

May 28, 2019

Sent via email to: foil@health.ny.gov

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

**RE: High River Energy Center, LLC
High River Energy Center Project
Town of Florida, Montgomery County, New York
Information Request**

To Whom It May Concern:

High River Energy Center, LLC is proposing the development of a solar energy center in the Town of Florida in Montgomery County, New York. High River 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 High River Energy Center (the Project) under Article 10 of the Public Service Law (PSL).

TRC, on behalf of High River 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 the indicated areas in Montgomery and Schenectady Counties, 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 (518) 688-3133 or via email at HVaillant@TRCcompanies.com.

Sincerely,

A handwritten signature in blue ink that reads "Heather Vaillant".

Heather Vaillant
Project Manager

cc: Bill Boer, NextEra Energy Resources, LLC
Keddy Chandran, NextEra Energy Resources, LLC
Samantha Kranes, TRC

Attachments: Project Study Area shapefiles

W054853-070119 - Freedom of Information Law Request

Message History (5)

✉ On 8/20/2019 12:57:10 PM, New York DEC Support wrote:

Subject: Freedom of Information Law Request :: W054853-070119

Body:

RE: PUBLIC RECORDS REQUEST of 7/1/2019, Reference # W054853-070119

Dated: 08/20/2019

Dear Heather Vaillant:

I write in response to your Freedom of Information Law (FOIL) request seeking:

[Request (and its .zip attachment) attached]

TRC, on behalf of High River 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 the indicated areas in Montgomery and Schenectady Counties, New York for which the Department has record information.

The Department of Environmental Conservation (DEC) has identified records responsive to your request and has uploaded those records into DEC's online FOIL request system. Please visit the customer portal for DEC's online system by [clicking here](#) to log into your DEC FOIL account, where you can view and download the records.

Be advised that DEC has withheld certain responsive documents or portions thereof from disclosure in accordance with one or more of the following provisions of the Public Officers Law (POL):

POL 87.2.b. Would constitute an unwarranted invasion of personal privacy under POL 89.2

POL 87.2.f. Could endanger the life or safety of any person if disclosed.

If you believe you have been unlawfully denied access to records, you have the right to appeal. Any such appeal must be submitted in writing and within thirty (30) days of the date of this email. Appeals must be directed to:

FOIL Appeals Officer
Office of General Counsel
New York State Department of Environmental Conservation
625 Broadway, 14th Floor
Albany, NY 12233-1500

Your FOIL request is now closed. Please reference FOIL #W054853-070119 in all your correspondence with the Department concerning this request. Thank you.

Sincerely,

Records Access

✉ On 8/8/2019 9:26:47 AM, New York DEC Support wrote:

Subject: Freedom of Information Law Request :: W054853-070119

Body:

RE: PUBLIC RECORDS REQUEST of 7/1/2019, Reference # W054853-070119

Dear Heather Vaillant,

In regard to your Freedom of Information Law (FOIL) request, be advised that DEC is continuing to process your FOIL request. We estimate that DEC will complete its process by **9/13/2019**. We will notify you in writing when/if the responsive materials are available for release or if more time is required to complete your request.

If you have any questions in the interim, please call the FOIL Unit at (518) 402-9522 and refer to FOIL request #W054853-070119, or simply reply to this email. Thank you.

Sincerely,

Records Access

✉ On 7/30/2019 4:12:56 PM, New York DEC Support wrote:

Subject: Freedom of Information Law Request :: W054853-070119

Body:

RE: PUBLIC RECORDS REQUEST of 7/1/2019, Reference # W054853-070119

Dear Heather Vaillant,

In regard to your Freedom of Information Law (FOIL) request of 7/1/2019, be advised that DEC is continuing to process your FOIL request. We estimate that DEC will complete its process by **8/12/2019**. We will notify you in writing when/if the responsive materials are available for release or if more time is required to complete your request.

If you have any questions in the interim, please call me at and refer to FOIL request #W054853-070119, or simply reply to this email. Thank you.

Sincerely,

Terri Lupi

✉ On 7/1/2019 3:27:42 PM, New York DEC Support wrote:

Dear Heather:

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 7/1/2019 and given the reference number FOIL #W054853-070119 for tracking purposes. You may expect the Department's response to your request no later than **7/30/2019**.

Record Requested: **See attached request.**

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

New York State Department of Environmental Conservation, Record Access Office

Track the issue status and respond at:

https://mycusthelp.com/NEWYORKDEC/_rs/RequestEdit.aspx?rid=54853

✉ On 7/1/2019 3:27:41 PM, New York DEC Support wrote:

Request was created by staff



Department of Health

ANDREW M. CUOMO
Governor

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

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

August 12, 2019

Heather Vaillant
TRC
10 Maxwell Drive, Suite 200
Clifton Park, NY 12065

FOIL #: 19-05-497

Dear Ms. Vaillant:

This letter responds to your Freedom of Information Law request of May 28, 2019, in which you requested "the location, construction logs, depths, and descriptions of encountered bedrock for groundwater wells within the indicated areas in Montgomery and Schenectady Counties, New York."

I have enclosed documents responsive to your request. Certain information contained in these records has been redacted pursuant to New York State Public Officers Law §87(2)(b), because disclosure "would constitute an unwarranted invasion of personal privacy;" §87(2)(f), because "if disclosed could endanger the life or safety of any person;" and §87(2)(i), to "guarantee the security of ... information technology assets."

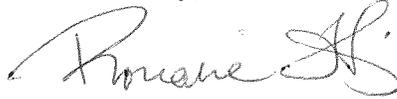
Records of this type may also be maintained by the New York State Department of Environmental Conservation. This office can be contacted at:

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

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 H.", written in black ink.

Rosemarie Hewig, Esq.
Records Access Officer

RH/rmd

Water_System_Name	Water_SystemID	Facility_Type	Source_Name	Principal_County_Served	Population_Served	Water_System_Type	Design Capacity (GPM)
PATTERSONVILLE MOBILE HOME #2	NY2801593	WL	DRILLED WELL #2 6" DIA., AUX. SOURCE	MONTGOMERY	50	C	Not reported
PATTERSONVILLE MOBILE HOME #2	NY2801593	WL	DRILLED WELL #1 6" DIAMETER, MAIN SOURCE	MONTGOMERY	50	C	Not reported
PATTERSONVILLE MOBILE HOME #1	NY2801592	WL	DRILLED WELL #1,6" DIAMETER	MONTGOMERY	81	C	Not reported
VALENTINOS RESTAURANT	NY2808852	WL	DRILLED WELL	MONTGOMERY	150	NC	Not reported
DRISCOLL FOODS	NY2820745	WL	DRILLED WELL	MONTGOMERY	60	NTNC	Not reported
CAPSTONE CENTER FOR REHAB AND NURSING	NY2810477	WL	DRILLED WELL #1	MONTGOMERY	330	C	21
CAPSTONE CENTER FOR REHAB AND NURSING	NY2810477	WL	DRILLED WELL #2	MONTGOMERY	330	C	28
FULMONT EARLY CHILDHOOD SERVICES@TRUAX	NY2802592	WL	DRILLED WELL-REAR	MONTGOMERY	200	NTNC	Not reported

Facility Basic Data

Revised for Source Water Assessment Program

Updated Draft

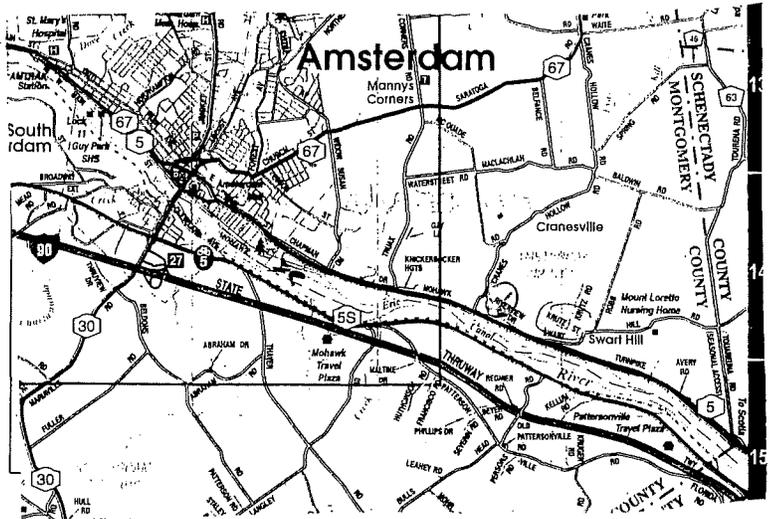
NOTE: Please attach additional sheets, as needed, or include copies of information if it is documented in another format.

A. General Information

1. Facility Name Valentino's Restaurant + Cocktail Lounge
2. Street Address 119 Riverview Dr
3. City/Village/Town Amsterdam Zip 12010
4. Township Amsterdam County Montgomery
5. Owner/Operator Name Vittorio Valentino
6. Mailing Address _____
(if different) _____

7. Owner Phone 518-843-0592

8. Location Map with Directions to Facility
Take Route 5 East out of Amsterdam.
Turn onto Cranes Hollow Rd.
Make Right onto Riverview Dr.
Facility is around bend on top of driveway.



9. Type Facility and Population Served NCPWS

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> camp (day/overnight) | <input type="checkbox"/> convenience mart | <input type="checkbox"/> other food service (describe) _____ |
| <input checked="" type="checkbox"/> restaurant | <input type="checkbox"/> temporary residence | <input type="checkbox"/> recreational (describe) _____ |
| <input type="checkbox"/> hotel/motel | <input type="checkbox"/> school | <input type="checkbox"/> other (describe) _____ |

10. Type Operation: year round seasonal (dates _____) other _____

11. Is this a new facility/operation? Y N

12. Date of Last Sanitary Survey Inspection: ___/___/___ Any Significant Defects During Last Inspection? Y N

13. Inspection Date ___/___/___ Completed by _____ Updated ___/___/___ Initials _____

14. Comments _____

B. Water Supply Information

1. Type of Water Supply: TNCWS PRIVATE

2. PWS_ID # NY2808852

3. PWS Contact Victoria Valentino

Phone # (518) 843-0592

Average Daily Production _____ (gpd) Total Design Capacity _____ (gpd)

4. Sources (specify #)	Properly Developed	Comments
<u>X</u> Wells	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	_____
_____ Springs	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____ Surface Intake		_____

NOTE: Any new sources installed since last inspection/sanitary survey? Y N DOH Approval Date / /

For each surface water intake or spring, specify:

	<u>Intake 1</u>	<u>Intake 2</u>
Distance of Intake from shore	_____	_____
Depth below surface (ft)	_____	_____
Source availability (permanent/seasonal/emergency)	_____	_____
Approved Design Capacity (gpd)	_____	_____
Flow Quantity (indicate units)	_____	_____

For each ground water source type, document:

	<u>Well 1</u>	<u>Well 2</u>	<u>Well 3</u>
Description (e.g., lodge/kitchen/basement)	<u>Outside</u>	_____	_____
Well Diameter (inches)	<u>6"</u>	_____	_____
Well Depth (ft)	<u>178'</u>	_____	_____
Type of Well (e.g., Drilled, Dug, Driven)	<u>Drilled</u>	_____	_____
Depth to Top of Well Screen	_____	_____	_____
Static Water Level/Depth to Ground Water (ft)	_____	_____	_____
Type of Well Casing	<u>Steel</u>	_____	_____
Casing Depth (ft)	<u>177'</u>	_____	_____
Well Covering	<u>Cap</u>	_____	_____
Well Yield (gpm)	<u>12</u>	_____	_____
Source Availability (permanent/seasonal/emergency)	<u>Perm</u>	_____	_____
Well Log Available (Indicate Y/N and Type)*	<u>Y</u>	_____	_____

(* Please attach a copy of the well log for SWAP documentation)

5. Is groundwater under direct influence of surface water (GWUDI)? Y N If YES, Known Suspected
Describe/Name of Surface Water Influence _____

6. <u>Disinfection</u>	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Disinfection Provided? Indicate Yes/No	_____	_____	_____
If NO, is there a disinfection waiver in place? (Y/N)	_____	_____	_____
Indicate Date of Waiver	_____	_____	_____
Expiration Date of Waiver	_____	_____	_____

7. <u>Indicate Type Disinfection Method</u>	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Chlorine	_____	_____	_____
Other (specify)	_____	_____	_____
Approval date for alternate disinfection	_____	_____	_____

8. <u>Source Location Determination</u>	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
(NOTE: No need to transcribe here if documented; however, please note if using this form for SDWIS data entry)			
Latitude	_____	_____	_____
Longitude	_____	_____	_____
Method of Lat/Long Determination	_____	_____	_____

9. Are there any non-potable water sources associated with this public water system? Yes No If NO, go to number 10.

If YES,

a) How is/are the non-potable source(s) used? _____

b) Are the(se) source(s) connected to the potable water supply? _____

c) What type of backflow prevention is provided? _____

10. Water Supply Schematic (include all available system details).

11. List major treatment system components:

12. Pump Information

	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Pump size	_____	_____	_____
Pump type	_____	_____	_____
Pump capacity (gpm)	_____	_____	_____

13. Storage Tank Information

	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Dimensions	_____	_____	_____
Capacity(indicate units)	_____	_____	_____
Integrity/Condition	_____	_____	_____

14. Chlorine Contact Tank

	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Dimensions	_____	_____	_____
Total Capacity (indicate units)	_____	_____	_____
Number of Tanks/Units	_____	_____	_____

5. Document waste discharge points relative to water supply source (also show on schematic below): _____

6. Sewage Treatment Schematic (include all available details).

D. Food Service Number of food services _____ High Risk _____ Medium Risk _____ Low Risk

E. Housing (If no housing is provided, go to Section F).

1. Number of buildings _____

2. Specify the quantity of buildings by UFPBC Type: _____ Type 1 _____ Type 2 _____ Type 3 _____ Type 4 _____ Type 5

3. Number used for sleeping _____ 4. Was a fire safety waiver or variance issued? YES NO

5a. Type of heating _____ 5b. Capacity (BTU/hr) _____

6. Fire Alarm/Detection

a. Are there smoke detectors? YES NO b. Are there heat detectors? YES NO

c. Single station devices only YES NO d. Where is the alarm control panel located?

7. a. Is there a sprinkler system? YES NO

b. Is the system Complete Partial

c. Is the system Wet pipe Dry Pipe Deluge

F. Bathing Facilities YES NO (If YES, attach DOH-2948. IF NO, proceed To Section G).

1. Minimum level of supervision required _____ 2. Type of filtration system (pools) _____

3. Name of body of water beach is on _____ 4. Capacity of each facility _____

5. Is a certified pool operator required? YES NO

15. Water Quality History (review of facility files – minimum of 5 years history if possible)
 For SWAP: No need to document chemical detections that do not occur in SOURCE (e.g., lead/copper) or that are naturally occurring (e.g., iron)
 Document Bacteriological Quality (for undisinfecting wells ONLY)

	Source 1	Source 2	Source 3
Total Coliform			
No detections	_____	_____	_____
Only one positive	_____	_____	_____
Multiple positives	_____	_____	_____
TCR violation	_____	_____	_____
E. Coli			
No detections	_____	_____	_____
Only one positive	_____	_____	_____
Multiple positives	_____	_____	_____
TCR violation	_____	_____	_____
Nitrate Quality			
Values always < 2 mg/l	_____	_____	_____
Values between 2 mg/l and 5mg/l	_____	_____	_____
Detections > 5 mg/l	_____	_____	_____
MCL Violation	_____	_____	_____
Nitrite Quality			
No detections	_____	_____	_____
Detection < 0.5 mg/l	_____	_____	_____
Detection > 0.5 mg/l	_____	_____	_____
MCL Violation	_____	_____	_____
Other Chemical Presence			
No Detection	_____	_____	_____
Detection (< 1/2 the MCL)	_____	_____	_____
Detection (> 1/2 the MCL)	_____	_____	_____
MCL Violation	_____	_____	_____
Indicate Parameters (Organic/Inorganic)	_____	_____	_____

C. Sewage Treatment Information

1. Type On-site/'private' Municipal (Name) _____

Complete questions 2, 3 and 4 ONLY if a 'private' system is in use.

Type discharge: surface subsurface

2. SPDES Permit Required YES NO If YES, date issued ___/___/___

3. Specify the major component of the system in use _____

4. Document evidence of inadequate maintenance (ie., sanitary waste overflows): _____

G. Layout Sketch

Place North arrow on the map.

Show all buildings, indicate height of building in stories; if building has an interior corridor, put a “#” next to the number of stories.

Document the location and distance of the following features from each building and water supply source:

- septic or sewage system components
- streams or other surface water
- manure piles
- waste lagoons
- storm and sanitary sewers
- drainage swales and ditches
- fuel storage
- pool and beaches
- parking lots (specify surface type)
- property lines
- roads
- other sources of microbial contamination (specify)
- other sources of chemical contamination (specify)

If possible, document predominant slope of land at site showing surface features relative to water source and potential contaminant sources.



New York State Department of Health
 9 Market Street
 Amsterdam, New York
 12010

RECEIVED

FEB 10 1987

N.Y.S. DEPARTMENT OF HEALTH
 STATE WELLS AND WATERWAYS DIVISION

WELL LOG

Name of Place VALENTINO'S REST Town AMSTERDAM County NY

Address Cranewille Hollow rd. Cranewille NY

Depth of Well 178 ft. Diameter 6 in. Yield 12 gpm.

Amt. of Casing Above Ground 18" in. Below Ground 177 ft.

How was well disinfected? chlor How was casing sealed in rock? no rock

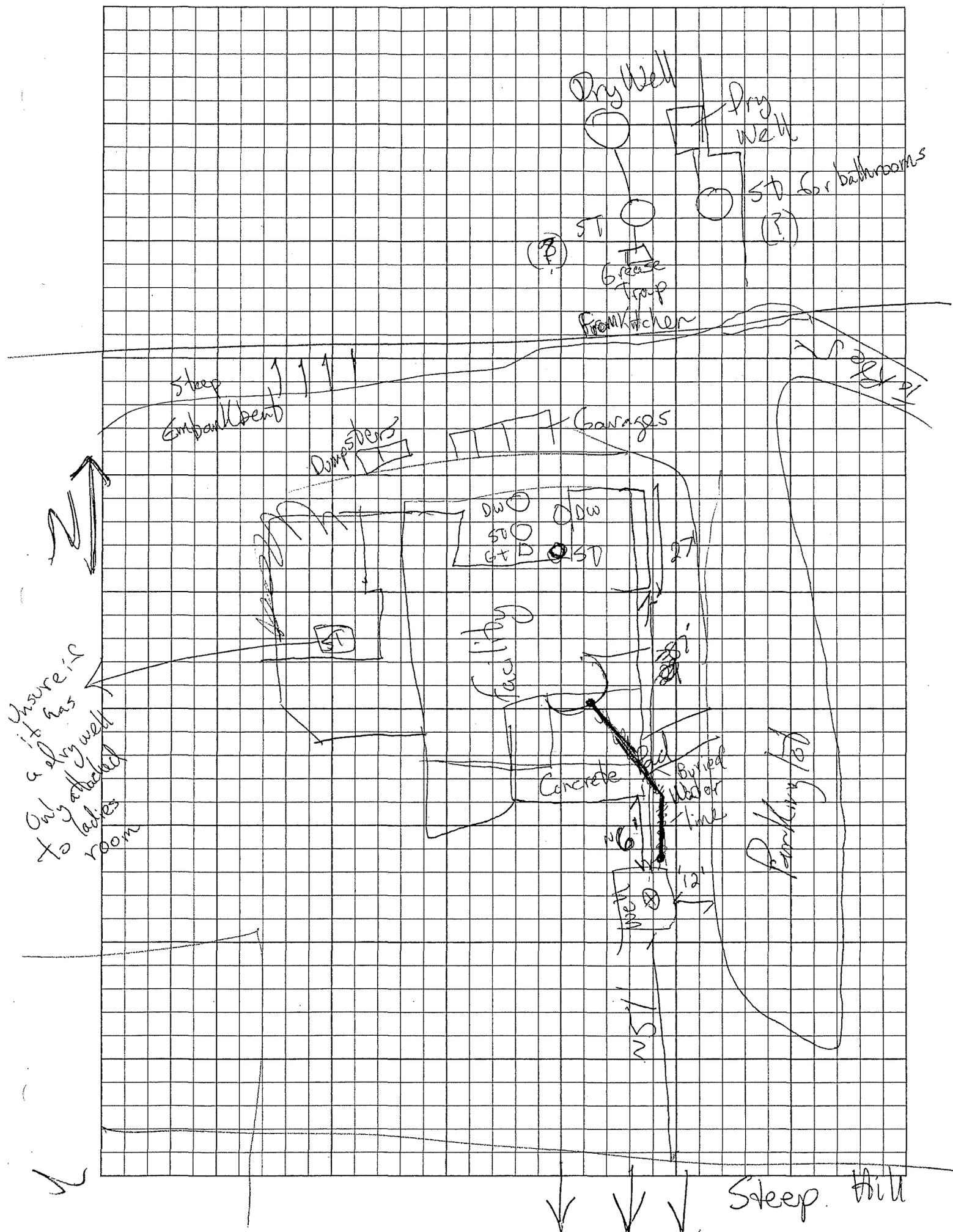
Draw a well diagram in the space provided below and show the depth of casing, the well seal, kind and thickness of formations penetrated, water bearing formations, diameter of drill holes with dotted lines and casing(s) with solid lines.

WELL DIAGRAM		FORMATIONS PENETRATED		REMARKS			
Diameter, Inches	Depth in ft.	Kind, thickness, and if Water Bearing	Type of Well <u>Drilled</u>	Drilling Method <u>Air Perc.</u>			
	Surface			PUMPING TESTS			
			Details	#1	#2	#3	
	to 66 ft	hardpan, boulders	Static Water Level, in ft. Below Grade	50			
	to 171 ft	Blue clay sand layers	Yield, gpm.	8			
	to 178	W.B. Gravel	How determined				
			Length of Test, in hrs.	2 hrs			
			Water Level, in ft. below grade at end of yield test	120			
			Time to reach static level after test	18 minutes			
			Water at end of test: Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Turbid <input type="checkbox"/>				
			Recommended pumping depth in well (ft. below grade)	160'			
			Comments:				

*Bob Well
 Pump install*

Drilling Started Nov 10 Completed Jan 14 86

Well Driller R B Moore Signature



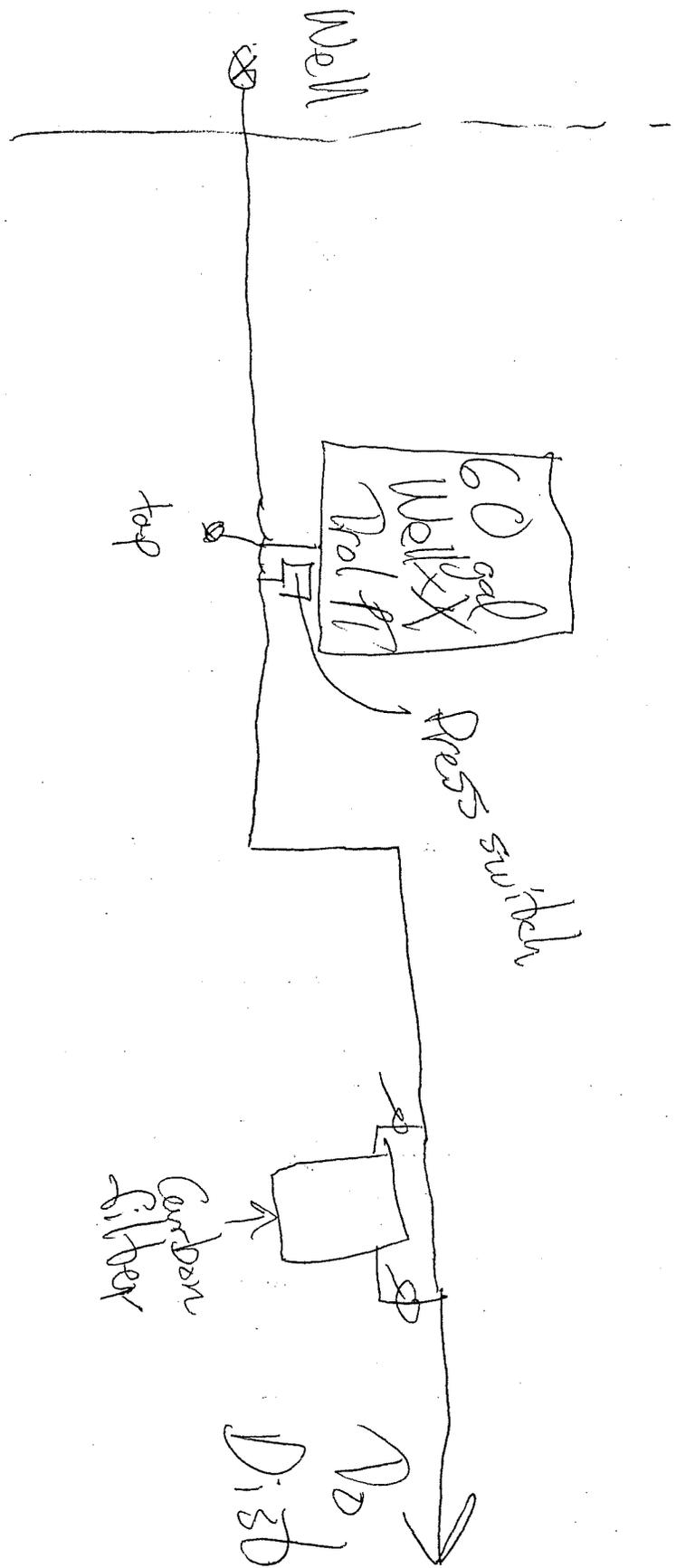
New → replaced old wood porch
Concrete porch/pad area

beginning (1st July)

~~Some~~ Some of the concrete work goes over water line (well to facility)

Concrete work was right next to well

Basement



GE Sediment filter

25 micron

Filter - ~~FAHC~~ (Carbon filter)
(Household Sediment filter)
→ Put on 3 mos ago

Used to be a 5 micron filter

Filter housing

GE Model # GXWH35F

Serial # 17400001B



Select Category

[Where To Buy](#) [en español](#)

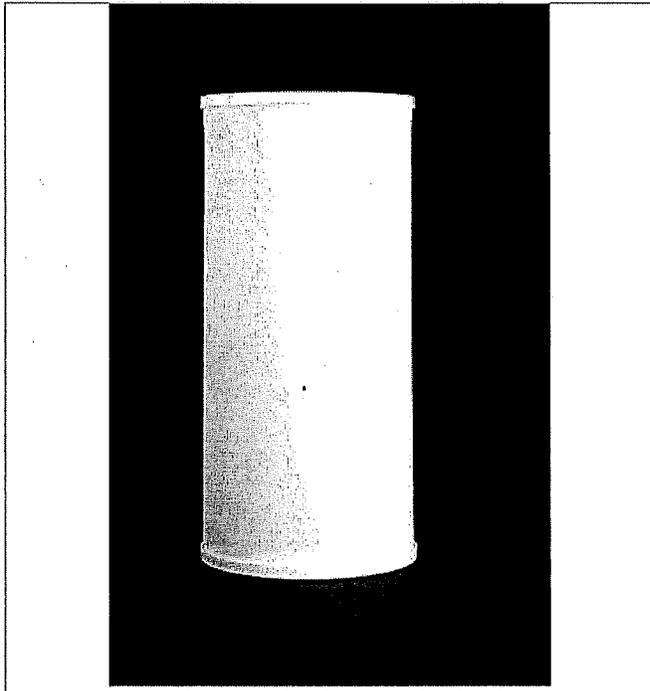
[Home](#) | [Products](#) | [Service & Support](#) | [Rebates & Promotions](#) | [Kitchen Design Center](#) | [Recipes & Cooking Communities](#) | [Explore GE Brands](#)

[GEAppliances.com Home](#) > [Products](#) > [Household Filtration Filters](#) > FXHTC

[Email This Page](#) | [Printer-Friendly Page](#)

GE® Household Pre-Filtration Chlorine and Sediment Filter

Model #: FXHTC



[Shop the GE Parts Store](#)

SmartOrder
This item is eligible for GE's SmartOrder Subscription Program.

Fits household filtration models GXWH40L, GXWH30C, HDSFI, GXWH35F and GNWH38F

Granulated activated carbon construction

Reduces chlorine, sand, soil, silt, sediment and rust

Fits most major brands of heavy duty household filter 4 1/2" x 10" sumps

Filters last up to 30,000 gallons or 3 months

SEE COMPLETE PRODUCT DETAILS

[Weights & Dimensions](#)

WEIGHTS & DIMENSIONS

[View weights & dimensions](#)

Approximate Shipping Weight	2 lb
Net Weight (lbs.)	1 lb

Have more questions? Please contact 1-800-826-2005.

