32) MAXIMUM CAPACITY (GPM) 1

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING Rotary Cable Tool Other

(35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 8-7-07

(37) DATE DRILLING WORK COMPLETED 8-16-07

(38) DATE REPORT FILED 9-16-07

(39) REGISTERED COMPANY Nobles Well Drilling

(40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles

(42) CERTIFIED DRILLER SIGNATURE * Higley Nobles

(43) LOG

Ground Surface EL. 160 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

TOP OF WELL	
<u>0-2</u>	<u>TOP SOIL</u>
<u>2-15</u>	<u>BROWN TILL</u>
<u>15-20</u>	<u>G-PAV TILL</u>
<u>20-95</u>	<u>GET ROCK</u>

BOTTOM OF HOLE

* 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.

NYSDEC COPY

CU2847

(1) COUNTY Chaut
 (2) TOWN Stockton



(3) DEC Well Number
CU2848

WATER WELL COMPLETION REPORT

(4) OWNER
Pat + Janet Kelley

(5) ADDRESS
6011 Rt. 60 Cassaroda NY

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation
42° 17.45' N 079° 17.76' W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 52

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 10 DATE MEASURED 9-6-07

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 48 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING

(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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)

YIELD TEST

(18) DATE 9-6-07

(19) DURATION OF TEST 16

(20) LIFT METHOD Pump Air Lift Bail

(21) STABILIZED DISCHARGE (GPM) 7

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 10'

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 2'

(24) RECOVERY (Time in hours/minutes) 1/2 hour

(25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(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 Rotary Cable Tool Other _____

(35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 9-5-07

(37) DATE DRILLING WORK COMPLETED 9-6-07

(38) DATE REPORT FILED 9-21-2007

(39) REGISTERED COMPANY Nobles Well Drilling

(40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles

(42) CERTIFIED DRILLER SIGNATURE * Higley Nobles

* 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.

(43) LOG

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2 ft. above (+) or below (-) ground surface

TOP OF WELL

0-19 BROWN TILL

19-46 GRAY TILL

46-52 BED ROCK

BOTTOM OF HOLE

NYSDEC COPY



(1) COUNTY Chaut.
 (2) TOWN Cherry Creek

(3) DEC Well Number
CU2863

WATER WELL COMPLETION REPORT

(4) OWNER
Catherine Green

(5) ADDRESS
1758 Boutwell Hill Rd. Cherry Creek NY. 14723

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation
N. 42° 18.170'
W. 079° 10.636'

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 90ft. (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 5' DATE MEASURED 10-16-07

CASINGS

(9) DIAMETER 6 in. in. | in. | in. | in.

(10) LENGTH 20 ft. ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING (12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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)

YIELD TEST

(18) DATE 10-11-07 (19) DURATION OF TEST 1 hour

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 10 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 7 ft (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 90 ft

(24) RECOVERY (Time in hours/minutes) 13 minutes (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(26) PUMP INSTALLED? YES NO (27) DATE 10-24-07 (28) PUMP INSTALLER Dave Diefenbach

(29) TYPE 3/4 Hp (30) MAKE oulds (31) MODEL BRU 10SB07-422C

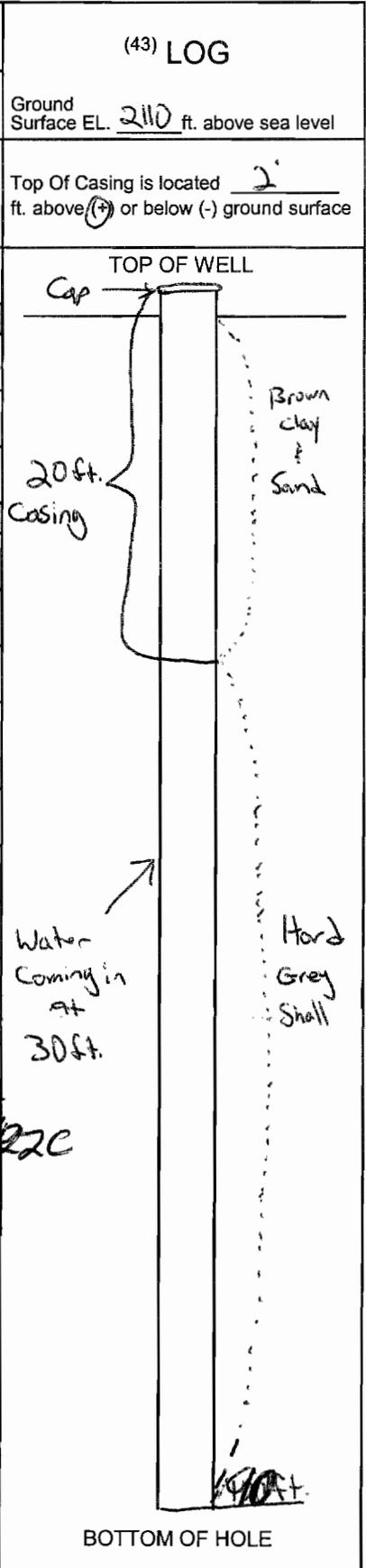
(32) MAXIMUM CAPACITY (GPM) 10 gpm (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 87'

(34) METHOD OF DRILLING Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 10-10-07 (37) DATE DRILLING WORK COMPLETED 10-16-07

(38) DATE REPORT FILED 10-31-07 (39) REGISTERED COMPANY Great Lakes Enterprises (40) DEC REGISTRATION NO. NYRD 10518

(41) CERTIFIED DRILLER (Print name) Gardner Thompson (42) CERTIFIED DRILLER SIGNATURE * X Gardner Thompson



* 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.

NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN Cherry Brook

(3) DEC Well Number
CU-2869

WATER WELL COMPLETION REPORT

(4) OWNER David Jahn

(43) LOG

(5) ADDRESS # 7955 Road Rd Cherry Brook, NY 14723

Ground Surface EL. _____ ft. above sea level

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation N 42° 20.810' - W 079° 12.619'

Top Of Casing is located 4 ft. above (+) or below (-) ground surface

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 50

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 20' DATE MEASURED _____

TOP OF WELL

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 30 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING

(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

0-11
 11-21
 21-30
Brown Top Soil
 grey yellow shale

SCREENS

(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)

10 BPM

YIELD TEST

(18) DATE

(19) DURATION OF TEST

(20) LIFT METHOD Pump 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)

(24) RECOVERY (Time in hours/minutes)

(25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___

PUMP INSTALLATION

(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)

METHOD OF DRILLING

(34) METHOD OF DRILLING Rotary Cable Tool Other _____

(35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 11-14-07

(37) DATE DRILLING WORK COMPLETED 11-15-07

(38) DATE REPORT FILED 10-11-07

(39) REGISTERED COMPANY Jones Well Drilling Inc.

(40) DEC REGISTRATION NO. NYRD-0091

(41) CERTIFIED DRILLER (Print name) Joe Crosson

(42) CERTIFIED DRILLER SIGNATURE * [Signature]

BOTTOM OF HOLE

* 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.

NYSDEC COPY

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) COUNTY Chaut
 (2) TOWN Charlotte Center

(3) DEC Well Number
CL 2943

WATER WELL COMPLETION REPORT

(4) OWNER Erma Scott

(5) ADDRESS 2610 East Rd. Seneca Falls, NY 14782

(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 and method used:
 GPS Map Interpolation N-42° 18.282' - W-079° 14.032'

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 142' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) _____ DATE MEASURED _____

CASINGS

(9) DIAMETER 6 in. | _____ in. | _____ in. | _____ in.

(10) LENGTH 140 ft. | _____ ft. | _____ ft. | _____ in.

(11) GROUT TYPE / SEALING _____ (12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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) _____

YIELD TEST

(18) DATE _____ (19) DURATION OF TEST _____

(20) LIFT METHOD Pump 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) _____

(24) RECOVERY (Time in hours/minutes) _____ (25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___

PUMP INSTALLATION

(26) PUMP INSTALLED? YES NO (27) DATE 6-11-08 (28) PUMP INSTALLER Kurt Jones

(29) TYPE Submersible (30) MAKE Grundfos (31) MODEL 75B05422

(32) MAXIMUM CAPACITY (GPM) 10 (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 138

(34) METHOD OF DRILLING Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 6/6/08 (37) DATE DRILLING WORK COMPLETED 6/10/08

(38) DATE REPORT FILED 4-18-08 (39) REGISTERED COMPANY Jones Well Drilling (40) DEC REGISTRATION NO. NYRD 0091

(41) CERTIFIED DRILLER (Print name) Mike J. Jones (42) CERTIFIED DRILLER SIGNATURE [Signature]

(43) LOG

Depth to Bedrock _____ (ft. below ground surface)

Ground Elev. _____ (ft. above S.L.)

Top of Casing + (ft., above (+) or below (-) ground surface)

TOP OF WELL

0-10	Brown clay & dirt
10-20	blue clay
20-65	blue clay, gravel & stones
65-75	blue clay - soft shale
75-140	shale

10.4 GPM

BOTTOM OF HOLE

NYSDEC COPY

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8/2007



(1) COUNTY Chaut
 (2) TOWN Charlotte

(3) DEC Well Number
CU2968

WATER WELL COMPLETION REPORT

(4) OWNER
Alan Riedesel

(5) ADDRESS
6983 Munson Lane Mayville, NY 14757

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation 42° 6' 93" N 077° 0' 15" W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 51' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 14' DATE MEASURED 6-3-08

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.
 (10) LENGTH 53 ft. | ft. | ft. | 4 in.

(11) GROUT TYPE / SEALING bentonite (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

SCREENS

(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)

YIELD TEST

(18) DATE 6-06-08 (19) DURATION OF TEST 1 hour
 (20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 7 GPM
 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 14' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 30'
 (24) RECOVERY (Time in hours/minutes) 1 hour (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(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 Rotary Cable Tool Other (35) USE OF WATER (See instructions for choices) domestic
 (36) DATE DRILLING WORK STARTED 6-3-08 (37) DATE DRILLING WORK COMPLETED 6-6-08
 (38) DATE REPORT FILED 6 08 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018
 (41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE * Higley Nobles

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(43) LOG

Ground Surface EL. 1500 ft. above sea level

Top Of Casing is located 2' ft. above (+) or below (-) ground surface

TOP OF WELL

0-2	TOP SOIL
2-15	BROWN TILL
15-30	GRAY TILL
30-51	BED ROCK
35-	WATER ZONE

BOTTOM OF HOLE

NYSDEC COPY

E



(1) COUNTY Chaut
 (2) TOWN Cherry Creek

(3) DEC Well Number
CW 3143

WATER WELL COMPLETION REPORT

(4) OWNER Tony Marano

(5) ADDRESS 49 Sand Run Road Akron, Oh

(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 and method used:
 GPS Map Interpolation 40° 16.10N 079° 09.29W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 109' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 45' DATE MEASURED 10-24-09

