

**Contact E-Mail:** mregan@trcsolutions.com**Reference No:** W047337-012519**Status:** Full Release

UPLOAD DATE

Files: 02/04/2019 [W047337-012519 Regan\\_TRC Solutions.zip](#)**Type of Record(s) Requested:**

Other

**Description of Record(s) Requested:**

Water well completion reports for the Town of Sharon in Schoharie County, New York. Reports/documents on water wells that list any of the following: locations, depths, bedrock description, and/or construction logs

**NYSDEC Office processing the Request:**

Region 4: (Capital Region/Northern Catskills) Covers the counties of: Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady and Schoharie

**If your request pertains to just one Region, select that Region. If your request pertains to more than one Region, select Central Office. If you're unsure which Region your request pertains to, select Central Office. The Department will route your request to the appropriate Region(s)**

**Preferred Method to Receive Records:**

Electronic copies

**NYSDEC will use its best efforts to provide records via the method you select. However, in some cases a particular delivery method is not feasible. In such cases NYSDEC will deliver the records via an alternative method**


Please note not all public documents are available in electronic format. If the document(s)

requested are not available electronically, we will make them available for inspection or by paper copy in accordance with the Public Records Law.

New Message

Cancel

Messages 3

 [Print Messages \(PDF\)](#)

✓  On 2/4/2019 2:47:04 PM, New York DEC Support wrote:

RE: PUBLIC RECORDS REQUEST of 1/25/2019, Reference # W047337-012519

Dear Environmental Scientist Matthew Regan,

Records identified as responsive to your request have been uploaded into DEC's online FOIL request system. Please visit our customer portal by [clicking here](#) to log into your DEC FOIL account, where you can view and download the records.

If I can be of further assistance, please contact me at 518 357-2046 and reference FOIL W047337-012519 or simply reply to this email.

Sincerely,  
Region 4 FOIL Assistant  
Christine E. Tappan

✓  On 1/25/2019 9:31:55 AM, New York DEC Support wrote:

Dear Matthew:

Thank you for your Freedom of Information Law (FOIL) request. Your request has been received and is being processed. Your request was received in this office on 1/25/2019 and given the reference number FOIL #W047337-012519 for tracking purposes. You may expect the Department's response to your request no later than **2/25/2019**.

Record Requested: **Water well completion reports for the Town of Sharon in Schoharie County, New York. Reports/documents on water wells that list any of the following: locations, depths, bedrock description, and/or construction logs**

You can monitor the progress of your request at the link below and you'll receive an email when your request has been completed. Again, thank you for using the FOIL Center.

[https://mycusthelp.com/NEWYORKDEC/\\_rs/RequestLogin.aspx](https://mycusthelp.com/NEWYORKDEC/_rs/RequestLogin.aspx)

New York State Department of Environmental Conservation, Record Access Office

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Track the issue status and respond at: [https://mycusthelp.com/NEWYORKDEC//\\_rs/RequestEdit.aspx?rid=47337](https://mycusthelp.com/NEWYORKDEC//_rs/RequestEdit.aspx?rid=47337)

✓  On 1/25/2019 9:31:54 AM, Environmental Scientist Matthew Regan wrote:

Request was created by customer



<b>NYSDEC Well Number</b>	<b>County</b>	<b>Town</b>	<b>Well Location</b>	<b>Latitude (DMS)</b>	<b>Longitude (DMS)</b>	<b>Method</b>	<b>Well Depth (feet)</b>	<b>Yield Test Average Discharge (Gallons Per Minute)</b>	<b>Well Purpose</b>
MT715	Montgomery	Canajoharie	Jones Road	42 49 12	74 37 38	GPS	200	4	Domestic
MT1053	Schoharie	Sharon	White Road	42 47 09	74 33 02	GPS	380	1	Domestic
SO882	Schoharie	Sharon Springs	Center Valley Road	42 46 57.9	74 38 56.2		165	10	Domestic
SO892	Schoharie	Sharon Springs	Route 10	42 44 55.6	74 35 58.1	GPS	170	5	Domestic
SO919	Schoharie	Sharon Springs	1302 Highway 20	42 46 04.7	74 33 09.5	GPS	302	5	Domestic
SO946	Schoharie	Sharon	Gilbert Road				107	10	Domestic
SO959	Schoharie	Sharon	Parsons Road	42 45 35.6	74 36 18.8	DEC	146	15	Domestic
SO981	Schoharie	Sharon	Route 20	42 45 44	74 32 05	GPS	180	3.5	Domestic
SO983	Schoharie	Sharon Springs		42 47 55.2	74 35 38.0	GPS	275	28	Domestic
SO993	Schoharie	Sharon	Hoyt Road	42 47 48	74 32 23	GPS	380	1	Domestic
SO1007	Schoharie	Sharon	Rosenberg Rd	42 44 15.2	74 39 12.3	DEC	93	12	Domestic
SO1013	Schoharie	Sharon	Gilbert Road				95.5	15	Domestic
SO1015	Schoharie	Sharon	Staleyville Road				260	4	Domestic
SO1048	Schoharie	Sharon Springs	State Route 10	42 46 08.6	74 37 24.6	DEC	95	15	Domestic
SO1065	Schoharie	Sharon	White Road	42 48 22.1	74 33 14.0	DEC	200	5	Domestic
SO1103	Schoharie	Sharon	Route 20	42 46 22.8	74 34 13.7	DEC	185	4.5	Domestic
SO1106	Schoharie	Sharon	Argusville Road				198.5	20	Domestic
SO1179	Schoharie	Sharon Springs	Goodrich Road	42 47 43.7	74 35 28.5	GPS	167	60	Domestic
SO1184	Schoharie	Sharon Springs		42 44 45.24	74 46 28.92	GPS	132	20	Domestic
SO1192	Schoharie	Sharon Springs	Stagecoach Road	42 46 55.3	74 37 56.9	GPS	255	5	Domestic

<b>NYSDEC Well Number</b>	<b>County</b>	<b>Town</b>	<b>Well Location</b>	<b>Latitude (DMS)</b>	<b>Longitude (DMS)</b>	<b>Method</b>	<b>Well Depth (feet)</b>	<b>Yield Test Average Discharge (Gallons Per Minute)</b>	<b>Well Purpose</b>
SO1242	Schoharie	Sharon Springs	Route 20	42 46 11.64	74 33 29.94	GPS	95	15	Domestic
SO1384	Schoharie	Sharon	Pomella Road	42 46 40	74 34 20	GPS	380	4	Domestic
SO1410	Schoharie	Sharon	Empie Road	42 46 43	74 33 59	GPS	160	20	Domestic
SO1435	Schoharie	Sharon	Route 20	42 45 29.56	74 30 57.24	GPS	75	15	Domestic
SO1454	Schoharie	Sharon	Chestnut Street	42 47 20.34	74 39 32.76	GPS	250	6	Domestic
SO1475	Schoharie	Sharon	Route 145	42 45 36.96	74 31 55.02	GPS	102	10	Domestic
SO1476	Schoharie	Sharon	Engleville Road	42 44 54.3	74 37 51.4	GPS	275	15	Domestic
SO1523	Schoharie	Sharon	Route 145	42 45 36	74 31 52	GPS	140	29	Domestic
SO1535	Schoharie	Sharon Springs	Slate Hill Road	42 44 42.72	74 35 46.38	GPS	172	15	Domestic
SO1603	Schoharie	Sharon	Parsons Road	42 46 22	74 35 44	GPS	240	20	Domestic
SO1763	Schoharie	Sharon	Argusville Road	42 46 44.4	74 31 17.04	GPS	239	4	Domestic
SO1804	Schoharie	Sharon	Button Road	42 49 03	74 35 19	GPS	260	7.5	Domestic
SO1805	Schoharie	Sharon	Button Road	42 49 01.5	74 35 22.3	GPS	273	10	Domestic
SO1806	Schoharie	Sharon	Slate Hill Road	42 44 44.4	74 35 21.5	GPS	553	3	Domestic
SO1811	Schoharie	Sharon	Goodrich Road	42 47 52	74 35 50	GPS	180	20	Domestic
SO1813	Schoharie	Sharon	Doyle Road	42 49 15.3	74 38 31.7	GPS	239	10	Domestic
SO1816	Schoharie	Sharon	Argusville Road	42 47 24.48	74 30 52.74	GPS	130	5	Domestic
SO1833	Schoharie	Sharon	State Route 10	42 48 43.6	74 35 56.4	GPS	165	0.5	Domestic
SO1901	Schoharie	Sharon	Rosenberg Road	42 44 10.38	74 38 25.32	GPS	185.5	6	Domestic
SO1928	Schoharie	Sharon	Goodrich Road	42 48 05.9	74 35 31.4	GPS	192	15	Domestic

<b>NYSDEC Well Number</b>	<b>County</b>	<b>Town</b>	<b>Well Location</b>	<b>Latitude (DMS)</b>	<b>Longitude (DMS)</b>	<b>Method</b>	<b>Well Depth (feet)</b>	<b>Yield Test Average Discharge (Gallons Per Minute)</b>	<b>Well Purpose</b>
SO1972	Schoharie	Sharon	White Road	42 47 58.92	74 33 05.58	GPS	219	4	Domestic
SO1998	Schoharie	Sharon	Onderdunk Road	42 47 05.7	74 31 34.8	GPS	160	15	Domestic
SO2002	Schoharie	Sharon	Slate Hill Road	42 44 48.78	74 35 12.54	GPS	399	0	Domestic
SO2003	Schoharie	Sharon	Argusville Road	42 46 06.36	74 32 09.6	GPS	55	10	Domestic
SO2089	Schoharie	Sharon	Route 20	42 46 02.8	74 32 26.9	GPS	225	6	Domestic
SO2128	Schoharie	Sharon	Sakon Road	42 45 21.12	74 35 51.78	GPS	500	2	Domestic
SO2237	Schoharie	Sharon	Parsons Road	42 46 34	74 35 50	GPS	219	8	Domestic

(1) County MONTGOMERY



(3) DEC Well Number

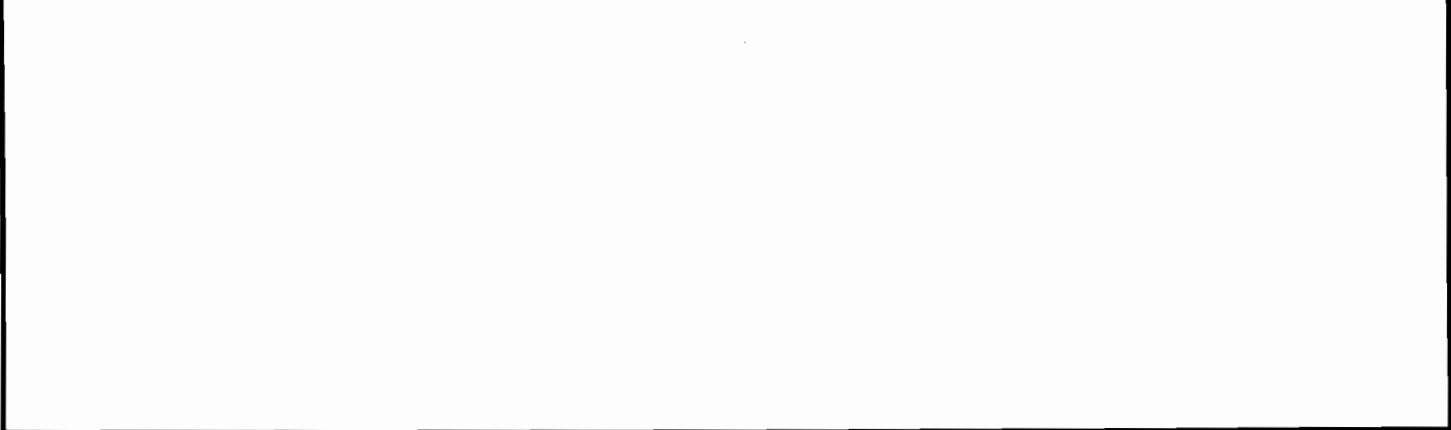
MT 715

(2) Township CANTON

**WELL COMPLETION REPORT**

(4) OWNER <u>GLENN LARKIN</u>			LOG *		
(5) ADDRESS <u>P.O. BOX 179 SHARON SPRINGS, N.Y.</u>			Ground Surface EL. <u>1110</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° 49' 12" N - SONES RB -</u> <u>074° 37' 35" 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>200</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>41'</u>	DATE MEASURED <u>1/23/02</u>	TOP OF WELL		
<b>CASINGS</b>			<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY CLAY</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">1-117</div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY SHALE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY CLAY</div> </div> <hr style="border-top: 1px dashed black;"/> <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY SHALE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY SHALE</div> </div>		
(9) DIAMETER <u>6"</u> in.   in.   in.   in.					
(10) LENGTH <u>119</u> ft.   ft.   ft.   in.					
(11) GROUT TYPE / SEALING					
(12) GROUT / SEALING INTERVAL FROM _____ TO _____					
<b>SCREENS</b>					
(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)					
<b>YIELD TEST</b>			<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY SHALE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY CLAY</div> </div>		
(18) DATE <u>1/22/02</u>	(19) DURATION OF TEST <u>30 MIN</u>				
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" 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)				
(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"/>				
<b>PUMP INSTALLATION</b>			<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY SHALE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAY SHALE</div> </div>		
(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 checked="" type="checkbox"/> Rotary <input 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>1/22/02</u>	(37) DATE DRILLING WORK COMPLETED <u>1/22/02</u>				
(38) DATE REPORT FILED <u>1/23/02</u>	(39) DRILLER & COMPANY <u>KEVIN VEDRIZI</u> <u>PROVOST BROS.</u>	(40) DEC REGISTRATION NO. <u>10227</u>	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">200'</div> </div>		
* 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		
			<b>NYSDEC COPY</b>		

LOCATION SKETCH - Indicate north





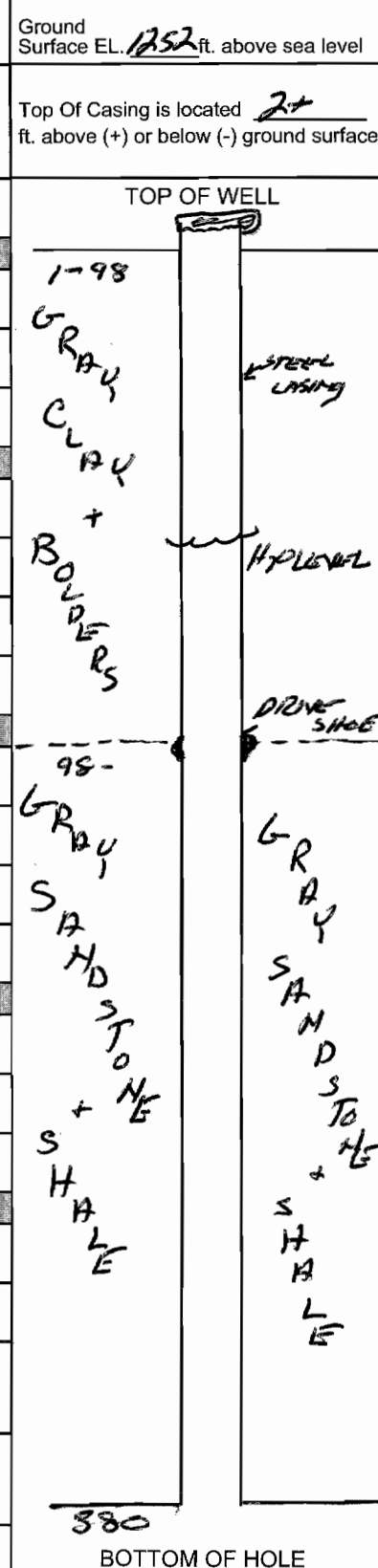
(1) COUNTY SCHOHARIE  
 (2) TOWN SHARON

(3) DEC Well Number

MT1053

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>SHARON PELLEGRINO</u>		LOG *
(5) ADDRESS <u>330 WARNER WEST BABYLON, N.Y. 11795</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° 47' 09" N 074°-33'-02" W</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>380</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>84'</u>	DATE MEASURED <u>10/12/06</u>
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.   in.   in.   in.		
(10) LENGTH <u>100</u> ft.   ft.   ft.   in.		
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>		
(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)		
<b>YIELD TEST</b>		
(18) DATE <u>10/11/06</u>		(19) DURATION OF TEST <u>30 MIN</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>1</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 the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>		
(26) PUMP INSTALLED? YES _____ 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 checked="" type="checkbox"/> Rotary <input 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>10/10/06</u>		(37) DATE DRILLING WORK COMPLETED <u>10/11/06</u>
(38) DATE REPORT FILED <u>10/14/06</u>	(39) REGISTERED COMPANY <u>PROVEST BRS INC.</u>	(40) DEC REGISTRATION NO. <u>NYRD 10227</u>
(41) CERTIFIED DRILLER (Print name) <u>PETER O'CONNOR</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Peter O'Connor</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 Schoharie



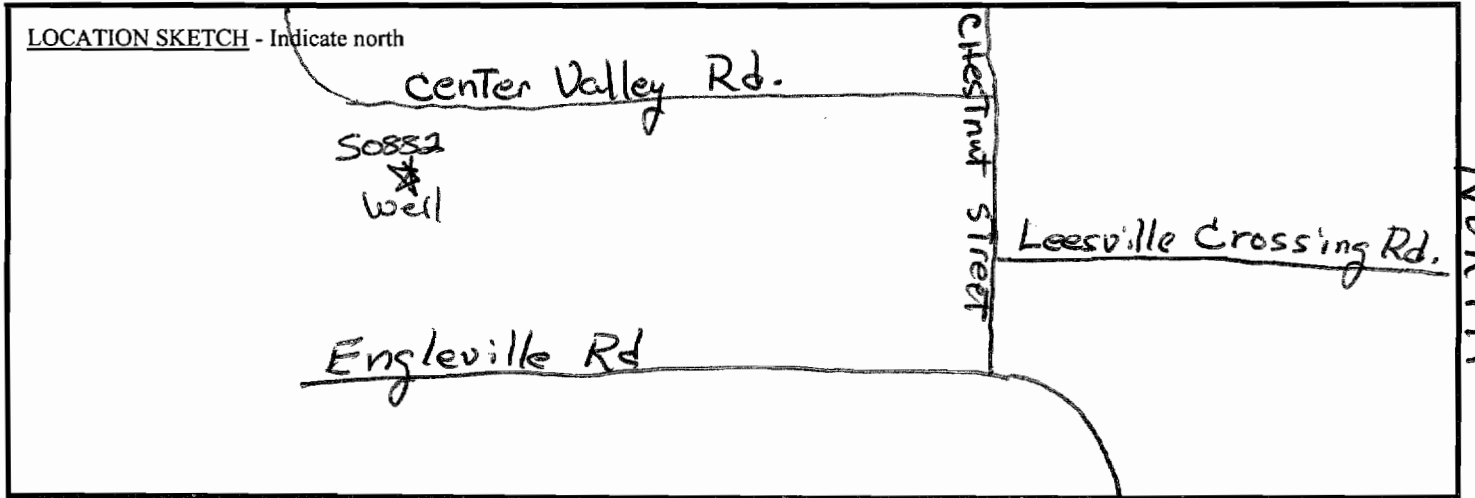
(3) DEC Well Number

**50882**

(2) Township Sharon Springs N.Y.

**WELL COMPLETION REPORT**

(4) OWNER <b>Boyd Hotaling</b>		LOG *	
(5) ADDRESS <b>85 Station Rd. Willsboro N.Y. 12996</b>		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 <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <b>165 ft.</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <b>STATIC 60ft. 9-8-01</b>	DATE MEASURED	
<b>CASINGS</b>			
(9) DIAMETER <b>6</b> in.   in.   in.   in.		TOP OF WELL	
(10) LENGTH ft.   ft.   ft.   in.		<b>0 to 3ft</b>	
(11) GROUT TYPE / SEALING		<b>Brown Dirt + Topsoil</b>	
(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		<b>3 to 13ft.</b>	
(13) MAKE & MATERIAL		<b>gravel</b>	
(14) OPENINGS		<b>13 to 85ft</b>	
(15) DIAMETER in.   in.   in.   in.		<b>Gray Clay and Hard Pan.</b>	
(16) LENGTH ft.   ft.   ft.   in.		<b>85 to 95</b>	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		<b>Rocks + Clay mixed Gray in Color</b>	
<b>YIELD TEST</b>			
(18) DATE <b>9-7-01</b>		(19) DURATION OF TEST <b>4 HOURS</b>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <b>10</b>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <b>62 ft.</b>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes) <b>ONE HOUR 20 MINUTES</b>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____	
<b>PUMP INSTALLATION</b>			
(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) <b>Domestic</b>	
(36) DATE DRILLING WORK STARTED <b>8-29-01</b>		(37) DATE DRILLING WORK COMPLETED <b>9-8-01</b>	
(38) DATE REPORT FILED <b>8-29-01</b>	(39) DRILLER & COMPANY <b>Schrader Drilling</b>	(40) DEC REGISTRATION NO. <b>10321</b>	
* 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. <b>Good Water with No Odor</b>			
See further instructions titled "Instructions for New York State Well Completion Report".			
		<b>still 165 ft. BOTTOM OF HOLE Limestone</b>	
<b>NYSDEC COPY</b>			



(1) County Schoharie



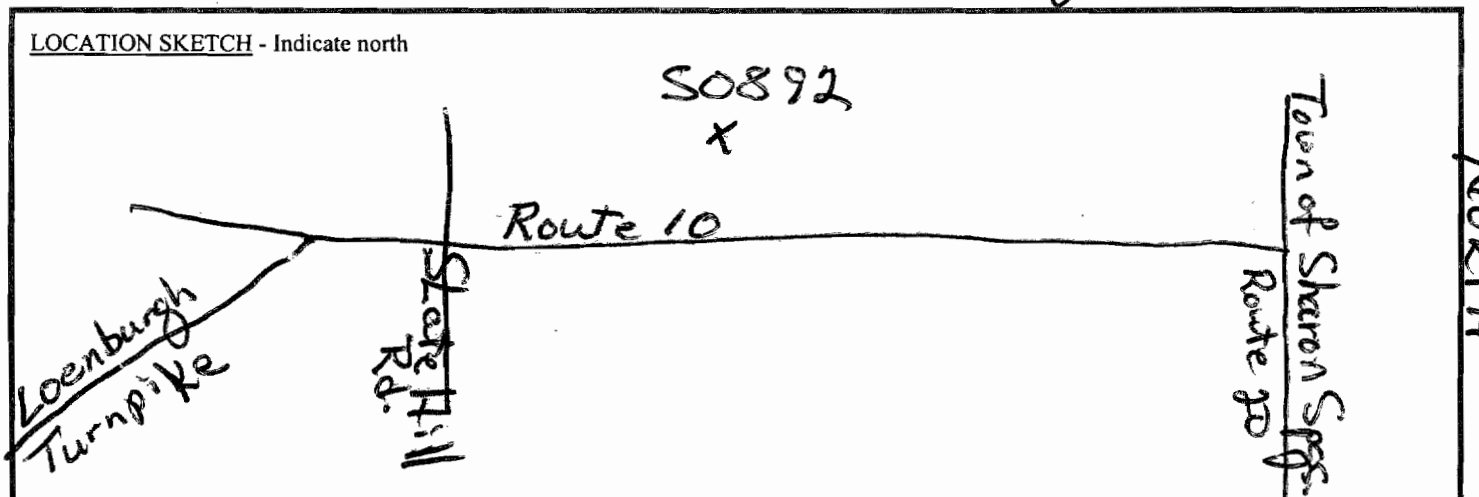
(3) DEC Well Number S0892

(2) Town Sharon Springs

**WELL COMPLETION REPORT**

(4) OWNER <u>Dick Weigel</u>		LOG *	
(5) ADDRESS <u>123 Log Cabin Rd. Richfield Springs N.Y. 13439</u>		Ground Surface EL. <del>123</del> 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° 44. 926'</u> <u>47° 35. 968'</u>		Top Of Casing is located <u>12</u> ft. above <input checked="" type="radio"/> or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>170</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>63</u>	DATE MEASURED <u>8-1-04</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>8</u> in.   <u>6</u> in.   in.   in.			
(10) LENGTH <u>20</u> ft.   <u>2 1/2</u> ft.   ft.   in.			
(11) GROUT TYPE / SEALING <u>Neat Cement</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>20</u> TO <u>Ground</u>		
<b>SCREENS</b>			
(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)			
<b>YIELD TEST</b>			
(18) DATE <u>8-1-04</u>	(19) DURATION OF TEST <u>8 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail <u>Development</u>	(21) STABILIZED DISCHARGE (GPM) <u>5</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>63 ft.</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes) <u>1 hr. 20 min.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(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>7-21-04</u>	(37) DATE DRILLING WORK COMPLETED <u>8-1-04</u>		
(38) DATE REPORT FILED <u>7-21-04</u>	(39) DRILLER & COMPANY <u>Schrader Well Drilling Roger Schrader</u>	(40) DEC REGISTRATION NO. <u>10321</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. <u>I hit Rock at 15 ft. so I dulled 8" well to 2 1/2 then grouted in 20 ft. of casing.</u> See further instructions titled "Instructions for New York State Well Completion Report". <u>Good Clear water after Test pumping</u>			