[Shop the GE Parts Store](#)

[Home](#) | [Products](#) | [Service & Support](#) | [Rebates & Promotions](#) | [Kitchen Design Center](#) | [Recipes & Kitchen Communities](#) | [Explore GE Brands](#)
[Contact Us](#) | [Dealer Locator](#) | [Site Map](#) | [Privacy Policy](#) | [Terms of Use](#) | [Employee & Retiree Store](#)
[Corporate](#) | [Careers](#) | [Press Room](#) | [Recall Information](#) | [Accessibility Statement](#)
 Copyright 2010 General Electric Company

Follow GE Appliances on:

Sign up for our e-Newsletters:
 Enter E-Mail Address

Revised for Source Water Assessment Program
Updated Draft

NOTE: Please attach additional sheets, as needed, or include copies of information if

MONTGOMERY COUNTY
NY2801592 C A
PATTERSONVILLE MOBILE HOME #1
MOBILE HOME PARK

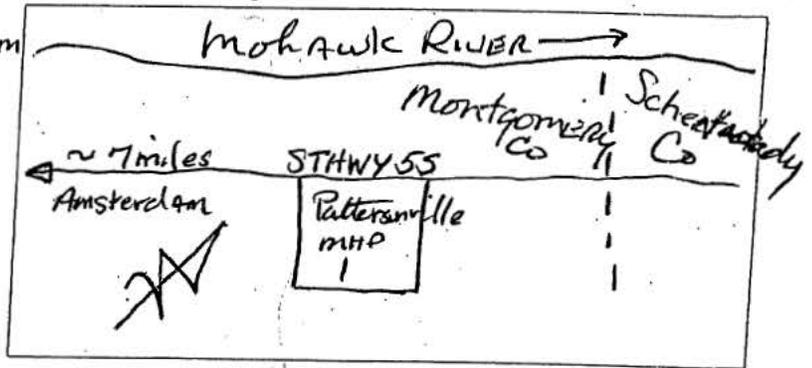
A. General Information

1. Facility Name Pattersonville MHP #1
2. Street Address Rte 55
3. City/Village/Town Pattersonville NY Zip 12137
4. Township Florida County Montgomery
5. Owner/Operator Name Ahmed S. Shah
6. Mailing Address (if different) [REDACTED]
7. Owner Phone (914) 462-0489

8. Location Map with Directions to Facility

~ 7 miles west of Amsterdam
on St. Hwy 55

Facility Location Map



9. Type Facility and Population Served 28 homes

- | | | |
|---|--|---|
| <input type="checkbox"/> camp (day/overnight) | <input type="checkbox"/> convenience mart | <input type="checkbox"/> other food service (describe) _____ |
| <input type="checkbox"/> restaurant | <input type="checkbox"/> temporary residence | <input type="checkbox"/> recreational (describe) _____ |
| <input type="checkbox"/> hotel/motel | <input type="checkbox"/> school | <input checked="" type="checkbox"/> other (describe) <u>MHP</u> |

10. Type Operation: year round seasonal (dates _____) other _____

11. Is this a new facility/operation? Y N

12. Date of Last Sanitary Survey Inspection: ___/___/___ Any Significant Defects During Last Inspection? Y N

13. Inspection Date 9/6/00 Completed by Lathrop Updated 9/14/04 Initials SS

14. Comments

No apparent water or sewage problems
Field in failure 3/05 - design still pending 8/06

1. Type of Water Supply: TNCWS PRIVATE

2. PWS_ID # 2801592

3. PWS Contact Ahmed Shak

Phone # (914) 462-0489

Average Daily Production _____ (gpd) Total Design Capacity _____ (gpd)

4. Sources (specify #)	Properly Developed	Comments
<u>1</u> Wells	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	_____
_____ Springs	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____ Surface Intake		_____

NOTE: Any new sources installed since last inspection/sanitary survey? Y N DOH Approval Date 1/1

For each surface water intake or spring, specify:

	Intake 1	Intake 2
Distance of Intake from shore	_____	_____
Depth below surface (ft)	_____	_____
Source availability (permanent/seasonal/emergency)	_____	_____
Approved Design Capacity (gpd)	_____	_____
Flow Quantity (indicate units)	_____	_____

For each ground water source type, document:

	Well 1 <i>in pump house</i>	Well 2	Well 3
Description (e.g., lodge/kitchen/basement)	_____	_____	_____
Well Diameter (inches)	<u>6"</u>	_____	_____
Well Depth (ft)	<u>180'</u>	_____	_____
Type of Well (e.g., Drilled, Dug, Driven)	<u>drilled</u>	_____	_____
Depth to Top of Well Screen	_____	_____	_____
Static Water Level/Depth to Ground Water (ft)	_____	_____	_____
Type of Well Casing	<u>Steel</u>	_____	_____
Casing Depth (ft)	<u>30"</u>	_____	_____
Well Covering	<u>Cap</u>	_____	_____
Well Yield (gpm)	_____	_____	_____
Source Availability (permanent/seasonal/emergency)	_____	_____	_____
Well Log Available (Indicate Y/N and Type)*	<u>N</u>	_____	_____

5. Is groundwater under direct influence of surface water (GWUDI)? Y N If YES, Known Suspected
Describe/Name of Surface Water Influence _____

6. <u>Disinfection</u>	Source 1	Source 2	Source 3
Disinfection Provided? Indicate Yes/No	<u>Yes</u>	_____	_____
If NO, is there a disinfection waiver in place? (Y/N)	_____	_____	_____
Indicate Date of Waiver	_____	_____	_____
Expiration Date of Waiver	_____	_____	_____

7. <u>Indicate Type Disinfection Method</u>	Source 1	Source 2	Source 3
Chlorine	<input checked="" type="checkbox"/>	_____	_____
Other (specify)	_____	_____	_____
Approval date for alternate disinfection	_____	_____	_____

8. <u>Source Location Determination</u>	Source 1	Source 2	Source 3
(NOTE: No need to transcribe here if documented; however, please note if using this form for SDWIS data entry)			
Latitude	_____	_____	_____
Longitude	_____	_____	_____
Method of Lat/Long Determination	_____	_____	_____

N 42 59.034
W 74 6.044

14. Water Quality History (review of facility files – minimum of 5 years history if possible)
 For SWAP: No need to document chemical detections that do not occur in SOURCE (e.g., lead/copper) or that are naturally occurring (e.g., iron)
 Document Bacteriological Quality (for undisinfected wells ONLY)

	Source 1	Source 2	Source 3
Total Coliform			
No detections	✓		
Only one positive			
Multiple positives			
TCR violation			
Coliform			
No detections	✓		
Only one positive			
Multiple positives			
TCR violation			
Nitrate Quality			
Values always < 2 mg/l			
Values between 2 mg/l and 5mg/l			
Detections > 5 mg/l			
MCL Violation			
Nitrite Quality			
No detections	✓		
Detection < 0.5 mg/l			
Detection > 0.5 mg/l			
MCL Violation			
Other Chemical Presence			
No Detection	✓		
Detection (< 1/2 the MCL)			
Detection (> 1/2 the MCL)			
MCL Violation			
Indicate Parameters (Organic/Inorganic)			

C. Sewage Treatment Information

1. Type On-site/'private' Municipal (Name) _____

Complete questions 2, 3 and 4 ONLY if a 'private' system is in use.
 Type discharge: Surface subsurface

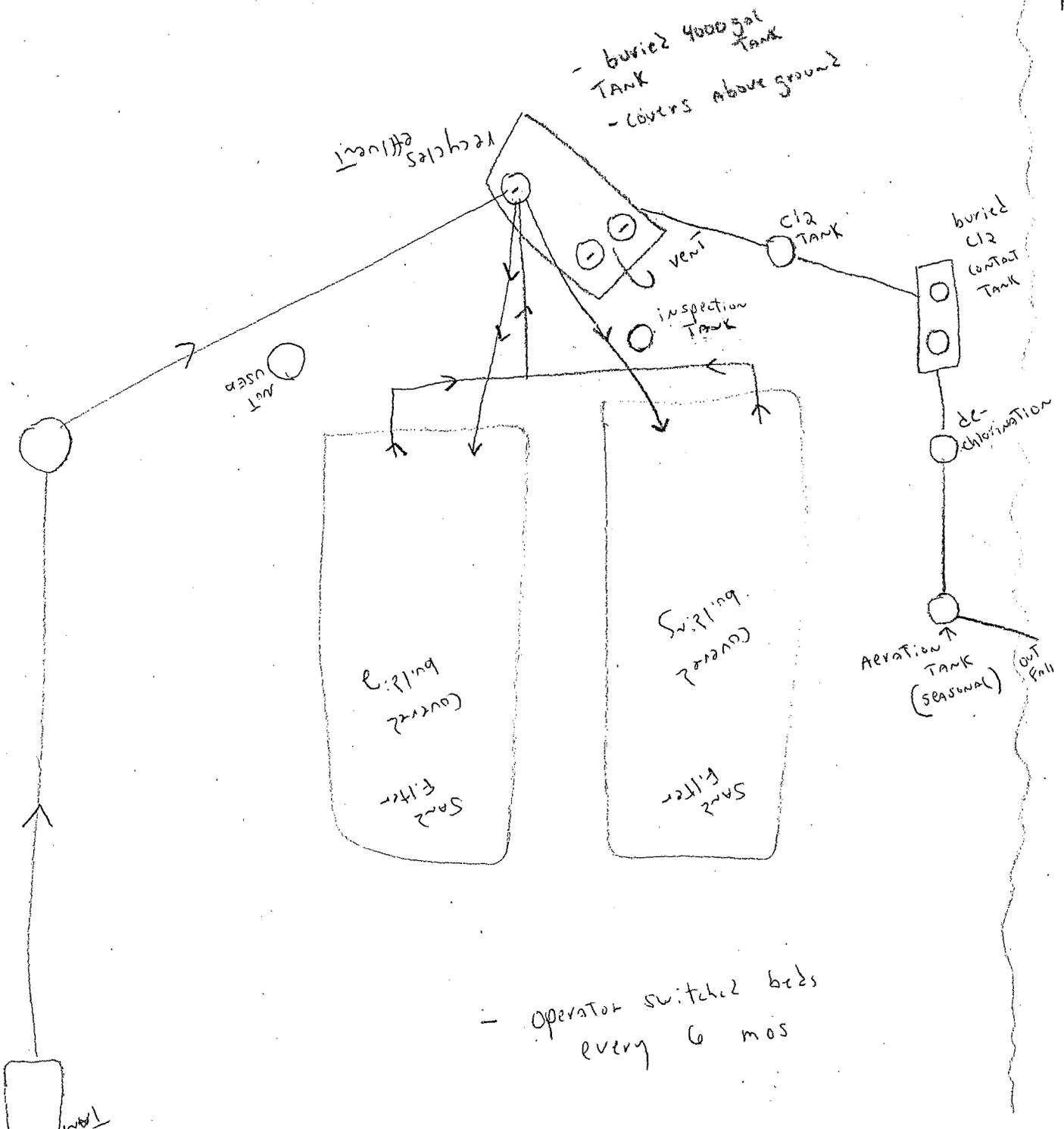
2. SPDES Permit Required YES NO If YES, date issued 9/1/86

3. Specify the major component of the system in use Sump pump to S.T. to Sand Filter
to stream outfall

4. Document evidence of inadequate maintenance (ie., sanitary waste overflows): _____

C R E E K

C R E E K



recycles effluent

- buried 4000 gal TANK
- covers above ground

user tank

vent

inspection Tank

Cl2 TANK

buried Cl2 CONTACT Tank

de-chlorination

Sand Filter
Covered buildings

Sand Filter
Covered buildings

Aeration TANK (seasonal)

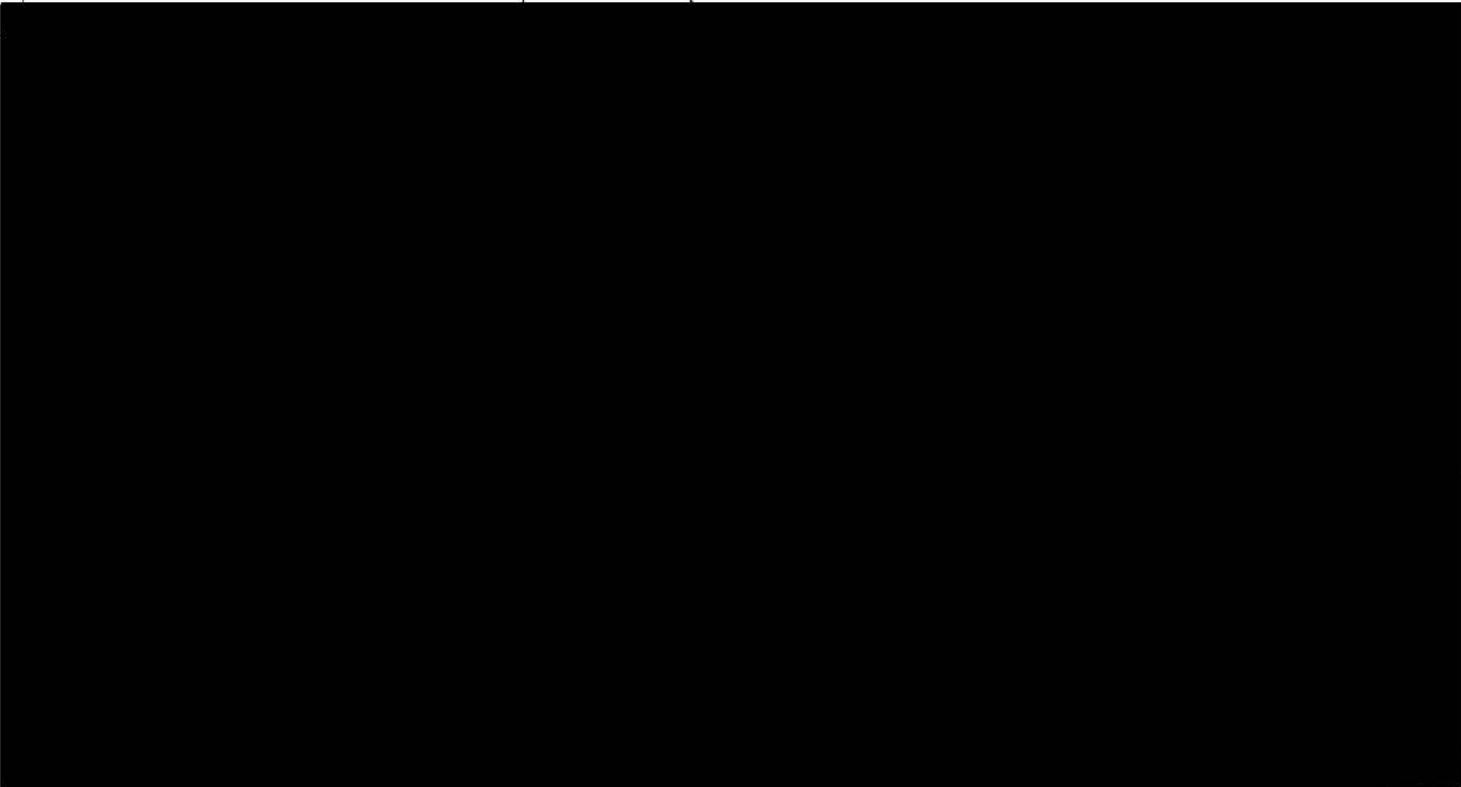
out Fall

- operator switches beds every 6 mos

Tank

9. Are there any non-potable water sources associated with this public water system? Yes No If NO, go to number 10.
 If YES, a) How is/are the non-potable source(s) used? _____
 b) Are the(se) source(s) connected to the potable water supply? _____
 c) What type of backflow prevention is provided? _____

10. Water Supply Schematic (include all available system details).



11. List major treatment system components:

- See Eng. plans

12. Pump Information

	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Pump size	_____	_____	_____
Pump type	_____	_____	_____
Pump capacity (gpm)	_____	_____	_____

13. Storage Tank Information

	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Dimensions	_____	_____	_____
Capacity(indicate units)	_____	_____	_____
Integrity/Condition	_____	_____	_____

14. Chlorine Contact Tank

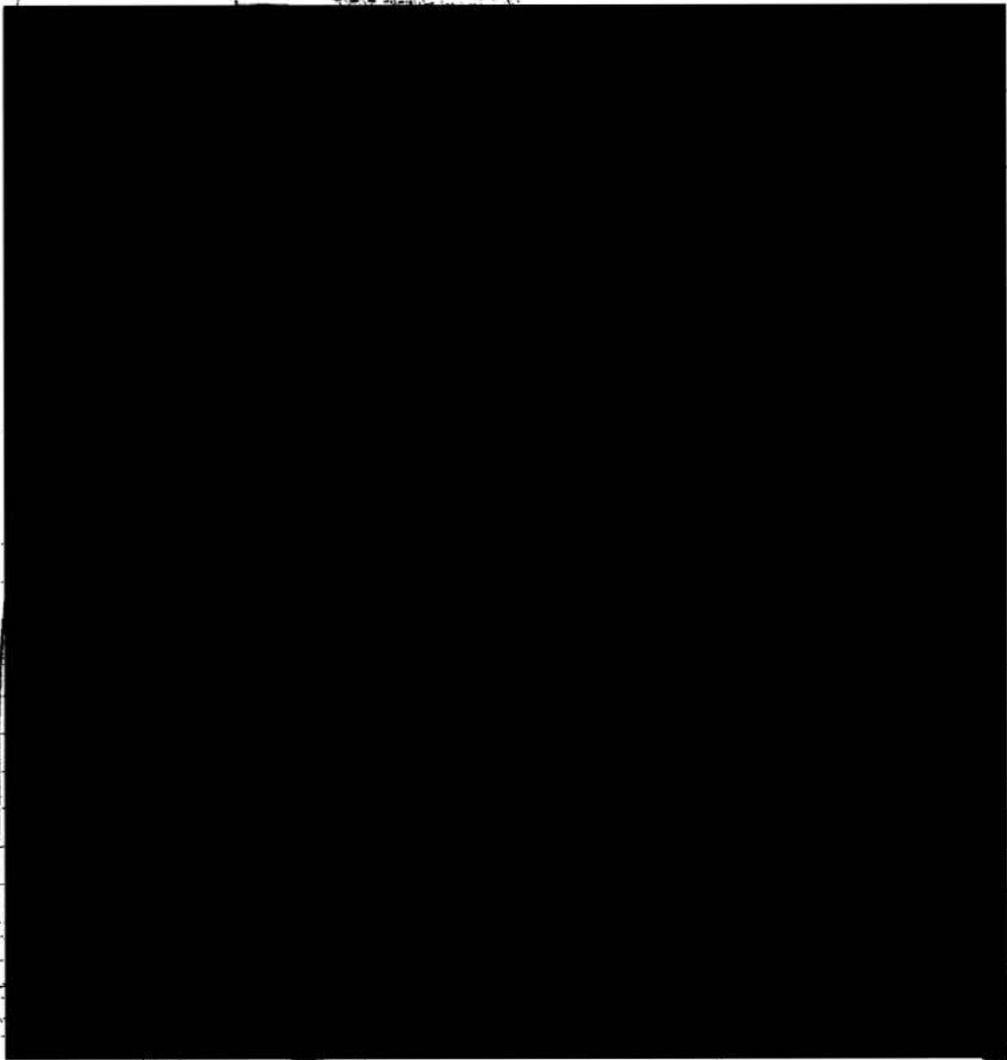
	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Dimensions	_____	_____	_____
Total Capacity (indicate units)	_____	_____	_____
Number of Tanks/Units	_____	_____	_____

Tank house is at lot 1

VIRGINIA MOBILE HOME PARK

Tree line

New
To S. 1/2



Pattersonville
Mobile
Home
Park

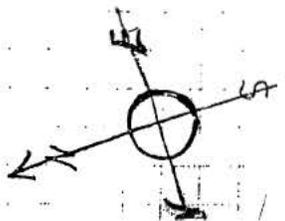
#1

Intermittent Stream

Effluent
low
water
stream

Rtd. 55

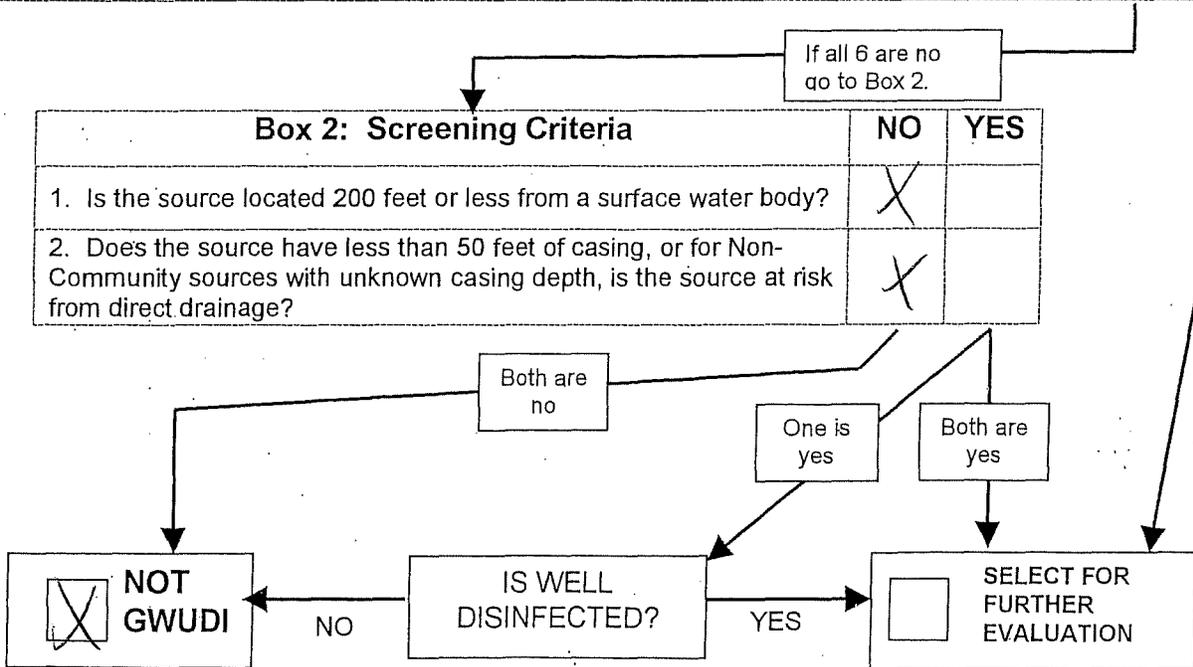
2/27/75



Sketch prepared
from plans by
A. Moque

Public Water System Name <i>Pattersonville #1 MHP</i>		Date Report Completed <i>05, 16, 2007</i> M M D D Y Y Y Y	
Public Water System ID <i>NY 2801592</i>		County <i>Montgomery</i>	
Source Name <i>drilled well</i>		Town, Village, or City <i>Florida</i>	
Source External System Number		Local Health Department / District Office <i>Herkimer D.O.</i>	

Box 1: Screening Criteria	NO	YES
1. Has there been a waterborne outbreak associated with this source?	X	
2. Has there been a chemical contaminant incident thought to have originated from surface water?	X	
3. Is the source a spring, infiltration gallery, crib intake, dug well, or shallow horizontal collector?	X	
4. Are there rapid fluctuations in well water level, source output, and/or chlorine demand? (Include seasonal fluctuations or during times of runoff.)	X	
5. Is the source located in a carbonate aquifer?	X	
6. Is the source within 200 feet of surface water with less than 100 feet of casing in fractured bedrock?	X	



Comments:

Completed By:

Joe Simoni

Revised for Source Water Assessment Program
Updated Draft

NOTE: Please attach additional sheets, as needed, or include copies of informati

MONTGOMERY COUNTY
NY2801593 C A
PATTERSONVILLE MOBILE HOME #2
MOBILE HOME PARK

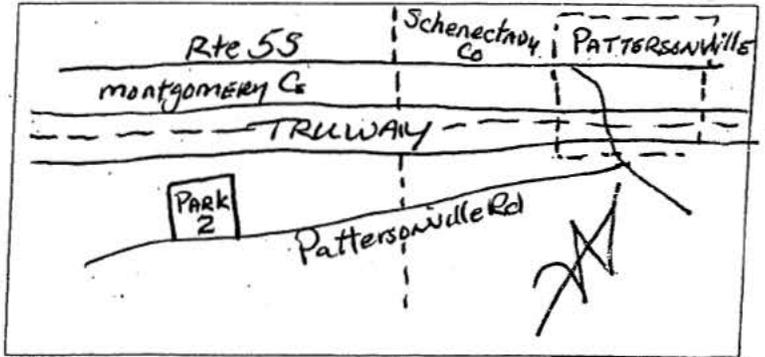
A. General Information

- Facility Name Pattersonville m.H P#2
- Street Address ~~699~~ Pattersonville Rd 711
- City/Village/Town Pattersonville, ny Zip 12137
- Township Florida County Montgomery
- Owner/Operator Name AHMED SHAH
- Mailing Address (if different) [REDACTED]
- Owner Phone 845-462-0489

8. Location Map with Directions to Facility

~ 4 miles outside of
Pattersonville or Pattersonville
Rd.