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 64' ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING bedtonite (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

SCREENS

(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)

YIELD TEST

(18) DATE 10-23-09 (19) DURATION OF TEST 2 hours

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 7

(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 ___

PUMP INSTALLATION

(26) PUMP INSTALLED? YES ___ NO X (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 Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 10-16-09 (37) DATE DRILLING WORK COMPLETED 10-24-09

(38) DATE REPORT FILED 10-30-09 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE * Higley Nobles

(43) LOG

Depth to Bedrock 45 (ft. below ground surface)

Ground Elev. 1700 (ft. above S.L.)

Top of Casing 2 (ft., above (+) or below (-) ground surface)

TOP OF WELL

0 - 2	TOP SOIL
2 - 8	RED SAND
8 - 25	RED SAND
25 - 26	CLAY
26 - 27	CLAY
27 - 109	RED SAND
109 - 110	CLAY

WATER ZONE 92'

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BOTTOM OF HOLE

NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN Cherry Creek

(3) DEC Well Number
CU3252

WATER WELL COMPLETION REPORT

(4) OWNER Mark Mazarek
 (5) ADDRESS lot 25 Cherry Creek NY 14723
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here address is same as above)
N42° 16' 132 W079° 09' 415
 (7) LATITUDE/LONGITUDE AND METHOD USED GPS Map (8) TAX MAP NO.

(45) WELL LOG
 Depth to Bedrock 60 (ft. below land surface)
 Ground Elevation _____ (ft. above sea level)
 Top of Casing 2' (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 100 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED

TOP OF WELL

CASINGS

(11) DIAMETER 6 in. | in. | in. | in.
 (12) LENGTH 60' 4" ft. | ft. | ft. | in.
 (13) GROUT TYPE / SEALING Beaseal (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

0-15 brown Gravel & clay

SCREENS

(15) MAKE & MATERIAL (16) OPENINGS
 (17) DIAMETER in. | in. | in. | in.
 (18) LENGTH ft. | ft. | ft. | in.
 (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

15-20 brown Gravel Med Size
20-25 brown Gravel with larger stones

YIELD TEST

(20) DATE 11-28-10 (21) DURATION OF TEST 4 hours
 (22) LIFT METHOD Pump Air Lift Bailor (23) STABILIZED DISCHARGE (GPM) 10
 (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 _____

25-30 brown Gravel
30-40 clay & Gravel

PUMP INSTALLATION

(28) PUMP INSTALLED? YES NO _____ (29) DATE 11-28-10 (30) PUMP INSTALLER Hurt Jones
 (31) TYPE Sub (32) MAKE Goulds (33) MODEL 7SB05422
 (34) MAXIMUM CAPACITY (GPM) 10 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

40-45 clay & Gravel
45-55 gray clay
35-58 soft shale

DRILLER INFORMATION

(36) METHOD OF DRILLING Rotary Cable Tool Other (37) USE OF WATER (See instructions for choices) Domestic
 (38) DATE DRILLING WORK STARTED 11-4-10 (39) DATE DRILLING WORK COMPLETED 11-28-10
 (40) DATE REPORT FILED 9-28-10 (41) REGISTERED COMPANY Jones Well Drilling Inc (42) DEC REGISTRATION NO. NYRD 10091
 (43) CERTIFIED DRILLER (Print name) Joe Crosson (44) CERTIFIED DRILLER SIGNATURE * Joe Crosson

58-100 shale hard
20 GPM

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BOTTOM OF HOLE
 NYSDEC

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) COUNTY Chaut
 (2) TOWN Cherry Creek

(3) DEC Well Number
CU3292

WATER WELL COMPLETION REPORT

(4) OWNER
Harry Loomis

(5) ADDRESS
7495 Farrington Hollow Road Cherry Creek NY 14723

(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 and method used:
 GPS Map Interpolation 42° 19.14 N 079° 09.21 W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 50 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 26' DATE MEASURED 6-10-2010

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 50 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING cutting & bedstone (12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____

SCREENS

(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)

YIELD TEST

(18) DATE 6-10-2010 (19) DURATION OF TEST 4 1/2 hours

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 7 gpm

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 35' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 34'

(24) RECOVERY (Time in hours/minutes) 2 hours (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(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 Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) domestic

(36) DATE DRILLING WORK STARTED 6-2-2010 (37) DATE DRILLING WORK COMPLETED June 11-2010

(38) DATE REPORT FILED 12-31-10 (39) REGISTERED COMPANY Nobles Well Drilling (40) DEC REGISTRATION NO. NYRD 10018

(41) CERTIFIED DRILLER (Print name) Higley Nobles (42) CERTIFIED DRILLER SIGNATURE * Higley Nobles

(43) LOG

Depth to Bedrock _____ (ft. below ground surface)

Ground Elev. _____ (ft. above S.L.)