NYSDEC COPY



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County SCHOHARIE



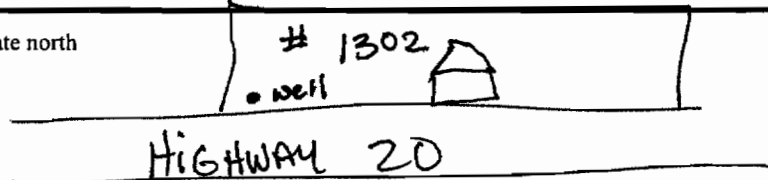
(2) Township SHARON SPRINGS

(3) DEC Well Number So919

**WELL COMPLETION REPORT**

(4) OWNER ROBERT VARIN		LOG *	
(5) ADDRESS RD#2 Box 303 Sharon Springs, NY 13459			
(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 42° 46.078 N 74° 33.158 W 1302 HIGHWAY 20, SHARON, NY		Ground Surface EL1373 ft. above sea level Top Of Casing is located 2± ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 302'	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 100'	DATE MEASURED 12/6/01	
<b>CASINGS</b>			
(9) DIAMETER 6" in.		TOP OF WELL	
(10) LENGTH 30' ft.		0' to 6' medium gravel	
(11) GROUT TYPE / SEALING drive shoe/ bentonite		6' to 24' grey limestone w/ fractures	
(12) GROUT / SEALING INTERVAL (Feet) FROM 30' TO 10'		24' to 262' grey limestone w/ seams black shale & grey soapstone	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER		262' to 302' black shale	
(16) LENGTH			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE 12/6/01		(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) 5 gpm	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 100'		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 240'	
(24) RECOVERY (Time in hours/minutes) 2 hours		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>		(28) PUMP INSTALLER	
(27) DATE		(31) MODEL	
(29) TYPE		(30) MAKE	
(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) domestic	
(36) DATE DRILLING WORK STARTED 12/6/01		(37) DATE DRILLING WORK COMPLETED 12/10/01	
(38) DATE REPORT FILED 3/31/02		(40) DEC REGISTRATION NO. 10005	
(39) DRILLER & COMPANY Carl C. Schmidt Hanson Well Drilling & Pump Co., INC			
* 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".			
302' BOTTOM OF HOLE			
<b>NYSDEC COPY</b>			

LOCATION SKETCH - Indicate north



(1) County Schoharie  
 (2) Township Sharon

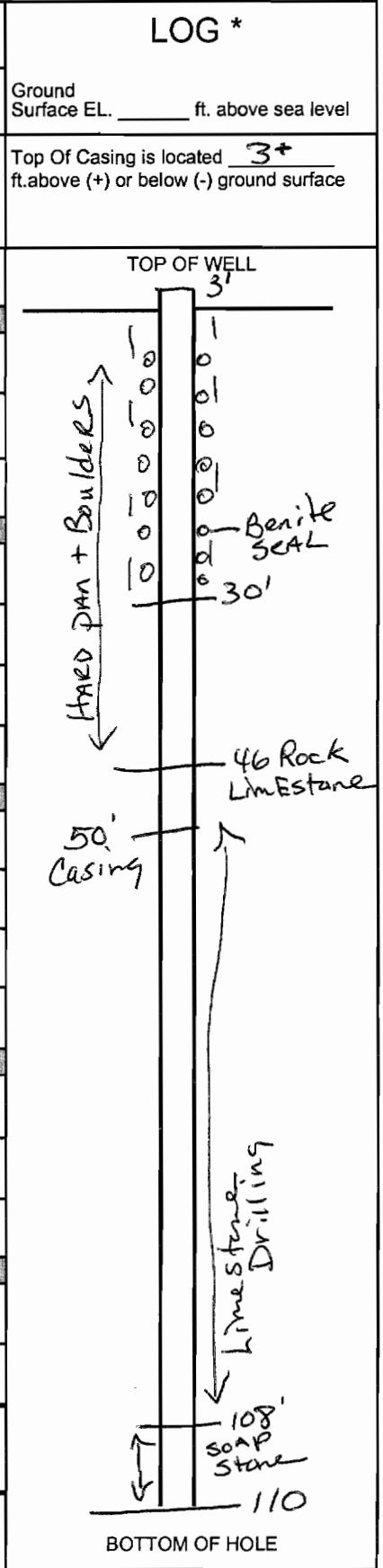


(3) DEC Well Number

50946

**WELL COMPLETION REPORT**

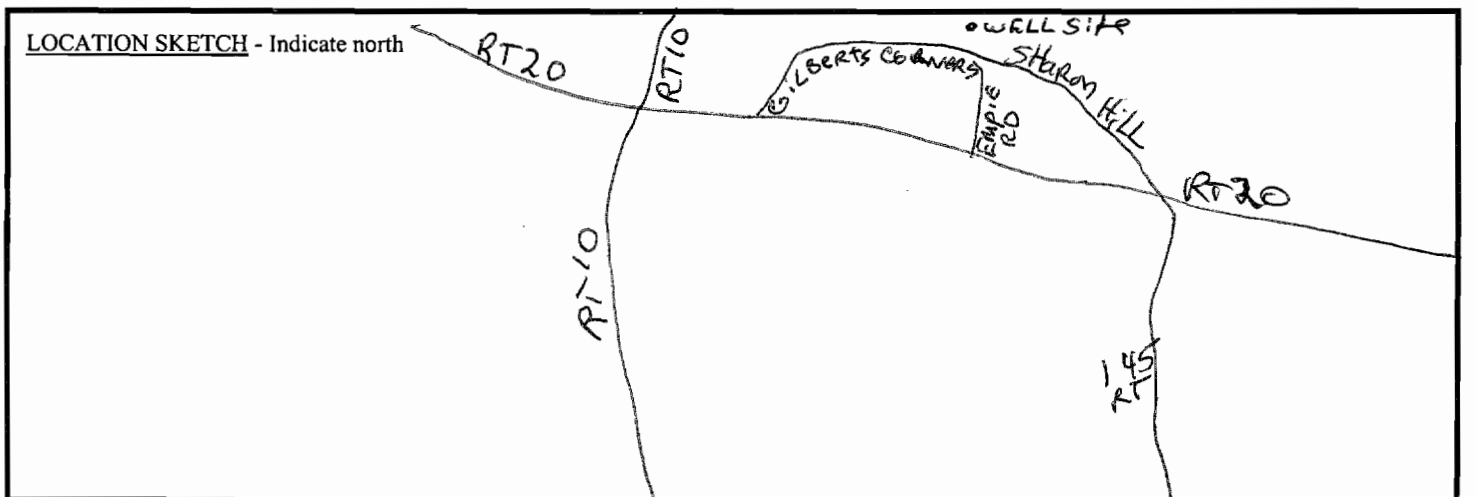
(4) OWNER <u>Charlie Posner</u>		
(5) ADDRESS <u>P.O. Box 803 Katomah N.Y. 10536</u>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>Gilbert RD</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>107'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>65</u>	DATE MEASURED <u>5-16-02</u>
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.   in.   in.   in.		
(10) LENGTH <u>50</u> ft.   ft.   ft.   in.		
(11) GROUT TYPE / SEALING <u>Benite</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>4</u> TO <u>30</u>	
<b>SCREENS</b>		
(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)		
<b>YIELD TEST</b>		
(18) DATE <u>5-16-02</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>10</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>85'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>85'</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"/>	
<b>PUMP INSTALLATION</b>		
(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>5-2-02</u>	(37) DATE DRILLING WORK COMPLETED <u>5-16-02</u>	
(38) DATE REPORT FILED <u>5-16-02</u>	(39) DRILLER & COMPANY <u>MARK Lawrence ce Lawrence Water Well</u>	(40) DEC REGISTRATION NO. <u>10027</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 Schoharie



(3) DEC Well Number

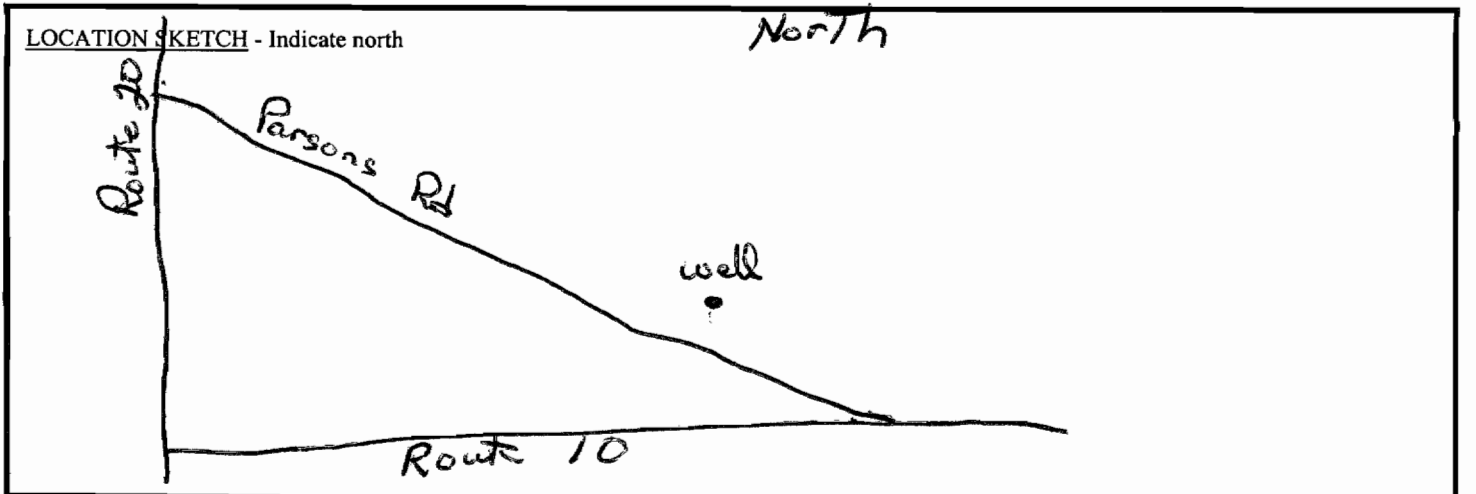
SO 959

(2) Township Sharon

**WELL COMPLETION REPORT**

(4) OWNER <u>Walt Loveridge</u>		LOG *	
(5) ADDRESS <u>286 Pomella Rd Sharon Springs 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>Parsons Rd</u> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>1 1/2 FT</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>146 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>98</u>	DATE MEASURED <u>6-4-02</u>	TOP OF WELL
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.		0 to 10 FT <u>Brown dirt and Gravel</u>	
(10) LENGTH ft.         in.			
(11) GROUT TYPE / SEALING <u>Neat Cement</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>4 FT</u> TO <u>30 FT</u>	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.		10 to 40 FT <u>Gray Clay</u>	
(16) LENGTH ft.         in.		140 to 144 <u>Clay + Gravel mixed</u>	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		144 to 145 <u>Layers of gray shale + some water</u>	
<b>YIELD TEST</b>			
(18) DATE <u>6-4-02</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>15 G.P.M.</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>98</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"/>	
<b>PUMP INSTALLATION</b>			
(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		(37) DATE DRILLING WORK COMPLETED <u>6-4-02</u>	
(38) DATE REPORT FILED <u>5-30-02</u>	(39) DRILLER & COMPANY <u>Schrader Drilling</u>	(40) DEC REGISTRATION NO. <u>10321</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.			146 FT. BOTTOM OF HOLE
See further instructions titled "Instructions for New York State Well Completion Report".			
<b>NYSDEC COPY</b>			

W





(1) COUNTY SCHUYLER  
 (2) TOWN SHARON

(3) DEC Well Number  
50981

**WATER WELL COMPLETION REPORT**

(4) OWNER  
ART SCHNELL

(5) ADDRESS  
1497 HWY RT 20 SHARON SPRINGS, N.Y. 13459

(6) LOCATION OF WELL (See Instructions On Reverse)  
 Show Lat/Long if available and method used:  
 GPS  Map Interpolation 42° 45 44 N 074° 32 05 W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 180

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 22 DATE MEASURED 7/26/02

**CASINGS**

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

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

(11) GROUT TYPE / SEALING BENSEAL

(12) GROUT / SEALING INTERVAL (feet) FROM 20 TO 9

**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 7/25/02

(19) DURATION OF TEST 30 MIN

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 3 1/2

(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 7/25/02

(37) DATE DRILLING WORK COMPLETED 7/25/02

(38) DATE REPORT FILED 10/13/05

(39) REGISTERED COMPANY PROVOST BROS INC.

(40) DEC REGISTRATION NO. NYRD 10227

(41) CERTIFIED DRILLER (Print name) Peter O'Connor

(42) CERTIFIED DRILLER SIGNATURE Peter O'Connor

LOG \*

Ground Surface EL 1308 ft. above sea level

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

**TOP OF WELL**

1-4 CLOG

4-180

BENSEAL GROUT

4" STEEL PIPE

6" DRIVE SHAFT

180'

**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.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County

Schoharie

(2) Township

Sharon Springs

(3) DEC Well number

S0983

WELL COMPLETION REPORT

(4) Owner Sally Mosser			<b>LOG</b>		
(5) Address 335 Goodrich Road Sharon Springs NY 13459					Ground
(6) Location of well - Method used GPS Latitude N42 47.92 Longitude W74 35.634					Surface EL. 983 ft. above sea level
(7) Depth of well below land surface (Feet) 275			(8) Depth to groundwater below land surface (feet) 143' 8"		
			Date Measure 08/05/02		
Casing					
(9) Diameter 6 in.			Top of Well 2+		
(10) Length 221 ft.			3-11ft		
(11) Grout type / Sealing Bentonite			Brown Clay		
(12) Grout / Sealing interval (feet) From 0 To 10			Hardpan		
Screens					
(13) Make & Material			12-38ft		
(14) Openings			Small cobble		
(15) Diameter in.			39-98ft		
(16) Length ft.			Hardpan		
(17) Depth to top of screen, from top of casing (feet)			99-105ft		
			Small Gravel		
Yield Test					
(18) Date 08/05/02			(19) Duration of test 2hrs		
(20) Lift Method (pump, air, bailer) Bailer			(21) Stabilized discharge (gpm) 28gpm		
(22) Static Level prior to test (ft/in below top of casing) 145' 8"			(23) Maximum drawdown (Stabilized) (feet/inches below top of casing) 150' 3"		
(24) Recovery (Time in hours/minutes) 35min			(25) Was the water produced during test discharged away from immediate area? Yes		
Pump Installation					
(26) Pump installed? 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 Cable Tool		(35) Use of water (see instructions for choices) Domestic			
(36) Date drilling started 07/25/02		(37) Date drilling work completed 08/05/02			
(38) Date report filed	(39) Driller & Company Posson Pounding & Pump Serv	(40) DEC Registration Number NYRD10032			
Larry Posson					
* 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

(1) County SCHENECTADY  
 (2) Township SHARON



(3) DEC Well Number

50993  
50994

**WELL COMPLETION REPORT**

(4) OWNER <u>JOHN MCGINNEY</u>		LOG *
(5) ADDRESS <u>398 ALDEN Rd. YORKTOWN HEIGHTS, N.Y. 10598</u>		Ground Surface EL. <u>115</u> ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42°47'48" N HOYT RD.</u> <u>074°32'23" W</u> <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) <u>380</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>36'</u>	DATE MEASURED <u>7/29/02</u>
<b>CASINGS</b>		
(9) DIAMETER <u>6</u> in.         in.		
(10) LENGTH <u>20</u> ft.         in.		
(11) GROUT TYPE / SEALING <u>BEHTRITE</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>20</u> TO <u>10</u>	
<b>SCREENS</b>		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in.         in.		
(16) LENGTH ft.         in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
<b>YIELD TEST</b>		
(18) DATE <u>7/27/02</u>	(19) DURATION OF TEST <u>45 MIN</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>1 QT / MIN</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 ___	
<b>PUMP INSTALLATION</b>		
(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 checked="" type="checkbox"/> Rotary <input 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>7/27/02</u>	(37) DATE DRILLING WORK COMPLETED <u>7/27/02</u>	
(38) DATE REPORT FILED <u>8/18/03</u>	(39) DRILLER & COMPANY <u>PETER O'CONNOR PROVEST BROS. INC.</u>	(40) DEC REGISTRATION NO. <u>10227</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".		<p style="text-align: center;">TOP OF WELL</p> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p style="text-align: center;">1-13'</p> <p style="text-align: center;">GRAY CLAY</p> <p style="text-align: center;">13'</p> <p style="text-align: center;">GRAY SANDSTONE</p> <p style="text-align: center;">SHALE</p> <p style="text-align: center;">380</p> </div> <p style="text-align: center;">BOTTOM OF HOLE</p>
		NYSDEC COPY

LOCATION SKETCH - Indicate north WELL WAS BLASTED 7/28/02  
SOME SALT IN H2O



(1) County Schoharie



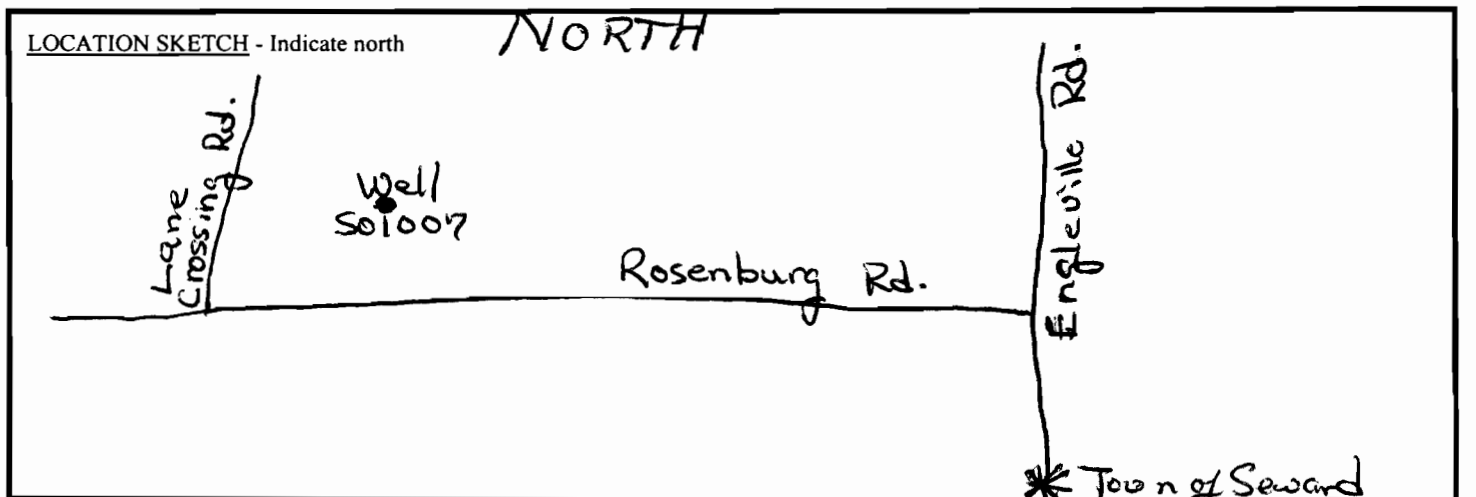
(3) DEC Well Number

501007

(2) Township Seward Sharon

**WELL COMPLETION REPORT**

(4) OWNER <u>Glen + Cindy Hayton</u>		LOG *	
(5) ADDRESS <u>131 Stormville Rd. Hopewell Jct. N.Y. 12533</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>Rosenburg Rd.</u> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		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>93 Ft.</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>35</u>	DATE MEASURED <u>9-20-02</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.		TOP OF WELL 0 to 6 Ft. <u>Brown Dirt</u> 6 to 65 Ft. <u>Real Soft Black shale</u> 65 to 90 Ft. <u>Layers of Black shale and Brown Sand mixed and enough water To Drill with.</u> 90 to 92 Ft. <u>Gravel and Coarse Brown Sand mixed + water</u> 93 Ft. <u>Coarse gravel and Good Water</u> No Sulphur 93 Ft. <u>Bottom of Hole</u>	
(10) LENGTH <u>92</u> ft.         in.			
(11) GROUT TYPE / SEALING <u>Drilling Clay Slurry</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.         in.	(16) LENGTH ft.         in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>9-19-02</u>	(19) DURATION OF TEST <u>Three Times one Hour Each Time</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>12</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>35 Ft.</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 _____		
<b>PUMP INSTALLATION</b>			
(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>9-14-02</u>		(37) DATE DRILLING WORK COMPLETED <u>9-19-02</u>	
(38) DATE REPORT FILED <u>9-14-02</u>	(39) DRILLER & COMPANY <u>Schrader Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10321</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".			
<b>NYSDEC COPY</b>			



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



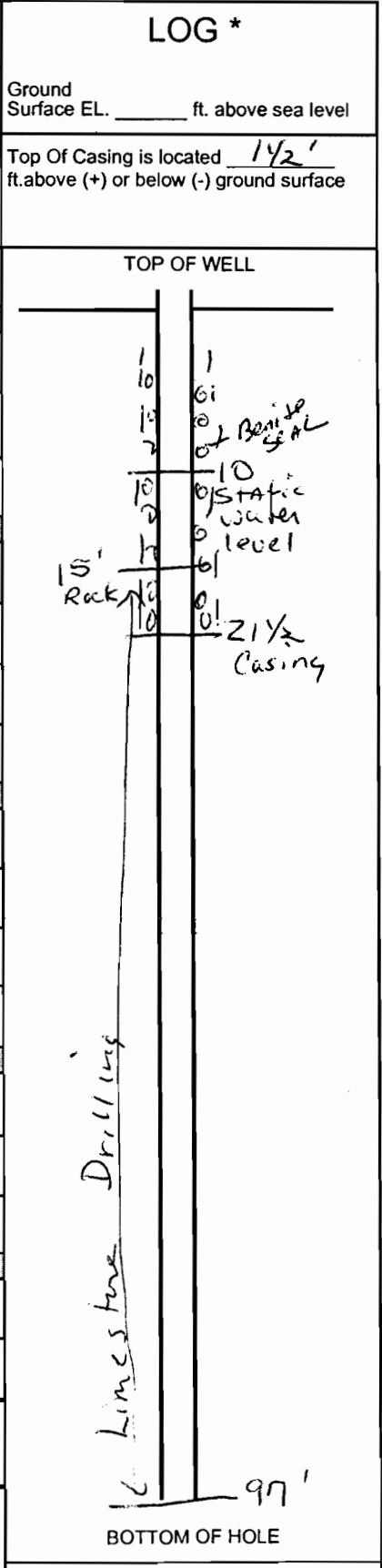
(1) County Schoharie

(3) DEC Well Number S01013

(2) Township Sharon

**WELL COMPLETION REPORT**

(4) OWNER <u>Charles Rosner</u>	
(5) ADDRESS <u>PO Box 803 Katonah, NY 10536</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>Gilbert Rd.</u> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>95 1/2'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>8 1/2</u> DATE MEASURED <u>10/30/02</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.         in.	
(10) LENGTH <u>21 1/2</u> ft.         in.	
(11) GROUT TYPE / SEALING <u>Benite</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in.         in.	
(16) LENGTH ft.         in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <u>10/30/02</u>	(19) DURATION OF TEST <u>2h</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>10'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>97'</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 <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(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>10-9-02</u>	(37) DATE DRILLING WORK COMPLETED <u>10-17-02</u>
(38) DATE REPORT FILED <u>11-7-02</u>	(39) DRILLER & COMPANY <u>Mark Lawrence Lawrence Water Wells</u>
(40) DEC REGISTRATION NO. <u>10027</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.

**INSTRUCTIONS FOR NEW YORK STATE WELL COMPLETION REPORT**

3. **NYSDEC Well Number** - - Record the well number assigned to the driller by NYSDEC (found on the Preliminary Notice for that well). If well number is not available, call NYSDEC toll free at 1-888-472-2619 to obtain the well number.
4. **Owner** - - Record full name of well owner. If well is owned by builder, indicate the builder's name.
5. **Address** - - Record the mailing address of well owner. If well is owned by a builder, record the address of the builder.
6. **Location of Well** - - Record well location in coordinates of latitude and longitude. If coordinates are not available, please submit a written description of well location in box 6.

To determine location of the well, use one or more of the following methods:

- Method 1:** Enter latitude and longitude coordinates of the well. Latitude and Longitude may be determined by one of the following:
- A. The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well.
  - B. Use the On-line Map Coordinate Assistant found on NYSDEC's web site ([www.dec.state.ny.us](http://www.dec.state.ny.us)) or another commercial web site.
  - C. Coordinates may also be interpolated from a map that shows lines of latitude and longitude such as a USGS or NYSDOT map.

**\*\*Please remember to record the method(s) used to determine latitude and longitude in box 6.\*\***

**Method 2:** If Method 1 is not used, please photocopy a section of the appropriate 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map. Record the location of the well AND the NYSDEC well number on the photocopy of the map. With a permanent ink marker or pencil, please write the map name on the photocopy and attach the photocopy to the log completion report.

**Method 3:** If USGS or NYSDOT maps are not available, photocopy the appropriate section of a detailed county road map. With a permanent ink marker or pencil, please locate the well and record the NYSDEC well number on the photocopy of the map.

**Method 4:** On a separate sheet of paper, sketch a map that depicts the location of well. Locate the well with respect to at least two major roads nearest to the well. Please include the north direction on the sketch.

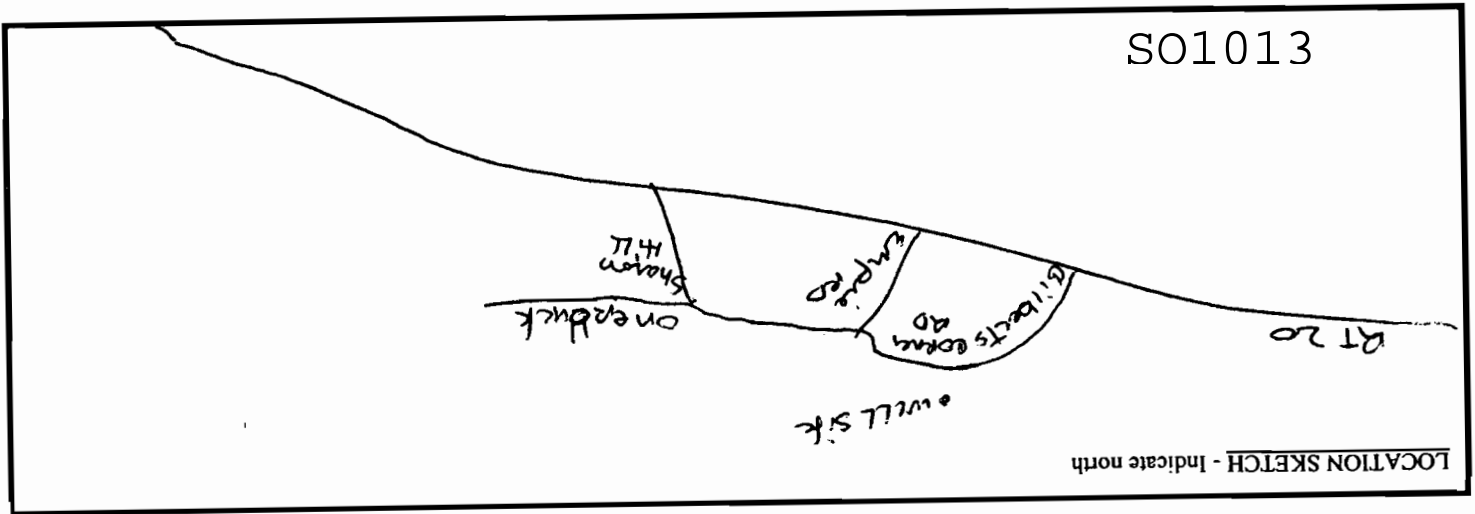
8. **Depth To Groundwater** - - Measure static water level from land surface to groundwater surface (in feet). Include date of water level measurement (note "Stick-up" in the "Log").