Facility Location Map



9. Type Facility and Population Served 22 HOMES

- | | | |
|---|--|---|
| <input type="checkbox"/> camp (day/overnight) | <input type="checkbox"/> convenience mart | <input type="checkbox"/> other food service (describe) _____ |
| <input type="checkbox"/> restaurant | <input type="checkbox"/> temporary residence | <input type="checkbox"/> recreational (describe) _____ |
| <input type="checkbox"/> hotel/motel | <input type="checkbox"/> school | <input checked="" type="checkbox"/> other (describe) <u>MHP</u> |

10. Type Operation: year round seasonal (dates _____) other _____

11. Is this a new facility/operation? Y N

12. Date of Last Sanitary Survey Inspection: / / Any Significant Defects During Last Inspection? Y N

13. Inspection Date 9/6/00 Completed by Jathrop Updated 9/14/04 Initials SS
5-10-07 SS

14. Comments No apparent water or Sewage Problems

Jsc Cunningham - "Manager"

1. Type of Water Supply: TNCWS PRIVATE

2. PWS_ID # 2801593

3. PWS Contact Ahmed Shah

Phone # (914) 462-0489

Average Daily Production _____ (gpd) Total Design Capacity _____ (gpd)

4. Sources (specify #)	Properly Developed	Comments
<u>2</u> Wells	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	_____
_____ Springs	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____ Surface Intake		_____

NOTE: Any new sources installed since last inspection/sanitary survey? Y N DOH Approval Date / /

For each surface water intake or spring, specify:

	Intake 1	Intake 2
Distance of Intake from shore	_____	_____
Depth below surface (ft)	_____	_____
Source availability (permanent/seasonal/emergency)	_____	_____
Approved Design Capacity (gpd)	_____	_____
Flow Quantity (indicate units)	_____	_____

For each ground water source type, document:

	Well 1	Well 2	Well 3
Description (e.g., lodge/kitchen/basement)	<u>well house</u>	<u>property above park</u>	_____
Well Diameter (inches)	<u>6"</u>	<u>6"</u>	_____
Well Depth (ft)	_____	_____	_____
Type of Well (e.g., Drilled, Dug, Driven)	<u>drilled</u>	<u>drilled</u>	_____
Depth to Top of Well Screen	_____	_____	_____
Static Water Level/Depth to Ground Water (ft)	_____	_____	_____
Type of Well Casing	<u>steel</u>	<u>steel</u>	_____
Casing Depth (ft)	_____	_____	_____
Well Covering	<u>cap</u>	<u>cap</u>	_____
Well Yield (gpm)	_____	_____	_____
Source Availability (permanent/seasonal/emergency)	_____	<u>AUX</u>	_____
Well Log Available (Indicate Y/N and Type)*	<u>N</u>	<u>N</u>	_____

5. Is groundwater under direct influence of surface water (GWUDI)? Y N If YES, Known Suspected
Describe/Name of Surface Water Influence _____

6. Disinfection	Source 1	Source 2	Source 3
Disinfection Provided? Indicate Yes/No	<u>yes</u>	<u>yes</u>	_____
If NO, is there a disinfection waiver in place? (Y/N)	_____	_____	_____
Indicate Date of Waiver	_____	_____	_____
Expiration Date of Waiver	_____	_____	_____

7. Indicate Type Disinfection Method	Source 1	Source 2	Source 3
Chlorine	<u>✓</u>	<u>✓</u>	_____
Other (specify)	_____	_____	_____
Approval date for alternate disinfection	_____	_____	_____

8. Source Location Determination	Source 1	Source 2	Source 3
(NOTE: No need to transcribe here if documented; however, please note if using this form for SDWIS data entry)	_____	_____	_____
Latitude	<u>N42° 53.805</u>	_____	_____
Longitude	<u>W94° 01.526</u>	_____	_____
Method of Lat/Long Determination	_____	_____	_____

14. Water Quality History (review of facility files – minimum of 5 years history if possible)
 For SWAP: No need to document chemical detections that do not occur in SOURCE (e.g., lead/copper) or that are naturally occurring (e.g., iron)
 Document Bacteriological Quality (for undisinfecting wells ONLY)

	Source 1	Source 2	Source 3
Total Coliform			
No detections	✓	✓	
Only one positive			
Multiple positives			
TCR violation			
Fe Coli			
No detections	✓	✓	
Only one positive			
Multiple positives			
TCR violation			
Nitrate Quality			
Values always < 2 mg/l			
Values between 2 mg/l and 5mg/l			
Detections > 5 mg/l			
MCL Violation			
Nitrite Quality			
No detections	✓	✓	
Detection < 0.5 mg/l			
Detection > 0.5 mg/l			
MCL Violation			
Other Chemical Presence			
No Detection	✓	✓	
Detection (< 1/2 the MCL)			
Detection (> 1/2 the MCL)			
MCL Violation			
Indicate Parameters (Organic/Inorganic)			

C. Sewage Treatment Information

1. Type On-site/'private' Municipal (Name) _____

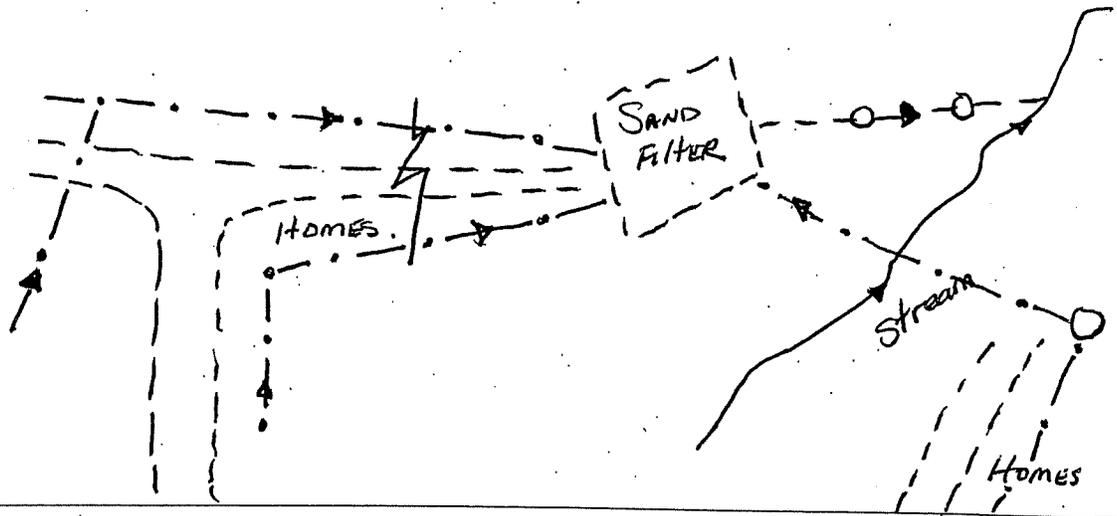
Complete questions 2, 3 and 4 ONLY if a 'private' system is in use.
 Type discharge: surface subsurface

2. SPDES Permit Required YES NO If YES, date issued 6/15/94

3. Specify the major component of the system in use SDS Pump to S.T. to Pond
Filter

4. Document evidence of inadequate maintenance (ie., sanitary waste overflows): _____

6. Sewage Treatment Schematic (include all available details).



D. Food Service Number of food services _____ High Risk _____ Medium Risk _____ Low Risk

E. Housing (If no housing is provided, go to Section F).

1. Number of buildings _____
2. Specify the quantity of buildings by UFPBC Type: _____ Type 1 _____ Type 2 _____ Type 3 _____ Type 4 _____ Type 5
3. Number used for sleeping _____
4. Was a fire safety waiver or variance issued? YES NO
- 5a. Type of heating _____
- 5b. Capacity (BTU/hr) _____
6. Fire Alarm/Detection
 - a. Are there smoke detectors? YES NO
 - b. Are there heat detectors? YES NO
 - c. Single station devices only YES NO
 - d. Where is the alarm control panel located?

7.
 - a. Is there a sprinkler system? YES NO
 - b. Is the system Complete Partial
 - c. Is the system Wet pipe Dry Pipe Deluge

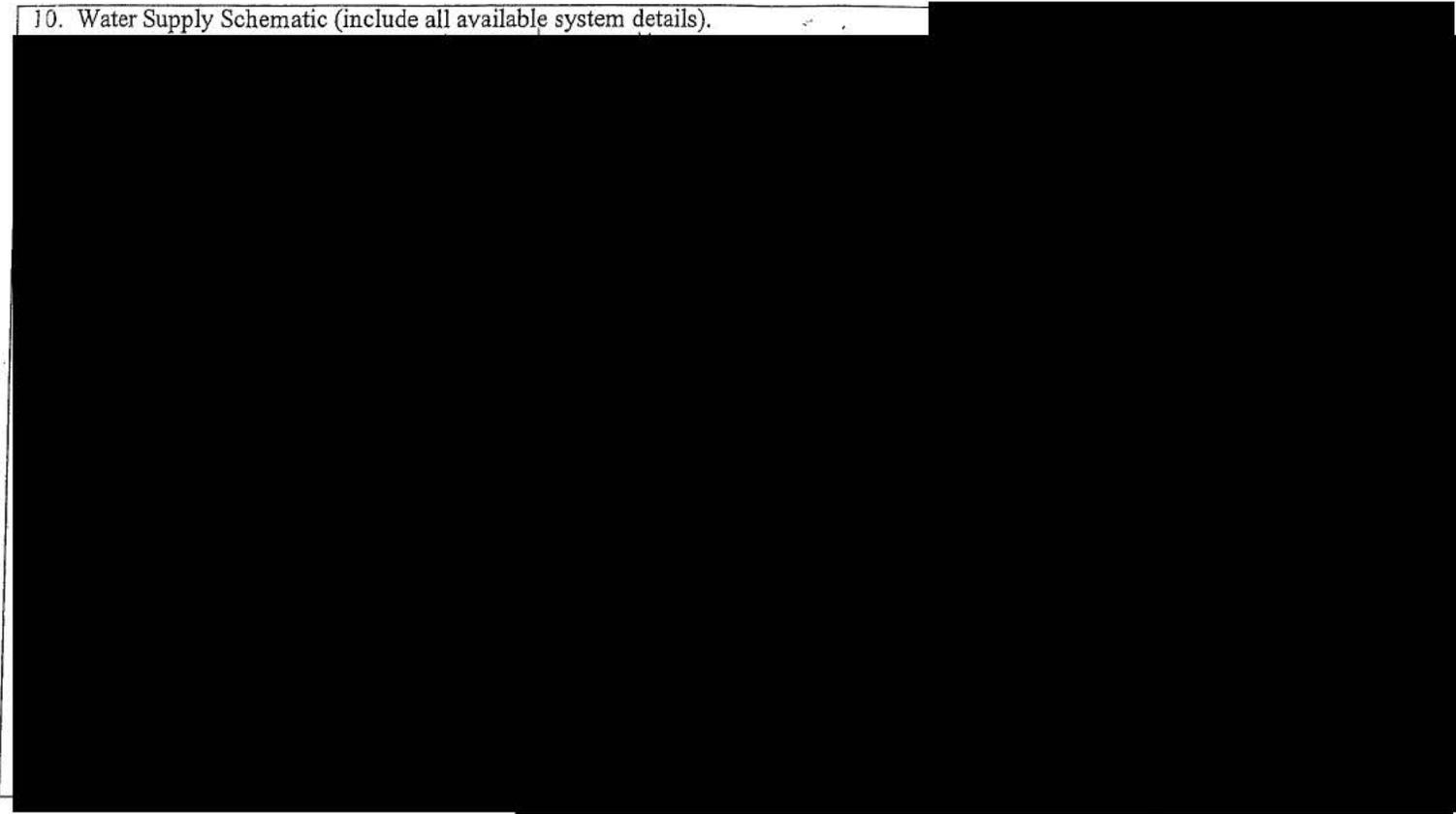
F. Bathing Facilities YES NO (If YES, attach DOH-2948. IF NO, proceed To Section G).

1. Minimum level of supervision required _____
2. Type of filtration system (pools) _____
3. Name of body of water beach is on _____
4. Capacity of each facility _____
5. Is a certified pool operator required? YES NO

MAIN Well

9. Are there any non-potable water sources associated with this public water system? Yes No If NO, go to number 10.
 If YES,
 a) How is/are the non-potable source(s) used? _____
 b) Are the(se) source(s) connected to the potable water supply? _____
 c) What type of backflow prevention is provided? _____

10. Water Supply Schematic (include all available system details).



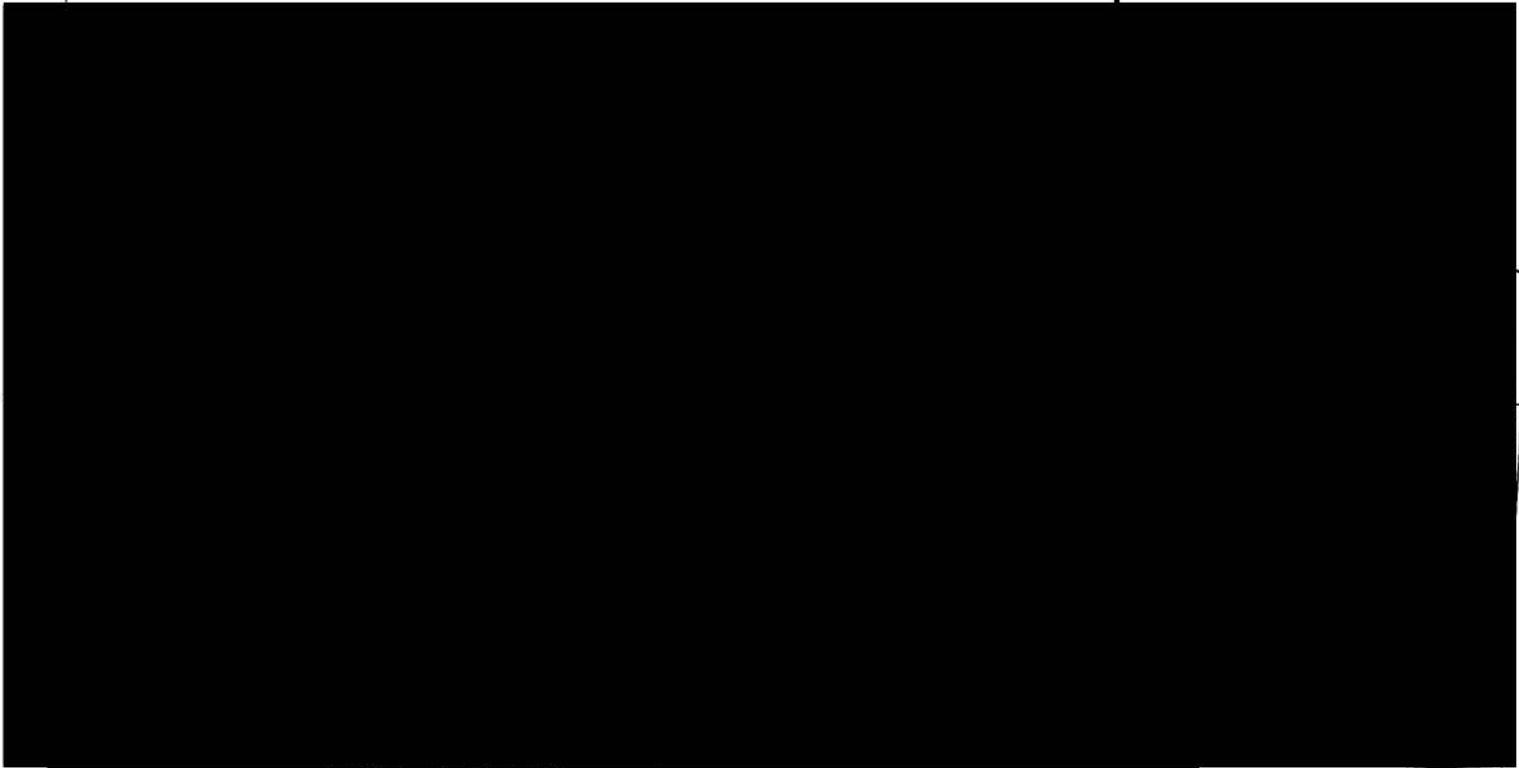
11. List major treatment system components:
 Chlorinator
 (3) 1500 gal CONTACT TANK , (2) pressure TANKS
 - when well #2 kicks on - chlorinator & well #1 shut down.

12. Pump Information			
	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Pump size	_____	_____	_____
Pump type	_____	_____	_____
Pump capacity (gpm)	_____	_____	_____
13. Storage Tank Information			
	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Dimensions	_____	_____	_____
Capacity(indicate units)	(3) 1500 gal	_____	_____
Integrity/Condition	Concrete	_____	_____
14. Chlorine Contact Tank			
	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Dimensions	_____	_____	_____
Total Capacity (indicate units)	50	_____	_____
Number of Tanks/Units	1	_____	_____

Aux. Well

9. Are there any non-potable water sources associated with this public water system? Yes No If NO, go to number 10.
 If YES, a) How is/are the non-potable source(s) used? _____
 b) Are the(se) source(s) connected to the potable water supply? _____
 c) What type of backflow prevention is provided? _____

10. Water Supply Schematic (include all available system details).



11. List major treatment system components:
 (Not part of system) park - separate lines on well
 ↓ To MHP Path #2
~~_____~~
~~_____~~

- Supplements well #1 @ Pattersonville #2 - used approx. 2x/mo.

12. Pump Information	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Pump size	Submersible	_____	_____
Pump type	_____	_____	_____
Pump capacity (gpm)	_____	_____	_____
13. Storage Tank Information	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Dimensions	1500 gal	_____	_____
Capacity (indicate units)	_____	_____	_____
Integrity/Condition	?	_____	_____
14. Chlorine Contact Tank	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>
Dimensions	_____	_____	_____
Total Capacity (indicate units)	_____	_____	_____
Number of Tanks/Units	_____	_____	_____

G. Layout Sketch

Place North arrow on the map.

Show all buildings, indicate height of building in stories; if building has an interior corridor, put a "#" next to the number of stories.

Document the location and distance of the following features from each building and water supply source:

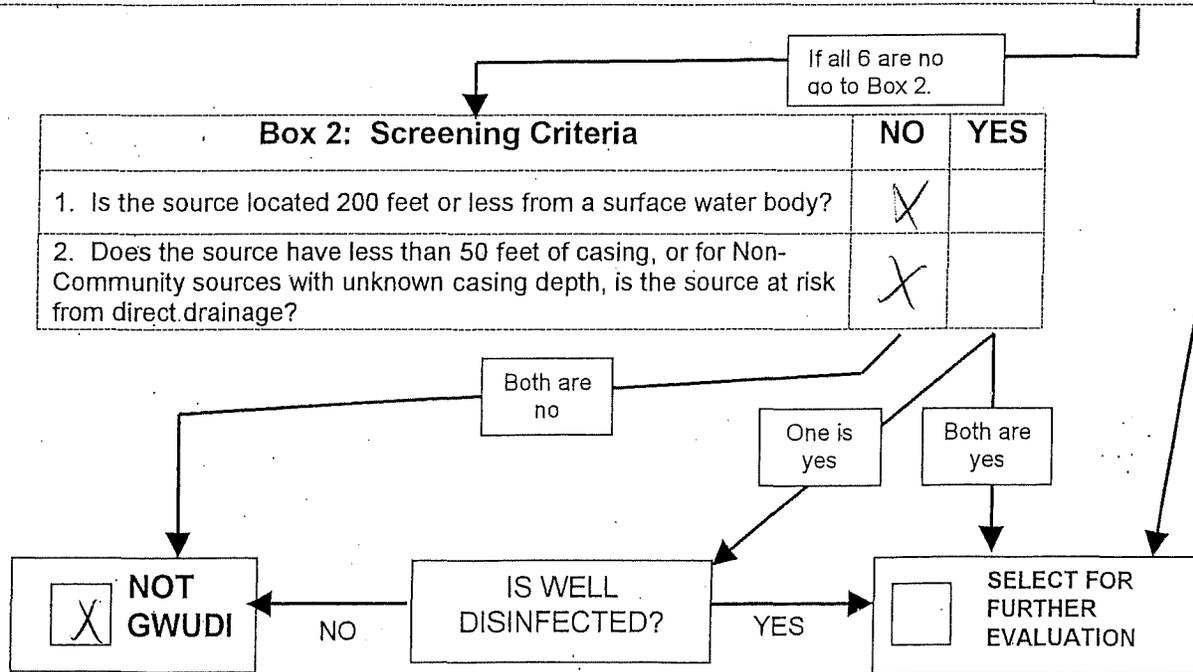
- septic or sewage system components
- storm and sanitary sewers
- parking lots (specify surface type)
- other sources of microbial contamination (specify)
- other sources of chemical contamination (specify)
- streams or other surface water
- drainage swales and ditches
- property lines
- manure piles
- fuel storage
- roads
- waste lagoons
- pool and beaches

If possible, document predominant slope of land at site showing surface features relative to water source and potential contaminant sources.

See attached

Public Water System Name <i>Pattersonville MHP #2</i>		Date Report Completed <i>05/16/2007</i> M M D D Y Y Y Y
Public Water System ID <i>NY 2801593</i>	County <i>Montgomery</i>	
Source Name <i>drilled wells</i>	Town Village, or City <i>Florids</i>	
Source External System Number	Local Health Department / District Office <i>Herkimer D.O.</i>	

Box 1: Screening Criteria	NO	YES
1. Has there been a waterborne outbreak associated with this source?	X	
2. Has there been a chemical contaminant incident thought to have originated from surface water?	X	
3. Is the source a spring, infiltration gallery, crib intake, dug well, or shallow horizontal collector?	X	
4. Are there rapid fluctuations in well water level, source output, and/or chlorine demand? (Include seasonal fluctuations or during times of runoff.)	X	
5. Is the source located in a carbonate aquifer?	X	
6. Is the source within 200 feet of surface water with less than 100 feet of casing in fractured bedrock?	X	



Comments:

Completed By: *Susan Simons*

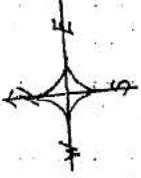
Pattersonville

Mobile

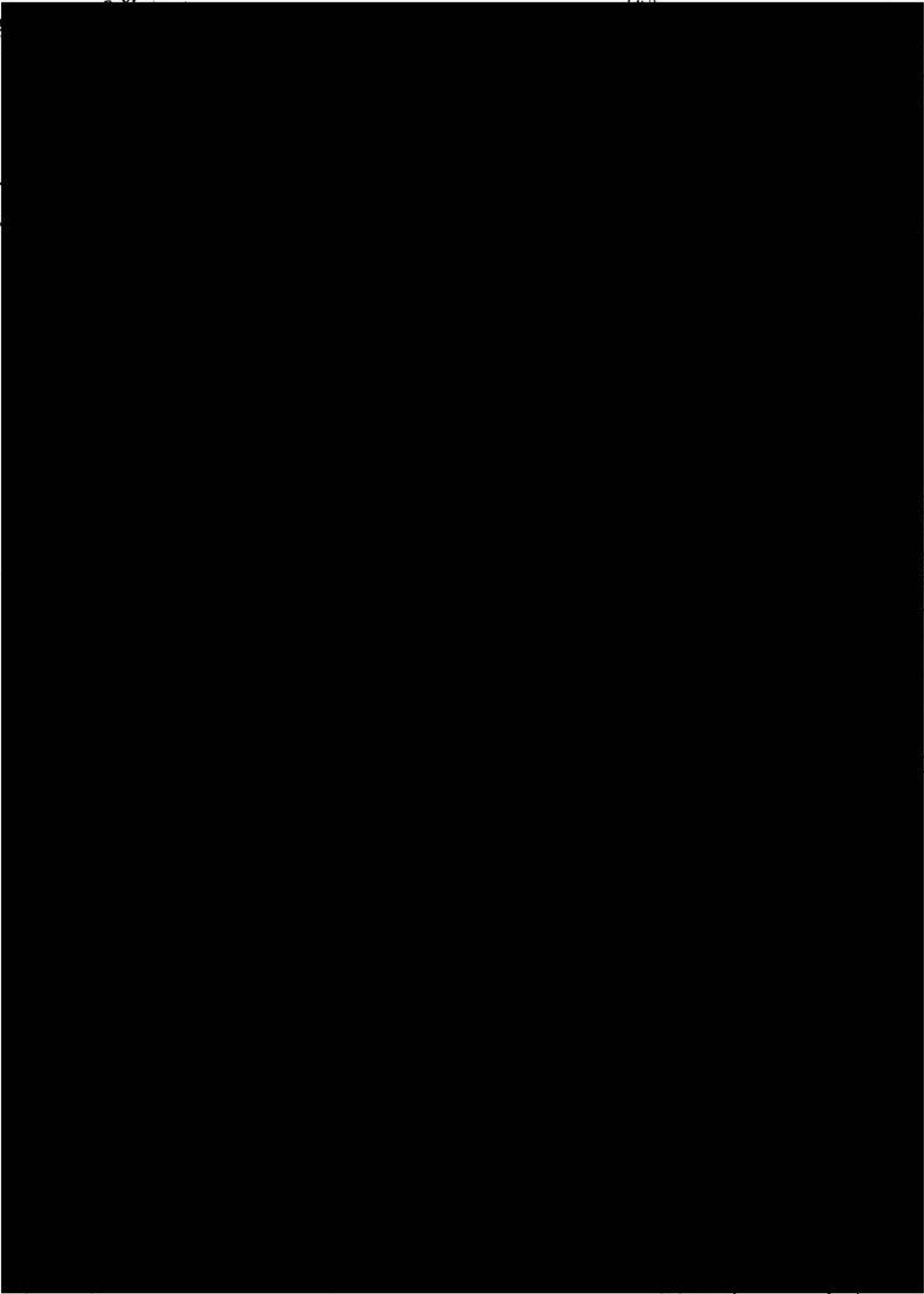
Home

Park

2



5-50' laterals



100 gal
57

80 23

1011 94-2

← to

Sketch prepared by A. Maguire
from existing plans

Facility Basic Data

Revised for Source Water Assessment Program

Updated Draft

NOTE: Please attach additional sheets, as needed, or include copies of information if it is documented in another format.

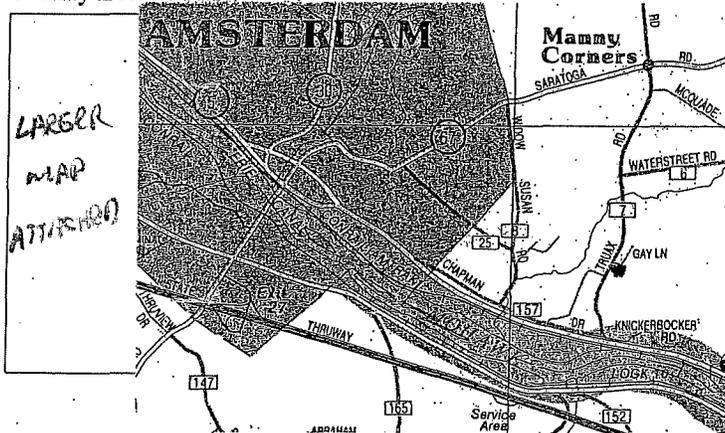
A. General Information

- Facility Name Trux Road Headstart
- Street Address 208 Trux Rd
- City/Village/Town Amsterdam Zip 12010
- Township _____ County Montgomery
- Owner/Operator Name Fulmont Community Action
- Mailing Address (if different) Marianne Suchocki - Director
- Owner Phone (518) 842-8225 - school

8. Location Map with Directions to Facility

FSE is located on the E side of Trux Rd immediately S of Gay Lane (Trux Rd is ~1/4 miles E of Amsterdam (a) N off of Rte. 5.

Facility Location Map



9. Type Facility and Population Served

- | | | |
|---|--|--|
| <input type="checkbox"/> camp (day/overnight) | <input type="checkbox"/> convenience mart | <input checked="" type="checkbox"/> other food service (describe) <u>headstart</u> |
| <input type="checkbox"/> restaurant | <input type="checkbox"/> temporary residence | <input type="checkbox"/> recreational (describe) |
| <input type="checkbox"/> hotel/motel | <input type="checkbox"/> school | <input type="checkbox"/> other (describe) |

10. Type Operation: year round seasonal (dates _____) other _____

11. Is this a new facility/operation? Y N

12. Date of Last Sanitary Survey Inspection: ___/___/___ Any Significant Defects During Last Inspection? Y N

13. Inspection Date 11/5/99 Completed by John V. Mangye Updated 5/30/00 Initials REM

14. Comments 5/19/01 JFM
4-18-07 SS

"OLD" WELL OUT FRONT NOT IN USE. IS PHYSICALLY DISCONNECTED

~~Nancy Piscato - Grade C~~

CJ installed Summer 2010

1. Type of Water Supply: TNCWS PRIVATE

2. PWS_ID# F2802592

3. PWS Contact: LARRY BASCOM

Phone # 518-681-6617

Average Daily Production _____ (gpd) Total Design Capacity _____ (gpd)

4. Sources (specify #)	Properly Developed	Comments
<u>1</u> Wells	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	_____
_____ Springs	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____ Surface Intake		_____

NOTE: Any new sources installed since last inspection/sanitary survey? Y N DOH Approval Date / /

For each surface water intake or spring, specify:

	Intake 1	Intake 2
Distance of Intake from shore	_____	_____
Depth below surface (ft)	_____	_____
Source availability (permanent/seasonal/emergency)	_____	_____
Approved Design Capacity (gpd)	_____	_____
Flow Quantity (indicate units)	_____	_____

For each ground water source type, document:

	Well 1 <i>* Abandoned</i>	Well 2	Well 3
Description (e.g., lodge/kitchen/basement)	<u>Front of school</u>	<u>Behind Bldg</u>	_____
Well Diameter (inches)	<u>8"</u>	<u>6"</u>	_____
Well Depth (ft)	<u>297'</u>	<u>158'</u>	_____
Type of Well (e.g., Drilled, Dug, Driven)	<u>Drilled</u>	<u>Drilled</u>	_____
Depth to Top of Well Screen	_____	_____	_____
Static Water Level/Depth to Ground Water (ft)	_____	_____	_____
Type of Well Casing	<u>steel</u>	<u>steel</u>	_____
Casing Depth (ft)	_____	_____	_____
Well Covering	<u>cap</u>	<u>well cap</u>	_____
Well Yield (gpm)	<u>35 gpm</u>	_____	_____
Source Availability (permanent/seasonal/emergency)	<u>perm</u>	<u>perm</u>	_____
Well Log Available (Indicate Y/N and Type)*	<u>N</u>	<u>N</u>	_____

5. Is groundwater under direct influence of surface water (GWUDI)? Y N If YES, Known Suspected
Describe/Name of Surface Water Influence _____