Top of Casing _____ (ft., above (+) or below (-) ground surface)

TOP OF WELL

<u>0-2</u>	<u>TOP SOIL</u>
<u>2-36</u>	<u>BROWN TILL</u>
<u>36-44</u>	<u>GRAY TILL</u>
<u>44-50</u>	<u>GRAVEL</u>
<u>WATER ZONE</u>	

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BOTTOM OF HOLE

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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) COUNTY CHAUT
(2) TOWN CHARLOTTE



(3) DEC Well Number

CU 3305

WATER WELL COMPLETION REPORT

(4) OWNER <u>KINGSVIEW PAUING</u>		(43) LOG	
(5) ADDRESS <u>7 W. FIRST ST. LAKEWOOD NY 14750</u>		Depth to Bedrock _____ (ft. below ground surface)	
(6) LOCATION OF WELL (See Instructions On Reverse) (Check item <input type="checkbox"/> if same as address above; also provide Lat / Long bearing) Show Lat/Long if available and format used <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Wind Instrument <u>N42° 20' 44.92"</u> <u>W079° 16' 32.48"</u>		Ground Elev <u>1426</u> (ft. above S.L.) Top of Casing <u>+18</u> (above (+) or below (-) ground surface)	
(7) DEPTH OF WELL BELOW LAND SURFACE (ft.)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (ft.)	DATE MEASURED	
(9) DIAMETER <u>8 in.</u>	(10) LENGTH <u>20 ft.</u>	(11) GROUT TYPE / SEALING <u>DENTONITE</u>	
(12) MAKE & MATERIAL	(13) OPENING	(14) GROUT SEALING INTERVAL (ft.) FROM _____ TO _____	
(15) DIAMETER	(16) LENGTH	(17) GROUT SEALING INTERVAL (ft.) FROM _____ TO _____	
(18) DATE	(19) DURATION OF TEST	(20) PUMP TESTED? YES _____ NO <u>X</u>	
(21) LIST METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Her	(22) STATIC LEVEL PRIOR TO TEST (feet below top of casing)	(23) MAXIMUM DRAWDOWN (feet 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 _____	(26) PUMP DATE	
(27) TYPE	(28) MAKE	(29) PUMP INSTALLER	
(30) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(31) USE OF WATER (See instructions for choices) <u>TEST WELL</u>	(32) DATE DRILLING WORK STARTED <u>3-18-11</u>	
(33) DATE REPORT FILED <u>3-20-11</u>	(34) REGISTERED COMPANY <u>CASTER DRILLING CO.</u>	(35) DATE DRILLING WORK COMPLETED <u>3-18-11</u>	
(36) DATE REPORT FILED <u>3-20-11</u>	(37) REGISTERED COMPANY <u>CASTER DRILLING CO.</u>	(38) DEC REGISTRATION NO <u>NYRD 10024</u>	
(39) CERTIFIED DRILLER (PRINT NAME) <u>PENWELL CASTER</u>	(40) CERTIFIED DRILLER SIGNATURE <u>Penwell J. Caster</u>		
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1'-2'
2'-15'

SILT/STONE
COURSE
GRAVEL

BOTTOM OF HOLE

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LOCATION SKETCH - indicates north

E



(1) COUNTY Chaut
 (2) TOWN Sinclairville

(3) DEC Well Number
CU3318

WATER WELL COMPLETION REPORT

(4) OWNER
Lukas Emmatt

(5) ADDRESS
PO Box 689 Celoron NY 14720

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here if address is same as above)

(7) LATITUDE/LONGITUDE AND METHOD USED
 GPS Map N 42° 15' 66" W 079° 12' 34"

(8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 140

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)

(11) DIAMETER 6" in.

(12) LENGTH 18' 10" ft.

(13) GROUT TYPE / SEALING Binspal

(14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 18

(15) MAKE & MATERIAL

(16) OPENINGS

(17) DIAMETER in. | in. | in. | in.

(18) LENGTH ft. | ft. | ft. | in.

(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

(20) DATE

(21) DURATION OF TEST 4

(22) LIFT METHOD Pump Air Lift Bailer

(23) STABILIZED DISCHARGE (GPM) 6

(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

(28) PUMP INSTALLED? YES NO

(29) DATE

(30) PUMP INSTALLER

(31) TYPE

(32) MAKE

(33) MODEL

(34) MAXIMUM CAPACITY (GPM)

(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(36) METHOD OF DRILLING Rotary Cable Tool Other

(37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 5-13-11

(39) DATE DRILLING WORK COMPLETED 5-13-11

(40) DATE REPORT FILED 4-27-11

(41) REGISTERED COMPANY Jones Well Drilling Inc

(42) DEC REGISTRATION NO. NYRD 10091

(43) CERTIFIED DRILLER (Print name) Joe Crosson

(44) CERTIFIED DRILLER SIGNATURE * Joe Crosson

(45) WELL LOG
 Depth to Bedrock 20 (ft. below land surface)
 Ground Elevation _____ (ft. above sea level)
 Top of Casing 2 (ft. above (+) or below (-) land surface)

TOP OF WELL

0-5	clay & Stone's
5-10	clay
10-15	clay
15-20	SOFT, Shaly
20-140	shale

YIELD TEST

(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

(28) PUMP INSTALLED? YES NO

(29) DATE

(30) PUMP INSTALLER

(31) TYPE

(32) MAKE

(33) MODEL

(34) MAXIMUM CAPACITY (GPM)

(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

6 GPM

BOTTOM OF HOLE

NYSDEC

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(1) COUNTY Chautauqua
 (2) TOWN Charlotte