**SCREENS**

17. **Depth To Top Of Screen, From Top Of Casing** - - Record the total length of casing from top of screen to top of casing (in feet). Please indicate if multiple screens were installed. Please be certain that "stick-up" is indicated in the "Log" section.

**YIELD TEST**

18. **Date** - - Record date of test. If test extended beyond one day, show start and end dates of test.
19. **Duration Of Test** - - Record duration of test in either minutes or hours and minutes.
20. **Lift Method** - - Check appropriate box to indicate how water was produced (pump, air lift, bailed).
21. **Stabilized Discharge** - - Record rate in gallons per minute (gpm). Indicate the discharge rate that resulted in stabilized drawdown.
22. **Static Level Prior To Test** - - Record the water level prior to test start; show in feet to two decimal places (e.g., 150.04 feet) or use feet and inches. Indicate if any prior pumping occurred and start/end time of that pumping.
23. **Maximum Drawdown (Stabilized)** - - Record the difference between static water level and lowest stabilized water level. Indicate



(1) County Schoharie



(3) DEC Well Number

**S01015**

(2) Township Sharon Springs

**WELL COMPLETION REPORT**

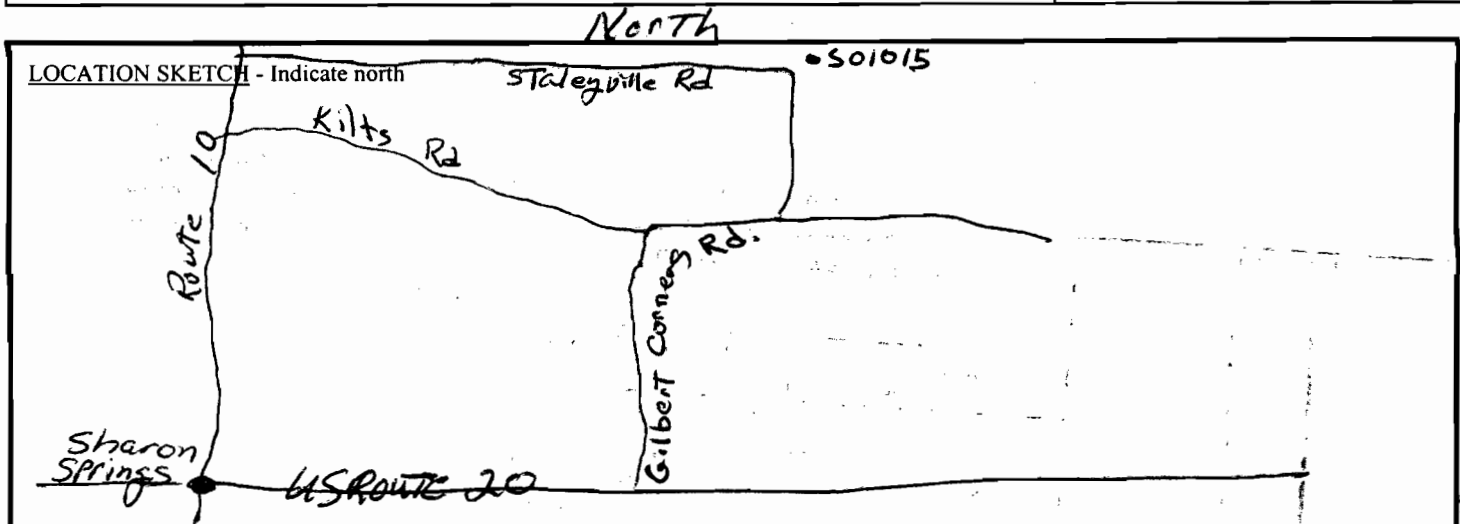
(4) OWNER <u>Andrew Olsen</u>		LOG *	
(5) ADDRESS <u>RRI Engelville Rd. Sharon Springs N.Y.</u>		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>Staleyville Rd. Sharon Springs N.Y.</u> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>21 inches</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>260 Ft</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>42</u>	DATE MEASURED <u>10-15-02</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH ft.         in.			
(11) GROUT TYPE / SEALING <u>Natural drilling Clays</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>42 FT</u> TO <u>ground surface</u>	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>10-15-02</u>		(19) DURATION OF TEST <u>2 Times One Hour Each Time</u>	
(20) LIFT METHOD <input 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)	
(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"/>	
<b>PUMP INSTALLATION</b>			
(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		(37) DATE DRILLING WORK COMPLETED <u>10-15-02</u>	
(38) DATE REPORT FILED <u>10-16-02</u>	(39) DRILLER & COMPANY <u>Schrader Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10321</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. <u>Good Water No Sulphur</u>			
See further instructions titled "Instructions for New York State Well Completion Report".			

TOP OF WELL

1 1/2 ft. of Topsoil  
Then gray clay to 37 ft.  
37 to 42 Soft Gray Shale  
at 95 ft. Gray Shale and 2 g.p.m.  
At 248 ft. Gray shale and no 4 g.p.m.

BOTTOM OF HOLE 260 ft.

**NYSDEC COPY**



(1) County Schoharie



(3) DEC Well Number

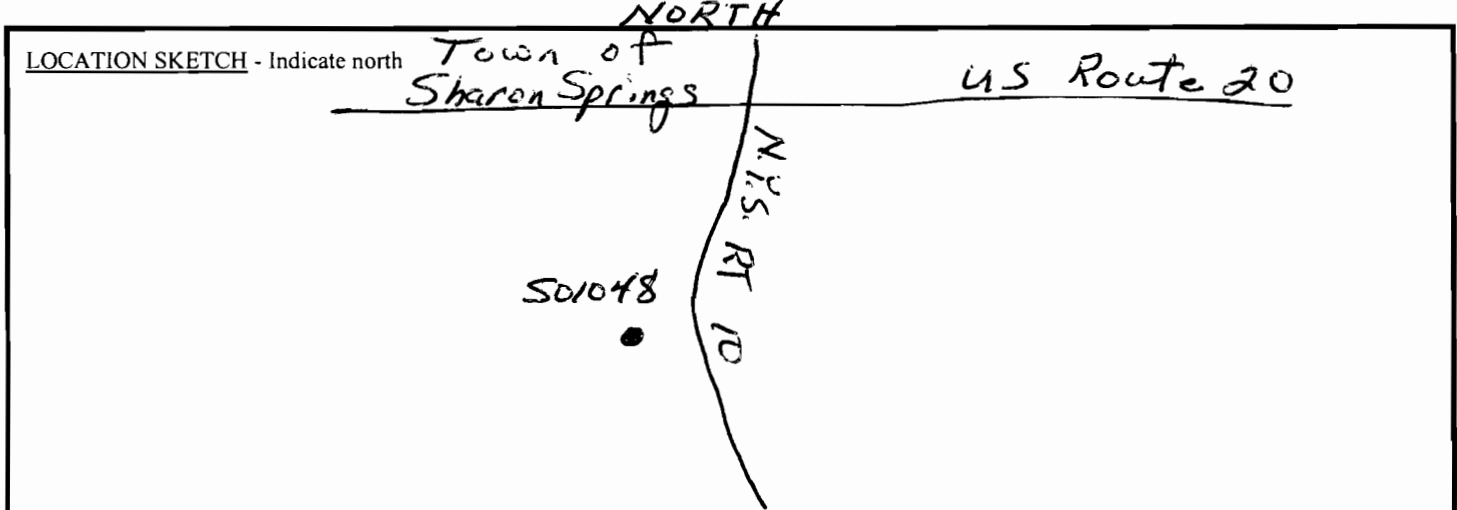
501048

(2) Township Sharon Springs

**WELL COMPLETION REPORT**

(4) OWNER <u>Ron Wolf</u>		LOG *	
(5) ADDRESS <u>151 Union St. Sh. Spgs. NY 13459</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>State Rt. 10 One mile south of Rt. 20</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>95</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>60</u>	DATE MEASURED <u>5-17-03</u>
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.		TOP OF WELL	
(10) LENGTH <u>88</u> ft.         in.		0 to 4 ft. <u>Dirt &amp; Gravel mixed</u>	
(11) GROUT TYPE / SEALING <u>Natural Drilling Clays</u>			
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER         in.		10 to 84 ft. <u>Gray Clayish Hardpan</u>	
(16) LENGTH         ft.		84 to 88 ft. <u>Black Shale</u>	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		At 88 ft. <u>to 95 ft. Limestone</u>	
<b>YIELD TEST</b>			
(18) DATE <u>5-17-03</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>15</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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>			
(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>4-29-03</u> <del>5-9-03</del>		(37) DATE DRILLING WORK COMPLETED <u>5-17-03</u>	
(38) DATE REPORT FILED <u>4-29-03</u>	(39) DRILLER & COMPANY <u>Roger Schrader Schrader Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10321</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. <u>Good Water No Sulphur Odor</u>			
See further instructions titled "Instructions for New York State Well Completion Report".			
		BOTTOM OF HOLE	
<b>NYSDEC COPY</b>			

TOP OF WELL  
 0 to 4 ft. Dirt & Gravel mixed  
 4 to 10 ft. Gray Clay  
 10 to 84 ft. Gray Clayish Hardpan  
 84 to 88 ft. Black Shale  
 At 88 ft. to 95 ft. Limestone  
 Solid  
 Lots of water at 93 ft.



(1) County Schoharie

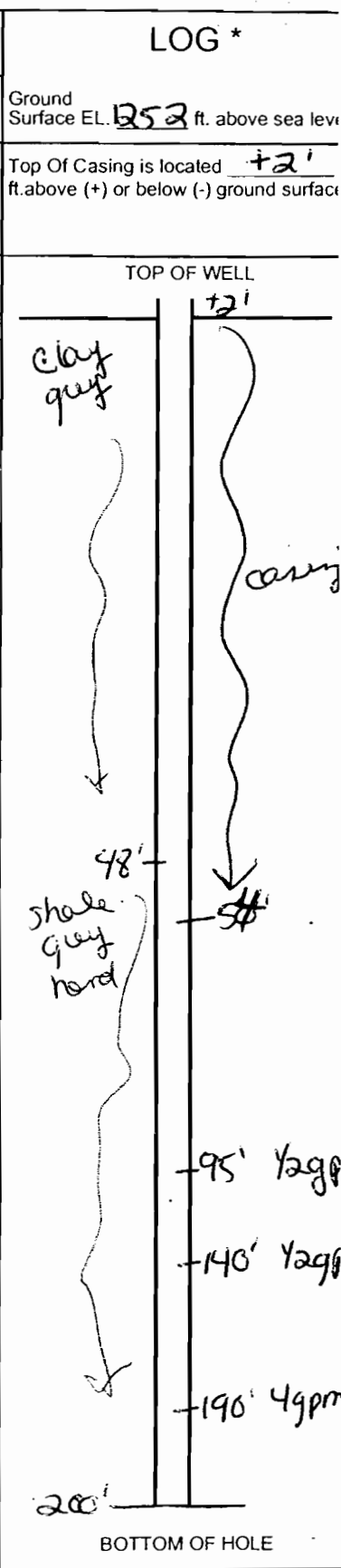


(3) DEC Well Number 501065

(2) Township Sharon

**WELL COMPLETION REPORT**

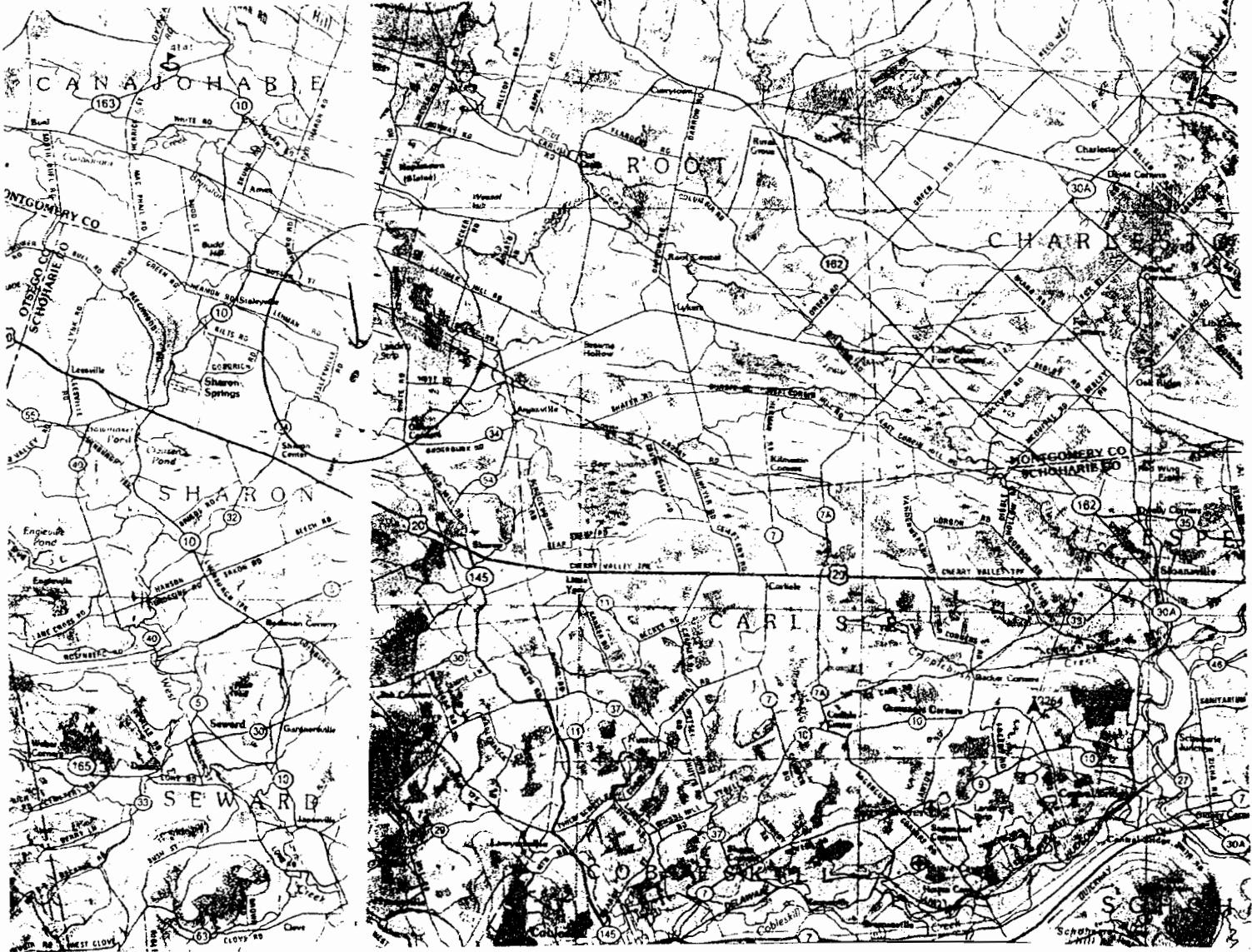
(4) OWNER <u>Chris Tralli</u> <u>910-982-6028</u>	
(5) ADDRESS <u>318 Orchard Rd, Kensington, CT 06037</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N 42° 48.368'</u> <u>W 074° 33.234'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>200'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u> DATE MEASURED <u>6/19/03</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.         in.	
(10) LENGTH <u>56.52</u> ft.         ft.         in.	
(11) GROUT TYPE / SEALING <u>benzene</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>0</u> TO <u>50</u>
<b>SCREENS</b>	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER         in.	(16) LENGTH         ft.         in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
<b>YIELD TEST</b>	
(18) DATE <u>6/19/03</u>	(19) DURATION OF TEST <u>4hr 45min</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>5</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>40'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>190'</u>
(24) RECOVERY (Time in hours/minutes) <u>4hrs</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input 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 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>6/4/03</u>	(37) DATE DRILLING WORK COMPLETED <u>6/19/03</u>
(38) DATE REPORT FILED <u>6/21/03</u>	(39) DRILLER & COMPANY <u>John McCruden</u> <u>John McCruden Well Drilling</u>
(40) DEC REGISTRATION NO. <u>10247</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**

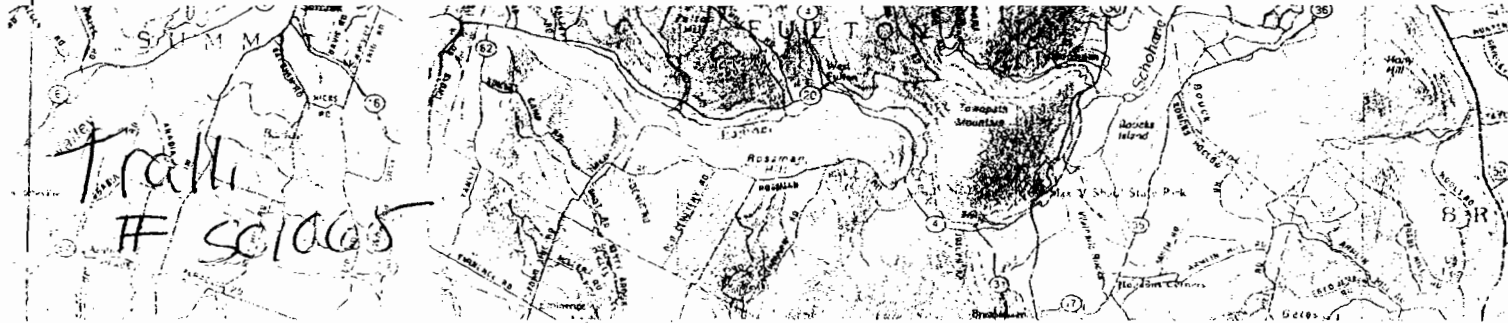


LOCATION SKETCH - Indicate north

See map indicated

NYS Gazetteer p65

50165



(1) County Schoharie



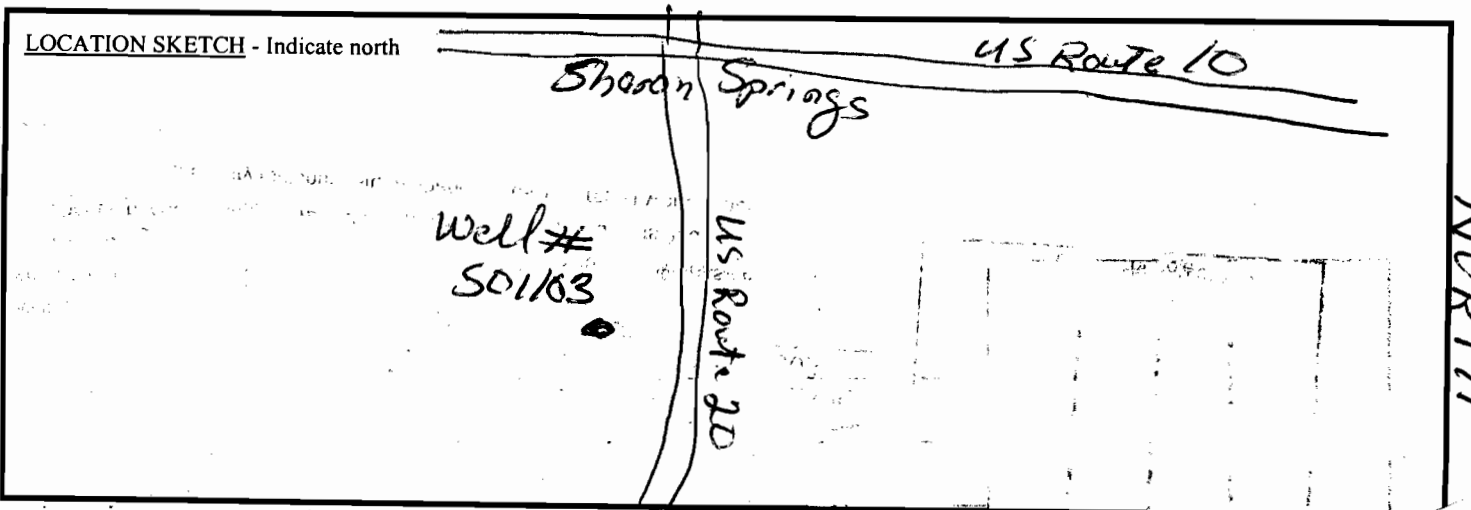
(3) DEC Well Number

SO1103

(2) Township Sharon

**WELL COMPLETION REPORT**

(4) OWNER <u>Bruce Pomella</u>		LOG *	
(5) ADDRESS <u>965 Hwy RT 20 Sh. Spgs. N.Y. 13459</u>		Ground Surface El. <u>1777</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>RT 20 Town of Sharon Springs</u> <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>1 1/2</u> ft. above (+) or below (-) ground surface <u>N 42° 46.380'</u> <u>W 74° 34.229'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>185 Ft.</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>100</u>	DATE MEASURED <u>8-22-03</u>	TOP OF WELL
<b>CASINGS</b>			
(9) DIAMETER <u>8</u> in.   <u>6</u> in.   in.   in.		6 to 7 ft.	
(10) LENGTH <u>20</u> ft.   <u>20</u> ft.   ft.   in.		AT 7 ft.	
(11) GROUT TYPE / SEALING <u>Portland Cement Grout</u>		(12) GROUT / SEALING INTERVAL (Feet) <u>20</u> FROM <u>Ground Surface</u> TO <u>20 ft.</u>	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.   in.   in.   in.		AT 60 ft.	
(16) LENGTH ft.   ft.   ft.   in.		AT 70 ft.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>8-22-03</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>4 1/2</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>100 ft.</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"/>	
<b>PUMP INSTALLATION</b>			
(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>8-14-03</u>		(37) DATE DRILLING WORK COMPLETED <u>8-22-03</u>	
(38) DATE REPORT FILED <u>8-14-03</u>	(39) DRILLER & COMPANY <u>Roger Schroeder Schroeder Well Drilling</u>	(40) DEC REGISTRATION NO. <u>10321</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. <u>Good water No Sulphur Odor</u> See further instructions titled "Instructions for New York State Well Completion Report".			AT 185 ft. <u>4 1/2 gpm</u>  <u>Limestone Rock To 185 ft.</u>  <u>185 ft.</u> BOTTOM OF HOLE
			<b>NYSDEC COPY</b>





(1) County Schoharie



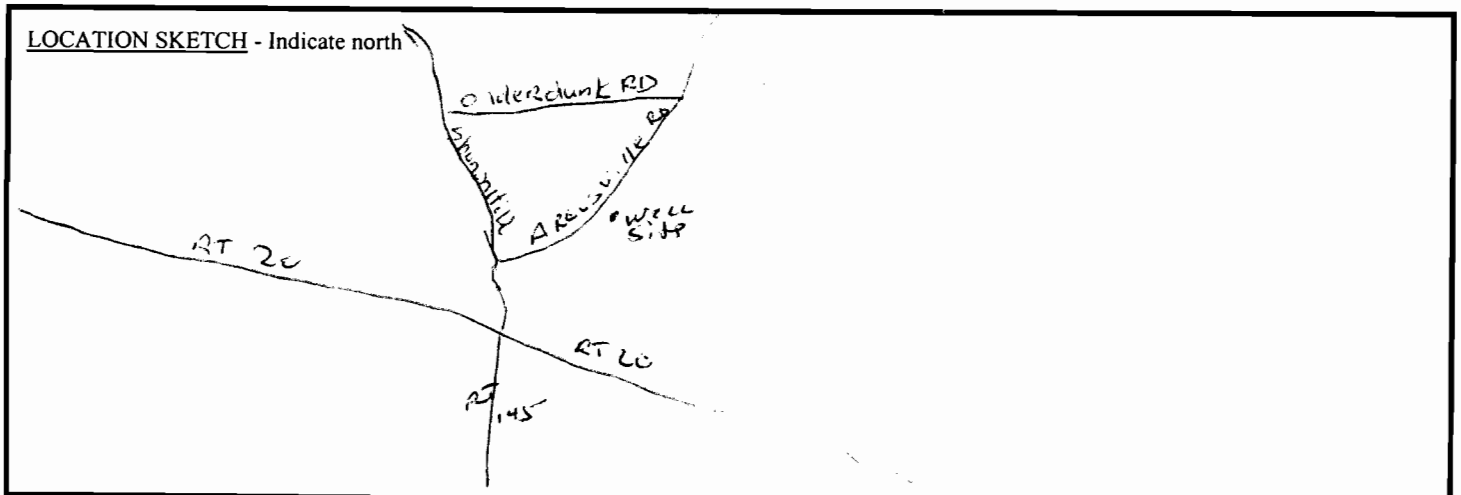
(3) DEC Well Number

504106

(2) Township Sharon

**WELL COMPLETION REPORT**

(4) OWNER <u>Carmen Janousi</u>			LOG * Ground Surface EL. _____ ft. above sea level Top Of Casing is located <u>1 1/2</u> ft. above (+) or below (-) ground surface
(5) ADDRESS <u>Sharon N.Y.</u>			
(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>Let 3 ARGUSVILLE RD Sharon</u>			
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>198 1/2'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>31 1/2'</u>	DATE MEASURED <u>8-22-03</u>	<p>TOP OF WELL</p> <p>BOTTOM OF HOLE</p>
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.   in.   in.   in.			
(10) LENGTH <u>145</u> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING <u>Best Seal</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>4</u> TO <u>145</u>		
<b>SCREENS</b>			
(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)			
<b>YIELD TEST</b>			
(18) DATE <u>8-20-03</u>	(19) DURATION OF TEST <u>2hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>33</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>165'</u>		
(24) RECOVERY (Time in hours/minutes) <u>30min</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(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 checked="" type="checkbox"/> Rotary <input 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>8-19-03</u>	(37) DATE DRILLING WORK COMPLETED <u>8-20-03</u>		
(38) DATE REPORT FILED <u>8-20-03</u>	(39) DRILLER & COMPANY <u>Mark Lawrence Lawrence Water Wells</u>	(40) DEC REGISTRATION NO. <u>10027</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".			
<b>NYSDEC COPY</b>			



(1) County Schoharie  
(2) Township Sharon Springs



(3) Well ID Number SO 1179

### WELL COMPLETION REPORT

(4) OWNER MIKE WICKS

(5) ADDRESS PO Box 163 OLMSTEADVILLE NY 12857

(6) LOCATION OF WELL (Show location on Reverse) Georich Rd.