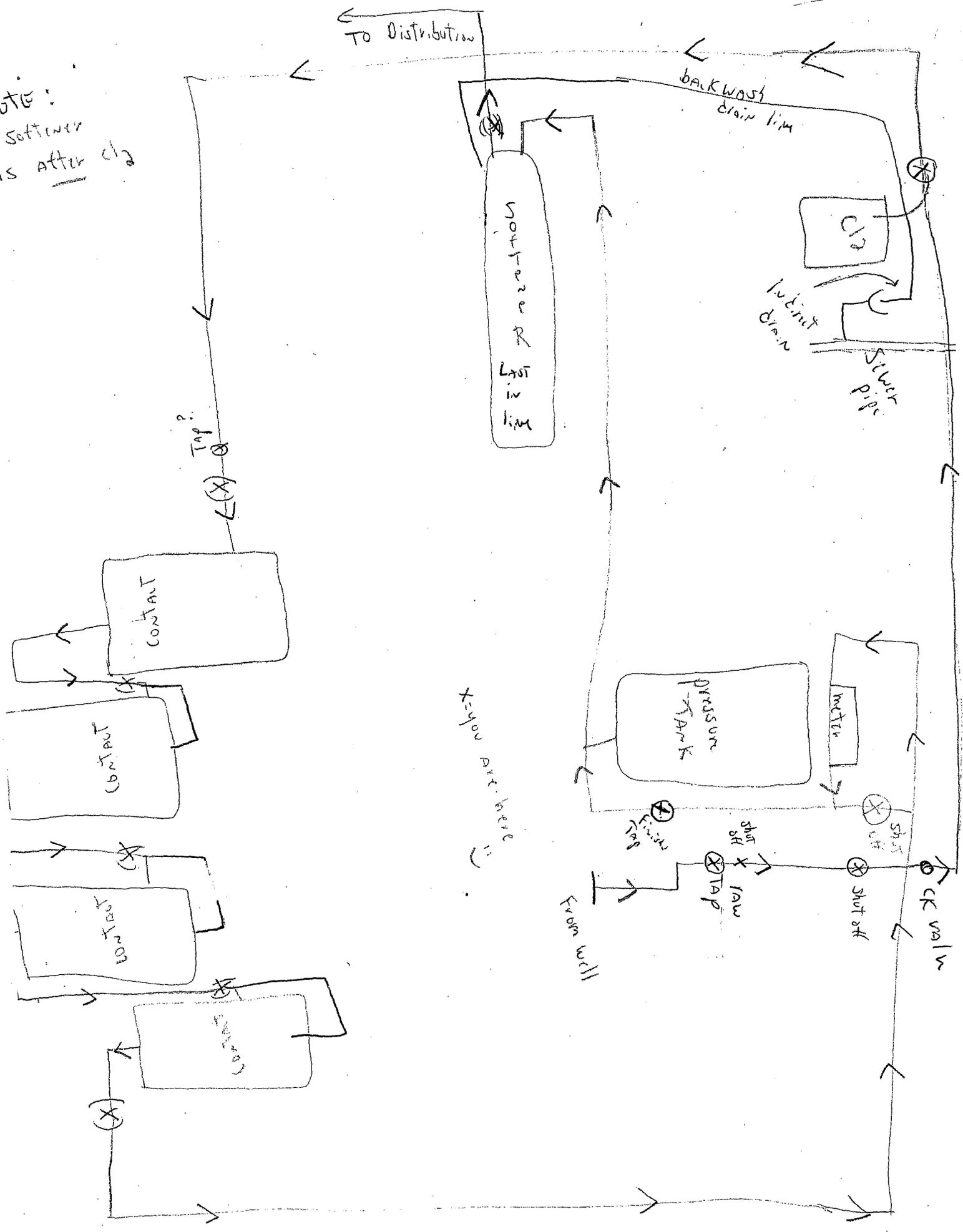
6. Disinfection	Source 1	Source 2	Source 3
Disinfection Provided? Indicate Yes/No	<u>NO</u>	<u>NO</u>	_____
If NO, is there a disinfection waiver in place? (Y/N)	<u>NO</u>	<u>Y</u>	_____
Indicate Date of Waiver	_____	<u>1-1-06</u>	_____
Expiration Date of Waiver	_____	<u>12-31-08</u>	_____

7. Indicate Type Disinfection Method	Source 1	Source 2	Source 3
Chlorine	_____	_____	_____
Other (specify)	_____	_____	_____
Approval date for alternate disinfection	_____	_____	_____

8. Source Location Determination	Source 1	Source 2	Source 3
(NOTE: No need to transcribe here if documented; however, please note if using this form for SDWIS data entry)	_____	_____	_____
Latitude	<u>N 43° 55.630'</u>	_____	_____
Longitude	<u>W 74° 5.895'</u>	_____	_____
Method of Lat/Long Determination	_____	_____	_____

* Abandon well is physically disconnected

NOTE:
 Softener
 is after cl₂



x-you are here

14. Water Quality History (review of facility files – minimum of 5 years history if possible)
 For SWAP: No need to document chemical detections that do not occur in SOURCE (e.g., lead/copper) or that are naturally occurring (e.g., iron)

Document Bacteriological Quality (for undisinfected wells ONLY)

	Source 1	Source 2	Source 3
Total Coliform			
No detections	✓	✓	
Only one positive			
Multiple positives			
TCR violation			
E. Coli			
No detections	✓	✓	
Only one positive			
Multiple positives			
TCR violation			
Nitrate Quality			
Values always < 2 mg/l	✓	✓	
Values between 2 mg/l and 5mg/l			
Detections > 5 mg/l			
MCL Violation			
Nitrite Quality			
No detections			
Detection < 0.5 mg/l			
Detection > 0.5 mg/l			
MCL Violation			
Other Chemical Presence			
No Detection			
Detection (< 1/2 the MCL)			
Detection (> 1/2 the MCL)			
MCL Violation			
Indicate Parameters (Organic/Inorganic)			

C. Sewage Treatment Information

1. Type On-site/'private' Municipal (Name) _____

Complete questions 2, 3 and 4 ONLY if a 'private' system is in use.

Type discharge: surface subsurface

2. SPDES Permit Required YES NO If YES, date issued ___/___/___

3. Specify the major component of the system in use grease Trap → S.T. → Dosing Tank → (2) RAISED bed Leach Fields
- New system 5/2005

4. Document evidence of inadequate maintenance (ie., sanitary waste overflows): _____

5. Document waste discharge points relative to water supply source (also show on schematic below): _____

6. Sewage Treatment Schematic (include all available details).

See attached

D. Food Service Number of food services High Risk Medium Risk Low Risk

E. Housing (If no housing is provided, go to Section F).

1. Number of buildings _____

2. Specify the quantity of buildings by UFPBC Type: Type 1 Type 2 Type 3 Type 4 Type 5

3. Number used for sleeping _____ 4. Was a fire safety waiver or variance issued? YES NO

5a. Type of heating _____ 5b. Capacity (BTU/hr) _____

6. Fire Alarm/Detection

a. Are there smoke detectors? YES NO b. Are there heat detectors? YES NO

c. Single station devices only YES NO d. Where is the alarm control panel located?

7. a. Is there a sprinkler system? YES NO

b. Is the system Complete Partial

c. Is the system Wet pipe Dry Pipe Deluge

F. Bathing Facilities YES NO (If YES, attach DOH-2948. IF NO, proceed To Section G).

1. Minimum level of supervision required _____ 2. Type of filtration system (pools) _____

3. Name of body of water beach is on _____ 4. Capacity of each facility _____

5. Is a certified pool operator required? YES NO

G. Layout Sketch

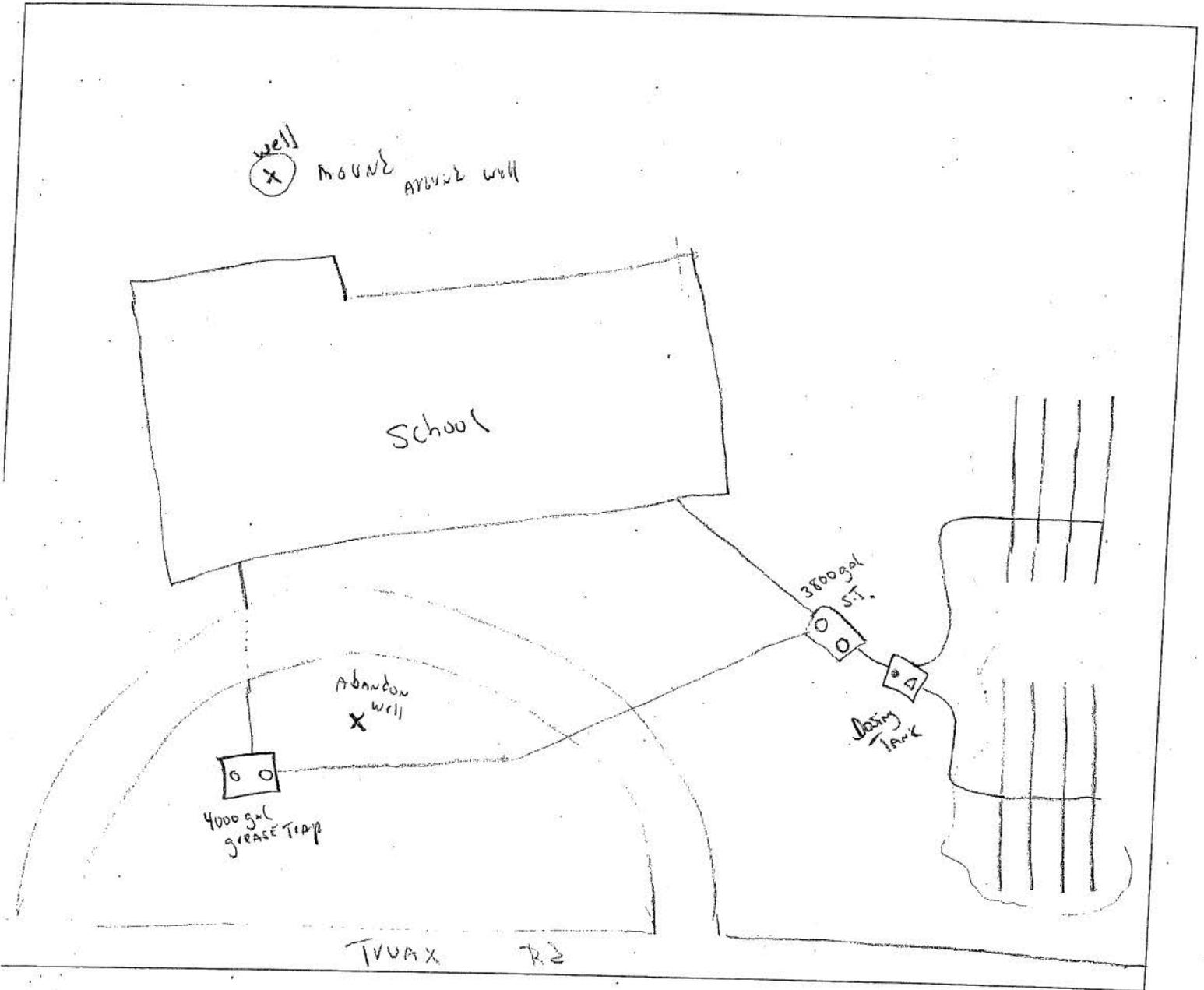
Place North arrow on the map.

Show all buildings, indicate height of building in stories; if building has an interior corridor, put a "#" next to the number of stories.

Document the location and distance of the following features from each building and water supply source:

- septic or sewage system components
- streams or other surface water
- manure piles
- waste lagoons
- storm and sanitary sewers
- drainage swales and ditches
- fuel storage
- pool and beaches
- parking lots (specify surface type)
- property lines
- roads
- other sources of microbial contamination (specify)
- other sources of chemical contamination (specify)

If possible, document predominant slope of land at site showing surface features relative to water source and potential contaminant sources.



- Leach Fields Are RAISED beds
- installed 2005

Public Water System Name Truxex Headstart		Date Report Completed 04/17/2007 M M D D Y Y Y Y
Public Water System ID NY2802592	County Montgomery	
Source Name drilled well	Town, Village, or City Amsterdam	
Source External System Number	Local Health Department / District Office Herkmer. D.O.	

Box 1: Screening Criteria	NO	YES
1. Has there been a waterborne outbreak associated with this source?	X	
2. Has there been a chemical contaminant incident thought to have originated from surface water?	X	
3. Is the source a spring, infiltration gallery, crib intake, dug well, or shallow horizontal collector?	X	
4. Are there rapid fluctuations in well water level, source output, and/or chlorine demand? (Include seasonal fluctuations or during times of runoff.)	X	
5. Is the source located in a carbonate aquifer?		X
6. Is the source within 200 feet of surface water with less than 100 feet of casing in fractured bedrock?	X	

If all 6 are no
go to Box 2.

Box 2: Screening Criteria	NO	YES
1. Is the source located 200 feet or less from a surface water body?		
2. Does the source have less than 50 feet of casing, or for Non-Community sources with unknown casing depth, is the source at risk from direct drainage?		

Both are no

One is yes

Both are yes

NOT GWUDI

IS WELL DISINFECTED?

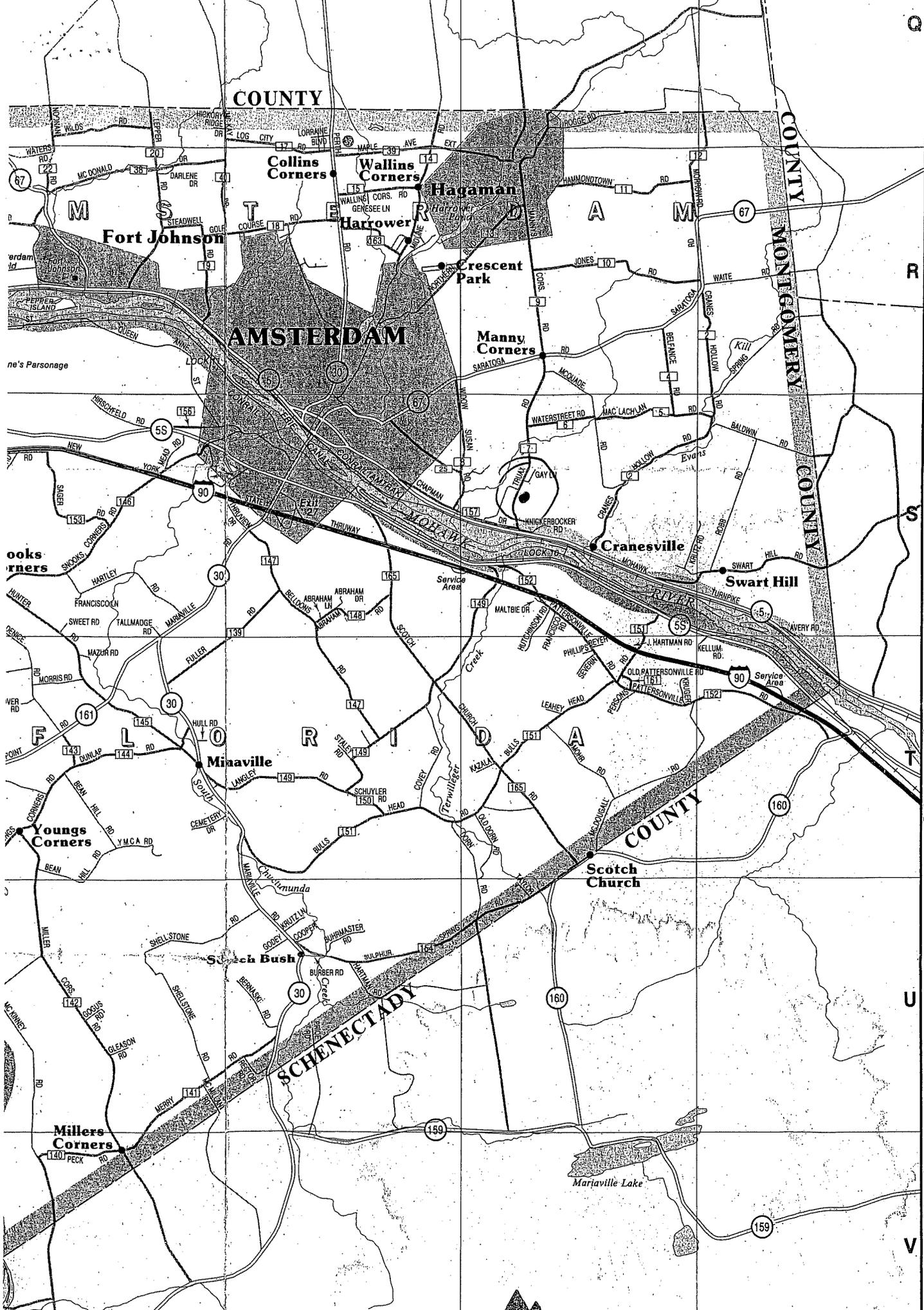
SELECT FOR FURTHER EVALUATION

Comments:

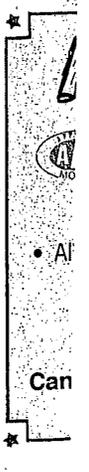
10/28/08

due to good sample history

Completed By: Susan M. Simanelli



To Ballston Spa
To Scotia
To Albany
To Schenectady



PHO HOU



Facility Basic Data

R.C.

Revised for Source Water Assessment Program
Updated Draft

NOTE: Please attach additional sheets, as needed, or include copies of information if it is documented in another format.

A. General Information

Driscoll Foods

1. Facility Name _____

2. Street Address 105 Quist Rd., P.O. Box 618

3. City/Village/Town Amsterdam Zip 12010

4. Township Amsterdam (T) County Montgomery - 28

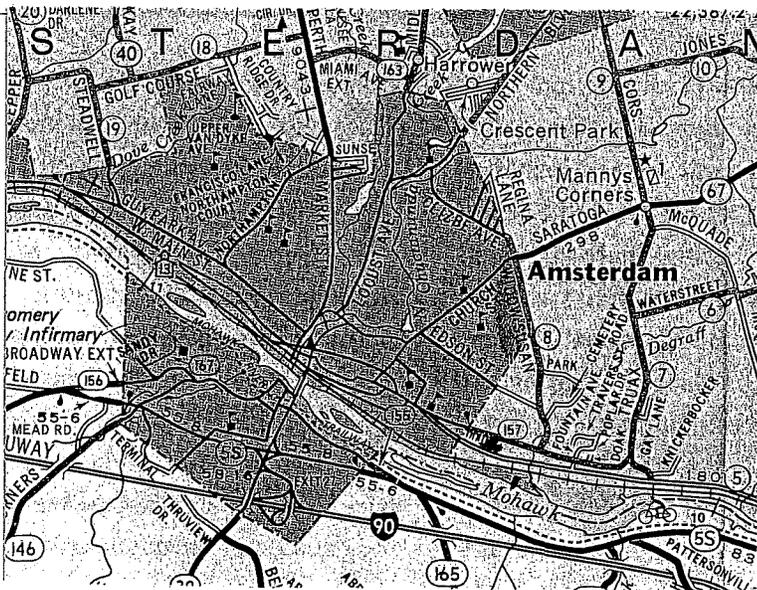
5. Owner/Operator Name Owner - Tim Driscoll / Op. Manager - Keith Veltri
174 Delawanna Rd / on-site

6. Mailing Address (if different) Clifton NJ 07014
973-672-9400

7. Owner Phone (518) 842-1550

8. Location Map with Directions to Facility

Take State Hwy 5 East
thru Amsterdam (C). Complex
is just outside city limits
on right.



9. Type Facility and Population Served 25+

camp (day/overnight) convenience mart other food service (describe) Ag. & Mkts.
 restaurant temporary residence recreational (describe)
 hotel/motel school other (describe)

10. Type Operation: year round seasonal (dates _____) other _____

11. Is this a new facility/operation? Y N

12. Date of Last Sanitary Survey Inspection: 12/07/93 Any Significant Defects During Last Inspection? Y N

13. Inspection Date 06/06/00 Completed by G.F. Reynolds Updated 11/07/01 Initials GFR

14. Comments 11/07/01 G.F. Reynolds 10/23/03 RJ
05 - No Changes 4/10/07-SS

- Casing 12" out of ground w/ well cap and 4" thick, 4' square cement pad.
- septic tank needs new cover, large rocks piled on top as temp.
- hose outside on ground w/o hose bib break → corrected at survey.

Corrected 5/10/00 * Mr. Larry Bascom completed Class C Operator's Course.

B. Water Supply Information

1. Type of Water Supply:

TNC

PRIVATE *NT NC PWS*

2. PWS ID # NY 28 20745

3. PWS Contact Larry Bascom

Phone # (518) 842-1550

Average Daily Production ~200 (gpd) Total Design Capacity _____ (gpd)

4. Sources (specify #)	Properly Developed	Comments
<input checked="" type="checkbox"/> Wells	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	<u>Drilled in 1964</u>
<input type="checkbox"/> Springs	Y <input type="checkbox"/> N <input type="checkbox"/>	
<input type="checkbox"/> Surface Intake		

NOTE: Any new sources installed since last inspection/sanitary survey? Y N DOH Approval Date / /

For each surface water intake or spring, specify:

	Intake 1	Intake 2
Distance of Intake from shore	_____	_____
Depth below surface (ft)	_____	_____
Source availability (permanent/seasonal/emergency)	_____	_____
Approved Design Capacity (gpd)	_____	_____
Flow Quantity (indicate units)	_____	_____

For each ground water source type, document:

	Well 1	Well 2	Well 3
Description (e.g., lodge/kitchen/basement)	<u>outside office</u>	_____	_____
Well Diameter (inches)	<u>6"</u>	_____	_____
Well Depth (ft)	<u>85'</u>	_____	_____
Type of Well (e.g., Drilled, Dug, Driven)	<u>drilled</u>	_____	_____
Depth to Top of Well Screen	_____	_____	_____
Static Water Level/Depth to Ground Water (ft)	_____	_____	_____
Type of Well Casing	<u>steel</u>	_____	_____
Casing Depth (ft)	<u>12'</u>	_____	_____
Well Covering	<u>well cap + cement pad</u>	_____	_____
Well Yield (gpm)	<u>12 gpm</u>	_____	_____
Source Availability (permanent/seasonal/emergency)	<u>permanent</u>	_____	_____
Well Log Available (Indicate Y/N and Type)*	<u>N.</u>	_____	_____

m.s. flow restrictor 5gpm →

5. Is groundwater under direct influence of surface water (GWUDI)? Y N If YES, Known Suspected

Describe/Name of Surface Water Influence Adjacent to Mohawk river / canal water way

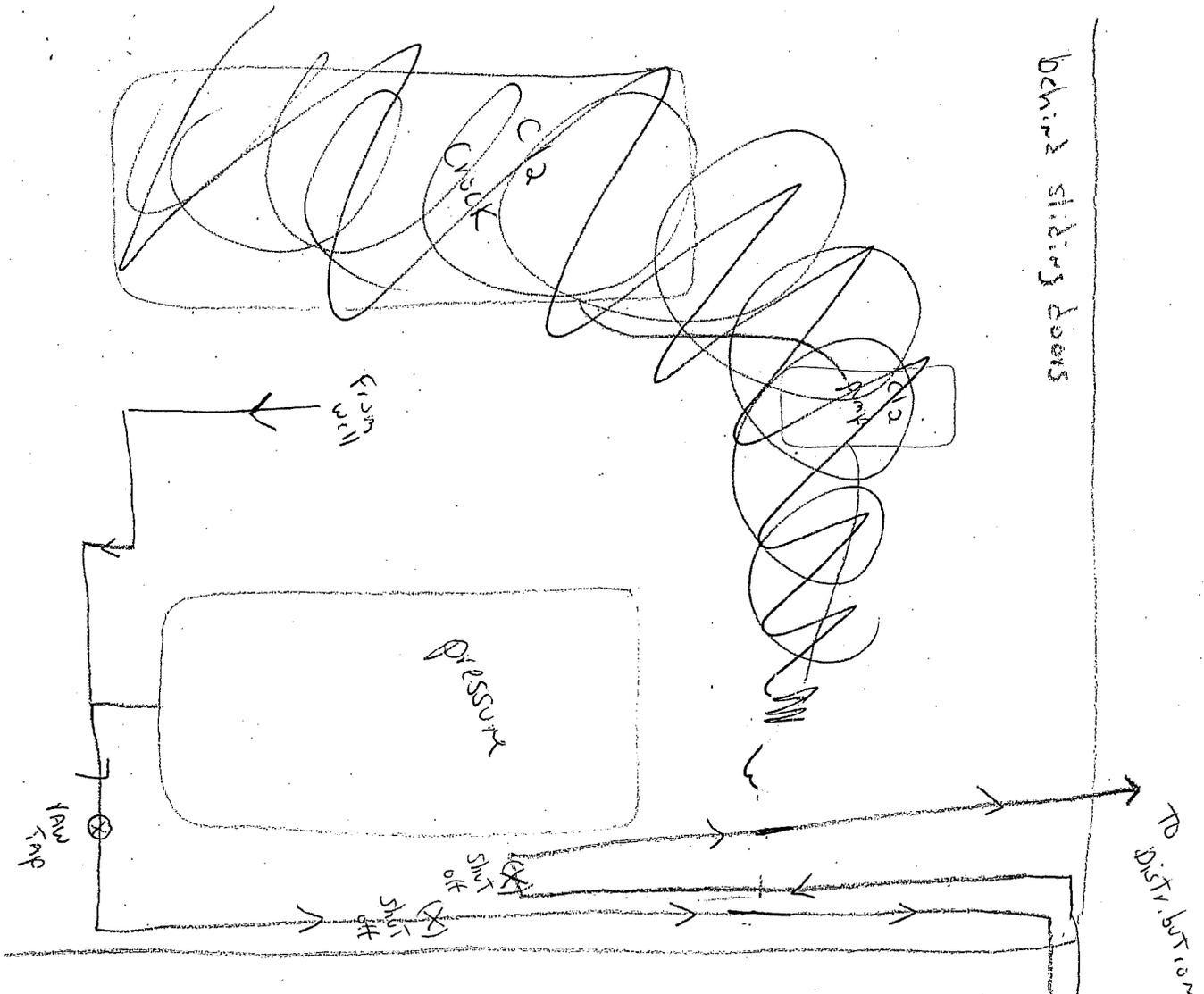
6. Disinfection	Source 1	Source 2	Source 3
Disinfection Provided? Indicate Yes/No	<u>Yes</u>	_____	_____
If NO, is there a disinfection waiver in place? (Y/N)	<u>NO</u>	_____	_____
Indicate Date of Waiver	_____	_____	_____
Expiration Date of Waiver	_____	_____	_____

7. Indicate Type Disinfection Method	Source 1	Source 2	Source 3
<u>Chlorine</u>	<u>Cl₂</u>	_____	_____
Other (specify)	_____	_____	_____
Approval date for alternate disinfection	_____	_____	_____

8. Source Location Determination	Source 1	Source 2	Source 3
(NOTE: No need to transcribe here if documented; however, please note if using this form for SDWIS data entry)	_____	_____	_____
Latitude	_____	<u>42° 55' 34.9199" N</u>	_____
Longitude	_____	<u>74° 10' 15.3" W</u>	_____
Method of Lat/Long Determination	_____	<u>GPS</u>	_____

1.5 hp. sub. pump

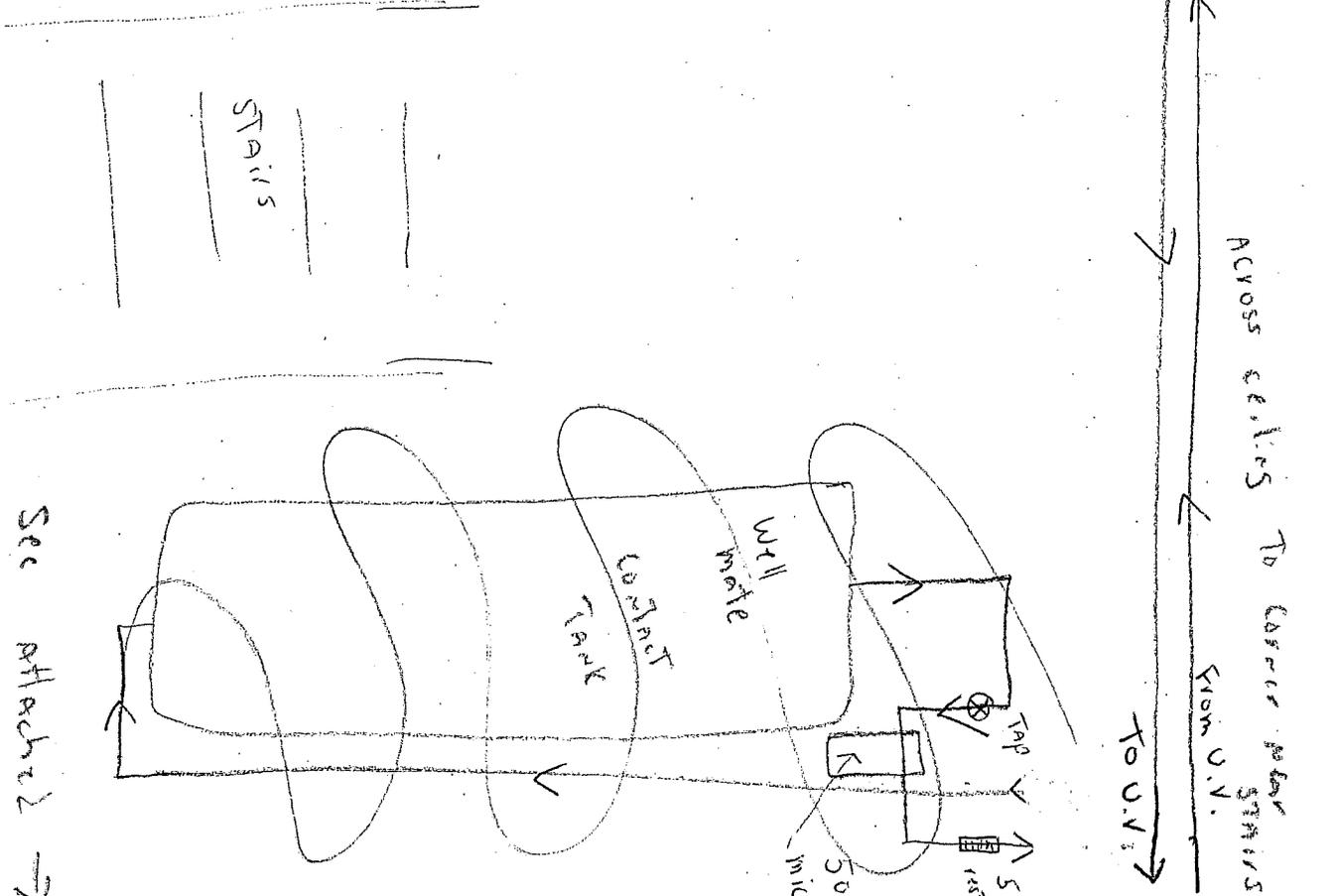
behind sliding doors



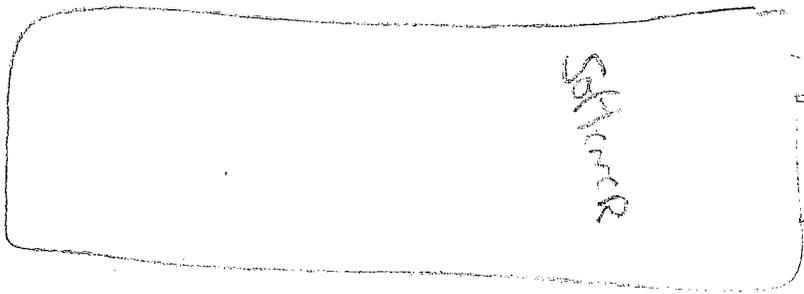
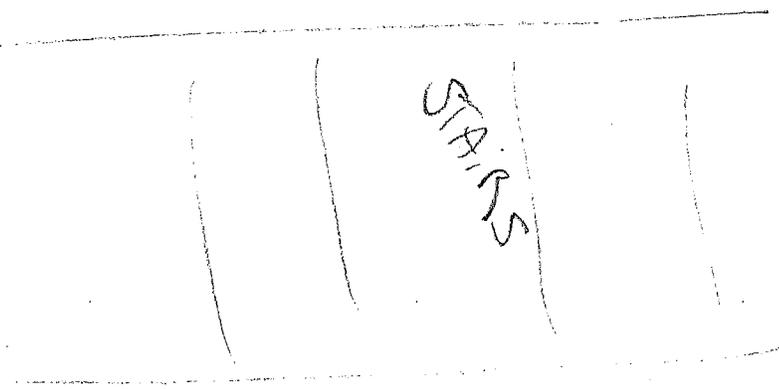
ACROSS CEILING TO CORNER NEAR STAIRS

TO U.V.