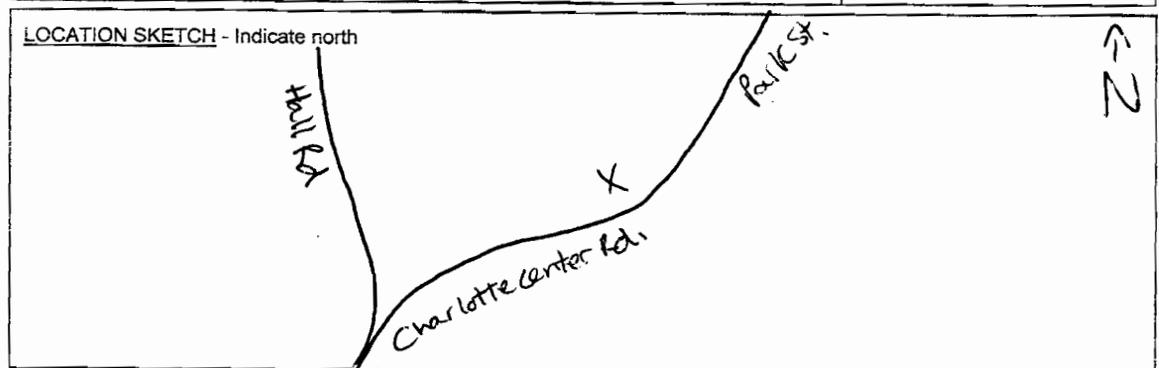


(3) DEC Well Number
CU3346

WATER WELL COMPLETION REPORT

(4) OWNER Roger Wilcox		(43) LOG Depth to Bedrock _____ (ft. below ground surface) Ground Elev. <u>1432</u> (ft. above S.L.) Top of Casing <u>2</u> (ft., above (+) or below (-) ground surface)	
(5) ADDRESS 9 Woodview Ct. Hamburg, NY 14075			
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if same as address above, also provide Lat / Long below) Show Lat/Long if available and method used: Charlotte Center Rd. N42°16.572' W79°14.535' <input type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		TOP OF WELL <hr/> Gray Sand & Gravel <hr/> Brown Clay <hr/> Gray Clay & Gravel <hr/> Gray Sand & Gravel <hr/> BOTTOM OF HOLE NYSDEC COPY	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 50	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 10		DATE MEASURED 5/26/11
CASINGS			
(9) DIAMETER 6 in. in. in. in.			
(10) LENGTH 50 ft. ft. ft. in.			
(11) GROUT TYPE / SEALING Casing Seal	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>		
SCREENS			
(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)			
YIELD TEST			
(18) DATE 5/26/11	(19) DURATION OF TEST 4 HOURS		
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) 8		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 10	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 45		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE SUBMERSIBLE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 45		
(34) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			
(35) USE OF WATER (See instructions for choices) RESIDENTIAL			
(36) DATE DRILLING WORK STARTED 5/26/11		(37) DATE DRILLING WORK COMPLETED 5/26/11	
(38) DATE REPORT FILED 7/13/11	(39) REGISTERED COMPANY WILLEY WELL DRILLING	(40) DEC REGISTRATION NO. NYRD 10408	
(41) CERTIFIED DRILLER (Print name) CHAD ELLIS		(42) CERTIFIED DRILLER SIGNATURE <i>Chad Ellis</i>	
* 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.			

E





(1) COUNTY Chaut
 (2) TOWN Cherry Creek

(3) DEC Well Number
CU 3397

WATER WELL COMPLETION REPORT

(4) OWNER Paul & Karen Kotarski
 (5) ADDRESS 679 Johnson Plank Road Warren Ohio
 (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 and method used:
 GPS Map Interpolation 42°16'2" N 79°09'20" W
 (7) DEPTH OF WELL BELOW LAND SURFACE (feet) 67'
 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 15' DATE MEASURED 10-25-2011

(43) LOG
 Depth to Bedrock 55' (ft. below ground surface)
 Ground Elev. 1350 (ft. above S.L.)
 Top of Casing 2 (ft., above (+) or below (-) ground surface)

CASINGS
 (9) DIAMETER 6 in. | in. | in. | in.
 (10) LENGTH 63' ft. | ft. | ft. | in.
 (11) GROUT TYPE / SEALING cutting bedtonite
 (12) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

TOP OF WELL

<u>MUD</u>	<u>0-3</u>
<u>BROWN CLAY</u>	<u>3-22</u>
<u>GRAY CLAY</u>	<u>20-45</u>
<u>CLAY TILL</u>	<u>45-55</u>
<u>BED ROCK</u>	<u>55-67</u>

SCREENS
 (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)

YIELD TEST
 (18) DATE 10-25-2011
 (19) DURATION OF TEST 6 hours
 (20) LIFT METHOD Pump Air Lift Bail
 (21) STABILIZED DISCHARGE (GPM) 5
 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 5
 (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 20'
 (24) RECOVERY (Time in hours/minutes) 45 minutes
 (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION
 (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 Rotary Cable Tool Other _____
 (35) USE OF WATER (See instructions for choices) domestic
 (36) DATE DRILLING WORK STARTED 10-12-2011
 (37) DATE DRILLING WORK COMPLETED 10-25-2011
 (38) DATE REPORT FILED 10 2011
 (39) REGISTERED COMPANY Nobles Well Drilling
 (40) DEC REGISTRATION NO. NYRD 10018
 (41) CERTIFIED DRILLER (Print name) Higley Nobles
 (42) CERTIFIED DRILLER SIGNATURE * Higley Nobles

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BOTTOM OF HOLE
NYSDEC COPY



(1) COUNTY Chaut
 (2) TOWN Cassadaga

(3) DEC Well Number
CU 3400

WATER WELL COMPLETION REPORT

(4) OWNER Marie Scinta
 (5) ADDRESS 7030 Putman Rd Cassadaga 14718
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here if address is same as above)
 (7) LATITUDE/LONGITUDE AND METHOD USED GPS Map N 42° 18.556 W 079° 18.560
 (8) TAX MAP NO.