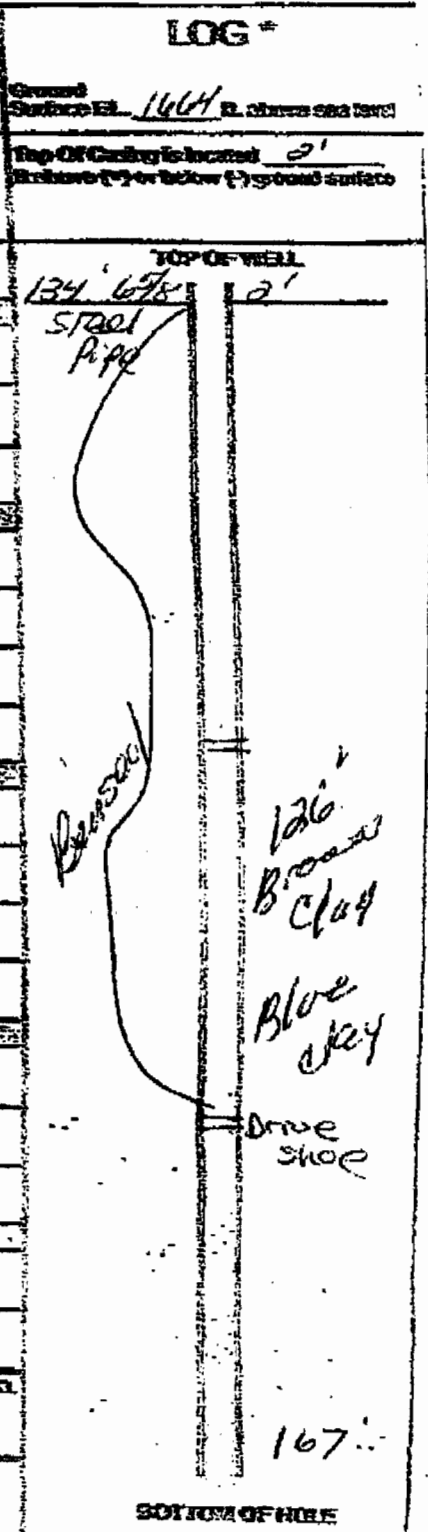
(7) DEPTH OF WELL (Depth to casing) 167

(8) DEPTH TO TOP OF STEEL FROM TOP OF CASING 80

(9) DATE 7-7-04

(10) PUMP TYPE Sub

(11) DATE REPORT FILED 7-7-04



Show log of geologic materials encountered with depth below ground surface, water bearing horizons and water levels in casing, screen, pump, or other pumping tools and other features of interest, e.g., water quality (color, pH, sulfate), Describe rock work. Attach separate sheet if necessary.



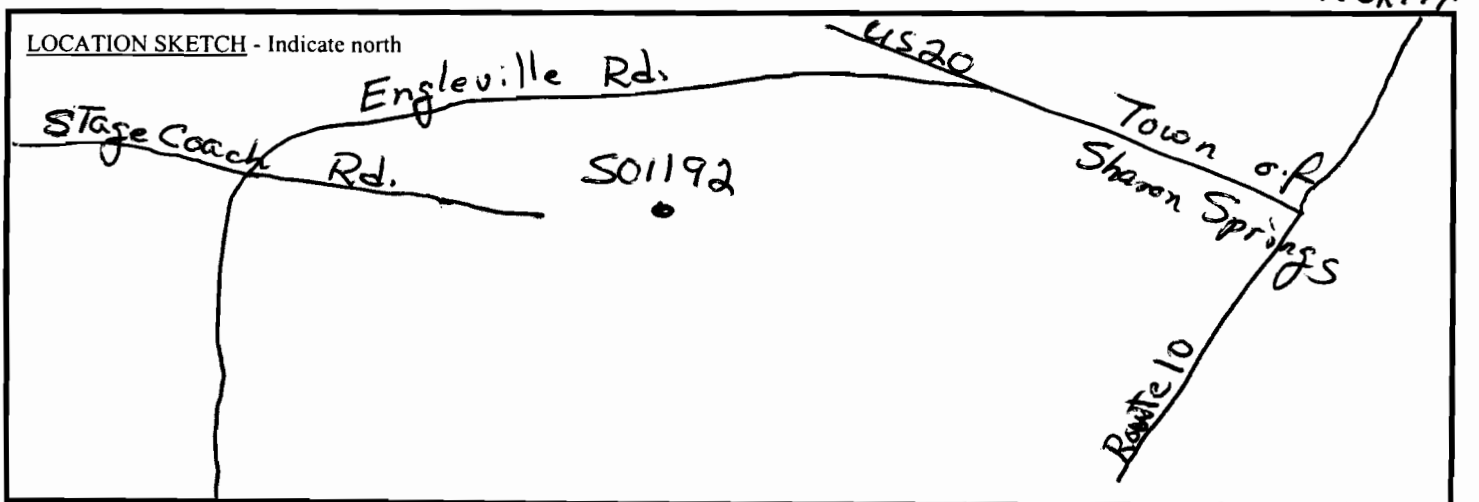
(1) County Schoharie  
 (2) Town Sharon Springs



(3) DEC Well Number SO1192

**WELL COMPLETION REPORT**

(4) OWNER <u>Edward R. Barss</u>		LOG *	
(5) ADDRESS <u>50 North Milton Rd. Saratoga Springs N.Y. 12866</u>		Ground Surface EL. <u>1449</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° 46' 921'</u> <u>74° 37' 949'</u>		Top Of Casing is located <u>2 1/2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>255</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>100</u>	DATE MEASURED <u>7-18-04</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.		0 to 11 ft.	
(10) LENGTH <u>164</u> ft.         in.		11 to 120 ft.	
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____		
<b>SCREENS</b>			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.         in.	20 to 150		
(16) LENGTH ft.         in.	150 to 161		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		161 ft.	
<b>YIELD TEST</b>			
(18) DATE <u>7-18-04</u>	(19) DURATION OF TEST <u>3 Hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>5</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>100 ft.</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>170 ft.</u>		
(24) RECOVERY (Time in hours/minutes) <u>One Hour For A Good Return</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>7-18-04</u>	(28) PUMP INSTALLER <u>Roger Schrader</u>	
(29) TYPE <u>Submersible</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>7G707</u>	
(32) MAXIMUM CAPACITY (GPM) <u>5</u>	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>245</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>7-5-04</u>	(37) DATE DRILLING WORK COMPLETED <u>7-18-04</u>		
(38) DATE REPORT FILED <u>7-2-04</u>	(39) DRILLER & COMPANY <u>Schrader Well Drilling Roger Schrader</u>	(40) DEC REGISTRATION NO. <u>10321</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. <u>Good Water</u>		255 ft. BOTTOM OF HOLE	
See further instructions titled "Instructions for New York State Well Completion Report".		NYSDEC COPY	





SEAL OF WATER PERMITS

(1) COUNTY Schoharie  
 (2) TOWN Sharon Springs

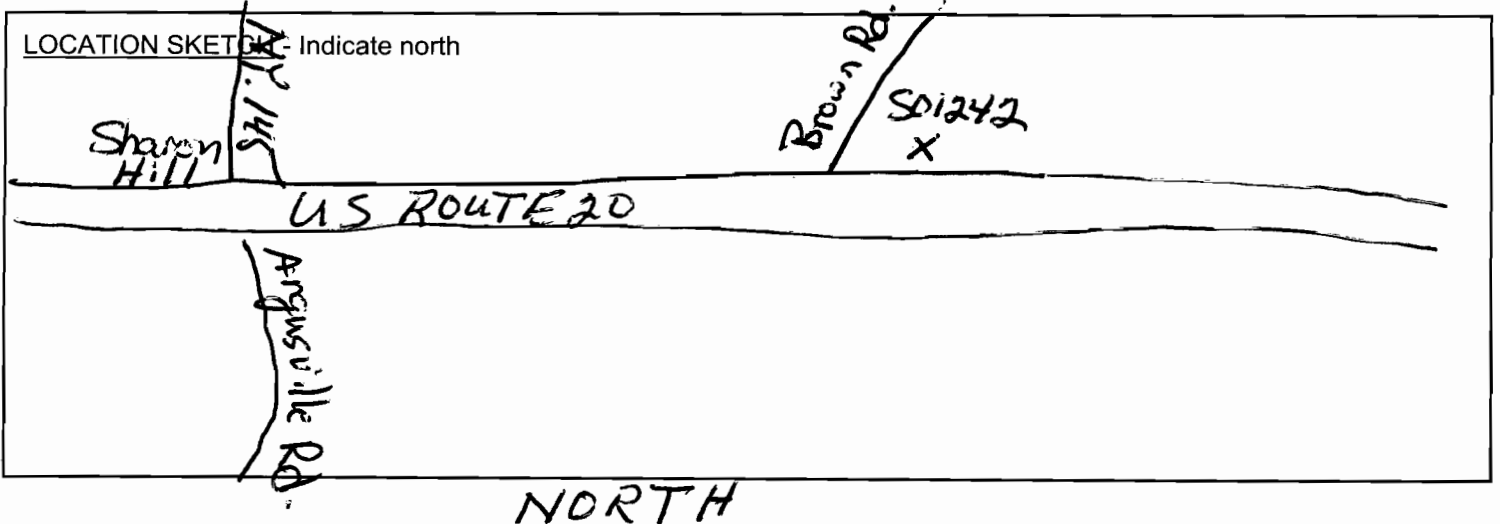
JUN 1 2005

(3) DEC Well Number

SO1242

WATER WELL COMPLETION REPORT

(4) OWNER <u>Wilson Manchester</u>		LOG *	
(5) ADDRESS <u>Great Western Turnpike RT 20 Sh. Spgs N.Y. 13459</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° 46. 194'</u> <u>W 74° 33. 499'</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>95</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>30</u>	DATE MEASURED <u>3-23-05</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>8</u> in.   <u>6</u> in.   in.   in.	8 ft of Brown Dirt Gravel 13 ft. to Bottom of Well Limestone Red from		
(10) LENGTH <u>19</u> ft.   <u>21</u> ft.   ft.   in.			
(11) GROUT TYPE / SEALING <u>Neat Cement</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>Grout</u> TO <u>19 ft</u>	Cement Grout 19 ft. AT 45 ft. 1st water AT 47 ft. 6 gpm AT 65 ft. 156 gpm	
<b>SCREENS NONE</b>			
(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)			
<b>YIELD TEST</b>			
(18) DATE <u>3-22-05</u>	(19) DURATION OF TEST <u>15 Hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail <u>Test Pump</u>	(21) STABILIZED DISCHARGE (GPM) <u>15</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30 ft.</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes) <u>10</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____	(27) DATE <u>4-6-05</u>	(28) PUMP INSTALLER <u>Roger Schrader</u>	
(29) TYPE <u>Goulds 4" Sub</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>13GS</u>	
(32) MAXIMUM CAPACITY (GPM) <u>13</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>Back Up Stock Supply</u>		
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED		
(38) DATE REPORT FILED <u>3-15-05</u>	(39) REGISTERED COMPANY <u>Schrader Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD10321</u>	
(41) CERTIFIED DRILLER (Print name) <u>Roger Schrader</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Roger Schrader</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. <u>Good Clear Water</u>			
		BOTTOM OF HOLE <u>95 ft</u>	
<b>NYSDEC COPY</b>			



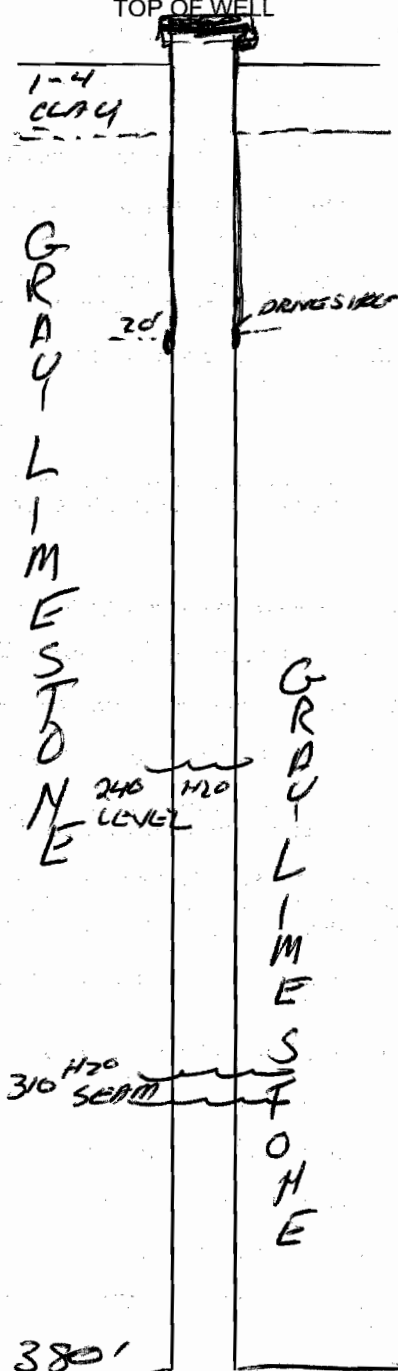


(1) COUNTY SCHENECTADY  
 (2) TOWN SHARON

(3) DEC Well Number  
501384

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>TOM SCHLIERF</u>		LOG *	
(5) ADDRESS <u>1074 HWY. RT. 20 SHARON SPRINGS, NY 13459</u>		Ground Surface El. <u>1506</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° 46' 30" N 074° 34' 20" 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>380</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>241</u>	DATE MEASURED <u>3/12/05</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6</u> in.         in.			
(10) LENGTH <u>20</u> ft.         in.			
(11) GROUT TYPE / SEALING <u>BENSEAL</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>20</u> TO <u>10</u>	
<b>SCREENS</b>			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.         in.			
(16) LENGTH ft.         in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(18) DATE <u>3/11/04</u>		(19) DURATION OF TEST <u>30 MIN</u>	
(20) LIFT METHOD <input 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)	
(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"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>3/13/04</u>	(28) PUMP INSTALLER <u>PROVEST BROS INC</u>
(29) TYPE <u>SUBMERSIBLE</u>		(30) MAKE <u>GEAUS</u>	(31) MODEL <u>50507412</u>
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>360</u>	
(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>DOMESTIC</u>	
(36) DATE DRILLING WORK STARTED <u>3/10/04</u>		(37) DATE DRILLING WORK COMPLETED <u>3/11/04</u>	
(38) DATE REPORT FILED <u>12/21/05</u>	(39) REGISTERED COMPANY <u>PROVEST BROS INC.</u>	(40) DEC REGISTRATION NO. <u>NYRD 10227</u>	
(41) CERTIFIED DRILLER (Print name) <u>Peter O'Connor</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Peter O'Connor</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	
		BOTTOM OF HOLE	
		NYSDEC COPY	



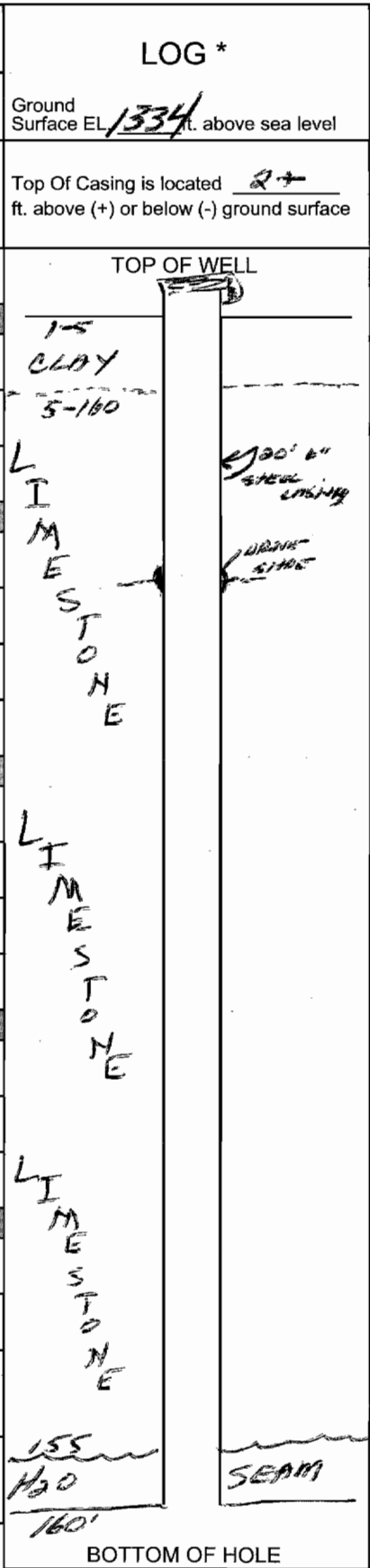


(1) COUNTY SCHENECTADY  
 (2) TOWN SARANAC

(3) DEC Well Number  
SO1410

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>HERB PAGE</u>	
(5) ADDRESS <u>EMPIRE RD SARANAC SPRINGS, 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>42°-46-43N 074°-33-59W</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>160</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED <u>160 8/19/05</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.   in.   in.   in.	
(10) LENGTH <u>20</u> ft.   ft.   ft.   in.	
(11) GROUT TYPE / SEALING <u>BENSENOL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>20</u> TO <u>11</u>
<b>SCREENS</b>	
(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)	
<b>YIELD TEST</b>	
(18) DATE <u>8/18/05</u>	(19) DURATION OF TEST <u>20</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20</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 the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(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 checked="" type="checkbox"/> Rotary <input 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 REPORT FILED <u>2/10/06</u>	(39) REGISTERED COMPANY <u>PROQUEST BROS. INC.</u>
(40) DEC REGISTRATION NO. <u>NYRD 10227</u>	
(41) CERTIFIED DRILLER (Print name) <u>PETER O'CONNOR</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Peter O'Connor</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 Schoharie  
 (2) TOWN Sharon



(3) DEC Well Number  
501435

WATER WELL COMPLETION REPORT

(4) OWNER T Samic Constantine

(5) ADDRESS 1701 RT 20 Sh. Spgs. N.Y. 13459

(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used:  
 GPS  Map Interpolation  
42° 45 491'  
074° 30 954'

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

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) ONE DATE MEASURED 5-1-06

**CASINGS**

(9) DIAMETER 6 in.

(10) LENGTH 75 ft.

(11) GROUT TYPE / SEALING Natural Clays

(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 4-29-06

(19) DURATION OF TEST Pumping for 30 HRS

(20) LIFT METHOD  Pump  Air Lift  Bail

(21) STABILIZED DISCHARGE (GPM) 15

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) one FT.

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 50 FT

(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 4-28-06

(37) DATE DRILLING WORK COMPLETED 4-29-06

(38) DATE REPORT FILED 4-15-06

(39) REGISTERED COMPANY Schrader Well Drilling

(40) DEC REGISTRATION NO. NYRD 10321

(41) CERTIFIED DRILLER (Print name) Roger Schrader

(42) CERTIFIED DRILLER SIGNATURE Roger Schrader

\* 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. Good Clear Water No Sulphur Odor

LOG \*

Ground Surface EL. 1105 ft. above sea level

Top Of Casing is located 1 1/2 ft. above (+) or below (-) ground surface

TOP OF WELL

0 to 11 ft Brown & some gravel

11 to 59 ft Gray Clay Hardpan

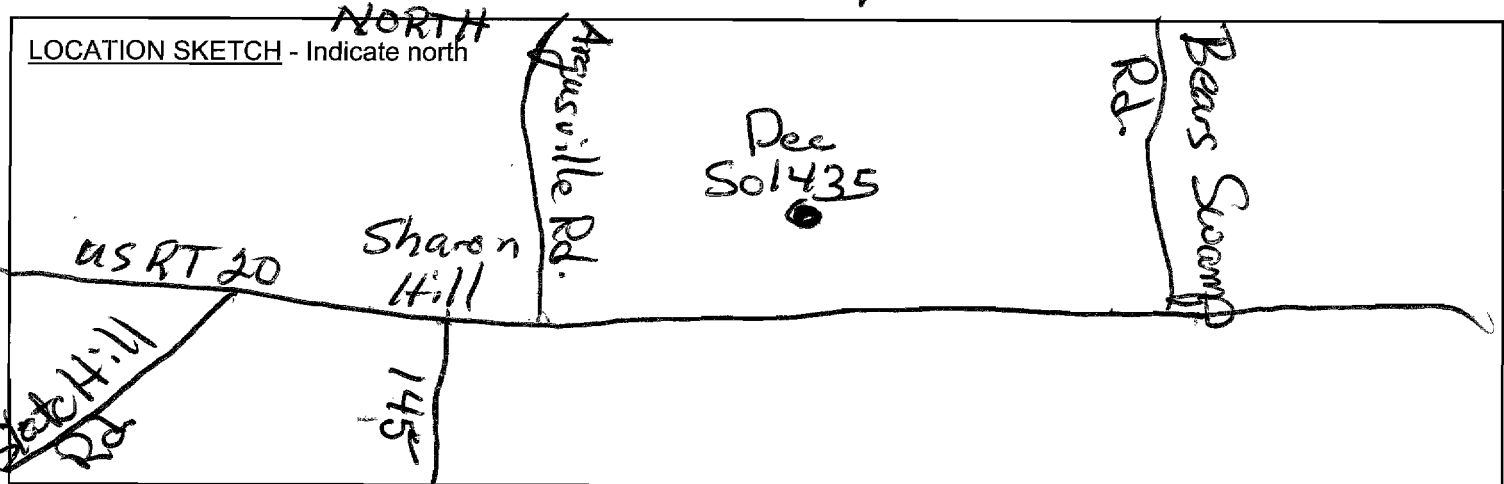
59 to 70 ft Water with fine Brown Sand

70 to 75 ft Coarse Sand + gravel mixed and water

75 FT. BOTTOM OF HOLE

Brown Coarse Sand + gravel finish

NYSDEC COPY





(1) County Schoharie



(3) DEC Well Number SO 1454

(2) Township Sharon

**WELL COMPLETION REPORT**

(4) OWNER <b>Cheryl Richnitzer</b>			<b>LOG *</b>
(5) ADDRESS <b>562 Chestnut St Sharon Springs, NY 13459</b>			Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <b>N 42 47.339 W .074 39.546</b> <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) <b>250</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <b>50</b>	DATE MEASURED <b>06/06/06</b>	<div style="display: flex; justify-content: space-between;"> <span>TOP OF WELL</span> <span>BOTTOM OF HOLE</span> </div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 400px; margin: 0 auto;"></div>
<b>CASINGS</b>			
(9) DIAMETER <b>6</b> in.   in.   in.   in.			
(10) LENGTH <b>40</b> ft.   ft.   ft.   in.			
(11) GROUT TYPE / SEALING <b>Benseal</b>		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
<b>SCREENS</b>			
(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)			
<b>YIELD TEST</b>			
(18) DATE <b>06/06/06</b>		(19) DURATION OF TEST <b>30 min</b>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <b>6</b>	
(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"/>	
<b>PUMP INSTALLATION</b>			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <b>06/07/06</b>	
(28) PUMP INSTALLER <b>Edward van Loan</b>			
(29) TYPE <b>Sub</b>		(30) MAKE <b>Goulds</b>	
(31) MODEL <b>3/4 hp</b>			
(32) MAXIMUM CAPACITY (GPM) <b>7</b>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <b>220</b>	
(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) <b>Domestic</b>	
(36) DATE DRILLING WORK STARTED <b>06/05/06</b>		(37) DATE DRILLING WORK COMPLETED <b>06/06/06</b>	
(38) DATE REPORT FILED <b>12/27/06</b>		(39) DRILLER & COMPANY <b>Edward Van Loan</b>	
(40) DEC REGISTRATION NO. <b>10023</b>			
* 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".			
<b>NYSDEC COPY</b>			