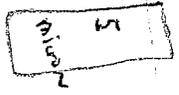
FROM U.V.



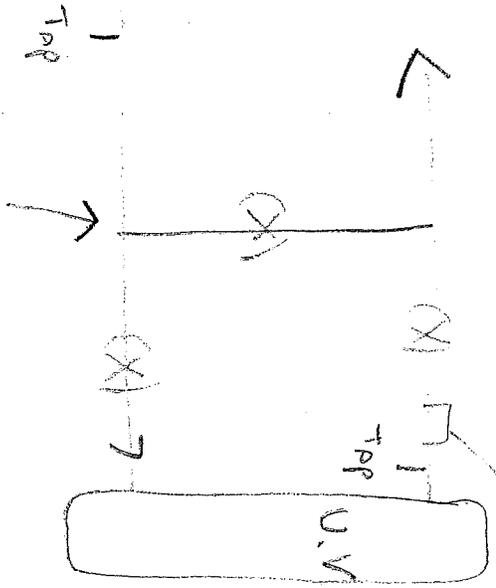
Steps to follow on



backwash



bypass will be removed



from class

15. Water Quality History (review of facility files – minimum of 5 years history if possible)
 For SWAP: No need to document chemical detections that do not occur in SOURCE (e.g., lead/copper) or that are naturally occurring (e.g., iron)

Document Bacteriological Quality (for undisinfected wells ONLY)

	Source 1	Source 2	Source 3
Total Coliform			
No detections	_____	_____	_____
Only one positive	_____	_____	_____
Multiple positives	_____	_____	_____
TCR violation	_____	_____	_____
E. Coli			
No detections	_____	_____	_____
Only one positive	_____	_____	_____
Multiple positives	_____	_____	_____
TCR violation	_____	_____	_____
Nitrate Quality			
Values always < 2 mg/l	_____	_____	_____
Values between 2 mg/l and 5mg/l	_____	_____	_____
Detections > 5 mg/l	_____	_____	_____
MCL Violation	_____	_____	_____
Nitrite Quality			
No detections	_____	_____	_____
Detection < 0.5 mg/l	_____	_____	_____
Detection > 0.5 mg/l	_____	_____	_____
MCL Violation	_____	_____	_____
Other Chemical Presence			
No Detection	_____	_____	_____
Detection (< 1/2 the MCL)	_____	_____	_____
Detection (> 1/2 the MCL)	_____	_____	_____
MCL Violation	_____	_____	_____
Indicate Parameters (Organic/Inorganic)	_____	_____	_____

C. Sewage Treatment Information

1. Type On-site/'private' Municipal (Name) _____

Complete questions 2, 3 and 4 ONLY if a 'private' system is in use.

Type discharge: surface subsurface

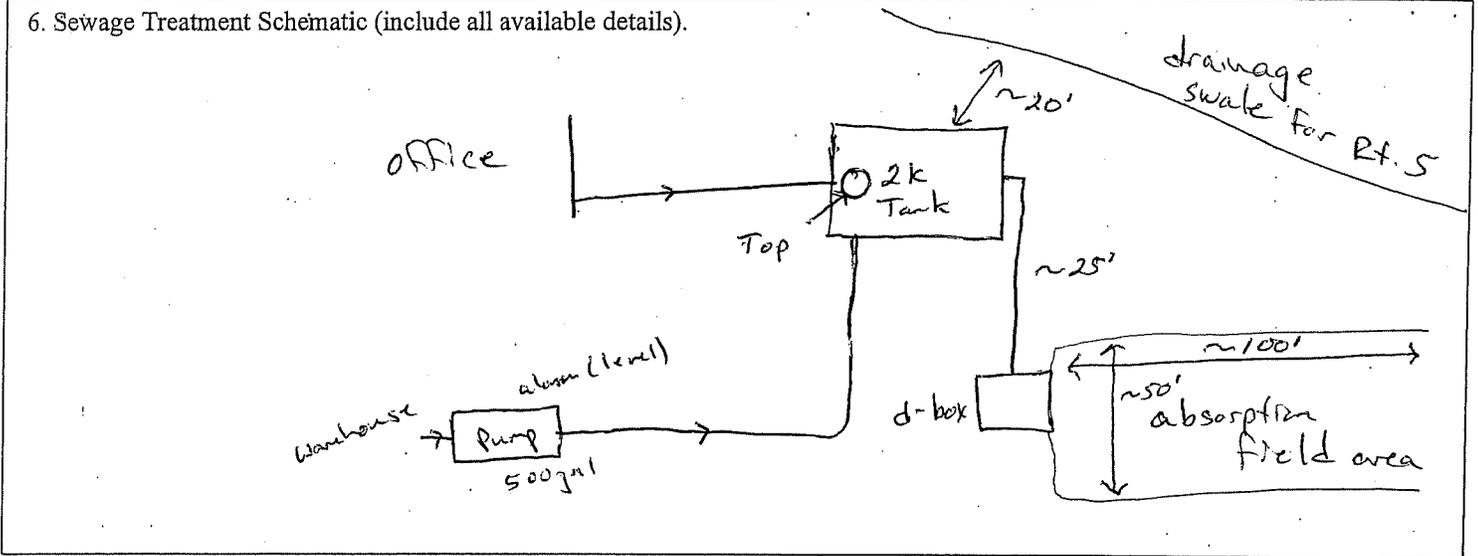
2. SPDES Permit Required YES NO. If YES, date issued ___/___/___

3. Specify the major component of the system in use 2,000 gal. septic tank, distribution box, absorption field (? laterals).

4. Document evidence of inadequate maintenance (ie., sanitary waste overflows): None observed.

5. Document waste discharge points relative to water supply source (also show on schematic below): None, down aquifer

6. Sewage Treatment Schematic (include all available details).



D. Food Service Number of food services _____ High Risk _____ Medium Risk _____ Low Risk

E. Housing (If no housing is provided, go to Section F).

1. Number of buildings _____

2. Specify the quantity of buildings by UFPBC Type: _____ Type 1 _____ Type 2 _____ Type 3 _____ Type 4 _____ Type 5

3. Number used for sleeping _____ 4. Was a fire safety waiver or variance issued? YES NO

5a. Type of heating _____ 5b. Capacity (BTU/hr) _____

6. Fire Alarm/Detection

a. Are there smoke detectors? YES NO

b. Are there heat detectors? YES NO

c. Single station devices only YES NO

d. Where is the alarm control panel located?

7. a. Is there a sprinkler system? YES NO

b. Is the system Complete Partial

c. Is the system Wet pipe Dry Pipe Deluge

F. Bathing Facilities YES NO (If YES, attach DOH-2948. If NO, proceed To Section G).

1. Minimum level of supervision required _____ 2. Type of filtration system (pools) _____

3. Name of body of water beach is on _____ 4. Capacity of each facility _____

5. Is a certified pool operator required? YES NO

Corrected 5/10/00

G. Layout Sketch

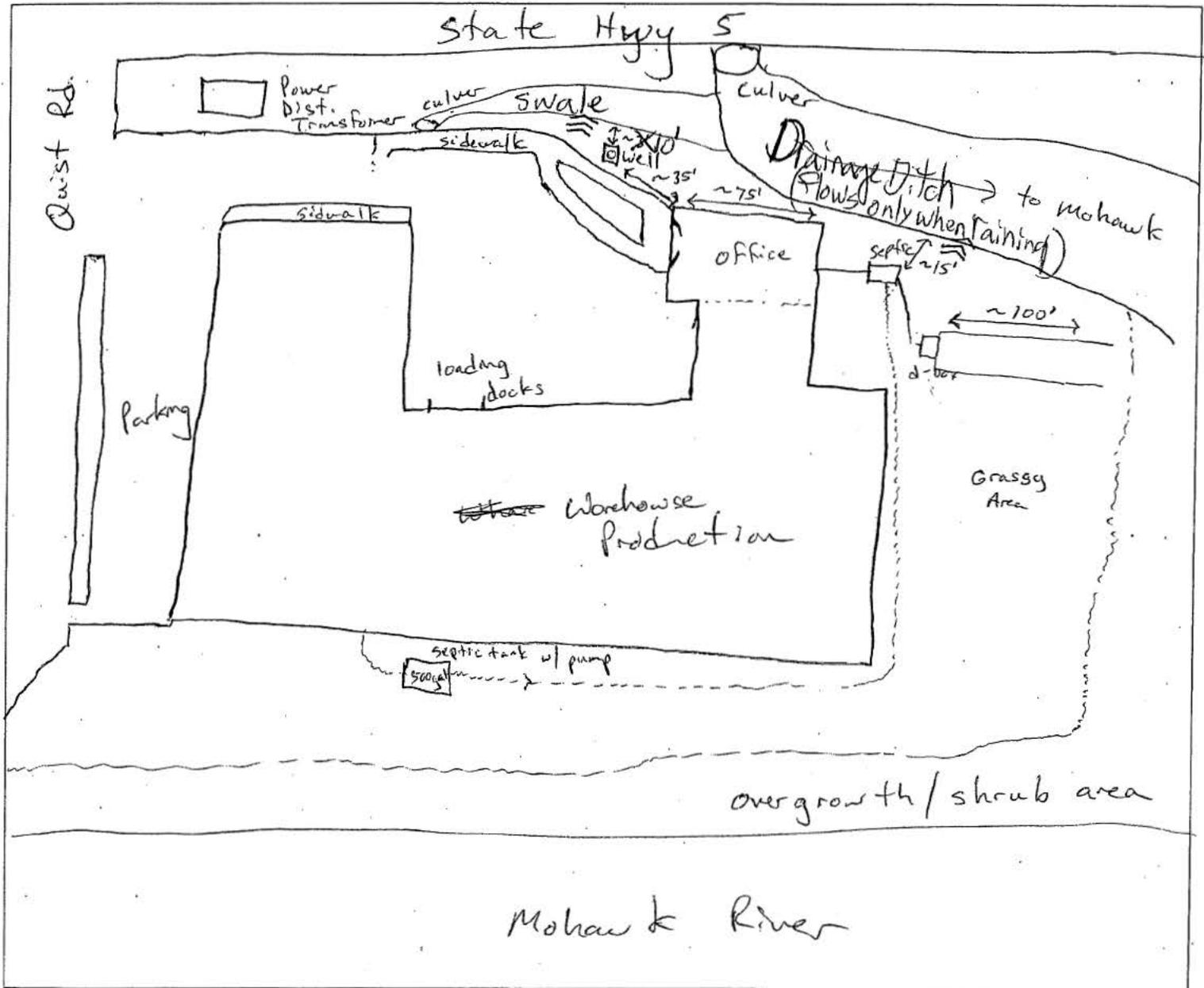
Place North arrow on the map.

Show all buildings, indicate height of building in stories; if building has an interior corridor, put a "#" next to the number of stories.

Document the location and distance of the following features from each building and water supply source:

- | | | | |
|--|----------------------------------|----------------|--------------------|
| - septic or sewage system components | - streams or other surface water | - manure piles | - waste lagoons |
| - storm and sanitary sewers | - drainage swales and ditches | - fuel storage | - pool and beaches |
| - parking lots (specify surface type) | - property lines | - roads | |
| - other sources of microbial contamination (specify) | | | |
| - other sources of chemical contamination (specify) | | | |

If possible, document predominant slope of land at site showing surface features relative to water source and potential contaminant sources.



Public Water System Name QUANT'S Wholesale Dist.		Date Report Completed 04, 10, 2007 M M D D Y Y Y Y	
Public Water System ID NY 2820745		County Montgomery	
Source Name Well		Town, Village, or City	
Source External System Number		Local Health Department / District Office Herkimer D.O.	

Box 1: Screening Criteria	NO	YES
1. Has there been a waterborne outbreak associated with this source?	X	
2. Has there been a chemical contaminant incident thought to have originated from surface water?	X	
3. Is the source a spring, infiltration gallery, crib intake, dug well, or shallow horizontal collector?	X	
4. Are there rapid fluctuations in well water level, source output, and/or chlorine demand? (Include seasonal fluctuations or during times of runoff.)	X	
5. Is the source located in a carbonate aquifer?		X
6. Is the source within 200 feet of surface water with less than 100 feet of casing in fractured bedrock?	X	

If all 6 are no go to Box 2.

Box 2: Screening Criteria	NO	YES
1. Is the source located 200 feet or less from a surface water body?		
2. Does the source have less than 50 feet of casing, or for Non-Community sources with unknown casing depth, is the source at risk from direct drainage?		

Both are no
One is yes
Both are yes

*did - negative
MPA 8-4-10*

NOT GWUDI

IS WELL DISINFECTED?

SELECT FOR FURTHER EVALUATION

NO

YES

Comments:

Completed By:

Susan A. Simonelli

Facility Basic Data

Revised for Source Water Assessment Program

Updated Draft

NOTE: Please attach additional sheets, as needed, or include copies of information if it is documented in another format.

A. General Information

1. Facility Name Capstone Center For Rehab & Nursing
2. Street Address 302 Swart Hill Rd.
3. City/Village/Town Amsterdam Zip 12010
4. Township Amsterdam County Montgomery
5. Owner/Operator Name _____
6. Mailing Address _____
(if different) _____
7. Owner Phone (518)842-6790
8. Location Map with Directions to Facility

RT SE → (C) Swart Hill Rd

Facility Location Map



9. Type Facility and Population Served
- | | | |
|---|--|--|
| <input type="checkbox"/> camp (day/overnight) | <input type="checkbox"/> convenience mart | <input type="checkbox"/> other food service (describe) _____ |
| <input type="checkbox"/> restaurant | <input type="checkbox"/> temporary residence | <input type="checkbox"/> recreational (describe) _____ |
| <input type="checkbox"/> hotel/motel | <input type="checkbox"/> school | <input checked="" type="checkbox"/> other (describe) <u>nursing home</u> |

10. Type Operation: year round seasonal (dates _____) other _____
11. Is this a new facility/operation? Y N

12. Date of Last Sanitary Survey Inspection: 10/21/99 Any Significant Defects During Last Inspection? Y N

13. Inspection Date 10/21/99 Completed by Craig F. Hammer Updated 12/22/00 Initials RCM

14. Comments Larry Bascom - Grade C

<u>10-22-04</u>	<u>55</u>
<u>4-30-14</u>	<u>55</u>

B. Water Supply Information

1. Type of Water Supply: TNCWS PRIVATE

Community

2. PWS_ID # F 2810477

3. PWS Contact _____ Phone # _____

Average Daily Production: _____ (gd) Total Design Capacity _____ (gpd)

4. Sources (specify #)	Properly Developed	Comments
<u>2</u> Wells	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	_____
_____ Springs	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____ Surface Intake		_____

NOTE: Any new sources installed since last inspection/sanitary survey? Y N DOH Approval Date / /

For each surface water intake or spring, specify:

	Intake 1	Intake 2
Distance of Intake from shore	_____	_____
Depth below surface (ft)	_____	_____
Source availability (permanent/seasonal/emergency)	_____	_____
Approved Design Capacity (gpd)	_____	_____
Flow Quantity (indicate units)	_____	_____

For each ground water source type, document:

	Well 1 ^{plant}	Well 2	Well 3
Description (e.g., lodge/kitchen/basement)	<u>paper to boiler</u>	<u>~300' E of well #1</u>	_____
Well Diameter (inches)	<u>8"</u>	<u>8"</u>	_____
Well Depth (ft)	<u>385'</u>	<u>600+</u>	_____
Type of Well (e.g., Drilled, Dug, Driven)	<u>Drilled</u>	<u>Drilled</u>	_____
Depth to Top of Well Screen	_____	_____	_____
Static Water Level/Depth to Ground Water (ft)	<u>200'</u>	<u>260'</u>	_____
Type of Well Casing	<u>steel</u>	<u>steel</u>	_____
Casing Depth (ft)	_____	_____	_____
Well Covering	<u>sanitary seal</u>	<u>sanitary seal</u>	_____
Well Yield (gpm)	<u>21 GPM</u>	<u>28 GPM</u>	_____
Source Availability (permanent/seasonal/emergency)	<u>P</u>	<u>P</u>	_____
Well Log Available (Indicate Y/N and Type)*	<u>N</u>	<u>N</u>	_____

(* Please attach a copy of the well log for SWAP documentation)

5. Is groundwater under direct influence of surface water (GWUDI)? Y N If YES, Known Suspected
Describe/Name of Surface Water Influence _____

6. Disinfection	Source 1	Source 2	Source 3
Disinfection Provided? Indicate Yes/No	<u>Yes</u>	_____	_____
If NO, is there a disinfection waiver in place? (Y/N)	_____	_____	_____
Indicate Date of Waiver	_____	_____	_____
Expiration Date of Waiver	_____	_____	_____

7. Indicate Type Disinfection Method	Source 1	Source 2	Source 3
Chlorine	<u>✓</u>	_____	_____
Other (specify)	_____	_____	_____
Approval date for alternate disinfection	_____	_____	_____

8. Source Location Determination	Source 1	Source 2	Source 3
(NOTE: No need to transcribe here if documented; however, please note if using this form for SDWIS data entry)			
Latitude	<u>N 42° 54.831</u>	<u>N 42 54.852</u>	_____
Longitude	<u>W 74 6.270</u>	<u>W 74 6.220</u>	_____
Method of Lat/Long Determination	_____	_____	_____

9. Are there any non-potable water sources associated with this public water system? Yes No If NO, go to number 9.

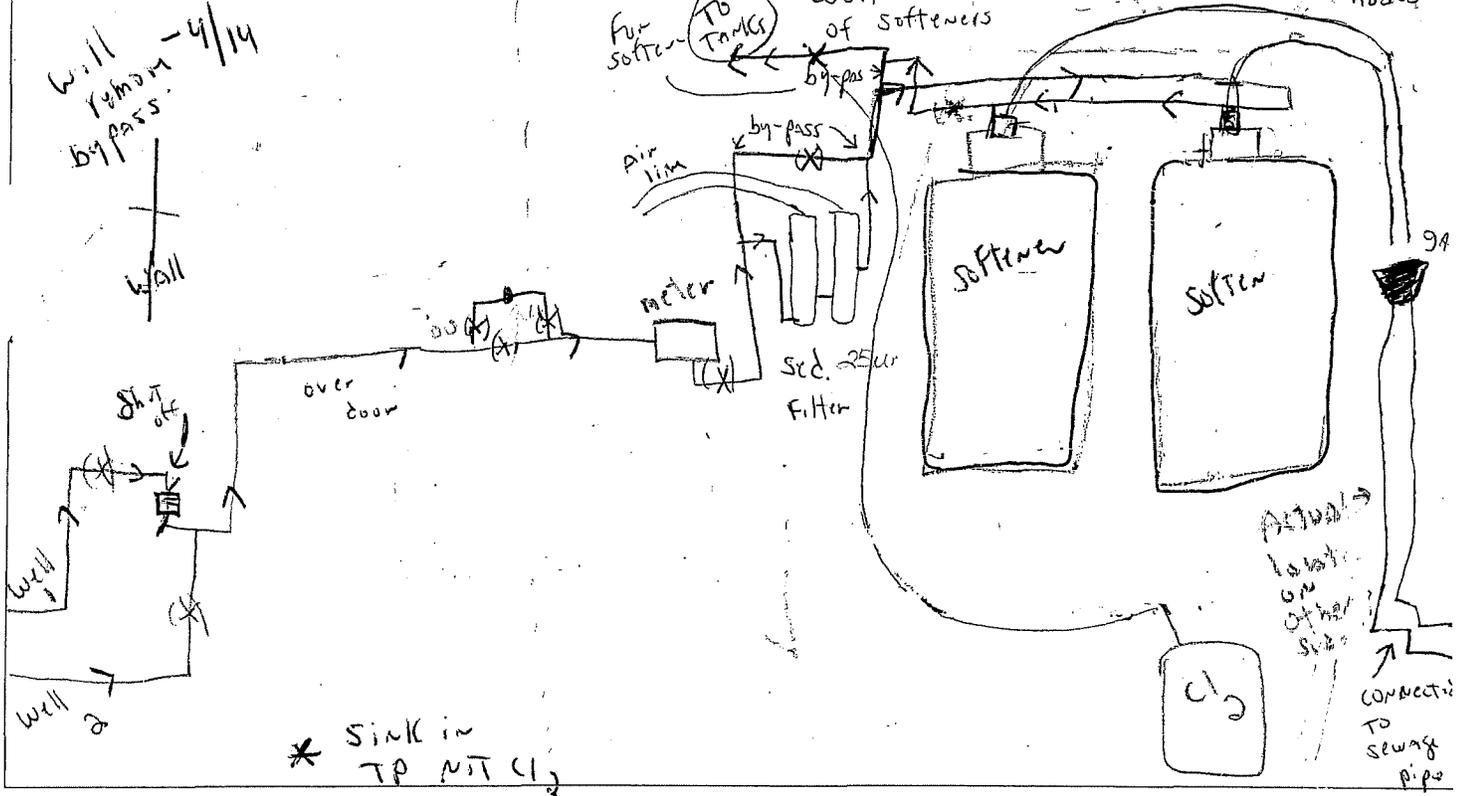
If YES,

a) How is/are the non-potable source(s) used? _____

b) Are the(se) source(s) connected to the potable water supply? _____

c) What type of backflow prevention is provided? _____

10. Water Supply Schematic (include all available system details)



11. List major treatment system components:

_____ water softening, chlorination
 _____ - new softener 8/07
 _____ - Alternate
 _____ - Sed. Filter
 = wells alternate w/ demand
 _____ - new softener 8/07
 _____ - Alternate
 _____ - Sed. Filter

12. Pump Information

	Source 1	Source 2	Source 3
Pump size		5 hp	
Pump type	submersible	submersible	
Pump capacity (gpm)	21 GPM	28 GPM	

Class manual - Sed. Filter
 Unit Flow

13. Storage Tank Information

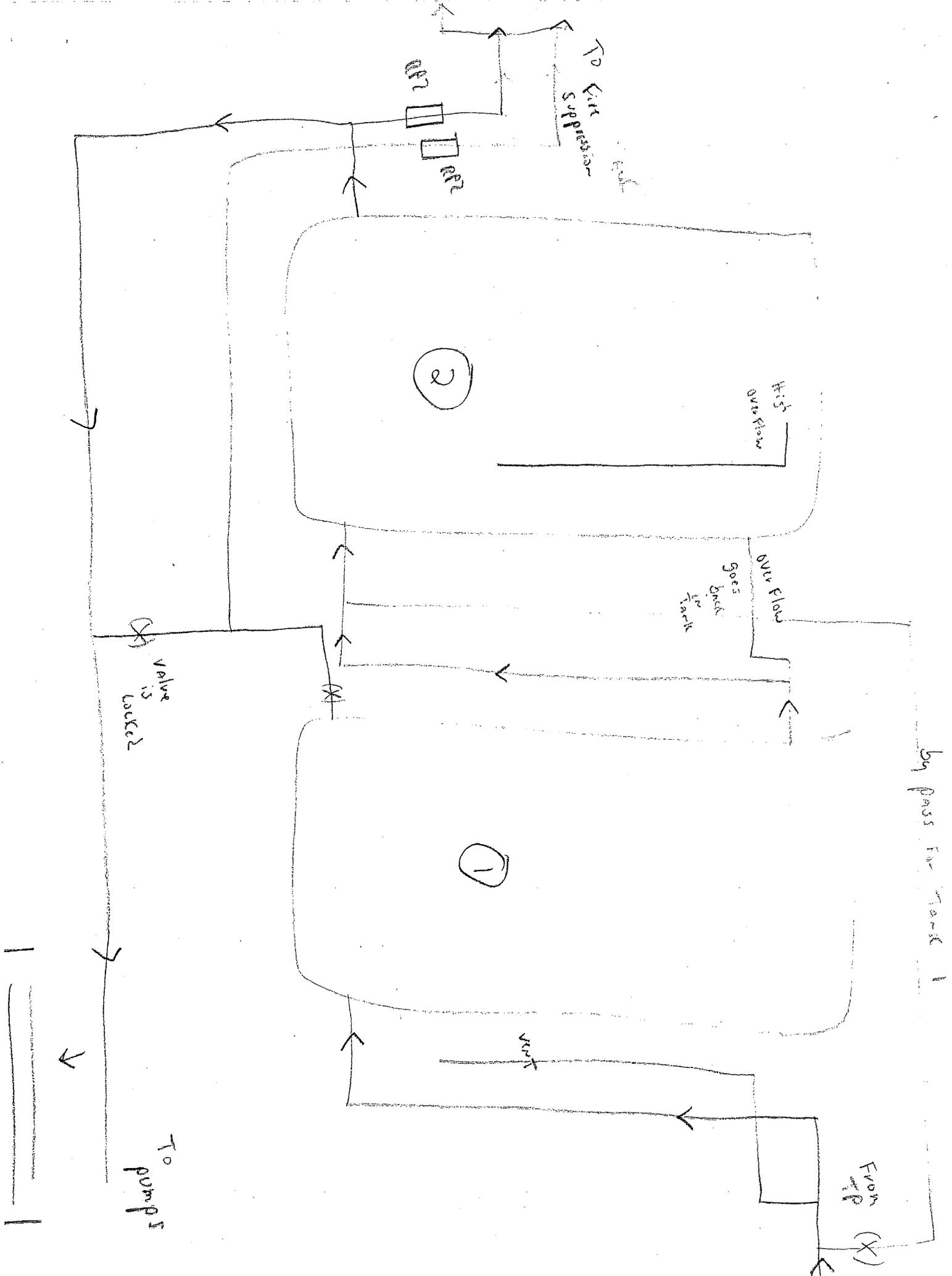
	Source 1	Source 2	Source 3
Dimensions	- 20,000 elevated storage tank		
Capacity (indicate units)			
Integrity/Condition			