(45) WELL LOG
 Depth to Bedrock _____ (ft. below land surface)
 Ground Elevation _____ (ft. above sea level)
 Top of Casing 2' (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 126
 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)
 DATE MEASURED

TOP OF WELL

CASINGS

(11) DIAMETER 6 in. | | | | in.
 (12) LENGTH 125'5" ft. | | | | ft. | | | | in.
 (13) GROUT TYPE / SEALING benzene
 (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20

0-5 Brown clay & stones
5-10 Brown Pea Size Gravel

SCREENS

(15) MAKE & MATERIAL
 (16) OPENINGS
 (17) DIAMETER in. | | | | in.
 (18) LENGTH ft. | | | | ft. | | | | in.
 (19) DEPTH TO TOP OF SCREEN. FROM TOP OF CASING (Feet)

10-14 Brown Pea Size gravel
14-30 grey silty sand with stones

YIELD TEST

(20) DATE
 (21) DURATION OF TEST 4 hr
 (22) LIFT METHOD Pump Air Lift Bailor
 (23) STABILIZED DISCHARGE (GPM) 12
 (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

30-60 grey silty clay
60-120 grey clay

PUMP INSTALLATION

(28) PUMP INSTALLED? YES NO
 (29) DATE
 (30) PUMP INSTALLER
 (31) TYPE
 (32) MAKE
 (33) MODEL
 (34) MAXIMUM CAPACITY (GPM)
 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

120-128 grey gravel & water
12 gpm

DRILLER INFORMATION

(36) METHOD OF DRILLING Rotary Cable Tool Other
 (37) USE OF WATER (See instructions for choices) Domestic
 (38) DATE DRILLING WORK STARTED
 (39) DATE DRILLING WORK COMPLETED
 (40) DATE REPORT FILED 11-9-11
 (41) REGISTERED COMPANY James Well Drilling Inc
 (42) DEC REGISTRATION NO. NYRD 10091
 (43) CERTIFIED DRILLER (Print name) Joe Crossen
 (44) CERTIFIED DRILLER SIGNATURE * Joe Crossen

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BOTTOM OF HOLE
 NYSDEC



(1) COUNTY Chaut

(2) TOWN Sinclairville

(3) DEC Well Number
CU3401

WATER WELL COMPLETION REPORT

(4) OWNER
Gary Mazurkiewicz

(5) ADDRESS
185 Hillpine Rd Cheektowaga NY 14227

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here if address is same as above)
N42° 16' 19.3" W079° 14' 7.17"

(7) LATITUDE/LONGITUDE AND METHOD USED
 GPS Map

(8) TAX MAP NO.

(45) WELL LOG

Depth to Bedrock 19 (ft. below land surface)

Ground Elevation _____ (ft. above sea level)

Top of Casing 2 (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet)

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)

DATE MEASURED

TOP OF WELL

CASINGS

(11) DIAMETER 6" in. | in. | in. | in.

0-5 Brown Clay & Stones

(12) LENGTH 21.5 ft. | ft. | ft. | in.

(13) GROUT TYPE / SEALING Bitum Seal

(14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 21

5-10 Brown Clay

SCREENS

(15) MAKE & MATERIAL

(16) OPENINGS

10-15 clay & Soft Shale

(17) DIAMETER in. | in. | in. | in.

(18) LENGTH ft. | ft. | ft. | in.

15-20 Soft Shale with clay

(19) DEPTH TO TOP OF SCREEN. FROM TOP OF CASING (Feet)

YIELD TEST

(20) DATE

(21) DURATION OF TEST 24

20-100 shale

(22) LIFT METHOD Pump Air Lift Bailer

(23) STABILIZED DISCHARGE (GPM) 8

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 38' 9"

(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 3' 0"

8 GPM

(26) RECOVERY (Time in hours/minutes) 12 min

(27) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(28) PUMP INSTALLED? YES NO

(29) DATE 11-15-11

(30) PUMP INSTALLER Mike Jones

(31) TYPE Sub

(32) MAKE Golders

(33) MODEL 75B05422

(34) MAXIMUM CAPACITY (GPM) 10

(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

DRILLER INFORMATION

(36) METHOD OF DRILLING Rotary Cable Tool Other

(37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 10-11-11

(39) DATE DRILLING WORK COMPLETED 11-15-11

(40) DATE REPORT FILED

(41) REGISTERED COMPANY Jones Well Drilling, Inc.