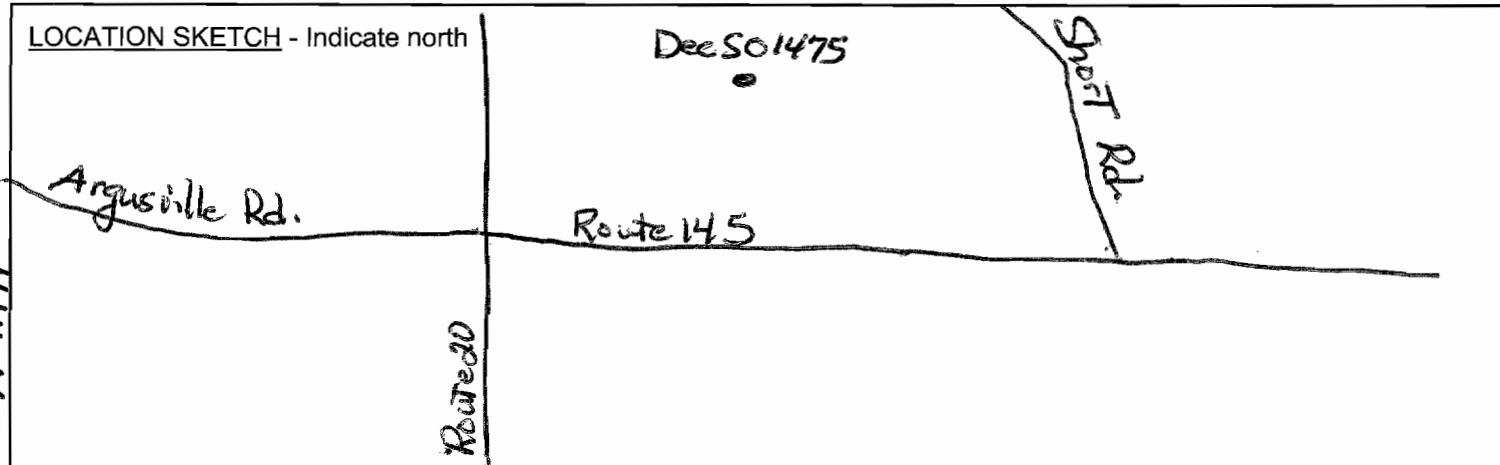


(1) COUNTY Schoharie  
 (2) TOWN Sharon

(3) DEC Well Number  
SO1475

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Kathy and Verne Venette</u>		LOG *	
(5) ADDRESS <u>5952 St. Rt. 145 Sharon Springs N.Y. 13459</u>		Ground Surface EL. <u>1303</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° 45' 616'</u> <u>74° 31' 917'</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>102</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>70</u>	DATE MEASURED <u>8-13-06</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>8</u> in.   <u>6</u> in.   in.   in.		TOP OF WELL <u>0 to 5FT</u> <u>Brown dirt</u> <u>5 to 33 FT Brown Hand pan + clay mixed</u> <u>33 to 102 FT Limestone Rock</u> <u>AT 77 FT Some water</u> <u>AT 100 FT. 10 GPM</u> <u>102 FT</u> BOTTOM OF HOLE	
(10) LENGTH <u>22</u> ft.   <u>33</u> ft.   ft.   in.			
(11) GROUT TYPE / SEALING <u>Betonite and neat cement</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>22 FT</u> TO <u>Top</u>	
<b>SCREENS</b>			
(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)			
<b>YIELD TEST</b>			
(18) DATE <u>8-12-06</u>		(19) DURATION OF TEST <u>ALL Night Long</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail <u>Test Pump</u>		(21) STABILIZED DISCHARGE (GPM) <u>10 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>70 FT</u>		(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"/>	
<b>PUMP INSTALLATION</b>			
(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>7-31-06</u>		(37) DATE DRILLING WORK COMPLETED	
(38) DATE REPORT FILED <u>7-29-06</u>	(39) REGISTERED COMPANY <u>Schrader Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10321</u>	
(41) CERTIFIED DRILLER (Print name) <u>Roger Schrader</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Roger Schrader</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. <u>A Light smell of Sulphur Odor</u>			



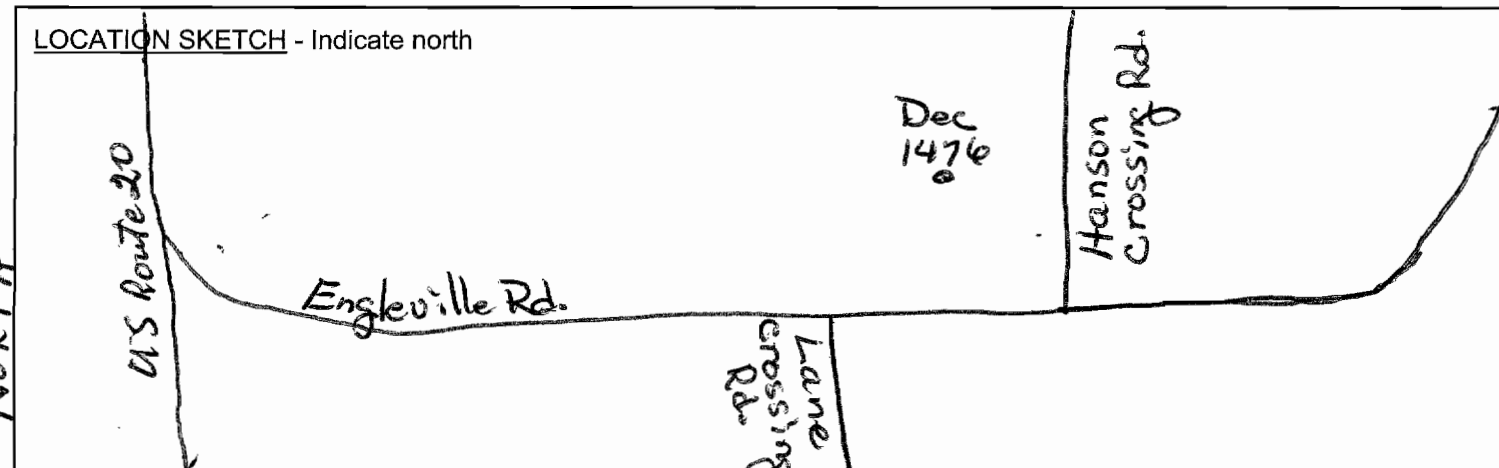


(1) COUNTY Schoharie  
 (2) TOWN Sharon

(3) DEC Well Number  
SD 1476

**WATER WELL COMPLETION REPORT**

(4) OWNER <b>Mike Gilbert</b>		LOG *		
(5) ADDRESS <b>7 Baily Rd. Enfield Conn. 06082</b>		Ground Surface EL. <b>1405</b> 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 <b>42° 44. 905'</b> <b>74° 37. 857'</b>		Top Of Casing is located <b>1 1/2</b> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <b>275</b>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <b>170</b>	DATE MEASURED <b>9-20-06</b>	TOP OF WELL	
<b>CASINGS</b>				
(9) DIAMETER <b>6</b> in.   in.   in.   in.	<b>1 to 15 FT</b>		Brown dirt and Gravel  Gray Clay mixed with gravel  Some Sand mixed with clay  Soft Gray Clay  Brown Clay mixed with sand and gravel  Gray shale Rock & water	
(10) LENGTH <b>261</b> ft.   ft.   ft.   in.				
(11) GROUT TYPE / SEALING <b>Natural drilling Clay</b>	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	<b>15 to 152 FT</b>		
<b>SCREENS</b>				
(13) MAKE & MATERIAL	(14) OPENINGS	<b>152 to 230</b>		
(15) DIAMETER in.   in.   in.   in.				
(16) LENGTH ft.   ft.   ft.   in.				
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	<b>230 to 250</b>			
<b>YIELD TEST</b>				
(18) DATE <b>9-19-06</b>	(19) DURATION OF TEST <b>15 Hours</b>			
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <b>15 GPM</b>		<b>250 to 261</b>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <b>170 Feet</b>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <b>255 FT</b>			
(24) RECOVERY (Time in hours/minutes) <b>30 minutes</b>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>PUMP INSTALLATION</b>				
(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)		<b>261 to 275</b>	
(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) <b>Domestic</b>			
(36) DATE DRILLING WORK STARTED <b>9-1-06</b>	(37) DATE DRILLING WORK COMPLETED <b>9-19-06</b>			
(38) DATE REPORT FILED <b>8-29-06</b>	(39) REGISTERED COMPANY <b>Schrader Well Drilling</b>	(40) DEC REGISTRATION NO. <b>NYRD 10321</b>		
(41) CERTIFIED DRILLER (Print name) <b>Roger Schrader</b>	(42) CERTIFIED DRILLER SIGNATURE <b>Roger Schrader</b>			
* 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.			<b>275 FT</b> BOTTOM OF HOLE	
Good Clear water No Sulphur Odor			<b>NYSDEC COPY</b>	





(1) COUNTY SCHENECTADY  
 (2) TOWN SHARON

(3) DEC Well Number  
SO 1523

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>LAVERNE &amp; KATHARINE VEHETTE</u>		LOG *	
(5) ADDRESS <u>5952 ST RT #145 SHARON SPRINGS, 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° 45' 36" N   074° -31' -52" W</u>		Ground Surface EL. <u>1160</u> 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>140'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>52'</u>	DATE MEASURED <u>1/23/07</u>	
<b>CASINGS</b>			
(9) DIAMETER <u>6"</u> in.       in.       in.       in.		TOP OF WELL 	
(10) LENGTH <u>97</u> ft.       ft.       ft.       in.			
(11) GROUT TYPE / SEALING <u>RENSEAL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____		
<b>SCREENS</b>			
(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)			
<b>YIELD TEST</b>			
(18) DATE <u>1/22/07</u>	(19) DURATION OF TEST <u>30 MIN</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>290 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 the test discharged away from immediate area?   Yes <input checked="" type="checkbox"/> No _____		
<b>PUMP INSTALLATION</b>			
(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) <u>DOMESTIC</u>	
(36) DATE DRILLING WORK STARTED <u>1/19/07</u>		(37) DATE DRILLING WORK COMPLETED <u>1/22/07</u>	
(38) DATE REPORT FILED <u>1/28/07</u>	(39) REGISTERED COMPANY <u>PROVOST BROS. INC.</u>	(40) DEC REGISTRATION NO. <u>NYRD 10227</u>	
(41) CERTIFIED DRILLER (Print name) <u>PETER O'CONNOR</u>		(42) CERTIFIED DRILLER 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.		BOTTOM OF HOLE	
		NYSDEC COPY	



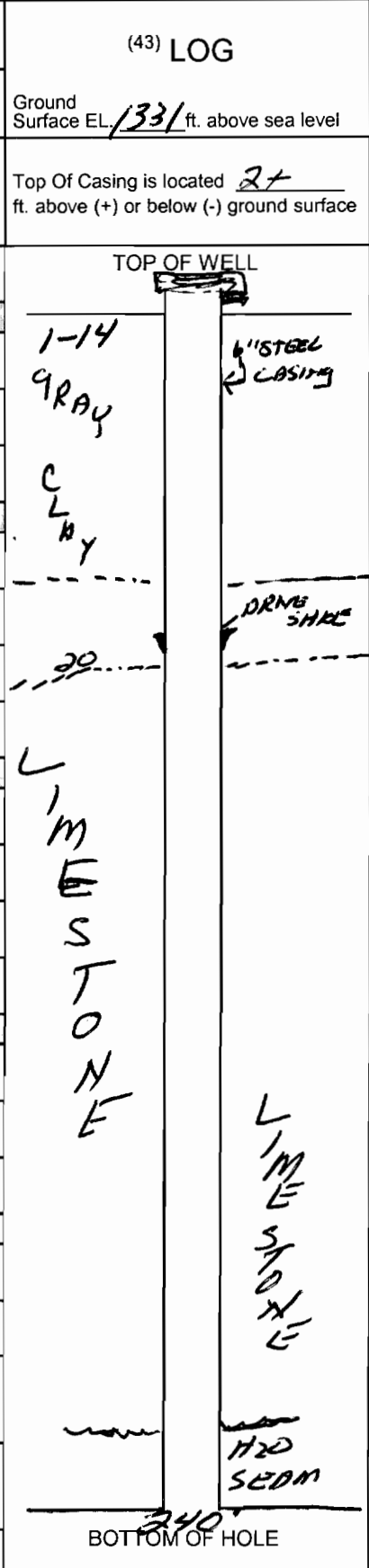


(1) COUNTY SCHOHARIE  
 (2) TOWN SHARON

(3) DEC Well Number  
SO1603

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>HARRY EDSELL</u>	
(5) ADDRESS <u>396 PARSONS RD. SHARON SPRINGS 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° 46' 22" 074° 35' 44"</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>240</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>63'</u> DATE MEASURED <u>8/16/07</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.   in.   in.   in.	
(10) LENGTH <u>20</u> ft.   ft.   ft.   in.	
(11) GROUT TYPE / SEALING <u>BENSENAL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>20</u> TO <u>12</u>
<b>SCREENS</b>	
(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)	
<b>YIELD TEST</b>	
(18) DATE <u>8/15/07</u>	(19) DURATION OF TEST <u>30</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20</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 the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(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 checked="" type="checkbox"/> Rotary <input 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>8/15/07</u>	(37) DATE DRILLING WORK COMPLETED <u>8/15/07</u>
(38) DATE REPORT FILED <u>10/8/07</u>	(39) REGISTERED COMPANY <u>PROVOST BROS INC.</u>
(40) DEC REGISTRATION NO. <u>NYRD 10227</u>	
(41) CERTIFIED DRILLER (Print name) <u>PETER O'CONNOR</u>	(42) CERTIFIED DRILLER SIGNATURE * <u>Peter O'Connor</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**

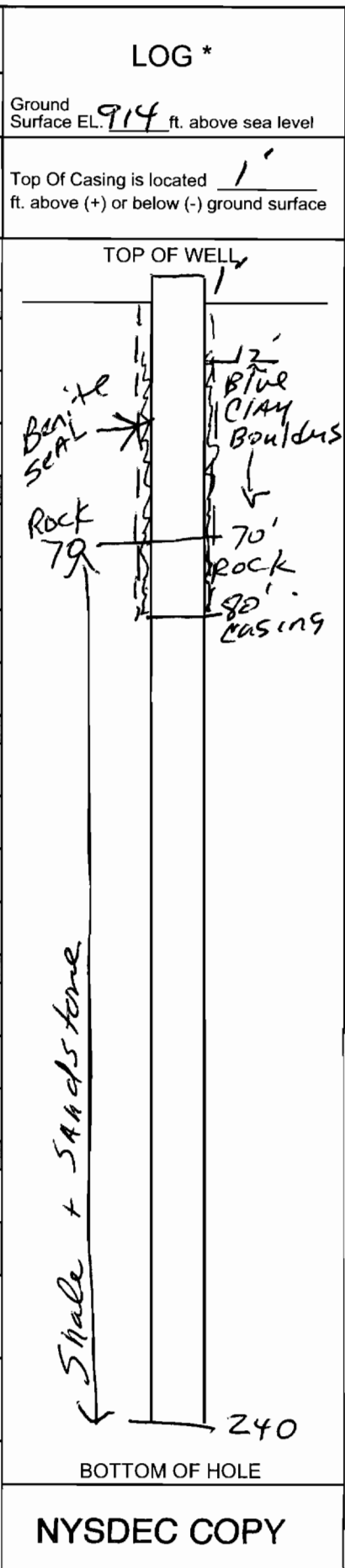


(1) COUNTY Schoharie  
 (2) TOWN Sharon

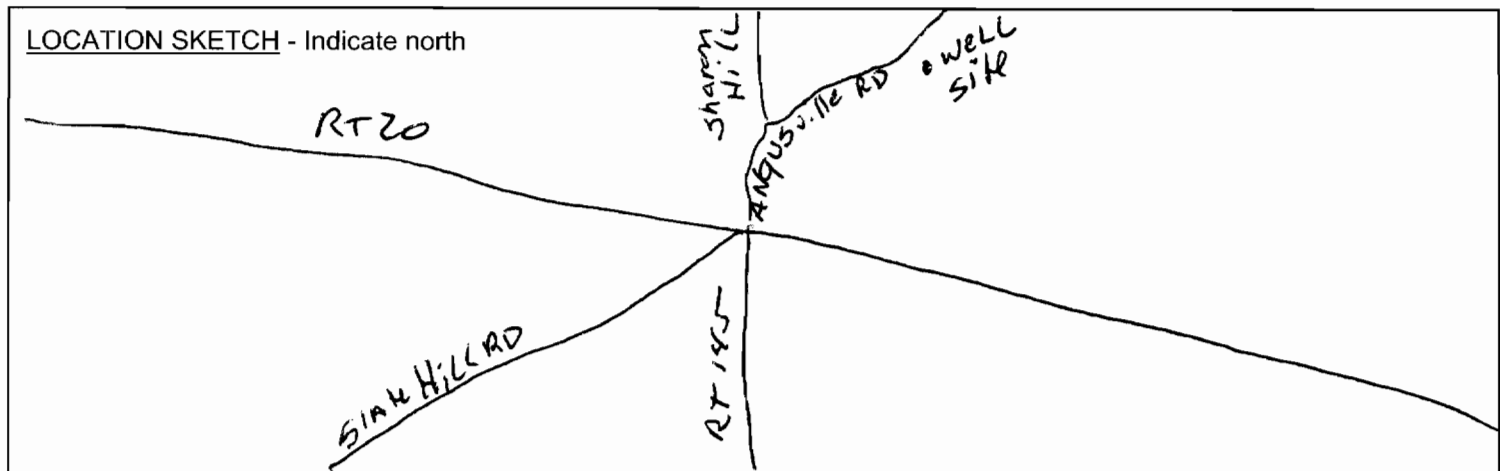
(3) DEC Well Number  
SO 1763

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Cheryl Bertucci</u>		
(5) ADDRESS <u>361 Wauregan RD Danielson CT. 06239</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° 46.740 W 074° 031.284</u> <u>462 Angusville RD - Sharon N.Y.</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>239</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>64'</u>	DATE MEASURED <u>7/22/09</u>
<b>CASINGS</b>		
(9) DIAMETER <u>6 in.</u>	in.	in.
(10) LENGTH <u>80 ft.</u>	ft.	in.
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
<b>SCREENS</b>		
(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)		
<b>YIELD TEST</b>		
(18) DATE <u>7-22-09</u>	(19) DURATION OF TEST <u>2 HRS</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" 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) <u>65'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>240'</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 HRS</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>		
(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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other <u>1</u>	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>7/22/09</u>	(37) DATE DRILLING WORK COMPLETED <u>7/22/09</u>	
(38) DATE REPORT FILED <u>7/23/09</u>	(39) REGISTERED COMPANY <u>LAWRENCE Water Wells</u>	(40) DEC REGISTRATION NO. <u>NYRD 10027</u>
(41) CERTIFIED DRILLER (Print name) <u>MARK LAWRENCE</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Mark Lawrence</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.





(1) COUNTY SCHENECTADY  
 (2) TOWN SHARON

(3) DEC Well Number  
501804

**WATER WELL COMPLETION REPORT**

(4) OWNER NICK VERDICCHIO

(5) ADDRESS P.O. BOX 212 SHARON SPRINGS, NY

(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°-49-03N 074°-35-19W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 260 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 214 DATE MEASURED 2/13/10

**CASINGS**

(9) DIAMETER 6" in. | in. | in. | in.  
 (10) LENGTH 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**

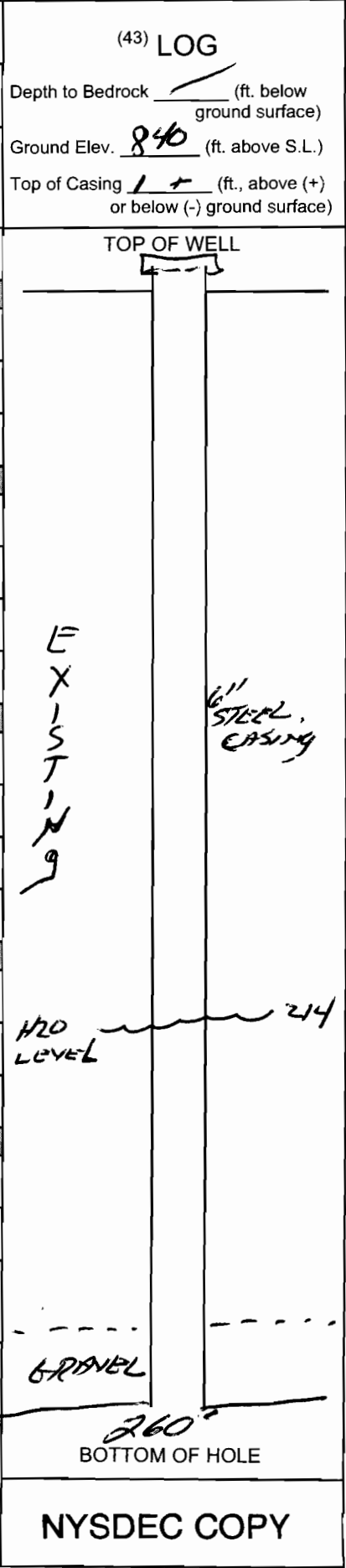
(18) DATE 2/12/10 (19) DURATION OF TEST 30MIN  
 (20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 7-8  
 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)  
 (24) RECOVERY (Time in hours/minutes) (25) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(26) PUMP INSTALLED? YES  NO  (27) DATE 2-13-10 (28) PUMP INSTALLER Provoost Brothers  
 (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 2/12/10 (37) DATE DRILLING WORK COMPLETED 2/12/10  
 (38) DATE REPORT FILED 2/15/10 (39) REGISTERED COMPANY PROVOOST BROS INC. (40) DEC REGISTRATION NO. NYRD 10227  
 (41) CERTIFIED DRILLER (Print name) PETER O'CONNOR (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.



E

LOCATION SKETCH - Indicate north

CLEANED OUT.



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

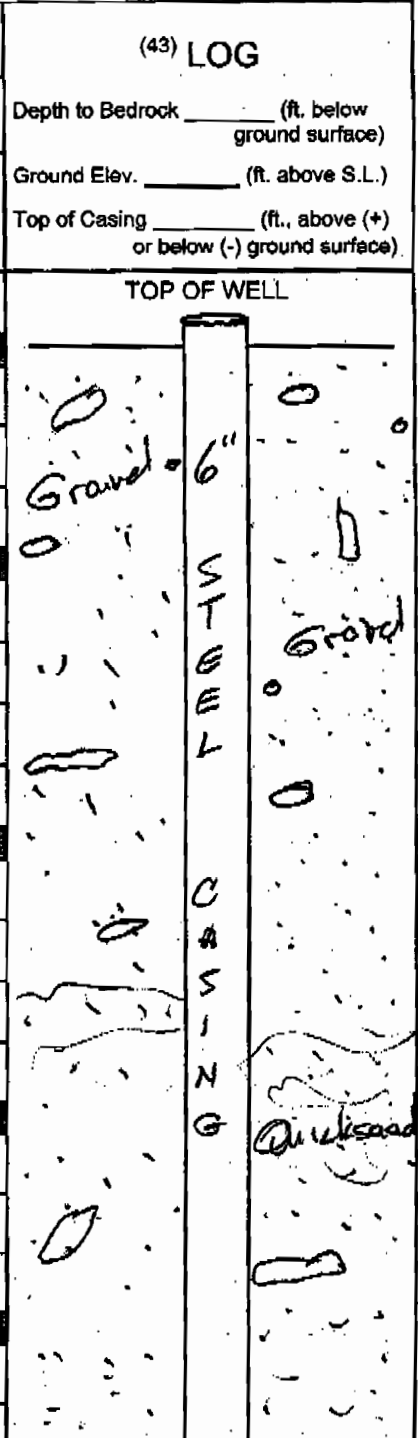


(1) COUNTY Schoharie  
 (2) TOWN Sharon Springs

(3) DEC Well Number  
50 1805

WATER WELL COMPLETION REPORT

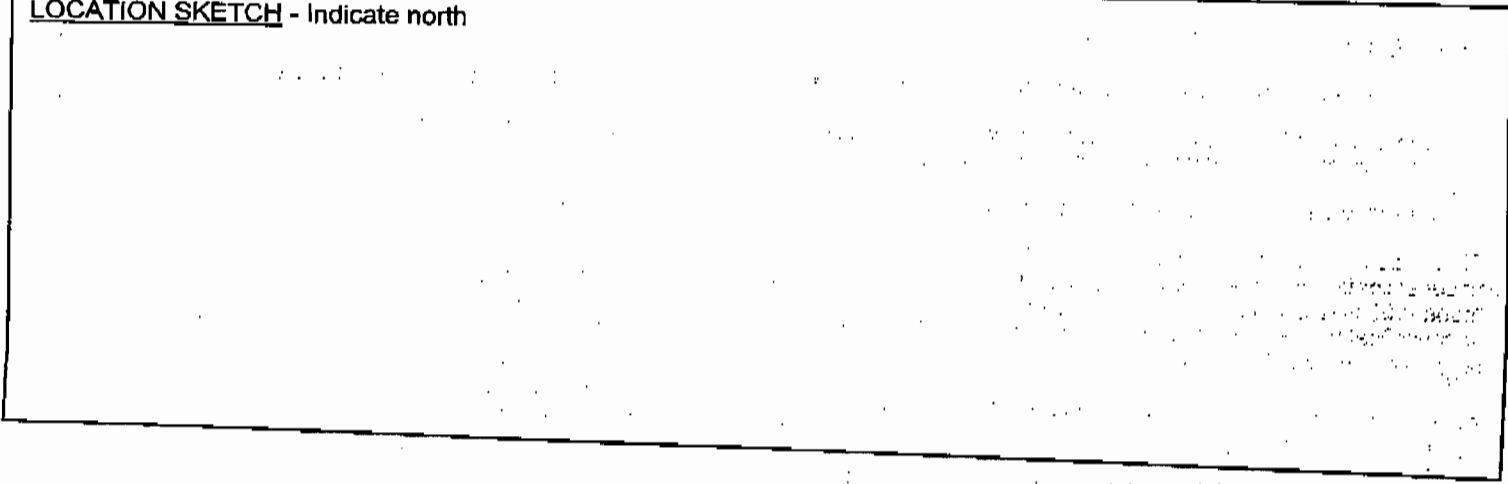
(4) OWNER <u>Nick Verdicchio</u>	
(5) ADDRESS <u>70 Button Rd. Sharon Springs, N.Y.</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input checked="" type="checkbox"/> if same as address above, also provide Lat / Long below) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map interpolation <u>N. 43° 49.031'</u> <u>W 074° 35.085'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>273 ft.</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>219 ft.</u> DATE MEASURED <u>3/31/10</u>
(9) DIAMETER <u>6</u> in.         in.	(10) LENGTH <u>273</u> ft.         in.
(11) GROUT TYPE / SEALING <u>Bonseal</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>
(13) MAKE & MATERIAL <u>None</u>	(14) OPENINGS
(15) DIAMETER in.         in.	(16) LENGTH ft.         in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
(18) DATE <u>3/31/10</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"/> Bell	(21) STABILIZED DISCHARGE (GPM) <u>10 G.P.M.</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>219 ft.</u>	(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"/>
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>	(27) DATE
(29) TYPE	(28) PUMP INSTALLER <u>Quikseal</u>
(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>Residence</u>
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED



(38) DATE REPORT FILED 3/9/10	(39) REGISTERED COMPANY Leatherstocking Drilling	(40) DEC REGISTRATION NO. NYRD 10206	<p>Quicksand</p> <p>2734</p> <p>BOTTOM OF HOLE</p>
(41) CERTIFIED DRILLER (Print name) Daniel Boss	(42) CERTIFIED DRILLER SIGNATURE <i>Daniel A. Boss</i>		
<p>* 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.</p>			<p>NYSDEC COPY</p>

8/2007

LOCATION SKETCH - Indicate north



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) COUNTY SCHOHARIE

(2) TOWN Sharon



formerly  
MT 1079

(3) DEC Well Number

SO 1806

WATER WELL COMPLETION REPORT

(4) OWNER Klinker Robert

(5) ADDRESS 584 STATE Hill RD. Sharon, N.Y.