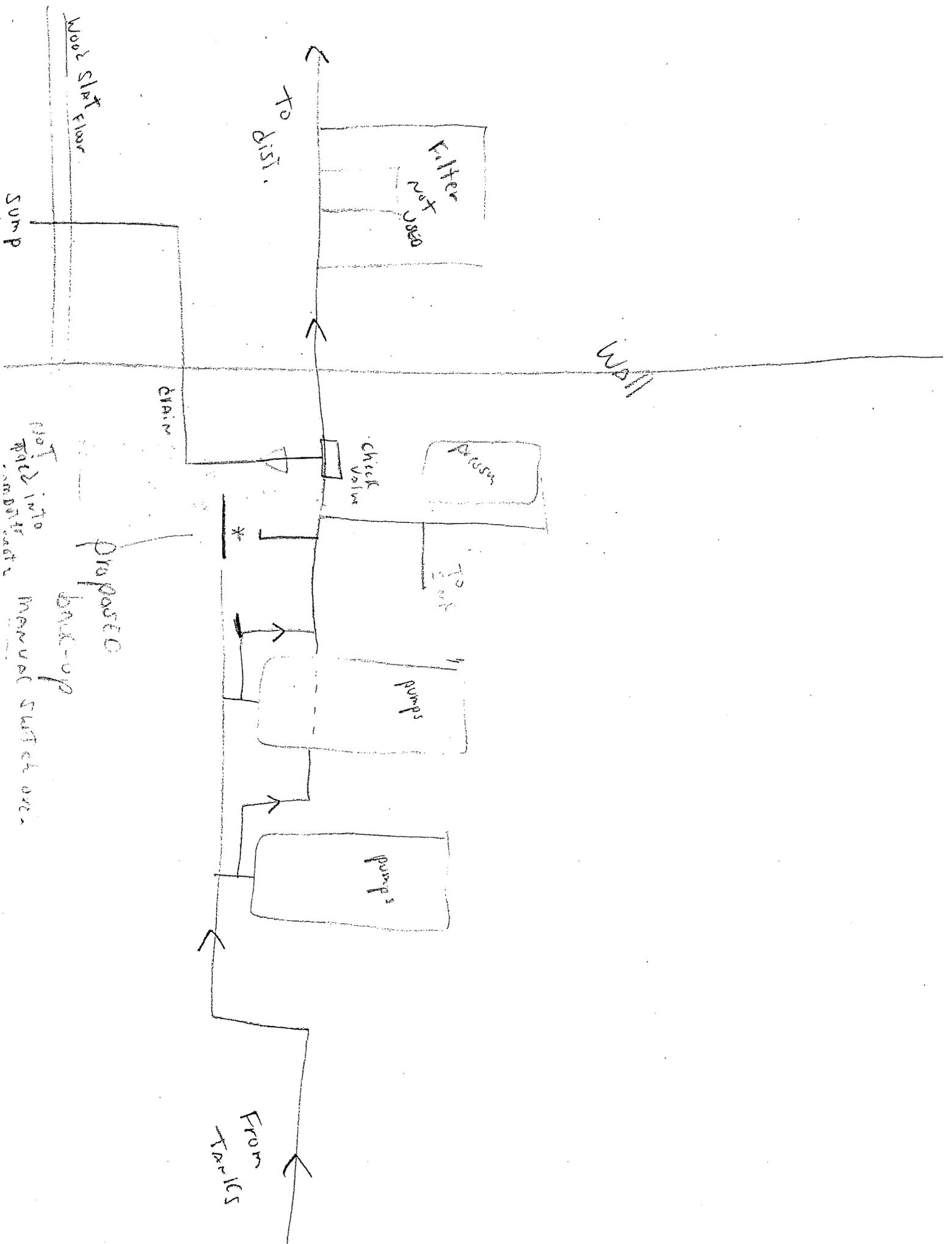
14. Chlorine Contact Tank

	Source 1	Source 2	Source 3
Dimensions			
Total Capacity (indicate units)			
Number of Tanks/Units			

Revised 3/27/00

* replaced softener canisters 11/13
 * Sediment Filter installed 8/10
 25 micron





14. Water Quality History (review of facility files – minimum of 5 years history if possible)
 For SWAP: No need to document chemical detections that do not occur in SOURCE (e.g., lead/copper) or that are naturally occurring (e.g., iron)

Document Bacteriological Quality (for undisinfected wells ONLY)

	Source 1	Source 2	Source 3
Total Coliform			
No detections	✓	✓	
Only one positive			
Multiple positives			
TCR violation			
E. Coli			
No detections	✓	✓	
Only one positive			
Multiple positives			
TCR violation			
Nitrate Quality			
Values always < 2 mg/l	✓	✓	
Values between 2 mg/l and 5mg/l			
Detections > 5 mg/l			
MCL Violation			
Nitrite Quality			
No detections	✓	✓	
Detection < 0.5 mg/l			
Detection > 0.5 mg/l			
MCL Violation			
Other Chemical Presence			
No Detection			
Detection (< 1/2 the MCL)	✓	✓	
Detection (> 1/2 the MCL)			
MCL Violation			
Indicate Parameters (Organic/Inorganic)			

C. Sewage Treatment Information

1. Type 'On-site/private' Municipal (Name) _____

Complete questions 2, 3 and 4 ONLY if a 'private' system is in use.

Type discharge: surface subsurface

2. SPDES Permit Required YES NO If YES, date issued ___/___/___

3. Specify the major component of the system in use extended aeration package treatment
plant

4. Document evidence of inadequate maintenance (ie., sanitary waste overflows): _____

SMART HILL Road

40,000 GAL

Fish Suppression

CONVENT

Boiler Plant

Laundry

NURSING HOME

Parking Lot

SOS PLANT

WORK SHED

well #2

~300'

well #1

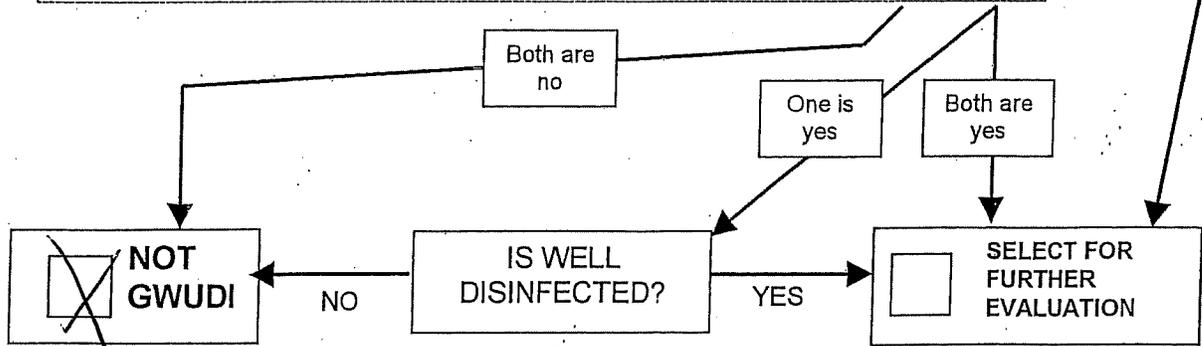


Public Water System Name MT Loretto Nursing Home		Date Report Completed 10, 20, 2008 M M D D Y Y Y Y
Public Water System ID NY 281 0477	County Montgomery	
Source Name drilled wells (2)	Town, Village, or City Amsterdam	
Source External System Number	Local Health Department / District Office Herkimer DO.	

Box 1: Screening Criteria	NO	YES
1. Has there been a waterborne outbreak associated with this source?	X	
2. Has there been a chemical contaminant incident thought to have originated from surface water?	X	
3. Is the source a spring, infiltration gallery, crib intake, dug well, or shallow horizontal collector?	X	
4. Are there rapid fluctuations in well water level, source output, and/or chlorine demand? (Include seasonal fluctuations or during times of runoff.)	X	
5. Is the source located in a carbonate aquifer?	X	
6. Is the source within 200 feet of surface water with less than 100 feet of casing in fractured bedrock?	X	

If all 6 are no go to Box 2.

Box 2: Screening Criteria	NO	YES
1. Is the source located 200 feet or less from a surface water body?	X	
2. Does the source have less than 50 feet of casing, or for Non-Community sources with unknown casing depth, is the source at risk from direct drainage?	X	



Comments:

Completed By: *Juan A. Amorelli*



10 Maxwell Dr., Suite 200
Clifton Park, NY 12065

T 518.348.1190
TRCcompanies.com

July 1, 2019

Sent via email to: access.records@dec.ny.gov

New York State Department of Environmental Conservation
Records Access Office
625 Broadway
Albany, NY 12233-1500

**RE: High River Energy Center, LLC
High River Energy Center Project
Town of Florida, Montgomery County, New York
Information Request**

To Whom It May Concern:

High River Energy Center, LLC is proposing the development of a solar energy center in the Town of Florida in Montgomery County, New York. High River 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 High River Energy Center (the Project) under Article 10 of the Public Service Law (PSL).

TRC, on behalf of High River 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 the indicated areas in Montgomery and Schenectady Counties, 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 (518) 688-3133 or via email at HVaillant@TRCcompanies.com.

Sincerely,

A handwritten signature in blue ink that reads "Heather Vaillant".

Heather Vaillant
Project Manager

cc: Bill Boer, NextEra Energy Resources, LLC
Keddy Chandran, NextEra Energy Resources, LLC
Samantha Kranes, TRC

Attachments: Project Study Area shapefiles

(1) County MONT



(2) DEC Well Number MT632

WELL COMPLETION REPORT

(3) OWNER		Ground Surface * LOG			
(4) ADDRESS		EL. _____ ft. above sea			
(5) LOCATION OF WELL <u>same</u>		TOC <u>2</u> ft.			
(6) DEPTH OF WELL BELOW SURFACE <u>88'</u>	(7) DEPTH TO GROUNDWATER <u>78'</u>	TOP OF WELL			
CASINGS					
(8) DIAMETER <u>6</u> in.		<u>STATIC</u> <u>3'</u>			
(9) LENGTH <u>45</u> ft.		<u>LEVEL</u>			
(10) SEALING	(11) CASINGS REMOVED	clay + slate chunks 45' casing slate formation 78' water bearing STRATA Bottom of Hole			
SCREENS					
(12) MAKE & MATERIAL	(13) OPENINGS				
(14) DIAMETER					
(15) LENGTH					
(16) DEPTH TO TOP FROM TOP OF CASING					
PUMPING TEST					
(17) DATE <u>3/27/01</u>	(18) TEST OR PERMANENT PUMP?				
(19) DURATION OF TEST hours _____ minutes _____	(20) MAXIMUM DISCHARGE <u>10+</u> gallons per min.				
(21) STATIC LEVEL PRIOR TO TEST <u>3</u> ft. in. below top of casing	(22) LEVEL DURING MAXIMUM PUMPING in. below top of casing				
(23) MAXIMUM DRAWDOWN ft.	(23) Approximate time of return to normal level after cessation of pumping hours _____ min.				
PUMP INSTALLED					
(24) TYPE	(25) MAKE	(26) MODEL NUMBER			
(27) MOTIVE POWER	(28) MAKE	(29) H.P.			
(30) CAPACITY g.p.m. against _____		ft. of discharge head			
(31) NUMBER OF BOWLS OR STAGES		ft. of total head			
DROP LINE		SUCTION LINE			
(32) DIAMETER & (33) LENGTH		(34) DIAMETER & (35) LENGTH			
(36) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Other _____		(37) USE OF WATER <u>Domestic</u>			
(38) WORK STARTED <u>3/28/01</u>		(39) WORK COMPLETED <u>3/27/01</u>			
(40) DATE <u>3/29/01</u>	(41) DRILLER, COMPANY <u>Lynch Well Drilling</u>	(42) REGISTRATION NO. <u>10701</u>			
*See additional instructions on back. Show log of geologic materials encountered, with depth below ground surface, water bearing beds and water levels in each, casings, screens, pump, additional pumping tests and other matters of interest, e.g. water quality (sulphur, salt, methane). Describe repair work. See instructions as to Well Driller's Registration and Reports.					
Original - DEC Copy					

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

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

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

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

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

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

MT 630

Latitude (degrees minutes seconds)	Longitude (degrees minutes seconds)
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
<p>Example: 42 36 01.7 N 73 24 51.1 W</p>	
<p>How were coordinates determined?</p> <p><input type="checkbox"/> DEC on-line map coordinate assistant</p> <p><input type="checkbox"/> GPS, Manufacturer _____ Model _____</p> <p><input type="checkbox"/> Map interpolation</p>	

Location Sketch (indicate north direction)

(1) County MONTGOMERY



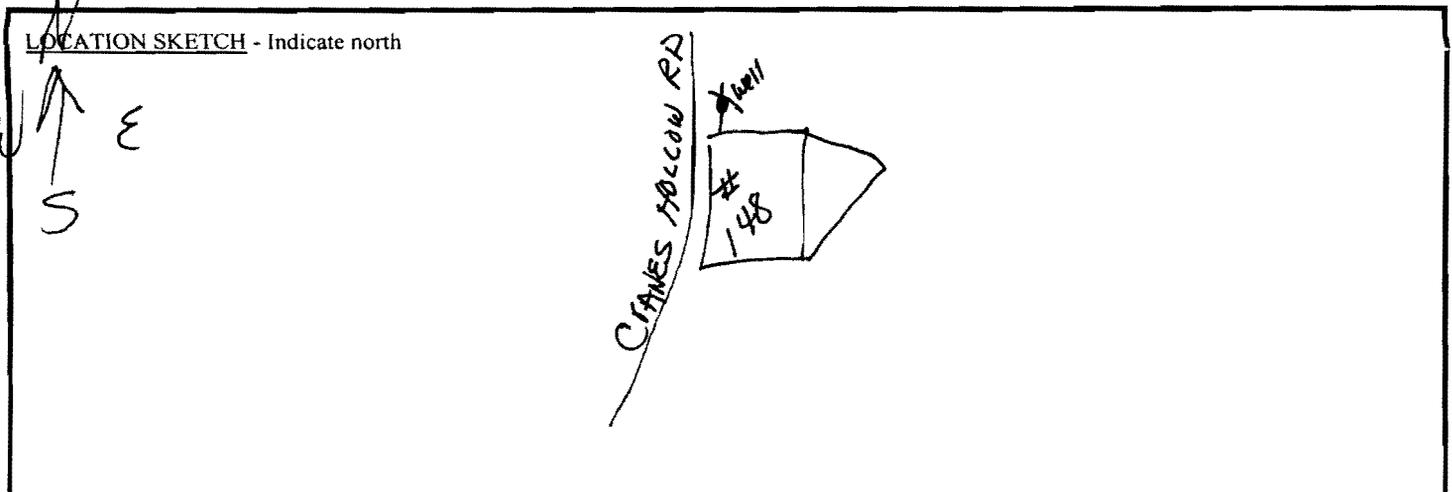
(3) DEC Well Number MT 635

(2) Township AMSTERDAM

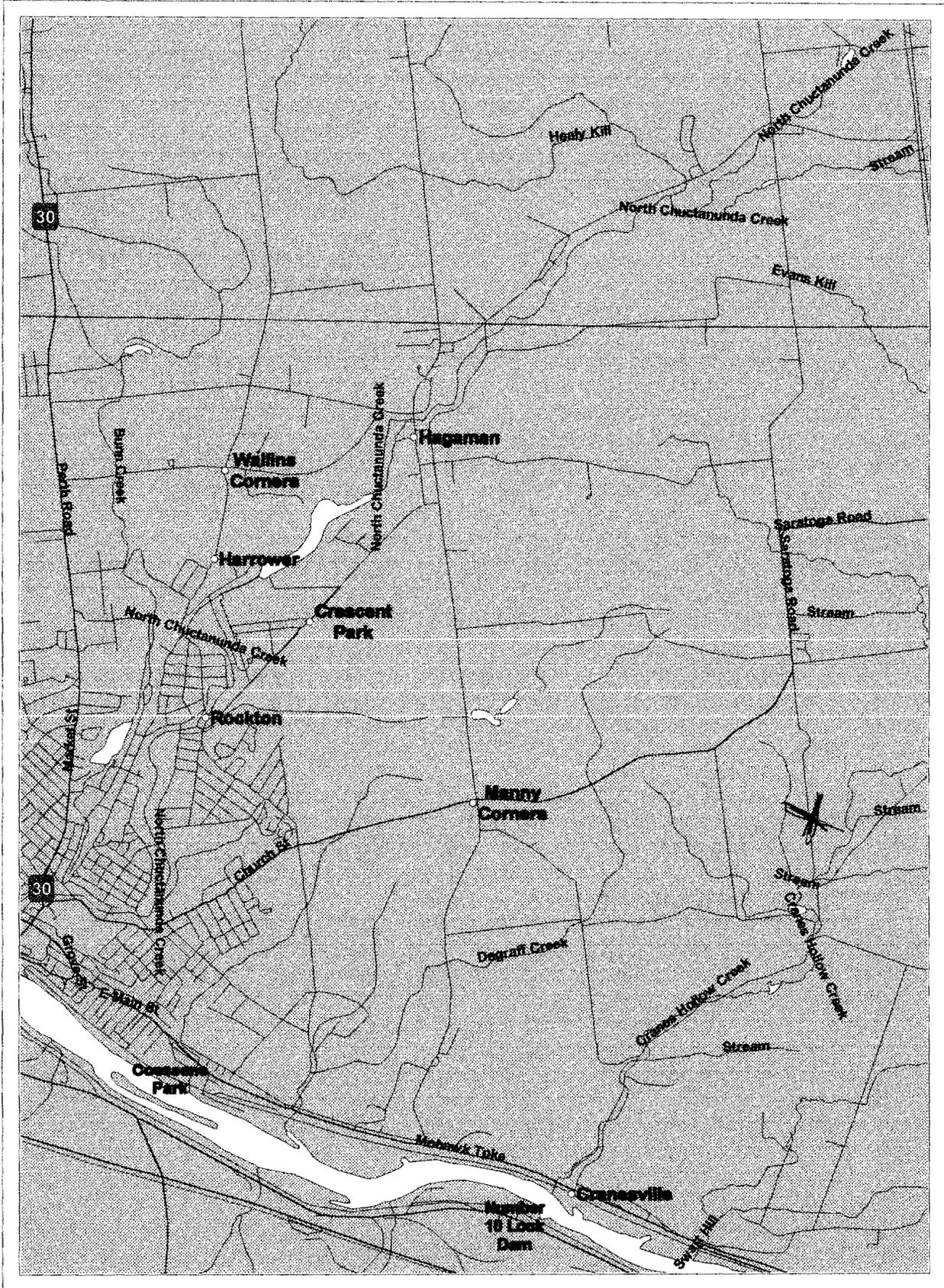
WELL COMPLETION REPORT

(4) NUMBER		LOG *								
(5) ADDRESS		Ground Surface EL. _____ ft. above sea level								
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input checked="" type="checkbox"/> Map Interpolation		Top Of Casing is located <u>+2'</u> ft. above (+) or below (-) ground surface								
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) 162 FEET	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) 2' DATE MEASURED 4/19/01	TOP OF WELL								
CASINGS		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-right: 1px solid black;">0' to 60'</td> <td style="border-right: 1px solid black;">sand & gravel</td> </tr> <tr> <td style="border-right: 1px solid black;">60' to 100'</td> <td>hardpan</td> </tr> <tr> <td style="border-right: 1px solid black;">100' to 140'</td> <td>140' sand & gravel</td> </tr> <tr> <td style="border-right: 1px solid black;">140' to 162'</td> <td>gray limestone</td> </tr> </table>	0' to 60'	sand & gravel	60' to 100'	hardpan	100' to 140'	140' sand & gravel	140' to 162'	gray limestone
0' to 60'	sand & gravel									
60' to 100'	hardpan									
100' to 140'	140' sand & gravel									
140' to 162'	gray limestone									
(9) DIAMETER 6" steel in. in. in. in.										
(10) LENGTH 143 casing ft. ft. in.										
(11) GROUT TYPE / SEALING Bentonite grout & drive shoe	(12) GROUT / SEALING INTERVAL (Feet) FROM 143' TO 10'									
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 4/17/01	(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) 60 gpm									
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 2'	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 100'									
(24) RECOVERY (Time in hours/minutes) 30 minutes	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
PUMP INSTALLATION										
(26) PUMP INSTALLED? YES ___ 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) domestic									
(36) DATE DRILLING WORK STARTED 4/17/01	(37) DATE DRILLING WORK COMPLETED 4/17/01									
(38) DATE REPORT FILED 7/20/01	(39) DRILLER & COMPANY HANSON WELL DRILLING & PUMP Kevin J. Adams	(40) DEC REGISTRATION NO. 10005								
* 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.		162' BOTTOM OF HOLE								
See further instructions titled "Instructions for New York State Well Completion Report".		NYSDEC COPY								

2



MT 635



(1) County Mont.



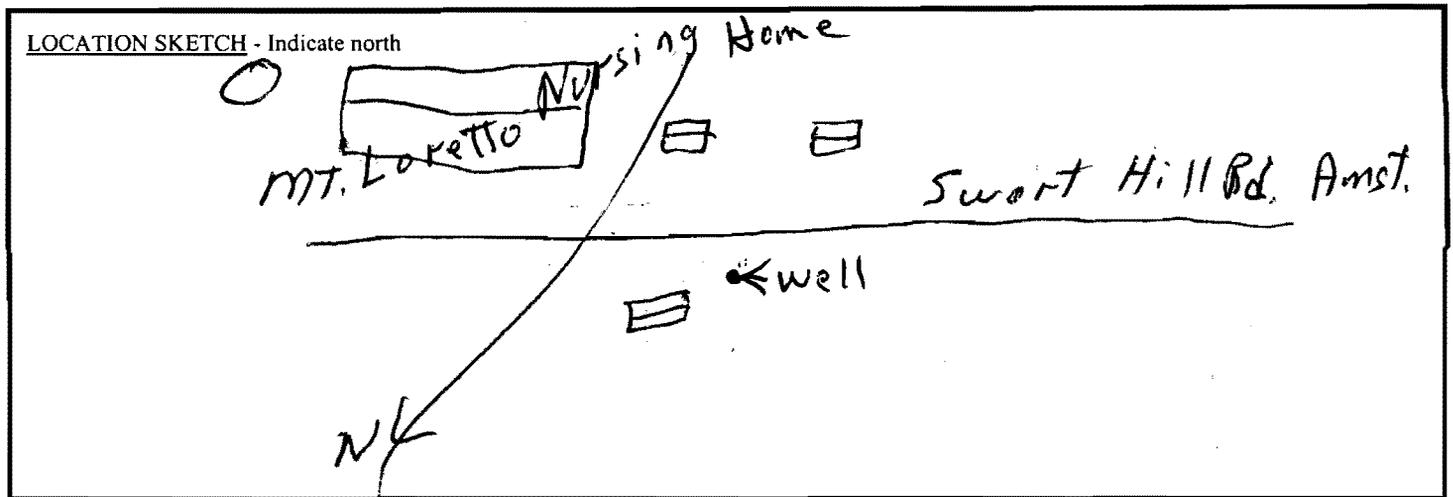
(3) DEC Well Number

MT 713

(2) Township Amst.

WELL COMPLETION REPORT

(4) OWNER		LOG *			
(5) [REDACTED]		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 <u>Across the Road from Mt. Loretto Nursing Home</u>		Top Of Casing is located <u>+6"</u> ft. above (+) or below (-) ground surface			
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>235'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) DATE MEASURED <u>5-20-03</u>	TOP OF WELL			
CASINGS					
(9) DIAMETER in. in.		30' Pipe			
(10) LENGTH ft. in.					
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	30'			
SCREENS					
(13) MAKE & MATERIAL	(14) OPENINGS	230' lime rock Old Well Drilled in 1977 Could Not Deepen Due to Obstruction in Hole			
(15) DIAMETER in. in.					
(16) LENGTH ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>5-20-03</u>	(19) DURATION OF TEST <u>8 mins.</u>	260'			
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Ball	(21) STABILIZED DISCHARGE (GPM) <u>1/2 gpm</u>				
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>235'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>1'</u>				
(24) RECOVERY (Time in hours/minutes) <u>2 hrs.</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES ___ NO ___	(27) DATE			(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>5-16-03</u>	(37) DATE DRILLING WORK COMPLETED <u>5-20-03</u>				
(38) DATE REPORT FILED <u>5-27-03</u>	(39) DRILLER & COMPANY <u>Ed Prokop Water Wells</u>	(40) DEC REGISTRATION NO. <u>10205</u>			
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		BOTTOM OF HOLE			
See further instructions titled "Instructions for New York State Well Completion Report".		NYSDEC COPY			



(1) County MONTGOMERY



(3) DEC Well Number MT 740

(2) Township AMSTERDAM

WELL COMPLETION REPORT

(4) OWNER		LOG *	
(5) ADDRESS		Ground Surface EL. <u>548</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		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>160</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40'</u>	DATE MEASURED <u>4/4/02</u>	
CASINGS			
(9) DIAMETER <u>6"</u> in. in. in. in.			
(10) LENGTH <u>38'</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>BENTONITE</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>38</u> TO <u>20</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>4-4-02</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>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 test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input 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>4-4-02</u>		(37) DATE DRILLING WORK COMPLETED <u>4-4-02</u>	
(38) DATE REPORT FILED <u>4/6/02</u>	(39) DRILLER & COMPANY <u>PETER O'CONNOR PROVOST BROS. INC.</u>	(40) DEC REGISTRATION NO. <u>10727</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary. See further instructions titled "Instructions for New York State Well Completion Report".		TOP OF WELL	
		BOTTOM OF HOLE	

TOP OF WELL

1-30'

CLAY BOLUS

FINE SAND

LIMESTONE

30'-38'

38'-160'

H₂O SEAM 155'

160'

LOCATION SKETCH - Indicate north

(1) County MONT



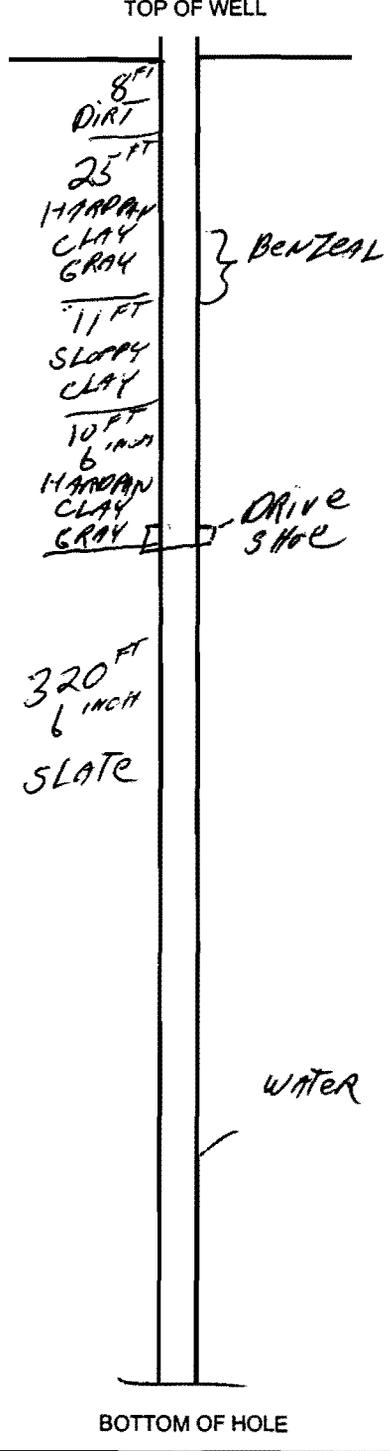
(3) DEC Well Number

MT 807

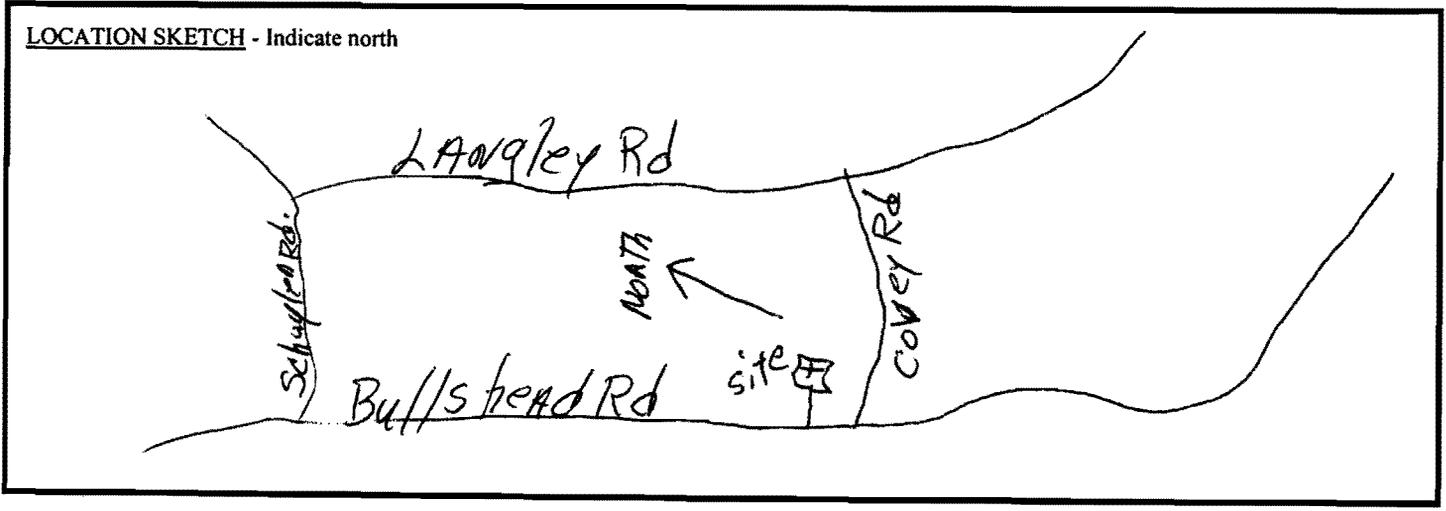
(2) Township OF FLORIDA

WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *	
(5) ADDRESS		Ground Surface EL. <u>685</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42 52 48.4 N / 74 10 21.9 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>373 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>324</u>	DATE MEASURED <u>6-18-03</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>52</u> ft. <u>6</u> in.			
(11) GROUT TYPE / SEALING <u>BENZAL</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>32'</u> TO <u>35'</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>6-18-03</u>		(19) DURATION OF TEST <u>1 HR 45 min</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>4 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>32 FT</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>3 67</u>	
(24) RECOVERY (Time in hours/minutes) <u>4 HR 23 min</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>DOMESTIC</u>	
(36) DATE DRILLING WORK STARTED <u>5-27-03</u>		(37) DATE DRILLING WORK COMPLETED <u>6-18-03</u>	
(38) DATE REPORT FILED <u>7-2-03</u>	(39) DRILLER & COMPANY <u>MERLIN E. OGDEN</u> <u>MERLINS well DRILLING</u>	(40) DEC REGISTRATION NO. <u>10 100</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".			