(42) DEC REGISTRATION NO. NYRD 10091

(43) CERTIFIED DRILLER (Print name) Mike Jones

(44) CERTIFIED DRILLER SIGNATURE

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BOTTOM OF HOLE

NYSDEC



(1) COUNTY Chaut
 (2) TOWN Sinclairville

(3) DEC Well Number
CU3423

WATER WELL COMPLETION REPORT

(4) OWNER <u>Brad Troutner</u>			(45) WELL LOG		
(5) ADDRESS <u>2468 Johnson Rd Sinclairville NY 14782</u>			Depth to Bedrock <u>15</u> (ft. below land surface)		
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if address is same as above) <u>N 42° 16' 33" W 079° 13' 40"</u>			Ground Elevation _____ (ft. above sea level)		
(7) LATITUDE/LONGITUDE AND METHOD USED <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map		(8) TAX MAP NO.		Top of Casing <u>2'</u> (ft. above (+) or below (-) land surface)	
(9) DEPTH OF WELL BELOW LAND SURFACE (feet)	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED			
CASINGS					
(11) DIAMETER <u>6"</u> in.	in.	in.	in.	TOP OF WELL <hr/> 0-5 clay & Stones 5-10 clay & layers of shale 10-15 soft shale 15-140 shale 3.5 GPM Fills up	
(12) LENGTH <u>18' 2"</u> ft.	ft.	ft.	in.		
(13) GROUT TYPE / SEALING <u>Beuseal</u>	(14) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>15</u>				
SCREENS					
(15) MAKE & MATERIAL		(16) OPENINGS			
(17) DIAMETER	in.	in.	in.	BOTTOM OF HOLE NYSDEC	
(18) LENGTH	ft.	ft.	in.		
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(20) DATE <u>3-27-12</u>		(21) DURATION OF TEST <u>4 hours</u>			
(22) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bailor		(23) STABILIZED DISCHARGE (GPM) <u>3.5</u>			
(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 <input checked="" type="checkbox"/> No _____			
PUMP INSTALLATION					
(28) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____		(29) DATE <u>2-28-12</u>	(30) PUMP INSTALLER <u>Kurt Jones</u>		
(31) TYPE <u>Sub</u>		(32) MAKE <u>Goulds</u>	(33) MODEL <u>75B05422</u>		
(34) MAXIMUM CAPACITY (GPM) <u>8</u>		(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)			
DRILLER INFORMATION					
(36) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other			(37) USE OF WATER (See instructions for choices) <u>Domestic</u>		
(38) DATE DRILLING WORK STARTED <u>2-27-12</u>			(39) DATE DRILLING WORK COMPLETED <u>2-28-12</u>		
(40) DATE REPORT FILED <u>2-13-12</u>	(41) REGISTERED COMPANY <u>Jones Well Drilling</u>		(42) DEC REGISTRATION NO. <u>NYRD 10091</u>		
(43) CERTIFIED DRILLER (Print name) <u>Mike Jones</u>			(44) CERTIFIED DRILLER SIGNATURE 		
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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) COUNTY CHAUT
(2) TOWN ERRY



(3) DEC Well Number
CU3615

WATER WELL COMPLETION REPORT

(4) OWNER
GARY P. MUNTZ

(5) ADDRESS
28 GUYTON AVE. W.E. JAMESTOWN NY 14701

(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 and method used
N 42° 17' 34.54"
W 079° 12' 19.52"

GPS Map (with coordinates)

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 125' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) _____ DATE MEASURED _____

(9) DIAMETER 6 in. in. | in. | in. | in.

(10) LENGTH 32 ft. ft. | ft. | ft. | ft.

(11) GROUT TYPE / SEALING DENTONITE (12) GROUT SEALING INTERVAL FROM _____ TO _____

(13) MAKE & MATERIAL _____ (14) OPENING _____

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | ft.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) _____

(18) DATE 8/2/13 (19) DURATION OF TEST _____

(20) LIFT METHOD Pump Air Lift Bell _____ (21) STABILIZED DISCHARGE (GPM) 20

(22) STATIC LEVEL PRIOR TO TEST (feet) (below top of casing) _____ (23) MAXIMUM DRAWDOWN (feet) (feet) (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

(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 Rotary Cable Tool Other _____ (35) USE OF WATER (See instructions for choices) DOMESTIC

(36) DATE DRILLING WORK STARTED 8/2/13 (37) DATE DRILLING WORK COMPLETED 8/2/13

(38) DATE REPORT FILED 8/5/13 (39) REGISTERED COMPANY CASTER'S HOLDING Co. dba CASTER DRILLING ENTERPRISES (40) DEC REGISTRATION NO NYRD 10084

(41) CERTIFIED DRILLER (Print name) PERNELL CASTER (42) CERTIFIED DRILLER SIGNATURE Pernell L. Caster

(43) LOG

Depth to Bedrock _____ (ft. below ground surface)

Ground Elev 1758 (ft. above S.L.)

Top of Casing 718" above (+) or below (-) ground surface

TOP OF WELL

0'-1' TOP SOIL

1'-28' HARD PAN

28'-32' HARD RED SHALE

32'-38' RED SHALE

38'-125' GRAY SHALE

BOTTOM OF HOLE

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82007

LOCATION SKETCH - Indicate north

NYSDEC COPY

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) COUNTY CHAUT
(2) TOWN CHARLOTTE