(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used:  
N 42.7460770°  
W 74.5891900°  
 GPS  Map Interpolation

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 553' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 10' DATE MEASURED 11/27/06

CASINGS

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

(10) LENGTH 100 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING Benscal (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 01/09/07 (19) DURATION OF TEST 24 Hr

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

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 115' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 351'

(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 Air (35) USE OF WATER (See Instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 11/27/06 (37) DATE DRILLING WORK COMPLETED 1/11/07

(38) DATE REPORT FILED (39) REGISTERED COMPANY C+S Drilling and Excavating (40) DEC REGISTRATION NO. NYRD 10258

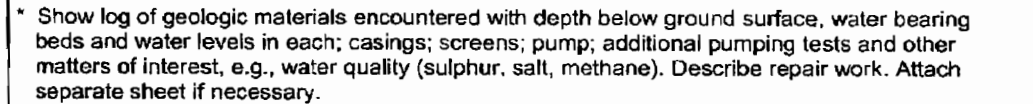
(41) CERTIFIED DRILLER (Print name) Joel H Stalter (42) CERTIFIED DRILLER SIGNATURE Joel H Stalter

\* 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.

LOG \*

Ground Surface EL. \_\_\_\_\_ ft. above sea level

Top Of Casing is located 2'0" ft. above (+) or below (-) ground surface



BOTTOM OF HOLE

NYSDEC COPY

LOCATION SKETCH - Indicate north



(1) COUNTY SCHONARIE  
 (2) TOWN SARON

(3) DEC Well Number  
501811

**WATER WELL COMPLETION REPORT**

(4) OWNER MARK VROOMAN

(5) ADDRESS 93 COPPERLINE RD EPSOM, N.Y. 03234

(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°-47-52N 074°-35-50W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 180' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 35' DATE MEASURED 4/30/10

**CASINGS**

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

(10) LENGTH 83 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 4/30/10 (19) DURATION OF TEST 40 min

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

(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

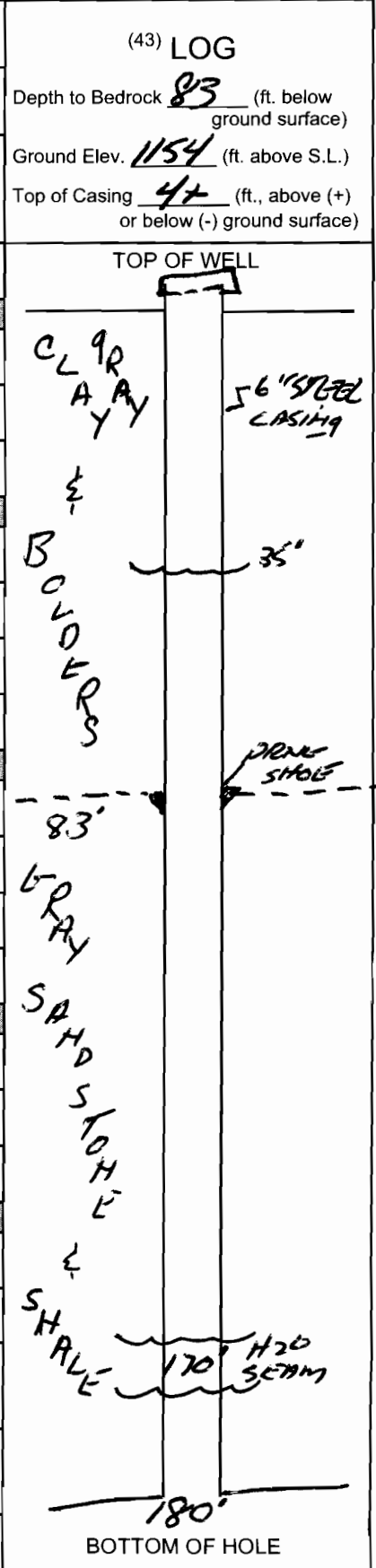
(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING  Rotary  Cable Tool  Other \_\_\_\_\_ (35) USE OF WATER (See instructions for choices) DOMESTIC DOMESTIC

(36) DATE DRILLING WORK STARTED 4/30/10 (37) DATE DRILLING WORK COMPLETED 4/30/10

(38) DATE REPORT FILED 5/2/10 (39) REGISTERED COMPANY PROVEST BROS. INC. (40) DEC REGISTRATION NO. NYRD 10227

(41) CERTIFIED DRILLER (Print name) PETER O'CONNOR (42) CERTIFIED DRILLER SIGNATURE \* Peter O'connor



EE

\* 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

**NYSDEC COPY**

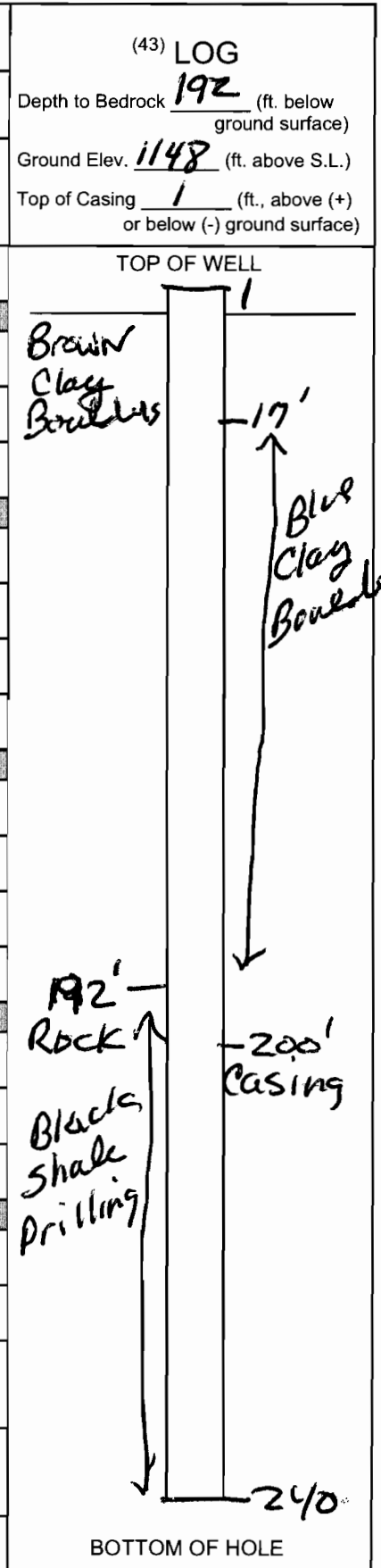


(1) COUNTY Schoharie  
 (2) TOWN Sharon Springs

(3) DEC Well Number  
SO 1813

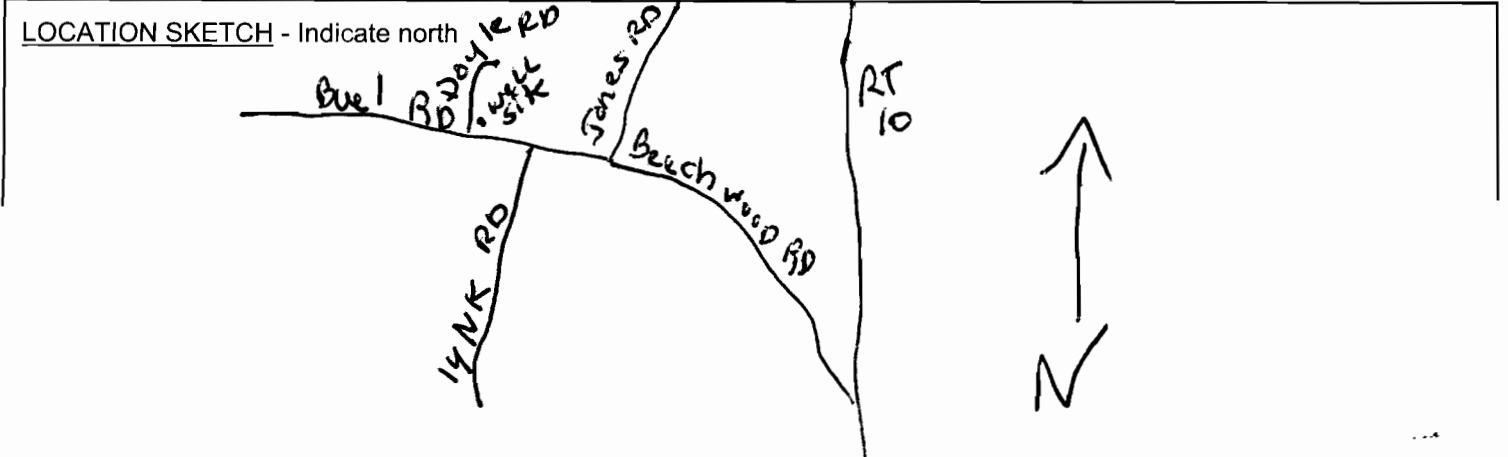
**WATER WELL COMPLETION REPORT**

(4) OWNER <u>Richard ATKINSON</u>		
(5) ADDRESS <u>106 Doyle Rd. Sharon Springs NY 13459</u>		
(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: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>106 Doyle Rd</u> <u>N 42° 49.255'</u> <u>W 074° 38.528'</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>239'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>66'</u>	DATE MEASURED <u>5/21/10</u>
<b>CASINGS</b>		
(9) DIAMETER <u>6 in.</u>	in.   in.   in.   in.	
(10) LENGTH <u>200'</u>	ft.   ft.   ft.   in.	
(11) GROUT TYPE / SEALING <u>Benite seal</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>4</u> TO <u>200</u>	
<b>SCREENS</b>		
(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)		
<b>YIELD TEST</b>		
(18) DATE <u>5/21/10</u>	(19) DURATION OF TEST <u>2 HRS</u>	
(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) <u>65</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes) <u>2 HRS</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PUMP INSTALLATION</b>		
(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 checked="" type="checkbox"/> Rotary <input 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>5/21/10</u>	(37) DATE DRILLING WORK COMPLETED <u>5/21/10</u>	
(38) DATE REPORT FILED <u>2/24/11</u>	(39) REGISTERED COMPANY <u>Lawrence Wats Wells</u>	(40) DEC REGISTRATION NO. <u>NYRD 10027</u>
(41) CERTIFIED DRILLER (Print name) <u>Thomas Lawrence III</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Thomas Lawrence III</u>



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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) COUNTY SCHOHARIE

(2) TOWN SHARON

(3) DEC Well Number

501816

WATER WELL COMPLETION REPORT

(4) OWNER  
**LODER PROPERTIES INC.**

(5) ADDRESS  
**105 TERRA HEIGHTS, COBLESSILL, N.Y. 12043**

(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:  
**42° 47, 408'**  
**74° 30, 879'**  
 GPS  Map interpolation

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) **130'** (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) **76'** DATE MEASURED **06-11-10**

**CASINGS**

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

(10) LENGTH **123** ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING **CLAY / DRILLING MUD** (12) GROUT / SEALING INTERVAL (feet) FROM **0'** TO **123'**

**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 **JUNE 11, 2010** (19) DURATION OF TEST **3 HR**

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) **5 GPM**

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) **76 FT** (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) **122 FT**

(24) RECOVERY (Time in hours/minutes) **3 HR 20 MIN** (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

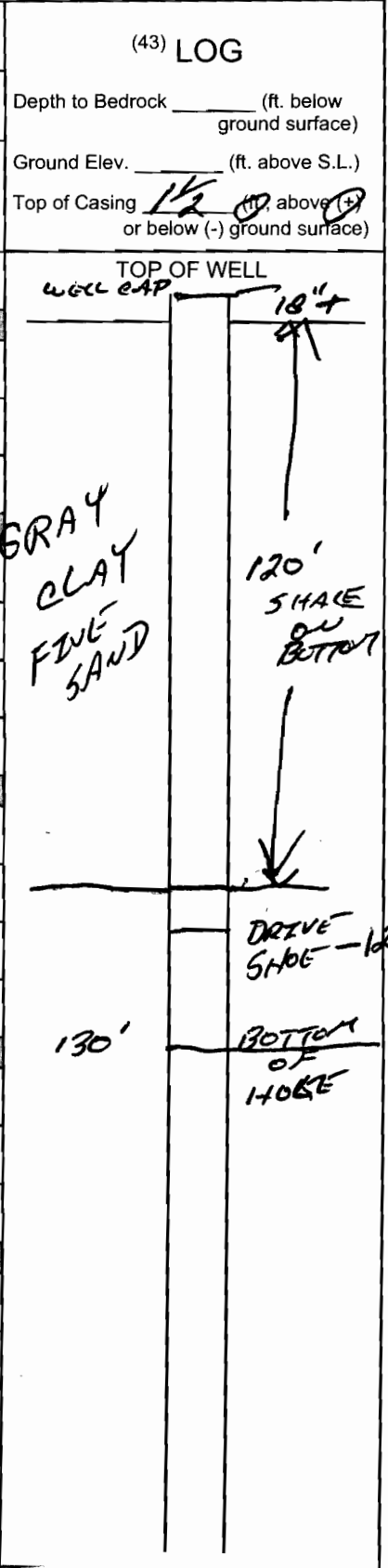
(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

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

(36) DATE DRILLING WORK STARTED **JUNE 05, 2010** (37) DATE DRILLING WORK COMPLETED **JUNE 11, 2010**

(38) DATE REPORT FILED (39) REGISTERED COMPANY **SCHRADER WELL DRILLING** (40) DEC REGISTRATION NO. **NYRD 10892**

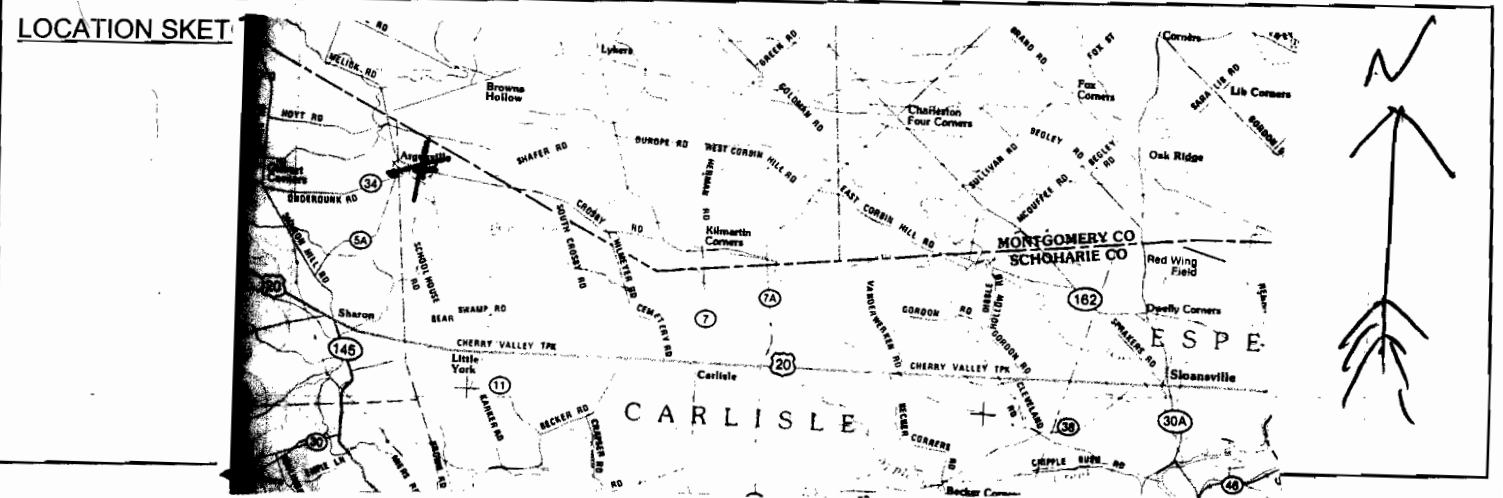
(41) CERTIFIED DRILLER (Print name) **KENNETH H. SCHRADER** (42) CERTIFIED DRILLER SIGNATURE *[Signature]*



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8/2007

**NYSDEC COPY**



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

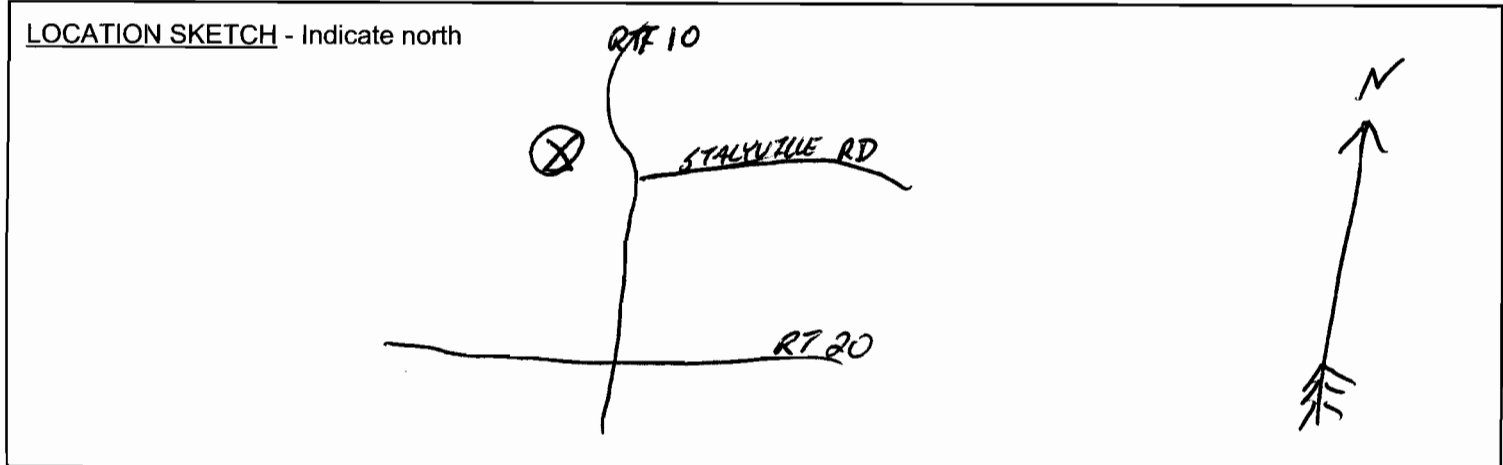
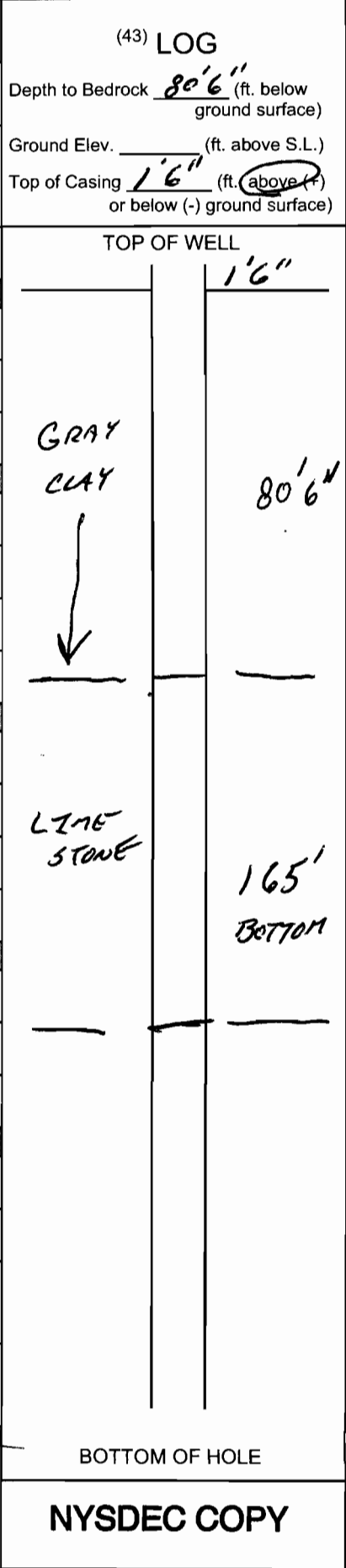


(1) COUNTY SCHOHARZE  
 (2) TOWN SHARON

(3) DEC Well Number  
50 1833

**WATER WELL COMPLETION REPORT**

(4) OWNER <u>MILTON SCHILDE</u>	
(5) ADDRESS <u>7869 ST RT 10 SHARON SP. NY. 13459</u>	
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input checked="" type="checkbox"/> if same as address above, also provide Lat / Long below) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N 42° 48.721' W 074° 35.943'</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>165'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED <u>160' 9-8-10</u>
<b>CASINGS</b>	
(9) DIAMETER <u>6</u> in.   in.   in.   in.	
(10) LENGTH <u>83</u> ft.   ft.   ft.   in.	
(11) GROUT TYPE / SEALING <u>CLAY / DRILLING MUD</u>	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____
<b>SCREENS</b>	
(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)	
<b>YIELD TEST</b>	
(18) DATE <u>AUGUST 18, 2010</u>	(19) DURATION OF TEST <u>6 HR</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>1/2 GPM</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>50' 0"</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>BOTTOM</u>
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes ___ No <input checked="" type="checkbox"/>
<b>PUMP INSTALLATION</b>	
(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>AUGUST 8, 2010</u>	(37) DATE DRILLING WORK COMPLETED <u>AUGUST 18, 2010</u>
(38) DATE REPORT FILED	(39) REGISTERED COMPANY (40) DEC REGISTRATION NO. <u>SCHRADER WELL DRILLING NYRD 10892</u>
(41) CERTIFIED DRILLER (Print name) <u>KENNETH H. SCHRADER</u>	(42) CERTIFIED DRILLER 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.



(1) COUNTY SCHENECTADY  
 (2) TOWN SHARON

(3) DEC Well Number

501901

**WATER WELL COMPLETION REPORT**

(4) OWNER: RICHARD FARRELL

(5) ADDRESS: 318 ROSENBERG RD, SHARON SP. NY. 13459

(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° 44.173' W 074° 38.472'

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 185.5' (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 95' DATE MEASURED 9/25/11

**CASINGS**

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

(10) LENGTH 182.5 ft. | | | | in.

(11) GROUT TYPE / SEALING DRILLING FLUID (12) GROUT / SEALING INTERVAL (feet) FROM Top TO Bottom

**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 9-25-11 (19) DURATION OF TEST 6 HR

(20) LIFT METHOD  Pump  Air Lift  Bail (21) STABILIZED DISCHARGE (GPM) 6.0 GPM

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 95' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 185'

(24) RECOVERY (Time in hours/minutes) 4.5 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)

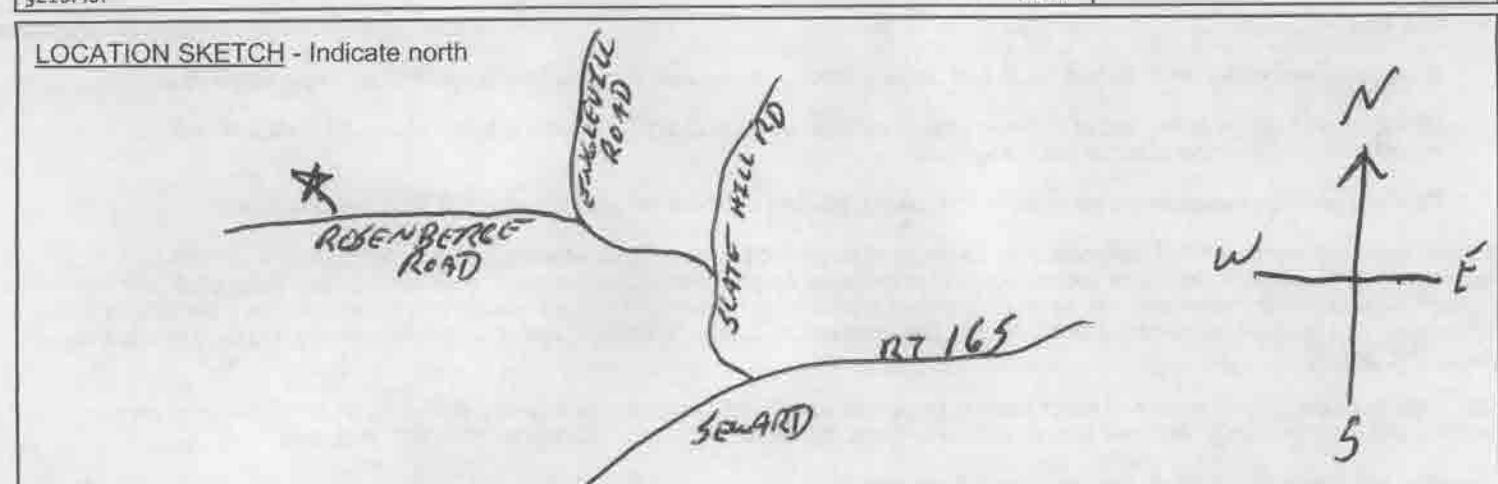
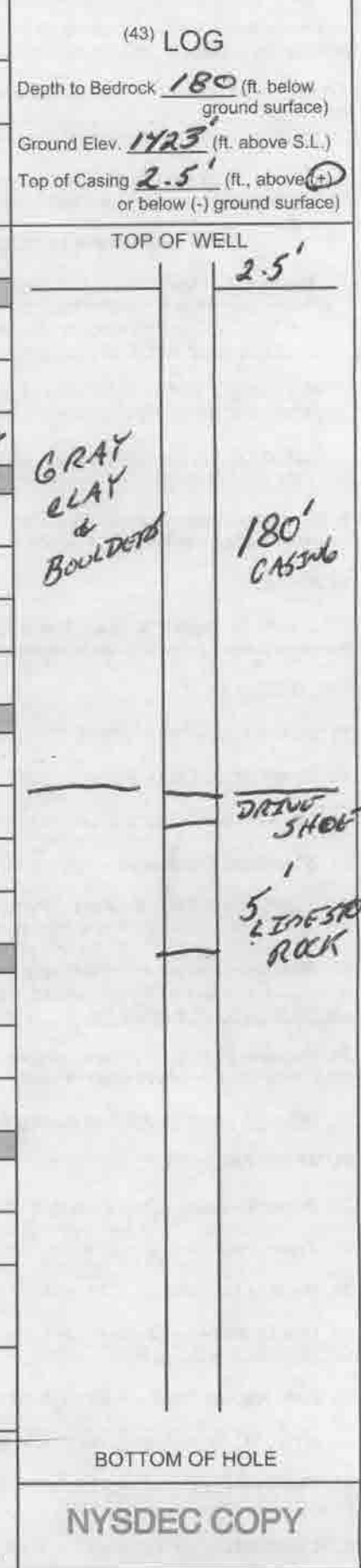
(34) METHOD OF DRILLING  Rotary  Cable Tool  Other (35) USE OF WATER (See instructions for choices) DOMESTIC

(36) DATE DRILLING WORK STARTED 9-8-11 (37) DATE DRILLING WORK COMPLETED: 9-25-11

(38) DATE REPORT FILED 10-9-11 (39) REGISTERED COMPANY SCHRADER WELL DRILLING (40) DEC REGISTRATION NO. NYRD 10892

(41) CERTIFIED DRILLER (Print name) KENNETH H. SCHRADER (42) CERTIFIED DRILLER 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. 8/2007







(1) COUNTY Schoharie

(3) DEC Well Number

501928

(2) TOWN Sharon Springs

**WATER WELL COMPLETION REPORT**

(4) OWNER Mike Boehler

(45) WELL LOG

(5) ADDRESS 353 Staleyville Rd. Sh. Spgs N.Y. 13459

Depth to Bedrock \_\_\_\_\_ (ft. below land surface)

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
Corner of Kilts and Goodrich Rd. Sh. Spgs.