W



NYSDEC COPY

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) County MONTGOMERY



(3) DEC Well Number

MT 810

(2) Township FLORIDA

WELL COMPLETION REPORT

(4) OWNER		LOG *	
(5) ADDRESS		Ground Surface EL <u>554</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		Top Of Casing is located <u>2+</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>420</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>276'</u>	DATE MEASURED	
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>30</u> ft. in.			
(11) GROUT TYPE / SEALING <u>BENTONITE</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>30</u> TO <u>15</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>5-27-03</u>		(19) DURATION OF TEST <u>40 min</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)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>6/14/03</u>	(28) PUMP INSTALLER <u>PROVEST BRGS INC</u>
(29) TYPE <u>SUB.</u>		(30) MAKE <u>GOULDS</u>	(31) MODEL <u>56510412</u>
(32) MAXIMUM CAPACITY (GPM) <u>6.1</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>380'</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>5/22/03</u>		(37) DATE DRILLING WORK COMPLETED <u>5/27/03</u>	
(38) DATE REPORT FILED <u>6/23/03</u>		(39) DRILLER & COMPANY <u>PETER O'CONNOR PROVEST BRGS.</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".			

TOP OF WELL

1-30
SAND
CLAY

30
L
I
M
E
S
T
O
N
E

BROWN
SEAMS

BOTTOM OF HOLE

NYSDEC COPY

(1) County MONT.

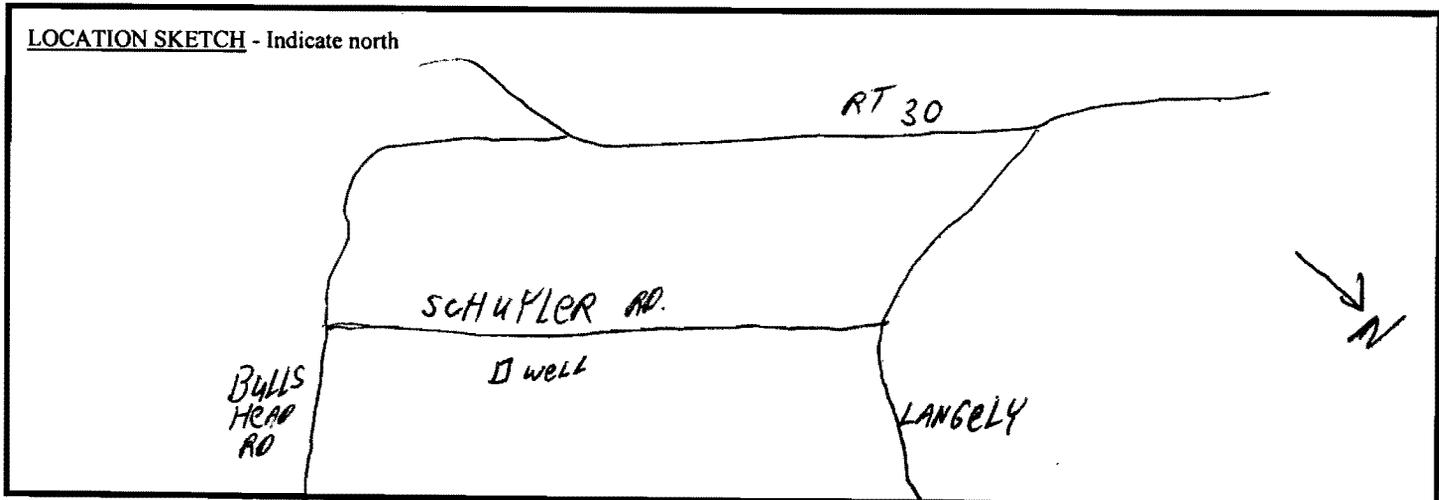


(3) DEC Well Number MT 815

(2) Township FLORIDA

WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *
(5) ADDRESS		Ground Surface EL. <u>821</u> ft. above sea level
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42 52 45.4 N / 74 10 42.8 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2+</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>37 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>27 FT</u> DATE MEASURED <u>6-27-03</u>	<p>TOP OF WELL</p> <p>6 FT DIAM 5 FT HARD GRAY CLAY 26 FT SLATE WATER</p> <p style="text-align: right;">} DRIVE SHOE } BENZSEAL</p> <p style="text-align: center;">BOTTOM OF HOLE</p>
CASINGS		
(9) DIAMETER <u>6</u> in. in.		
(10) LENGTH <u>13</u> ft. in.		
(11) GROUT TYPE / SEALING <u>BENZSEAL</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>9</u> TO <u>13</u>	
SCREENS		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in. in.	(16) LENGTH ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>6-27-03</u>	(19) DURATION OF TEST <u>6 HRS</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>10 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>9 FT</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>19 FT 6 IN</u>	
(24) RECOVERY (Time in hours/minutes) <u>12 MIN</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (see instructions for choices) <u>DOMESTIC</u>
(36) DATE DRILLING WORK STARTED <u>6-25-03</u>	(37) DATE DRILLING WORK COMPLETED <u>6-27-03</u>	
(38) DATE REPORT FILED <u>6-28-03</u>	(39) DRILLER & COMPANY <u>MERLIN OGDEN MERLINS WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>10100</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
See further instructions titled "Instructions for New York State Well Completion Report".		



(1) County MONT



(3) DEC Well Number

MT 851

(2) Town AMSTERDAM

WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *	
(5) ADDRESS [REDACTED]		Ground Surface EL. <u>68</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>RT 67</u> <u>42° 56' 41" N 074° 09' 24" 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>158</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>30</u>	DATE MEASURED <u>11/6/03</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>31</u> ft. in.			
(11) GROUT TYPE / SEALING <u>Hole Plug & BENTONITE</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>31</u> TO <u>11</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>11/5/03</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>2 1/2</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"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input 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>11/5/03</u>		(37) DATE DRILLING WORK COMPLETED <u>11/5/03</u>	
(38) DATE REPORT FILED <u>10/13/05</u>	(39) DRILLER & COMPANY <u>PROVEST BROS INC PETER O'LENNER</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="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <p>1-29</p> <p>GRAY</p> <p>CLAY/BLOCK</p> <p>29'</p> <p>LIMESTONE</p> </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <p>← 31' STEEL LINING</p> <p>← 6" BENTONITE BENTONITE</p> <p>← DRINKING WATER</p> </div> </div> <p style="text-align: center;">BOTTOM OF HOLE</p>	
		<p>NYSDEC COPY</p>	

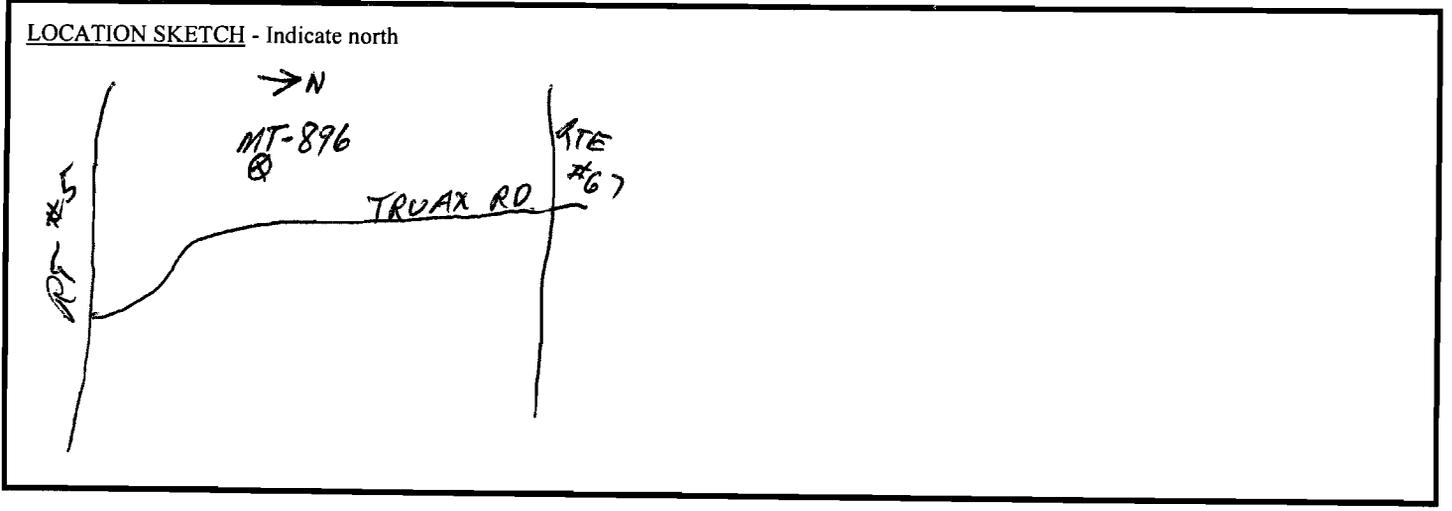
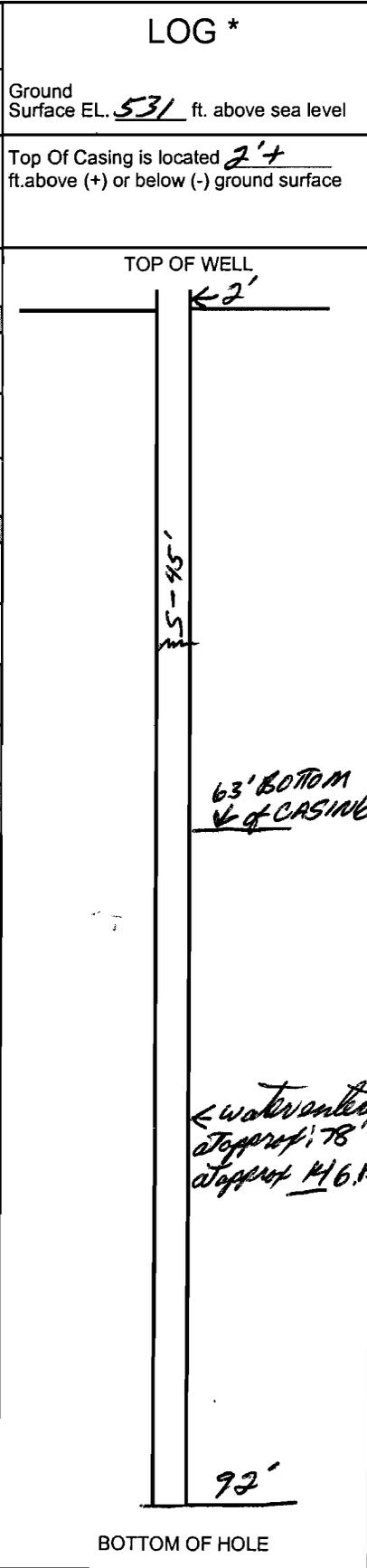
(1) County Montgomery
 (2) Township Amsterdam



(3) DEC Well Number MT-896

WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *	
(5) ADDRESS [REDACTED]		Ground Surface EL. <u>531</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) <u>Magellan GPS-315</u> Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42° 55.60N</u> <u>74° 09.20W</u>		Top Of Casing is located <u>2'</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>93'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>45'</u>	DATE MEASURED <u>12-09-03</u>	
CASINGS			
(9) DIAMETER <u>6 in.</u> <u>1 1/2" #1 FT steel threaded</u>			
(10) LENGTH <u>65 ft.</u> <u>6-10' lengths</u> <u>1-5' pipe</u>			
(11) GROUT TYPE / SEALING <u>Bentonite</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM <u>5'</u> TO <u>20'</u>	
SCREENS			
(13) MAKE & MATERIAL <u>N.A.</u>		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>12-09-03</u>		(19) DURATION OF TEST <u>15 MIN.</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>14 G.P.M.</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>47'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>approx 73'</u>	
(24) RECOVERY (Time in hours/minutes) <u>approx 10 min.</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	
(29) TYPE		(28) PUMP INSTALLER	
(32) MAXIMUM CAPACITY (GPM)		(30) MAKE	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other		(31) MODEL	
(36) DATE DRILLING WORK STARTED <u>11-24-03</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(38) DATE REPORT FILED <u>12-11-03</u>		(35) USE OF WATER (see instructions for choices) <u>Domestic</u>	
(39) DRILLER & COMPANY <u>Cernik well Drilling</u>		(37) DATE DRILLING WORK COMPLETED <u>12-09-03</u>	
(40) DEC REGISTRATION NO. <u>NYRD10731</u>		(38) DATE REPORT FILED	
* 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>none of those above</u>			
See further instructions titled "Instructions for New York State Well Completion Report".			





(1) COUNTY Montgomery
 (2) TOWN Florida

(3) DEC Well Number
MT 881

WATER WELL COMPLETION REPORT

(4) OWNER
 [Redacted]

(5) ADDRESS
 [Redacted]

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation Pattersonville RD

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 138 1/2 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 18 1/2 DATE MEASURED 7-19-04

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.
 (10) LENGTH 33 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING Benite Seal (12) GROUT / SEALING INTERVAL (feet) FROM 4 TO 33

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)

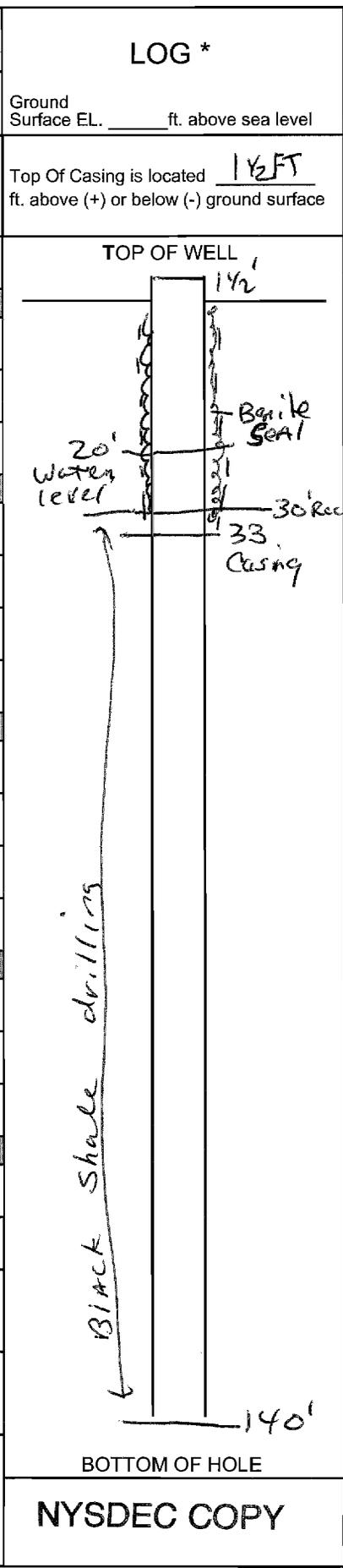
YIELD TEST

(18) DATE 7-19-04 (19) DURATION OF TEST 2hr.
 (20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 6
 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 20' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 140'
 (24) RECOVERY (Time in hours/minutes) 2hr. (25) Was the water produced during the test discharged away from immediate area? Yes No

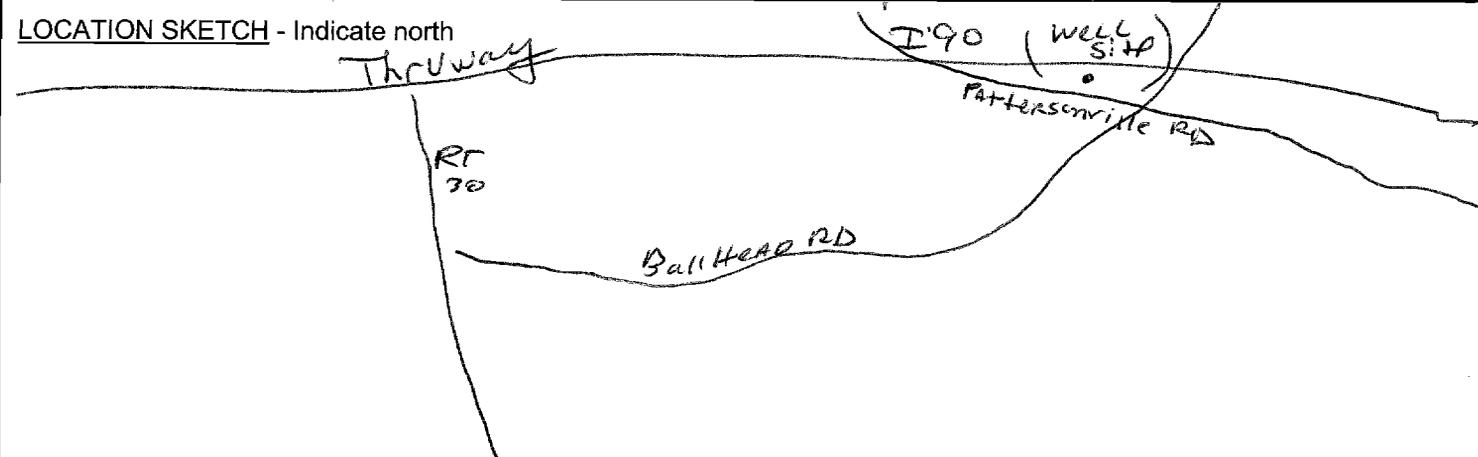
PUMP INSTALLATION

(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 7-6-04 (37) DATE DRILLING WORK COMPLETED 7-15-04
 (38) DATE REPORT FILED 11/24/04 (39) REGISTERED COMPANY Lawrence Water Wells (40) DEC REGISTRATION NO. NYRD 10027
 (41) CERTIFIED DRILLER (Print name) MARK LAWRENCE (42) CERTIFIED DRILLER SIGNATURE Mark Lawrence



6



* 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.

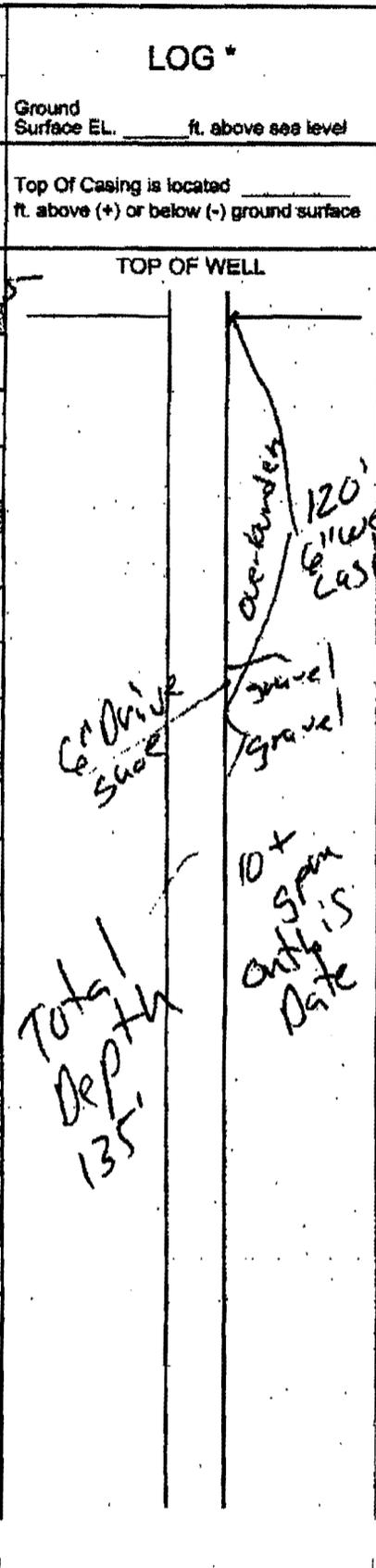
4/19/05

(1) COUNTY Mont
(2) TOWN Amsterdam

(3) DEC Well Number
MT913

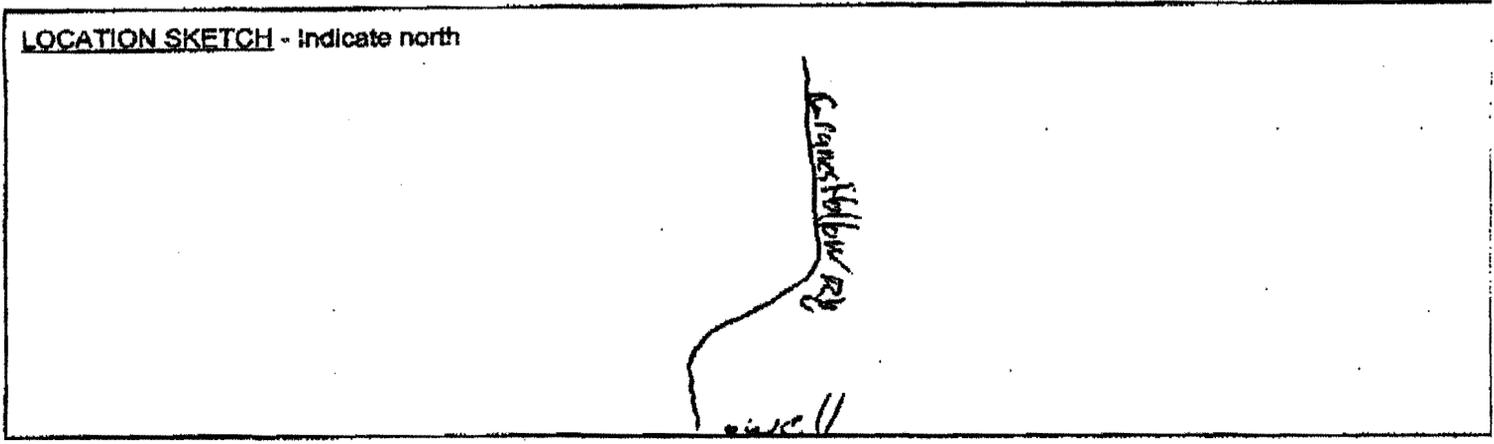
WATER WELL COMPLETION REPORT

(4) OWNER		[REDACTED]		
(5) ADDRESS		[REDACTED]		
(6) LOCATION OF WELL (See instructions on Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPO <input type="checkbox"/> Map Interpolation				
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>135'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>2'</u>	DATE MEASURED <u>4/22/2005</u>		
(9) DIAMETER <u>6" in.</u>	(10) LENGTH <u>120' ft.</u>	TOP OF WELL		
(11) GROUT TYPE / SEALING <u>Benseal</u>	(12) GROUT / REPAIRING INTERVAL (feet) FROM <u>8'</u> TO <u>128'</u>			
(13) MAKE & MATERIAL	(14) OPENINGS			
(15) DIAMETER	(16) LENGTH			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)				
(18) DATE	(19) DURATION OF TEST <u>2 hours</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>2'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (Feet/Inches below top of casing)			
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
(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)			
(36) DATE DRILLING WORK STARTED <u>4/20/2005</u>	(37) DATE DRILLING WORK COMPLETED <u>4/23/2005</u>			
(38) DATE REPORT FILED	(39) REGISTERED COMPANY <u>Artesian Waterwells</u>	(40) DEC REGISTRATION NO. <u>NYRD 10253</u>		
(41) CERTIFIED DRILLER (Print name) <u>Talman</u>	(42) CERTIFIED DRILLER SIGNATURE <u>[Signature]</u>			



* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

BOTTOM OF HOLE
NYSDEC COPY





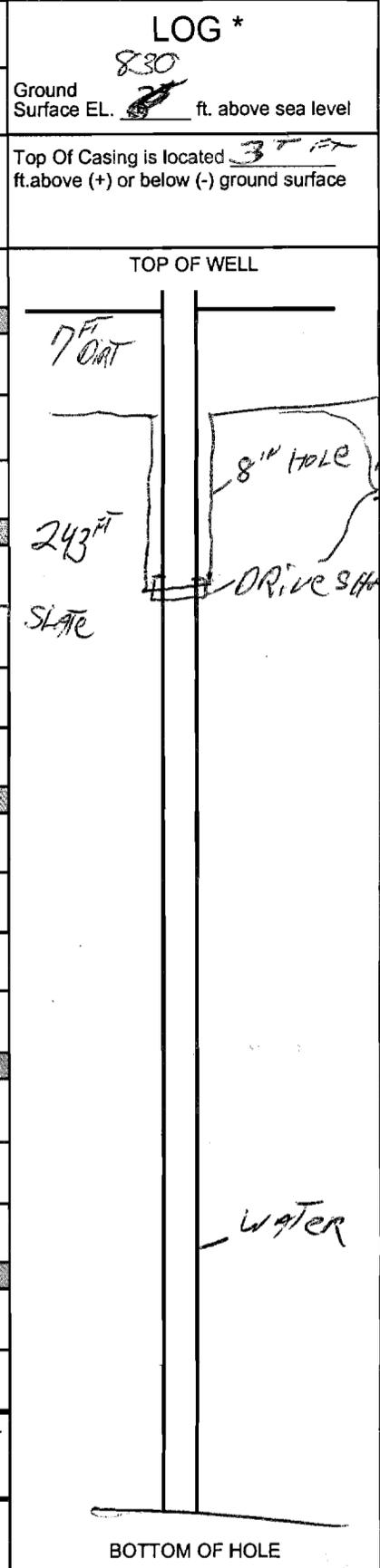
(1) County MONT.