(3) DEC Well Number
C43616

WATER WELL COMPLETION REPORT

(4) OWNER <u>MICHAEL J. HECKMAN</u>		(43) LOG	
(5) ADDRESS <u>3795 MOORE RD. WHEATFIELD N.Y. 14120</u>		Depth to Bedrock _____ (ft. below ground surface)	
(6) LOCATION OF WELL (See instructions on Revisions) (Check here <input type="checkbox"/> if same as address above, also provide Lat / Long below) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map Interpolation <u>N 42° 19' 21.55" W 079° 15' 39.77"</u>		Ground Elev. <u>173'</u> (ft. above S.L.) Top of Casing <u>+14"</u> (ft. above (+) or below (-) ground surface)	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>125'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	
(9) DIAMETER <u>6 in.</u>	(10) LENGTH <u>51 ft.</u>	TOP OF WELL	
(11) GROUT TYPE / SEALING <u>BENTONITE</u>	(12) GROUT SEALING INTERVAL (feet) FROM _____ TO _____	0'-1' TOPSOIL	
(13) MAKE & MATERIAL	(14) OPENINGS	1'-8' SAND/STONE	
(15) DIAMETER	(16) LENGTH	8'-15' CLAY	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (feet)	(18) DATE <u>8/16/13</u>	15'-43' HARD PAN	
(19) LIFT METHOD <input type="checkbox"/> Pumps <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(20) STABILIZED DISCHARGE (GPM) <u>5 GPM</u>	43'-51' BROKEN HARD GRAY SHALE	
(21) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(22) MAXIMUM DRAWDOWN (feet/inches below top of casing)	51'-60' GRAY SHALE	
(23) RECOVERY (Time in hours/minutes)	(24) Was the water produced during the test discharged away from immediate area? Yes <input type="checkbox"/> No <input type="checkbox"/>	60'-69' RED SHALE	
(25) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(26) DATE	69'-125' GRAY SHALE	
(27) TYPE	(28) MAKE	BOTTOM OF HOLE	
(29) MAXIMUM CAPACITY (GPM)	(30) PUMP INSTALLATION LEVEL FROM TOP OF CASING (feet)	NYSDEC COPY	
(31) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(32) USE OF WATER (See instructions for choices) <u>DOMESTIC</u>		
(33) DATE DRILLING WORK STARTED <u>8/6/13</u>	(34) DATE DRILLING WORK COMPLETED <u>8/6/13</u>		
(35) DATE REPORT FILED <u>8/9/13</u>	(36) REGISTERED COMPANY <u>CASTER'S HOLDING CO. dba CASTER DRILLING ENTERPRISES</u>		
(37) DEC REGISTRATION NO. <u>NYRD 10084</u>	(38) CERTIFIED DRILLER (Print name) <u>PERNELL CASTER</u>		
(39) CERTIFIED DRILLER SIGNATURE <u>Pernell J. Caster</u>			

LOCATION SKETCH - Indicate north

FAXED
8/9/13

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(1) COUNTY Chautauq

(2) TOWN Cassadaga

(3) DEC Well Number
CU 3624

WATER WELL COMPLETION REPORT

(4) OWNER Beverly Cray
 (5) ADDRESS 6760 Bowers Rd Cassadaga NY 14718
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here if address is same as above)

(45) WELL LOG
 Depth to Bedrock 40 (ft. below land surface)
 Ground Elevation _____ (ft. above sea level)
 Top of Casing 2' (ft. above (+) or below (-) land surface)

(7) LATITUDE/LONGITUDE AND METHOD USED GPS Map N42° 17' 78.5" W 079° 19' 33.5" (8) TAX MAP NO. _____
 (9) DEPTH OF WELL BELOW LAND SURFACE (feet) 180 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) _____ DATE MEASURED _____

TOP OF WELL

CASINGS
 (11) DIAMETER 6 in. | | | | in.
 (12) LENGTH 40'3" ft. | | | | ft. | | | | in.
 (13) GROUT TYPE / SEALING Benseal (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 30

0-5
Stoney Top dirt
5-10
clay & gravel

SCREENS
 (15) MAKE & MATERIAL _____ (16) OPENINGS _____
 (17) DIAMETER _____ in. | | | | in. | | | | in.
 (18) LENGTH _____ ft. | | | | ft. | | | | ft. | | | | in.
 (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) _____

10-15
clay & gravel
15-26
clay & gravel
26-30
soft shale

YIELD TEST
 (20) DATE 8-17-13 (21) DURATION OF TEST 4
 (22) LIFT METHOD Pump Air Lift Bailor (23) STABILIZED DISCHARGE (GPM) 4
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 28'6" (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 20'
 (26) RECOVERY (Time in hours/minutes) _____ (27) Was the water produced during the test discharged away from immediate area? Yes No _____

30-40
soft shale
40-180
shale

PUMP INSTALLATION
 (28) PUMP INSTALLED? YES NO _____ (29) DATE 10-31-13 (30) PUMP INSTALLER _____
 (31) TYPE Sub (32) MAKE Goulds (33) MODEL 7SB05422
 (34) MAXIMUM CAPACITY (GPM) 8 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) _____

DRILLER INFORMATION
 (36) METHOD OF DRILLING Rotary Cable Tool Other _____ (37) USE OF WATER (See instructions for choices) Domestic
 (38) DATE DRILLING WORK STARTED _____ (39) DATE DRILLING WORK COMPLETED 10-31-13
 (40) DATE REPORT FILED 8-16-13 (41) REGISTERED COMPANY Jones Well Drilling Inc (42) DEC REGISTRATION NO. NYRD 10091
 (43) CERTIFIED DRILLER (Print name) Mike Jones (44) CERTIFIED DRILLER SIGNATURE _____

BOTTOM OF HOLE

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