Ground Elevation 1159 (ft. above sea level)

(7) LATITUDE/LONGITUDE AND METHOD USED 43° 48' 09" N 74° 35' 50" W TAX MAP NO. 19.11  
 GPS  Map

Top of Casing 1 1/2 (ft. above (+) or below (-) land surface)

(8) DEPTH OF WELL BELOW LAND SURFACE (feet) 192 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 100 DATE MEASURED 5-5-12

TOP OF WELL

**CASINGS**

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

(12) LENGTH 192 ft. | ft. | ft. | in.

(13) GROUT TYPE / SEALING (14) GROUT / SEALING INTERVAL (feet) FROM \_\_\_\_\_ TO \_\_\_\_\_

**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)

**YIELD TEST**

(20) DATE 5-4-12 (21) DURATION OF TEST 4 HRS

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 15

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 100 FT (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 170 FT

(26) RECOVERY (Time in hours/minutes) 1 1/2 HRS. (27) Was the water produced during the test discharged away from immediate area? Yes  No

**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)

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 4-16-12 (39) DATE DRILLING WORK COMPLETED 5-4-12

(40) DATE REPORT FILED 4-9-2012 (41) REGISTERED COMPANY Schrader Well Drilling (42) DEC REGISTRATION NO. NYRD 10321

(43) CERTIFIED DRILLER (Print name) Roger Schrader (44) CERTIFIED DRILLER SIGNATURE Roger Schrader

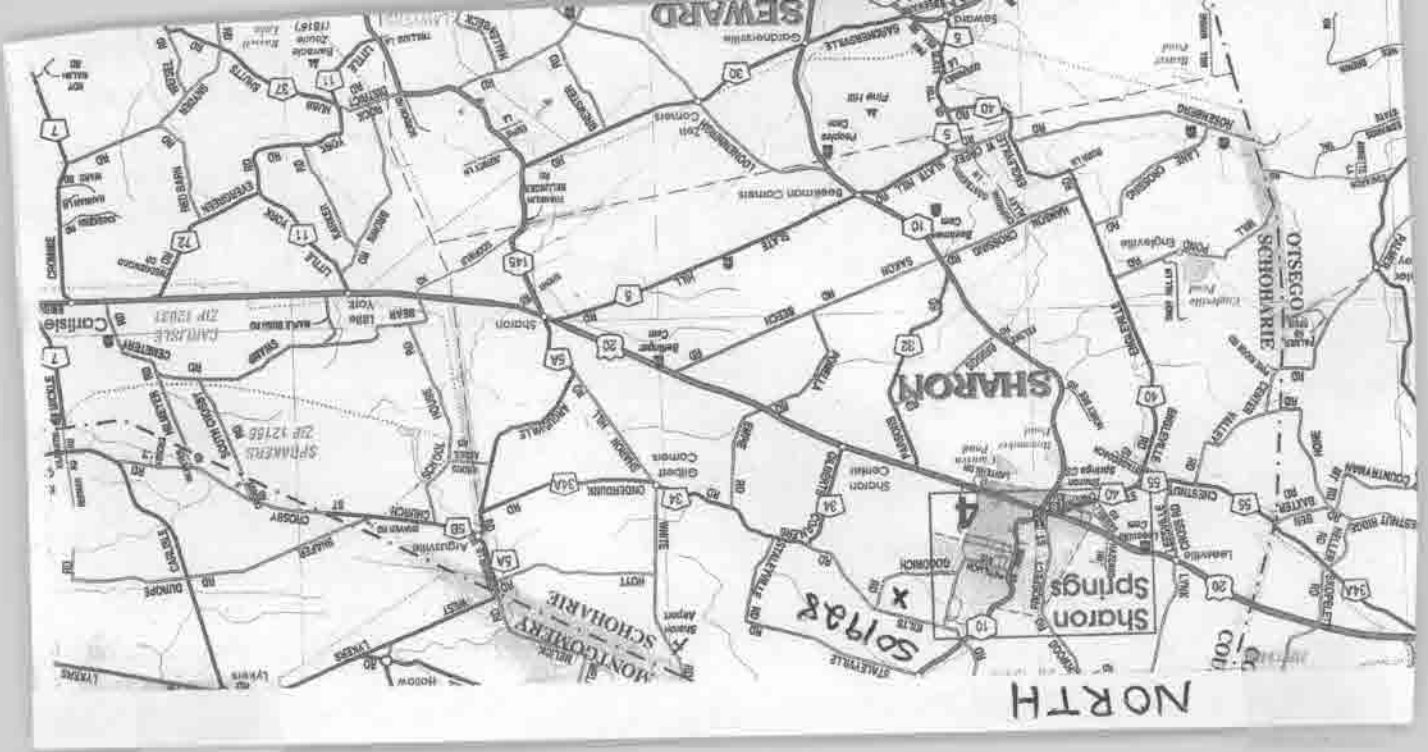
\* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3)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

STATIC LEVEL 100 FT.  
 0 TO 10 FT Brown Dirt  
 10 TO 170 FT Gray Clay  
 170 TO 190 FT Brown Clay  
 190 TO 192 Black Sand + Gravel  
 192 FT 15 GPM Black Sand + Gravel  
 BOTTOM OF HOLE

NYSDEC

LOCATION SKETCH - Indicate north







(1) COUNTY Schoharie

(2) TOWN Sharon

(3) DEC Well Number

501972

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Frank Sabler

(5) ADDRESS  
165 Hone RD Cherry Valley N.Y. 13320

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

(7) LATITUDE/LONGITUDE AND METHOD USED  
 GPS  Map N43°47.982 W074°33093

(8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet)  
219'

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) DATE MEASURED  
14' 11/9/12

(45) WELL LOG

Depth to Bedrock 9' (ft. below land surface)

Ground Elevation 1219 (ft. above sea level)

Top of Casing 1' (ft. above (+) or below (-) land surface)

**CASINGS**

(11) DIAMETER 6 in. in. in. in. in.

(12) LENGTH 20 ft. ft. ft. ft. in.

(13) GROUT TYPE / SEALING Benite seal

(14) GROUT / SEALING INTERVAL (feet) FROM 4 TO 20

**SCREENS**

(15) MAKE & MATERIAL (16) OPENINGS

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

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

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

**YIELD TEST**

(20) DATE 11/9/12 (21) DURATION OF TEST 46PM

(22) LIFT METHOD  Pump  Air Lift  Baller (23) STABILIZED DISCHARGE (GPM) 220' 46PM

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 15' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 220'

(26) RECOVERY (Time in hours/minutes) 8 HRS (27) Was the water produced during the test discharged away from immediate area? Yes  No

**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)

**DRILLER INFORMATION**

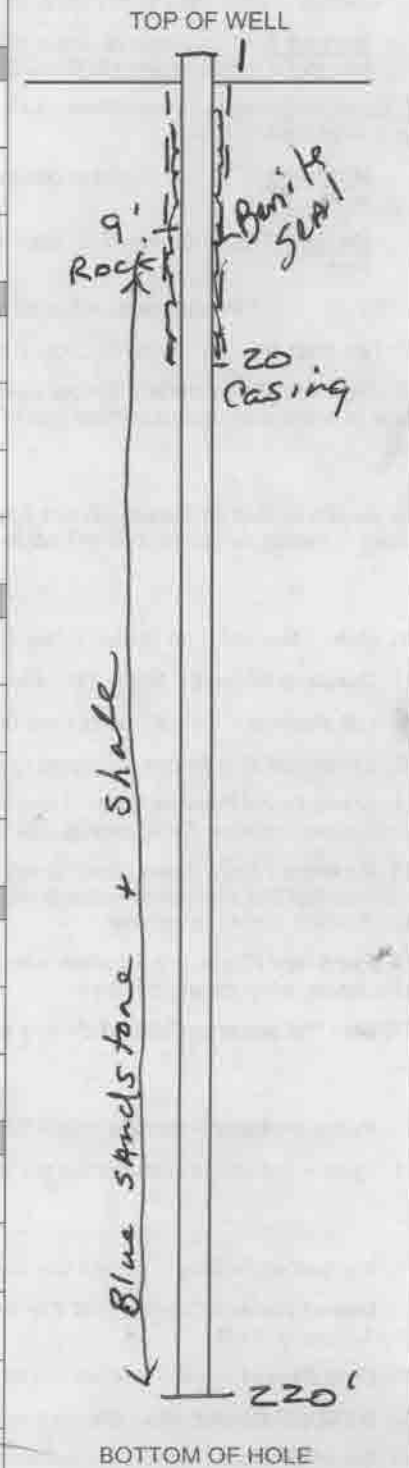
(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED (39) DATE DRILLING WORK COMPLETED

(40) DATE REPORT FILED (41) REGISTERED COMPANY Lawrence Water Wells (42) DEC REGISTRATION NO NYRD 10027

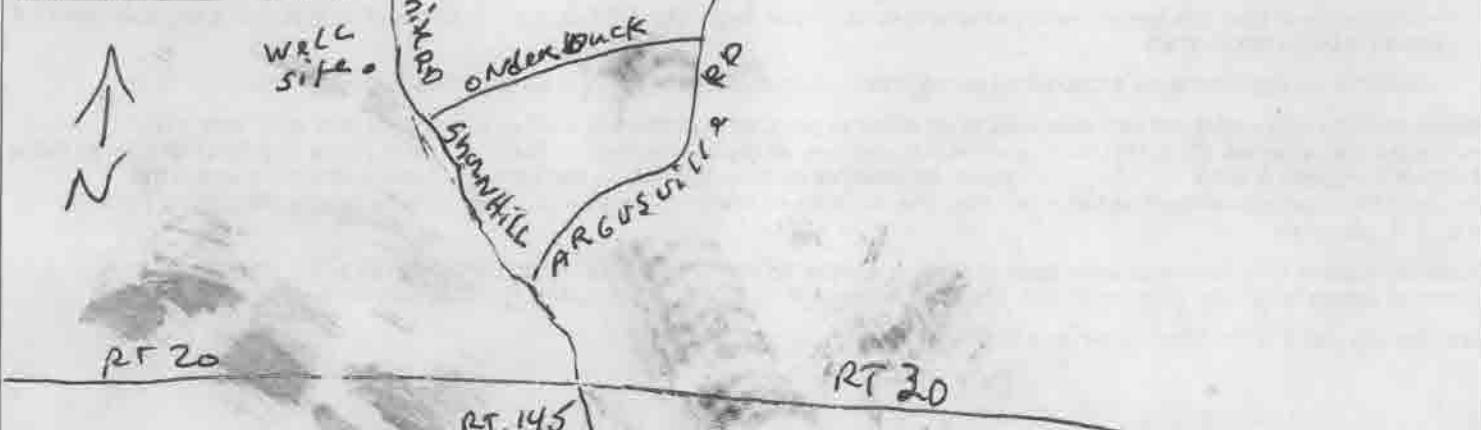
(43) CERTIFIED DRILLER (Print name) Thomas Lawrence III (44) CERTIFIED DRILLER SIGNATURE Thomas Lawrence III

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NYSDEC

LOCATION SKETCH - Indicate north





(1) COUNTY Schoharie

(2) TOWN Sharon

(3) DEC Well Number

50 1298

**WATER WELL COMPLETION REPORT**

(4) OWNER  
John Santo

(5) ADDRESS  
223 Jones Rd Sharon Springs 13459

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
362 Onderdunk Rd Sharon Springs NY 13457

(7) LATITUDE/LONGITUDE AND METHOD USED (8) TAX MAP NO.  
 GPS  Map N 42° W 095' W 074.331.580

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 160 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 71' DATE MEASURED 5-30-13

**CASINGS**

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

(12) LENGTH 120' ft | | | | in.

(13) GROUT TYPE / SEALING Ben seal (14) GROUT / SEALING INTERVAL (feet) FROM Top TO Down

**SCREENS**

(15) MAKE & MATERIAL (16) OPENINGS

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

(18) LENGTH ft | | | | in.

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

**YIELD TEST**

(20) DATE 5-30-13 (21) DURATION OF TEST 3 Times 20 min

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 15 gal

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 71' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 71'

(26) RECOVERY (Time in hours/minutes) (27) Was the water produced during the test discharged away from immediate area? Yes  No

**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)

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

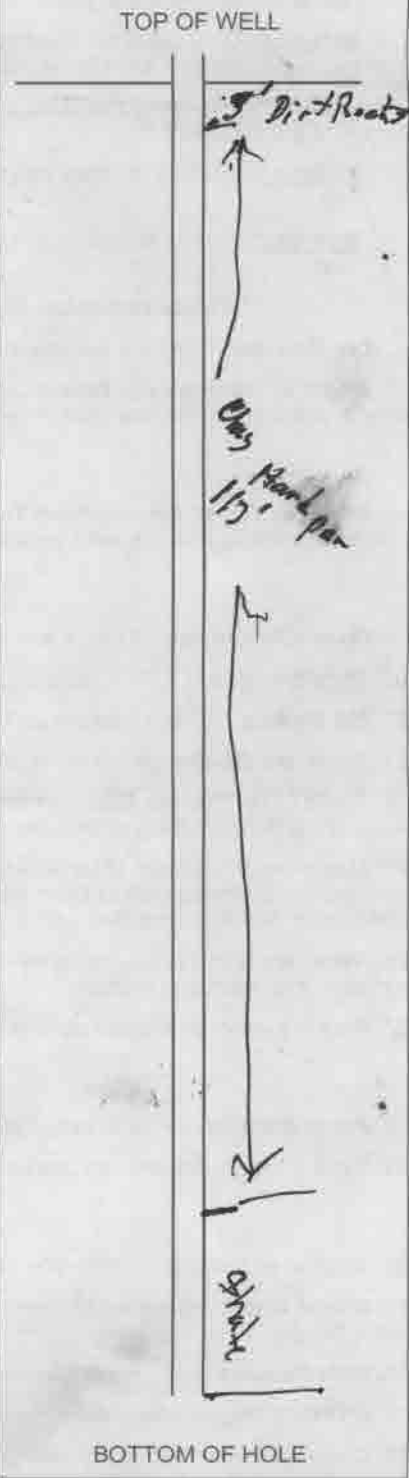
(38) DATE DRILLING WORK STARTED 5-12-13 (39) DATE DRILLING WORK COMPLETED 5-29-13

(40) DATE REPORT FILED 5-30-13 (41) REGISTERED COMPANY Phil Skowfoc (42) DEC REGISTRATION NO. NYRD 10619

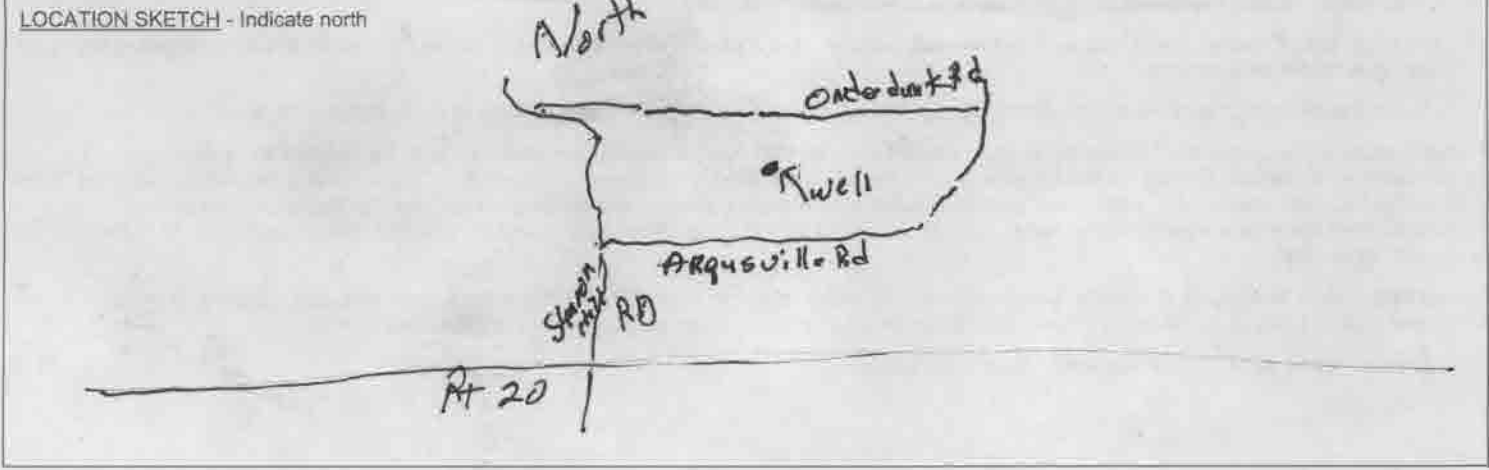
(43) CERTIFIED DRILLER (Print name) Philip R Skowfoc JR (44) CERTIFIED DRILLER SIGNATURE [Signature]

\* 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.

(45) WELL LOG  
Depth to Bedrock 120 (ft. below land surface)  
Ground Elevation 1255 (ft. above sea level)  
Top of Casing 2 (ft. above (+) or below (-) land surface)



NYSDEC





(3) DEC Well Number

SO 2002

(1) COUNTY Schoharie

(2) TOWN Sharon

**WATER WELL COMPLETION REPORT**

(4) OWNER  
Sheila Gillespie

(5) ADDRESS  
236 SHADY TREE LN. Howes Cave NY 12092

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
613 Slate Hill Rd SHARON

(7) LATITUDE/LONGITUDE AND METHOD USED  
 GPS  Map N42°44.813 074°35.209

(8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 399'

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 400' DATE MEASURED 6/19/13

(45) WELL LOG

Depth to Bedrock 172' (ft. below land surface)

Ground Elevation 1486' (ft. above sea level)

Top of Casing 1' (ft. above (+) or below (-) land surface)

**CASINGS**

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

(12) LENGTH 180 ft. | ft. | ft. | in.

(13) GROUT TYPE / SEALING  
Benite Seal

(14) GROUT / SEALING INTERVAL (feet) FROM 4 TO 180

**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)

**YIELD TEST**

(20) DATE 6/19/13 (21) DURATION OF TEST 20 mins

(22) LIFT METHOD  Pump  Air Lift  Bailer (23) STABILIZED DISCHARGE (GPM) 0

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 400' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) —

(26) RECOVERY (Time in hours/minutes) no Recovery (27) Was the water produced during the test discharged away from immediate area? Yes  No

**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)

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 6/19/13 (39) DATE DRILLING WORK COMPLETED 6/20/13

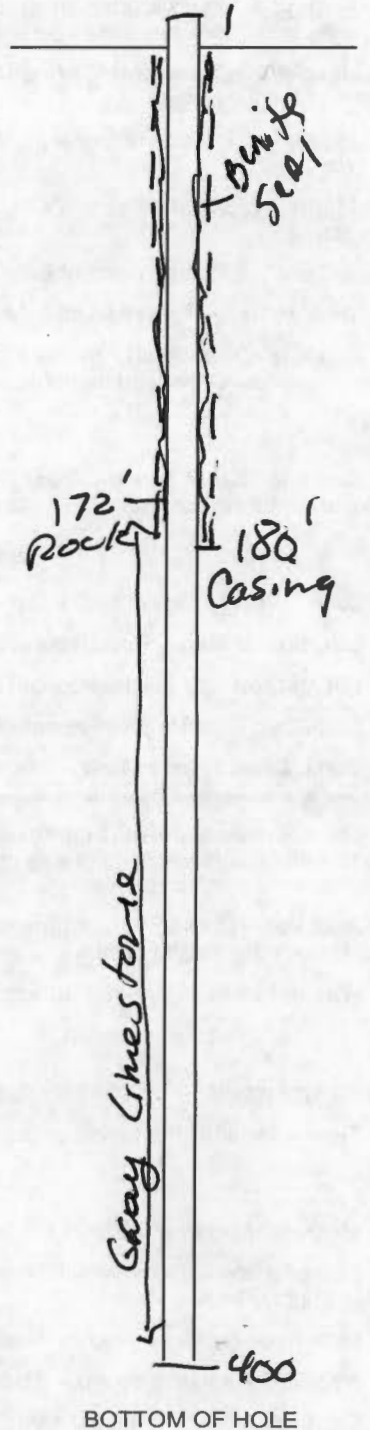
(40) DATE REPORT FILED 6/20/13 (41) REGISTERED COMPANY Lawrence Water well (42) DEC REGISTRATION NO. NYRD 10027

(43) CERTIFIED DRILLER (Print name) Thomas Lawrence III (44) CERTIFIED DRILLER SIGNATURE Thomas Lawrence III

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10/2011

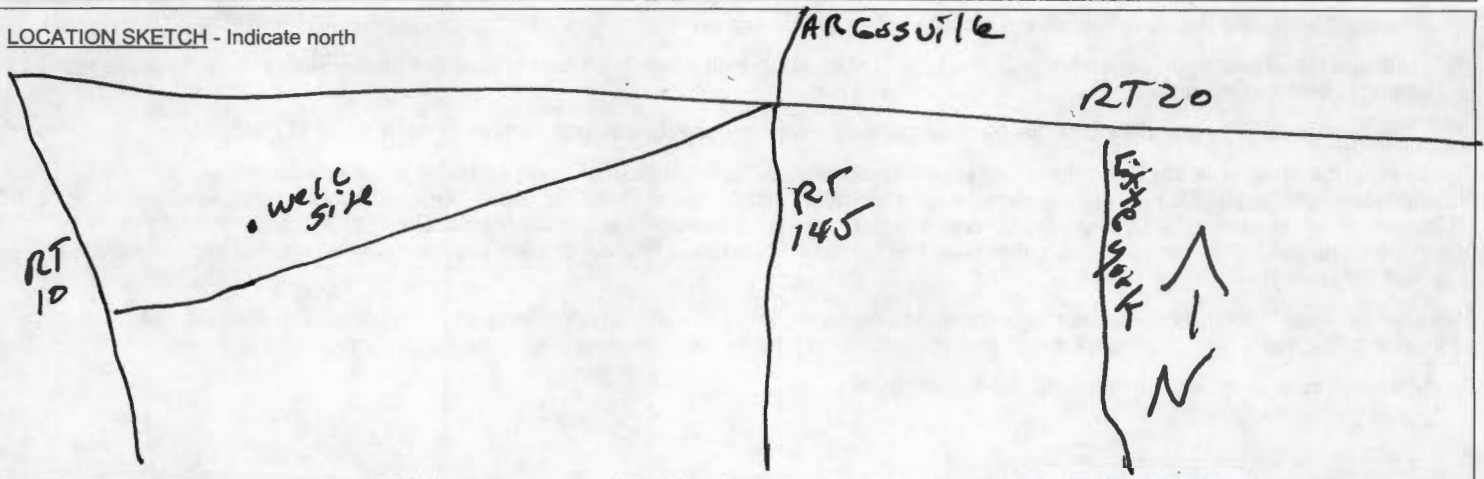
TOP OF WELL



BOTTOM OF HOLE

NYSDEC

LOCATION SKETCH - Indicate north



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(3) DEC. Well Number

50 2003

(1) COUNTY Schoharie

(2) TOWN Sharon

WATER WELL COMPLETION REPORT

(4) OWNER Carl Ullman

(5) ADDRESS 224 Argusville Rd Sharon Springs NY 13459

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

(7) LATITUDE, LONGITUDE AND METHOD USED 224 Argusville Rd N 42° 46.06' W 074° 32.216' (8) TAX MAP NO 13-4-8

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 55' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 13'6" DATE MEASURED 7-3-13

(45) WELL LOG  
Depth to Bedrock 114' (ft. below land surface)  
Ground Elevation 1004' ft. above sea level  
Top of Casing 18' (ft. above (+) or below (-) land surface)

CASINGS

(11) DIAMETER 6 in. in. in. in.

(12) LENGTH 50' ft. ft. ft. in.

(13) GROUP TYPE / SEALING Ben seal (14) GROUP SEALING INTERVAL (feet) FROM Top TO Down

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)

YIELD TEST

(20) DATE 7-6-13 (21) DURATION OF TEST 1hr

(22) LIFT METHOD  Pump  Air Lift  Sailer (23) STABILIZED DISCHARGE (GPM) 10 Gal per minute

(24) STATIC LEVEL PRIOR TO TEST (feet below top of casing) 13' (25) MAXIMUM DRAWDOWN (Stabilized) (feet below top of casing) 13'6"

(26) RECOVERY (Time in hours/minutes) (27) Was the water produced during the test discharged away from immediate area? Yes  No

PUMP INSTALLATION

(28) PUMP INSTALLED? YES  NO  (29) DATE 7-25-13 (30) PUMP INSTALLER Phil Skowfoc

(31) TYPE Gould Not at this time (32) MAKE (33) MODEL

(34) MAXIMUM CAPACITY (GPM) 10 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 5'

DRILLER INFORMATION

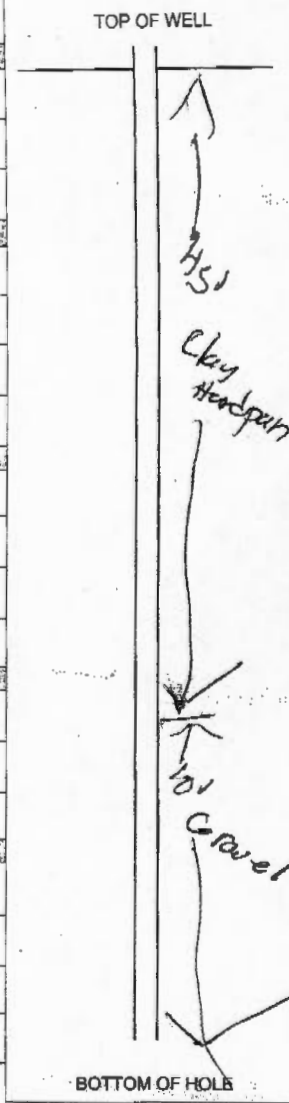
(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

(38) DATE DRILLING WORK STARTED 6-20-13 (39) DATE DRILLING WORK COMPLETED 7-3-13

(40) DATE REPORT FILED 7-25-13 (41) REGISTERED COMPANY Phil Skowfoc (42) DEC REGISTRATION NO NYRD 10619

(43) CERTIFIED DRILLER (Print name) Phil B Skowfoc JR (44) CERTIFIED DRILLER SIGNATURE

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TOP OF WELL  
BOTTOM OF HOLE  
NYSDEC



E

(1) County Schoharie



(3) DEC Well Number 502089

(2) Township Sharon

**WELL COMPLETION REPORT**

(4) OWNER <u>Tom Dobbin</u>		LOG *			
(5) ADDRESS <u>1417 Rte 20 Sharon, 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: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42 46 02.8 74 32 26.9</u>		Top Of Casing is located <u>15 inches</u> ft. above (+) or below (-) ground surface			
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>225</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40</u>	DATE MEASURED <u>06/29/15</u>			
(9) DIAMETER in.   in.   in.   in.		TOP OF WELL <u>130 - 225</u> <u>All Blue Stone</u>			
(10) LENGTH ft.   ft.   ft.   ft.					
(11) GROUT TYPE / SEALING <u>Reseal</u>	(12) GROUT / SEALING INTERVAL FROM _____ TO _____				
(13) MAKE & MATERIAL	(14) OPENINGS				
(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	(19) DURATION OF TEST <u>30 min</u>				
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" 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)	(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 checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>06/29/15</u>	(28) PUMP INSTALLER <u>Edward Van Loan</u>			
(29) TYPE <u>Sub</u>	(30) MAKE <u>Goulds</u>	(31) MODEL <u>2 H.P.</u>			
(32) MAXIMUM CAPACITY (GPM) <u>5 G.P.M</u>	(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) <u>Domestic</u>				
(36) DATE DRILLING WORK STARTED <u>06/25/15</u>	(37) DATE DRILLING WORK COMPLETED <u>06/26/15</u>				
(38) DATE REPORT FILED <u>08/01/15</u>	(39) DRILLER & COMPANY <u>Van Loan Drilling</u>	(40) DEC REGISTRATION NO. <u>10023</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		<b>NYSDEC COPY</b>			

E

LOCATION SKETCH - Indicate north Well Was a Redrill

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



1) COUNTY Schoharie  
 2) TOWN Sharon

**WATER WELL COMPLETION REPORT**

(3) DEC Well Number  
SO 2128

(4) OWNER Catherine Schroll

(5) ADDRESS

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

(7) LATITUDE/LONGITUDE AND METHOD USED (8) TAX MAP NO.  
 GPS  Map N 42°45.352 W 074°35.863

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 500' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 40' DATE MEASURED

(45) WELL LOG  
 Depth to Bedrock 112 (ft. below land surface)  
 Ground Elevation 1467 (ft. above sea level)  
 Top of Casing +2 (ft. above (+) or below (-) land surface)

**CASINGS**

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

(12) LENGTH 120 ft. | ft. | ft. | in.

(13) GROUT TYPE / SEALING Bentonite (14) GROUT / SEALING INTERVAL (feet) FROM 120 TO 0

**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)

TOP OF WELL

0-55	Hard pan
55-60	Clay
60-70	Hard pan
70-85	Clay
85-112	Hard pan
112-135	Gray shale
135-200	Gray sand stone
200-500	Gray shale

**YIELD TEST**

(20) DATE (21) DURATION OF TEST

(22) LIFT METHOD  Pump  Air Lift  Bailor (23) STABILIZED DISCHARGE (GPM) 2 gpm

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)

(26) RECOVERY (Time in hours/minutes) (27) Was the water produced during the test discharged away from immediate area? Yes  No

**PUMP INSTALLATION**

(28) PUMP INSTALLED? YES  NO  (29) DATE 2/26/16 (30) PUMP INSTALLER Dan Shultes CPI

(31) TYPE SUB (32) MAKE Franklin (33) MODEL 1 H

(34) MAXIMUM CAPACITY (GPM) 5 (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 480'

**DRILLER INFORMATION**

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Residential

(38) DATE DRILLING WORK STARTED 2/10/16 (39) DATE DRILLING WORK COMPLETED 2/10/16

(40) DATE REPORT FILED (41) REGISTERED COMPANY Aqua-Tec Water Ser. Inc (42) DEC REGISTRATION NO. NYRD 10016

(43) CERTIFIED DRILLER (Print name) Joseph Wyckoff NYS (44) 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

BOTTOM OF HOLE



(1) COUNTY Schoharie



Department of Environmental Conservation

(3) DEC Well Number

SO 2237

(2) TOWN Sharon

### WATER WELL COMPLETION REPORT

(4) OWNER Ward KUEHN

BUREAU OF  
NOV 16 2017

(5) ADDRESS 159 Franklin Bellingier Rd Sharon Springs 13459

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here  if address is same as above)  
419 Parsons Rd Sharon Springs 13459

(7) LATITUDE/LONGITUDE AND METHOD USED  GPS  Map N42°46'34"W 74°35'50" (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 219' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 105' DATE MEASURED 10/12/17

#### CASINGS

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

(12) LENGTH 110 ft. | ft. | ft. | ft.

(13) GROUT TYPE / SEALING Benite Seal (14) GROUT / SEALING INTERVAL (feet) FROM 4 TO 110

#### SCREENS

(15) MAKE & MATERIAL (16) OPENINGS

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

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

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

#### YIELD TEST

(20) DATE 10/12/17 (21) DURATION OF TEST 2 HRS

(22) LIFT METHOD  Pump  Air Lift  Bailor (23) STABILIZED DISCHARGE (GPM) 8

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 106' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 220'

(26) RECOVERY (Time in hours/minutes) 4 HRS (27) Was the water produced during the test discharged away from immediate area? Yes  No

#### PUMP INSTALLATION

(28) PUMP INSTALLED? YES  NO  (29) DATE (30) CERTIFIED PUMP INSTALLER

(31) TYPE (32) MAKE (33) MODEL

(34) MAXIMUM CAPACITY (GPM) (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

#### DRILLER INFORMATION

(36) METHOD OF DRILLING  Rotary  Cable Tool  Other (37) USE OF WATER (See instructions for choices) Domestic

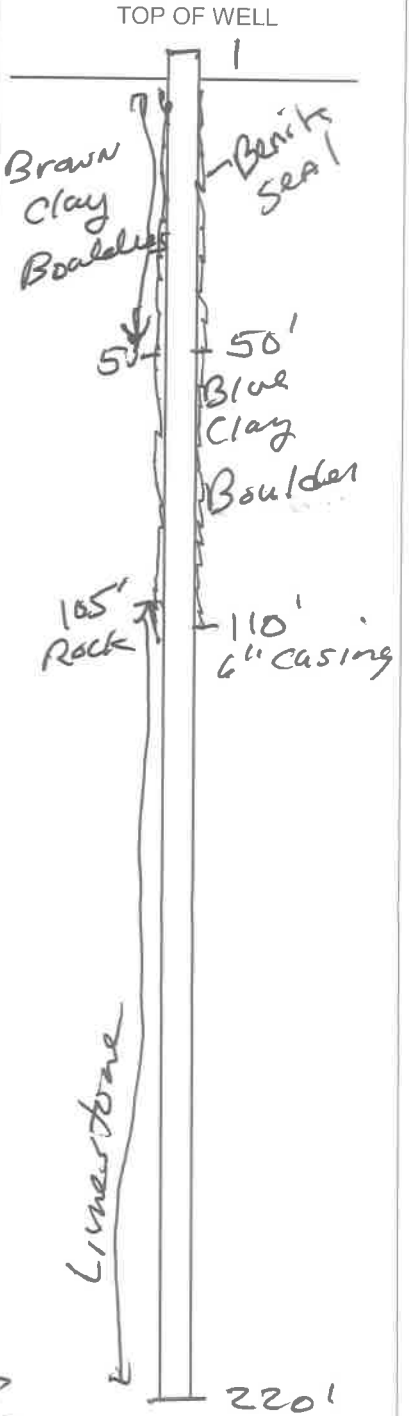
(38) DATE DRILLING WORK STARTED 10/12/17 (39) DATE DRILLING WORK COMPLETED 10/12/17

(40) DATE REPORT FILED 10/12/17 (41) REGISTERED COMPANY Lawrence Water Wells INC (42) DEC REGISTRATION NO. NYRD 10027

(43) CERTIFIED DRILLER (Print name) Thomas A Lawrence (44) CERTIFIED DRILLER SIGNATURE Thomas Lawrence

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(45) WELL LOG  
Depth to Bedrock 105' (ft. below land surface)  
Ground Elevation 1400 ft. above sea level  
Top of Casing 1 (ft. above (+) or below (-) land surface)

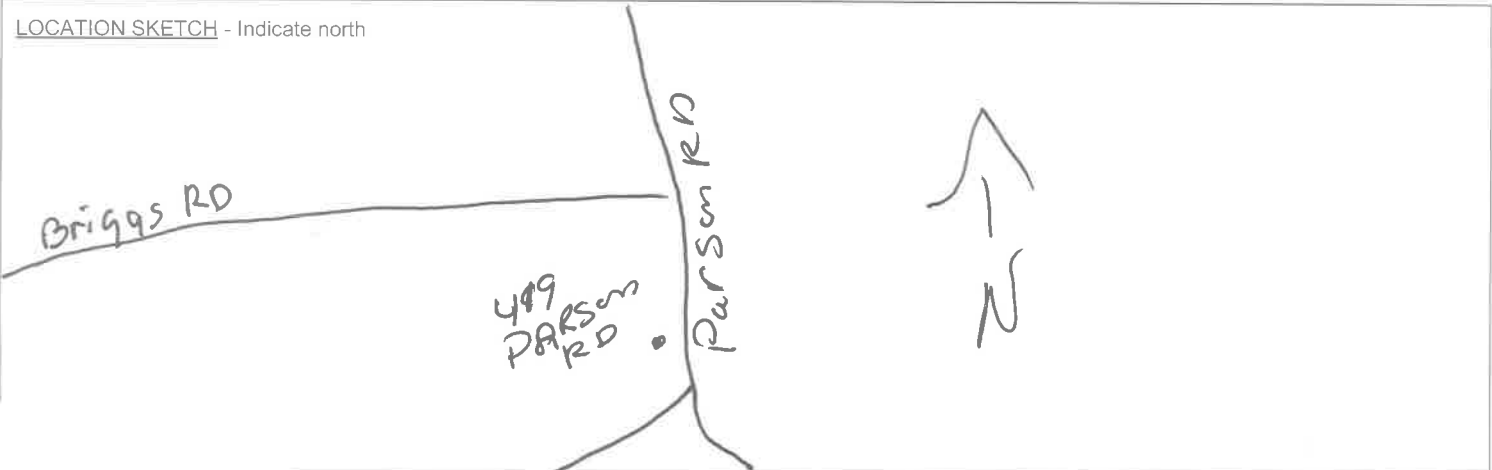


BOTTOM OF HOLE

NYSDEC COPY

06/2016

LOCATION SKETCH - Indicate north





## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

February 7, 2019

Matthew Regan  
TRC  
215 Greenfield Parkway  
Liverpool, NY 13088

FOIL # 19-02-114

Dear Mr. Regan:

This will acknowledge receipt of your request for records under the Freedom of Information Law, received by this office on February 1, 2019.

Your request has been forwarded to the appropriate Department program area(s) to identify documents that are responsive to your request and which may be made available pursuant to all applicable provisions of the Freedom of Information Law.

A determination as to whether your request is granted or denied will be reached in approximately 20 business days or we will notify you in writing if the responsible program area(s) should require additional time to locate, assemble, and review documents that may be responsive to your request.

Please note that, pursuant to Article 6 of the Public Officers Law, a charge may be applied to your request, including the actual cost of the medium used to respond to your Freedom of Information Law request and/or other related costs. When responsive records have been identified, you will be informed of any cost and how payment should be made.

Sincerely,

Rosemarie Hewig, Esq.  
Records Access Officer

RH/sjp

May 21, 2019

**Sent via email to: [foil@health.ny.gov](mailto:foil@health.ny.gov)**

New York State Department of Health  
Records Access Office  
Corning Tower  
Empire State Plaza  
Albany, NY 12237

**RE: East Point Energy Center, LLC  
East Point Energy Center Project  
Town of Sharon, Schoharie County, New York  
Information Request**

To whom it may concern:

East Point Energy Center, LLC is proposing the development of a solar energy center in the Town of Sharon in Schoharie County, New York. East Point Energy Center, LLC plans to submit an application to the NYS Board on Electric Generation Siting and the Environment in pursuit of a Certificate of Environmental Compatibility and Public Need to construct the East Point Energy Center (the Project) under Article 10 of the Public Service Law (PSL).

TRC, on behalf of East Point Energy Center, LLC, is requesting groundwater well information for the area outlined in the enclosed shapefiles. More specifically, we request the location, construction logs, depths, and descriptions of encountered bedrock for groundwater wells within this area in the Town of Sharon, New York for which the Department has record information. TRC respectfully submits this Freedom of Information Request to obtain this information.

The enclosed shapefile package has been provided to assist in your review of the Project Study Area and outline the area requested for groundwater well information. Please note, this information request is being made in order to help prepare the Article 10 Application.

If you have any questions regarding the Project or the request herein, please contact me at TRC by calling (716) 221-4037 or via email at [RSilva@trccompanies.com](mailto:RSilva@trccompanies.com).

Sincerely,

A handwritten signature in blue ink that reads "Rachel C. Silva".

Rachel Silva  
Senior Scientist

cc: Bill Boer, NextEra Energy Resources, LLC  
Kris Scornavacca, NextEra Energy Resources, LLC  
Samantha Kranes, TRC

Enclosure: Project Study Area shapefiles



# Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

May 22, 2019

Rachel Silva  
TRC  
2801 Wehrle Drive, Suite 8  
Williamsville, NY 14221

FOIL # 19-05-380

Dear Ms. Silva:

This will acknowledge receipt of your request for records under the Freedom of Information Law, received by this office on May 21, 2019.

Your request has been forwarded to the appropriate Department program area(s) to identify documents that are responsive to your request and which may be made available pursuant to all applicable provisions of the Freedom of Information Law.

A determination as to whether your request is granted or denied will be reached in approximately 20 business days or we will notify you in writing if the responsible program area(s) should require additional time to locate, assemble, and review documents that may be responsive to your request.

Please note that, pursuant to Article 6 of the Public Officers Law, a charge may be applied to your request, including the actual cost of the medium used to respond to your Freedom of Information Law request and/or other related costs. When responsive records have been identified, you will be informed of any cost and how payment should be made.

Sincerely,

Rosemarie Hewig, Esq.  
Records Access Officer

RH/sjp



# Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

June 17, 2019

Rachel Silva  
TRC  
2801 Wehrle Drive, Suite 8  
Williamsville, NY 14221

FOIL # 19-05-380  
RE: East Point Energy Center Project

Dear Ms. Silva:

This letter responds to your Freedom of Information Law request of May 21, 2019, in which you requested "groundwater well information for the area outlined in the enclosed shapefiles. More specifically, we request the location, construction logs, depths, and descriptions of encountered bedrock for groundwater wells within this area in the Town of Sharon, New York."

Please be advised that the Department of Health does not maintain records responsive to your request.

Records of the type you have requested may also be maintained by the New York State Department Environmental Conservation and the Schoharie County Health Department. These offices can be contacted at:

Records Access Officer  
New York State Department of Environmental Conservation  
625 Broadway  
Albany, NY 12233-1500  
Phone: (518) 402-9522  
Fax: (518) 402-9018  
Email: [access.records@dec.ny.gov](mailto:access.records@dec.ny.gov)

Schoharie County  
Request for Access to Public Records  
P.O. Box 429  
Schoharie, NY 12157  
Phone: (518) 295-8365

Should you feel that you have been unlawfully denied access to records, you may appeal such denial in writing within 30 days to the Records Access Appeals Officer, Division of Legal Affairs, Empire State Plaza, 2438 Corning Tower, Albany, New York 12237-0026.

If you require additional information or wish to discuss this matter further, please do not hesitate to contact me at (518) 474-8734.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rosemarie Hewig".

Rosemarie Hewig, Esq.  
Records Access Officer

RH/ysd



**SCHOHARIE COUNTY**

Request for Access to Public Records  
PO Box 429  
Schoharie, NY 12157

Printed - 25¢ per page  
Digital Format - DVD - \$10.00

**I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:**

Groundwater well information for the area outlined in the attached image.  
Specifically, the location, construction logs, depths, and descriptions of  
encountered bedrock for groundwater wells within the outlined area in  
the Town of Sharon.

Rachel Silva

*Rachel C. Silva*

Requested By (please print)

Signature

2801 Wehrle Drive, Suite 8, Williamsville, NY 14221

05-21-2019

Mailing Address

Date

For Agency Use Only

APPROVED \_\_\_\_\_

DENIED (reason(s) checked below)

\_\_\_\_\_ Confidential Disclosure

\_\_\_\_\_ Part of Investigatory Files

\_\_\_\_\_ Unwarranted invasion of personal privacy

\_\_\_\_\_ Record which this agency is legal custodian cannot be found

Record is not maintained by this agency

\_\_\_\_\_ Exempted by statute other than the Freedom of Information Act

\_\_\_\_\_ Other (specify)

Records may be maintained by local C.E.O.  
Public Health Sanitation 5/24/19 and/or D.E.C.



*[Signature]*

Signature

Title

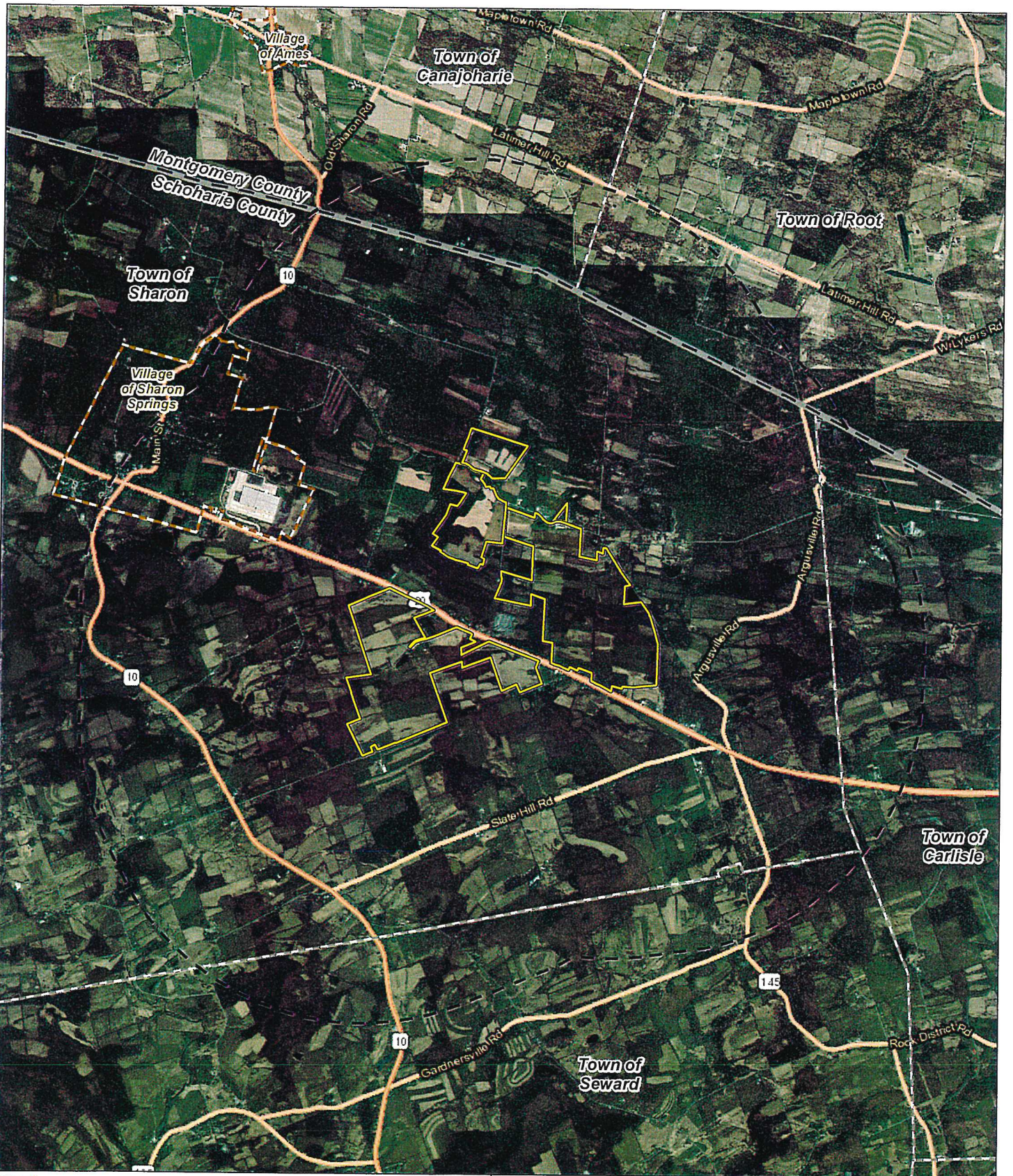
Date

NOTICE: You have a right to appeal a denial of this application to the County Attorney, who must fully explain his/her reasons for such denial in writing seven days of receipt of an appeal.

I HEREBY APPEAL: \_\_\_\_\_

Signature

Date



- Project Area
- 2-Mile Study Area
- Village Boundary
- Municipal Boundary
- County Boundary

Base Map: NYS Office of Information Technology Services, GIS Program Office, 2018; Esri and its contributors



**MAP LOCATION**



**PROJECT AREA AND STUDY AREA**  
**EAST POINT ENERGY CENTER, LLC**  
**TOWN OF SHARON, NY**

FIGURE 2

MAY 2019

Map Produced by





2801 Wehrle Dr., Suite 8  
Williamsville, NY 14221

T 716.204.9543  
TRCcompanies.com

May 23, 2019

**Sent via email to: [slargeteau@co.schoharie.ny.us](mailto:slargeteau@co.schoharie.ny.us)**

Schoharie County Department of Public Health  
P.O. Box 667  
Schoharie, NY  
12157-0667

**RE: East Point Energy Center, LLC  
East Point Energy Center Project  
Town of Sharon, Schoharie County, New York  
Information Request**

To whom it may concern:

East Point Energy Center, LLC is proposing the development of a solar energy center in the Town of Sharon in Schoharie County, New York. East Point Energy Center, LLC plans to submit an application to the NYS Board on Electric Generation Siting and the Environment in pursuit of a Certificate of Environmental Compatibility and Public Need to construct the East Point Energy Center (the Project) under Article 10 of the Public Service Law (PSL).

TRC, on behalf of East Point Energy Center, LLC, is requesting groundwater well information for the area outlined in the enclosed Figure 2. More specifically, we request the location, construction logs, depths, and descriptions of encountered bedrock for groundwater wells within this area in the Town of Sharon, New York. TRC respectfully submits this Freedom of Information Request to obtain this information.

The enclosed Figure 2 has been provided to assist in your review of the Project Study Area and outline the area requested for groundwater well information. Please note, this information request is being made in order to help prepare the Article 10 Application.

If you have any questions regarding the Project or the request herein, please contact me at TRC by calling (716) 221-4037 or via email at [RSilva@trccompanies.com](mailto:RSilva@trccompanies.com).

Sincerely,

A handwritten signature in black ink that reads "Rachel C. Silva". The signature is written in a cursive style.

Rachel Silva  
Senior Scientist

cc: Bill Boer, NextEra Energy Resources, LLC  
Kris Scornavacca, NextEra Energy Resources, LLC  
Samantha Kranes, TRC

Enclosures: 1. Request for Access to Public Records  
2. Figure 2 Project Area and Study Area