(3) DEC Well Number MT 918

(2) Town OF FLORIDIA

WELL COMPLETION REPORT

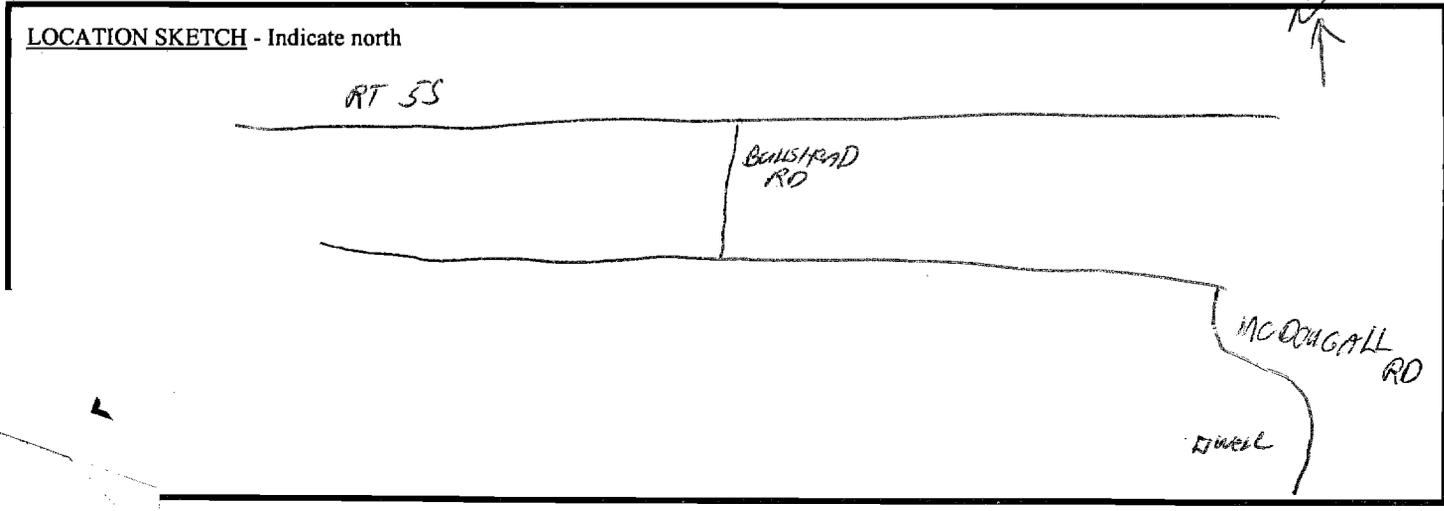
(4) OWNER [REDACTED]		
(5) ADDRESS [REDACTED]		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>42 53 48.7 N / 74 07 13.4 W</u>		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>250 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>207</u>	DATE MEASURED
CASINGS		
(9) DIAMETER <u>6</u> in. in.		
(10) LENGTH <u>23</u> ft. ft.		
(11) GROUT TYPE / SEALING <u>BENZAL</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>9 FT</u> TO <u>20 FT</u>	
SCREENS		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in. in.	(16) LENGTH ft. ft.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>5-11-05</u>	(19) DURATION OF TEST <u>4 HRS</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>54 GPM</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>83 FT</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>224 FT</u>	
(24) RECOVERY (Time in hours/minutes) <u>1 HR 34 MIN</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (see instructions for choices) <u>DOMESTIC</u>	
(36) DATE DRILLING WORK STARTED <u>5-10-05</u>	(37) DATE DRILLING WORK COMPLETED <u>6-13-05</u>	
(38) DATE REPORT FILED <u>6-18-05</u>	(39) DRILLER & COMPANY <u>MERLIN E. OGDEN MORLINS WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>10100</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



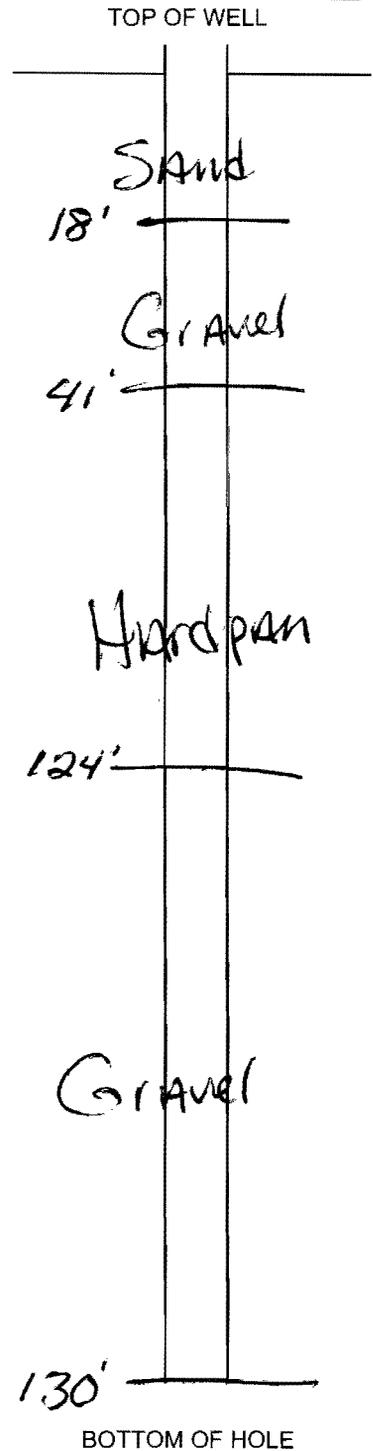


(1) COUNTY Montgomery
 (2) TOWN Amsterdam

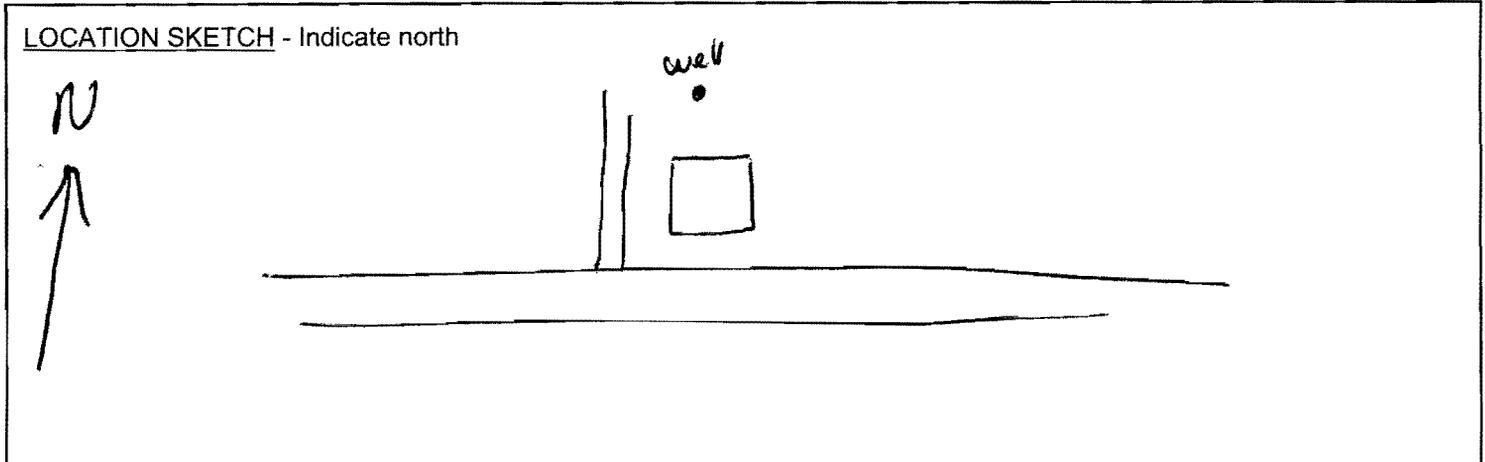
(3) DEC Well Number
MT 935

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *
(5) ADDRESS [REDACTED]		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>SAME</u> <input type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Ground Surface EL. _____ ft. above sea level Top Of Casing is located _____ ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>130'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>0</u>	DATE MEASURED <u>7-29-05</u>
CASINGS		
(9) DIAMETER <u>6"</u> in. in. in. in.		
(10) LENGTH <u>130'</u> ft. ft. ft. in.		
(11) GROUT TYPE / SEALING <u>Bent.</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>130'</u>
SCREENS		
(13) MAKE & MATERIAL		(14) OPENINGS
(15) DIAMETER in. in. in. in.		
(16) LENGTH ft. ft. ft. in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>7-29-05</u>		(19) DURATION OF TEST <u>1 hr.</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>10 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 <input type="checkbox"/>
PUMP INSTALLATION		
(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>7-28-05</u>		(37) DATE DRILLING WORK COMPLETED <u>7-29-05</u>
(38) DATE REPORT FILED <u>9-17-05</u>	(39) REGISTERED COMPANY <u>Gus Breaux, Jr. Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10030</u>
(41) CERTIFIED DRILLER (Print name) <u>Gus Breaux III</u>		(42) CERTIFIED DRILLER SIGNATURE <u>[Signature]</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 MONTGOMERY
 (2) TOWN FLORISS

(3) DEC Well Number
MT 959

WATER WELL COMPLETION REPORT

(4) OWNER		LOG *			
(5) ADDRESS		Ground Surface EL <u>804'</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		42° 52' 15" N DOWN RD. 074° 09' 30" W			
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>500</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>346</u> DATE MEASURED <u>10/6/05</u> 15 HRS.			
CASINGS					
(9) DIAMETER <u>6</u> in. in. in. in.		TOP OF WELL DANK HARD PAN 16' B L A C K S L A T E 346 15 HRS. B L A C K S L A T E 500' BOTTOM OF HOLE			
(10) LENGTH <u>20</u> ft. ft. ft. in.					
(11) GROUT TYPE / SEALING <u>BESEAL</u>					
(12) GROUT / SEALING INTERVAL (feet) FROM <u>20</u> TO <u>10</u>		DRONE SHOT			
SCREENS					
(13) MAKE & MATERIAL				(14) OPENINGS	
(15) DIAMETER in. in. in. in.		B L A C K S L A T E			
(16) LENGTH ft. ft. ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>10/5/05</u>		(19) DURATION OF TEST <u>25</u>			
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>1 RT. (DRY)</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 ___ No ___			
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER		
(29) TYPE		(30) MAKE	(31) MODEL		
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)			
(34) METHOD OF DRILLING <input 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>10/4/05</u>		(37) DATE DRILLING WORK COMPLETED <u>10/5/05</u>			
(38) DATE REPORT FILED <u>10/8/05</u>	(39) REGISTERED COMPANY <u>PROVEST BROS. INC.</u>		(40) DEC REGISTRATION NO. <u>NYRD 10227</u>		
(41) CERTIFIED DRILLER (Print name) <u>PETER OCONNOR</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Peter Oconnor</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.					

LOCATION SKETCH - Indicate north

NYSDEC COPY



(1) COUNTY MONTGOMERY
 (2) TOWN AMSTERDAM

(3) DEC Well Number
MT 980

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *		
(5) ADDRESS [REDACTED]		Ground Surface EL <u>507</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° 56' 03" N 074° 08' 50" W</u>		Top Of Casing is located <u>3+</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>190</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>39</u>	DATE MEASURED <u>10/24/04</u>	TOP OF WELL	
CASINGS				
(9) DIAMETER <u>6</u> in.	in.	in.		
(10) LENGTH <u>36'</u>	ft.	ft.		
(11) GROUT TYPE / SEALING <u>BENSEAL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>36</u> TO <u>15</u>			
SCREENS				
(13) MAKE & MATERIAL	(14) OPENINGS			
(15) DIAMETER in.	in.	in.		
(16) LENGTH ft.	ft.	ft.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) <u>33-190</u>				
YIELD TEST				
(18) DATE <u>10/19/04</u>	(19) DURATION OF TEST <u>30 MIN</u>			L I M E S T O N E
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>10</u>			
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)			
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___			
PUMP INSTALLATION				
(26) PUMP INSTALLED? YES ___ NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	L I M E S T O N E	
(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>10/19/04</u>	(37) DATE DRILLING WORK COMPLETED <u>10/19/04</u>			
(38) DATE REPORT FILED <u>1/20/06</u>	(39) REGISTERED COMPANY <u>PROVOST BROS. INC.</u>	(40) DEC REGISTRATION NO. <u>NYRD 10227</u>		
(41) CERTIFIED DRILLER (Print name) <u>PETER OLONAR</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Peter Olonar</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.		155' H ₂ O SEAM 190' BOTTOM OF HOLE NYSDEC COPY		



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) COUNTY MONTGOMERY
 (2) TOWN AMSTERDAM

(3) DEC Well Number
MT 982

WATER WELL COMPLETION REPORT

(4) [REDACTED]

(5) ADDRESS [REDACTED]

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
SWARTS HILL RD. / 172309
 GPS Map Interpolation 42° 54' 53" N 074° 06' 24" W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 300

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 220 DATE MEASURED 2/27/05

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 10

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 2/26/05

(19) DURATION OF TEST 30 MIN

(20) LIFT METHOD Pump Air Lift Bail

(21) STABILIZED DISCHARGE (GPM) 4

(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 2/25/05

(37) DATE DRILLING WORK COMPLETED 2/26/05

(38) DATE REPORT FILED 2/3/06

(39) REGISTERED COMPANY PROVOST BROS INC.

(40) DEC REGISTRATION NO. NYRD 10227

(41) CERTIFIED DRILLER (Print name) PETER DOMMER

(42) CERTIFIED DRILLER SIGNATURE Peter Dommer

LOG *

Ground Surface EL 574 ft. above sea level

Top Of Casing is located 21 ft. above (+) or below (-) ground surface

TOP OF WELL

1-4 CLAY

4-360

LIMESTONE

LIMESTONE

LIMESTONE

LIMESTONE

220

300'

BOTTOM OF HOLE

DRIVE SHAFT

NO SEAM

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 MONTGOMERY
 (2) TOWN FLORINA

(3) DEC Well Number
MT 997

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *	
(5) ADDRESS [REDACTED]		Ground Surface EL. <u>876</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°-52'-40 N 074° 09' 30</u>		Top Of Casing is located <u>2.4</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>30</u>	DATE MEASURED <u>6/3/04</u>	TOP OF WELL
CASINGS			
(9) DIAMETER <u>6</u> in.	in.	in.	1/4 BLACK CLAY 3-38" 30" Ø STEEL CASING 30" Ø BRICK SHAFT HX LEVEL BLACK SLATE BLACK SLATE 380 380 BOTTOM OF HOLE
(10) LENGTH <u>20</u> ft.	ft.	ft.	
(11) GROUT TYPE / SEALING <u>BENSENL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>20</u> TO <u>15</u>		
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER	in.	in.	
(16) LENGTH	ft.	ft.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>6/2/04</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>3.4</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"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(27) DATE <u>6/6/04</u>	(28) PUMP INSTALLER <u>PROVOST BROS</u>	
(29) TYPE <u>SUB</u>	(30) MAKE <u>604405</u>	(31) MODEL <u>56507422</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>6/1/04</u>		(37) DATE DRILLING WORK COMPLETED <u>6/2/04</u>	
(38) DATE REPORT FILED <u>2/16/06</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>	
* 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 Montgomery
 (2) TOWN Florida

(3) DEC Well Number
MT 1040

WATER WELL COMPLETION REPORT

(4) OWNER Michael Kilinski - Pine Point Properties LLC

(5) ADDRESS 12 Cedarcrest Dr. - Saratoga Springs, NY 12810

(6) LOCATION OF WELL (See Instructions On Reverse)
 Show Lat/Long if available and method used:
 GPS Map Interpolation
42° 53.808' N 074° 08.059' W

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

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

CASINGS

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

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

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

SCREENS

(13) MAKE & MATERIAL (14) OPENINGS

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

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

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

YIELD TEST

(18) DATE 9/21/06 (19) DURATION OF TEST 3 hrs.

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

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 30.1' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 170.0'

(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

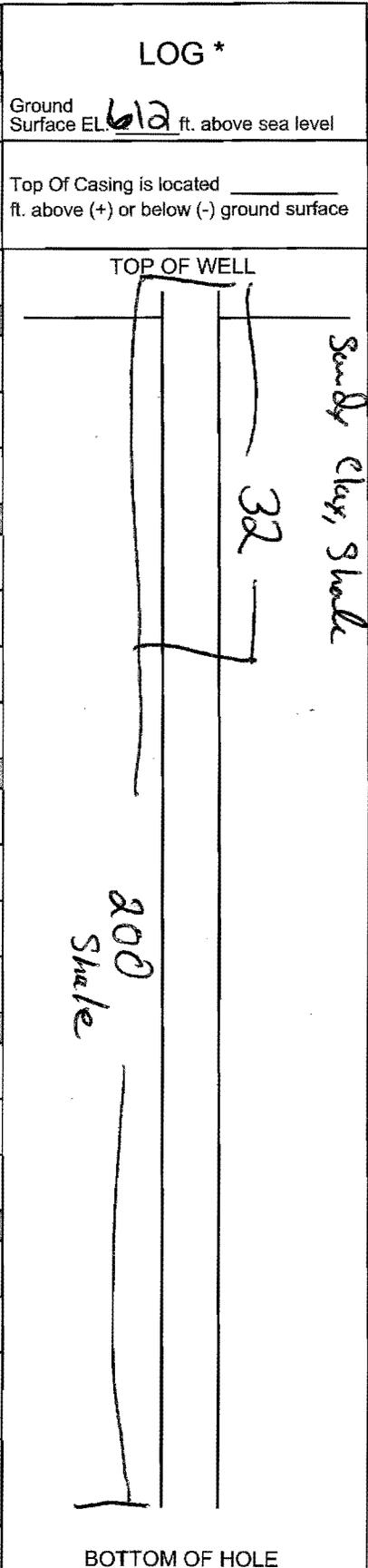
(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

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

(36) DATE DRILLING WORK STARTED 9/8/06 (37) DATE DRILLING WORK COMPLETED 9/8/06

(38) DATE REPORT FILED 9/19/06 (39) REGISTERED COMPANY ALL DRILLING
418 FARLEY ROAD
RODSON FALLS, NY 12339 (40) DEC REGISTRATION NO. NYRD 10119

(41) CERTIFIED DRILLER (Print name) Joe Rosick (42) CERTIFIED DRILLER SIGNATURE [Signature]



* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.

NYSDEC COPY

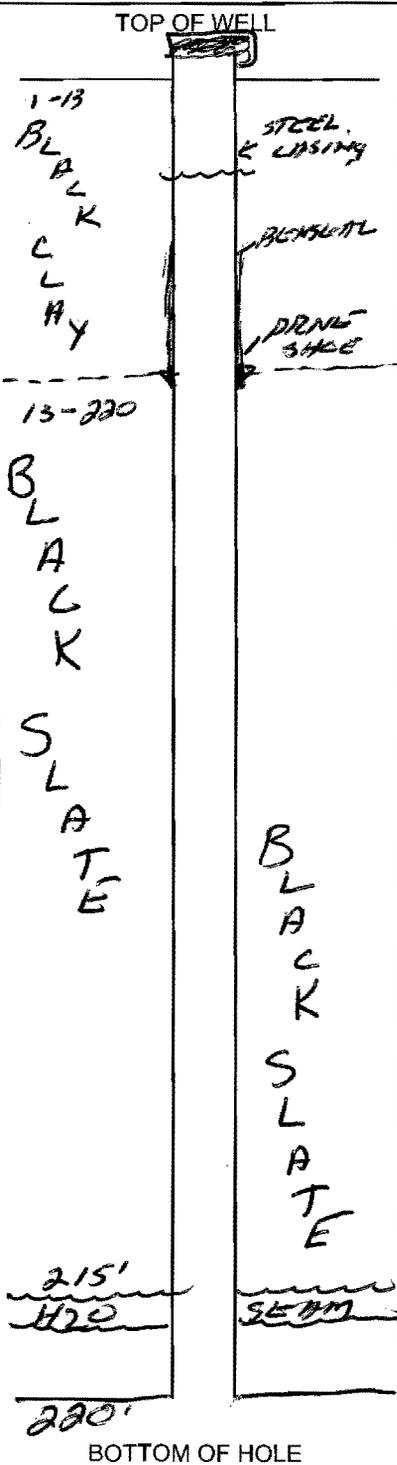


(1) COUNTY MONTGOMERY
 (2) TOWN FLORIDA

(3) DEC Well Number
MT 1052

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG * Ground Surface EL. <u>843</u> ft. above sea level	
(5) ADDRESS [REDACTED]			
(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° 52' 43" N 074° 10' 45" W</u> <u>BULLSHEAD RD.</u>		Top Of Casing is located <u>2+</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>220</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>17'</u>	DATE MEASURED <u>10/7/06</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>20</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>BENBETL</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>20'</u> TO <u>9'</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>10/8/06</u>		(19) DURATION OF TEST <u>40 MIN</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" 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)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input 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>10/4/06</u>		(37) DATE DRILLING WORK COMPLETED <u>10/7/06</u>	
(38) DATE REPORT FILED <u>10/13/06</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>	
* 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

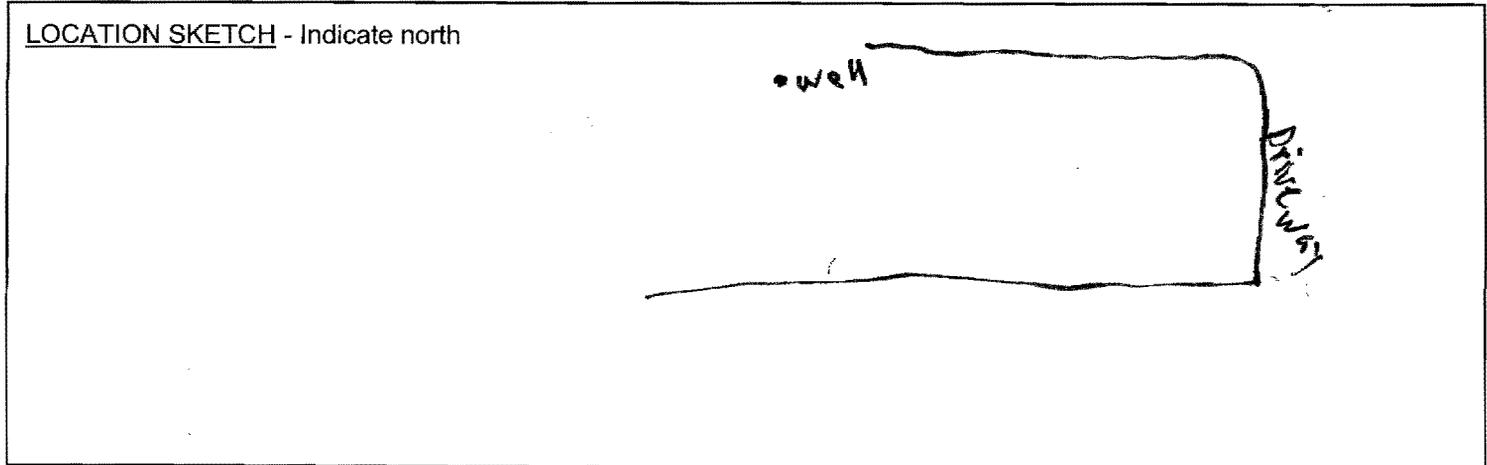
(1) COUNTY Montgomery
 (2) TOWN Florida



(3) DEC Well Number
MT1064

WATER WELL COMPLETION REPORT

(4) OWNER		LOG *	
(5) ADDRESS		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>15"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>260'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>20</u>	DATE MEASURED <u>11/2/2006</u>	TOP OF WELL
CASINGS			
(9) DIAMETER <u>6'</u> in. in. in. in.			
(10) LENGTH <u>20'</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>Benseal grout</u>			
(12) GROUT / SEALING INTERVAL (feet) FROM <u>9'</u> TO <u>20'</u>			
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) <u>4</u>			
YIELD TEST			
(18) DATE <u>11/2/2006</u>	(19) DURATION OF TEST <u>2 hours</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>20+6gpm</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>200'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1/2 hour</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
DRILLING			
(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>Res</u>		
(36) DATE DRILLING WORK STARTED <u>10/30/2006</u>	(37) DATE DRILLING WORK COMPLETED <u>10/2/2006</u>		
(38) DATE REPORT FILED	(39) REGISTERED COMPANY <u>Antespan water wells</u>	(40) DEC REGISTRATION NO. <u>NYRD 10253</u>	
(41) CERTIFIED DRILLER (Print name) <u>John Lawrence</u>	(42) CERTIFIED DRILLER SIGNATURE <u>[Signature]</u>		
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		BOTTOM OF HOLE	
		NYSDEC COPY	



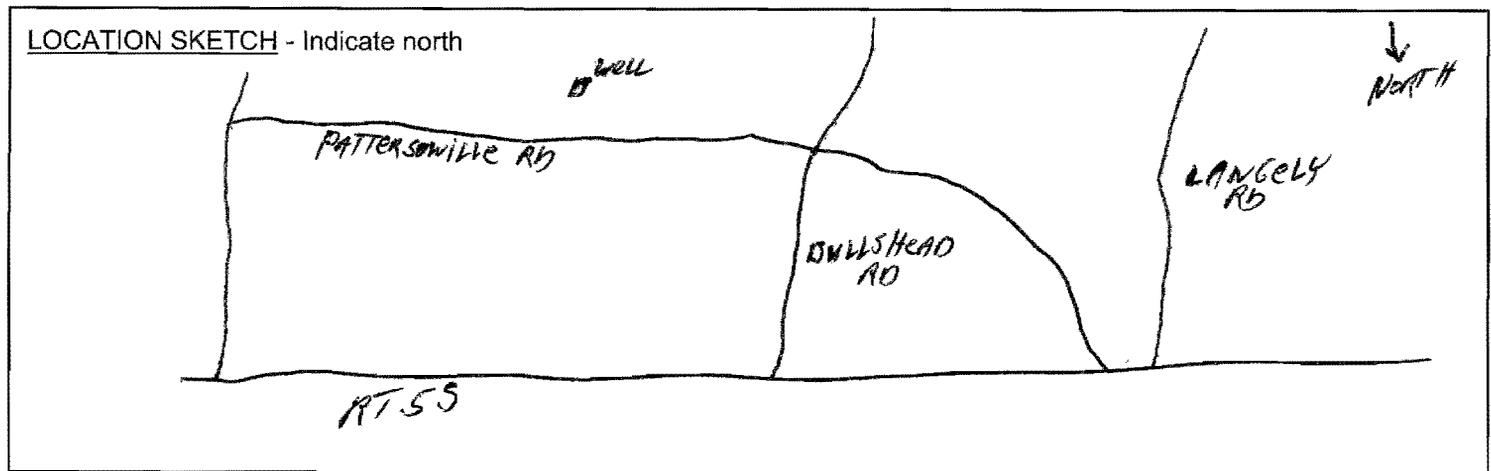


(1) COUNTY MONT.
 (2) TOWN OF FLORIDA

(3) DEC Well Number
MI 1066

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *	
(5) ADDRESS		Ground Surface EL. <u>823</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 53 37.3N / 74 07 19.5W</u>		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>94 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>84 FT</u>	DATE MEASURED <u>11-27-06</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>24</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>BENZCEAL</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>6 FT</u> TO <u>23 FT</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>11-27-06</u>		(19) DURATION OF TEST <u>5 HRS</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>12 GPM (MAINTAINING 20' drawdown)</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>10 FT</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>19 FT</u>	
(24) RECOVERY (Time in hours/minutes) <u>15 MIN</u>		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other: _____		(35) USE OF WATER (See instructions for choices) <u>DOMESTIC</u>	
(36) DATE DRILLING WORK STARTED <u>11-20-06</u>		(37) DATE DRILLING WORK COMPLETED <u>11-28-06</u>	
(38) DATE REPORT FILED <u>12-15-06</u>	(39) REGISTERED COMPANY <u>MERLINS WELL DRILLING</u>		(40) DEC REGISTRATION NO. <u>NYRD 10100</u>
(41) CERTIFIED DRILLER (Print name) <u>MERLIN E. OGDEN</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Merlin E. Ogden</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 5 FT ORT 4 FT CLAY DIAT 7 FT GRAY CLAY 8" IN HOLE 77 FT SLATE WATER
			BOTTOM OF HOLE
NYSDEC COPY			





(1) COUNTY MONTGOMERY
 (2) TOWN FLORIDA

(3) DEC Well Number
MT-1067

WATER WELL COMPLETION REPORT

(4) OWNER [Redacted]		LOG *	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>Belldona Rd. Modesto 42° 53.70N</u> <u>GIS-35 74° 11.02W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Ground Surface EL. <u>729</u> ft. above sea level 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>300'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>8'</u>	DATE MEASURED <u>11-23-06</u>	TOP OF WELL <u>8 1/2'</u>
CASINGS			
(9) DIAMETER <u>6 in. x 17 1/2 FT steel threaded</u> in. in.			
(10) LENGTH <u>20 ft. </u> ft. ft. in.			
(11) GROUT TYPE / SEALING <u>Bentonite</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>0'</u> TO <u>18 1/2'</u>	
SCREENS			
(13) MAKE & MATERIAL <u>N.A.</u>		(14) OPENINGS	
(15) DIAMETER in. in. in. in.		(16) LENGTH ft. ft. ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>11-23-06</u>		(19) DURATION OF TEST <u>30 min</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>56 G.P.M.</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>8'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>Bottom of hole</u>	
(24) RECOVERY (Time in hours/minutes) <u>approx 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"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>11-06-06</u>		(37) DATE DRILLING WORK COMPLETED <u>11-23-06</u>	
(38) DATE REPORT FILED <u>12-1-06</u>	(39) REGISTERED COMPANY <u>Cernik Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10231</u>	
(41) CERTIFIED DRILLER (Print name) <u>JOE CERNIK JR.</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Joe Cernik Jr.</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.		BOTTOM OF HOLE <u>300'</u>	
NYSDEC COPY			

8' - 300' solid Black shale Bedrock
5' - 8' Brown gyg clay

LOCATION SKETCH - Indicate north

Belldona Rd.

At 55

yield test: Bailed 600 gallons of water in 30 min. To bail dead yield of 56 G.P.M. for 10 min. at bottom of well

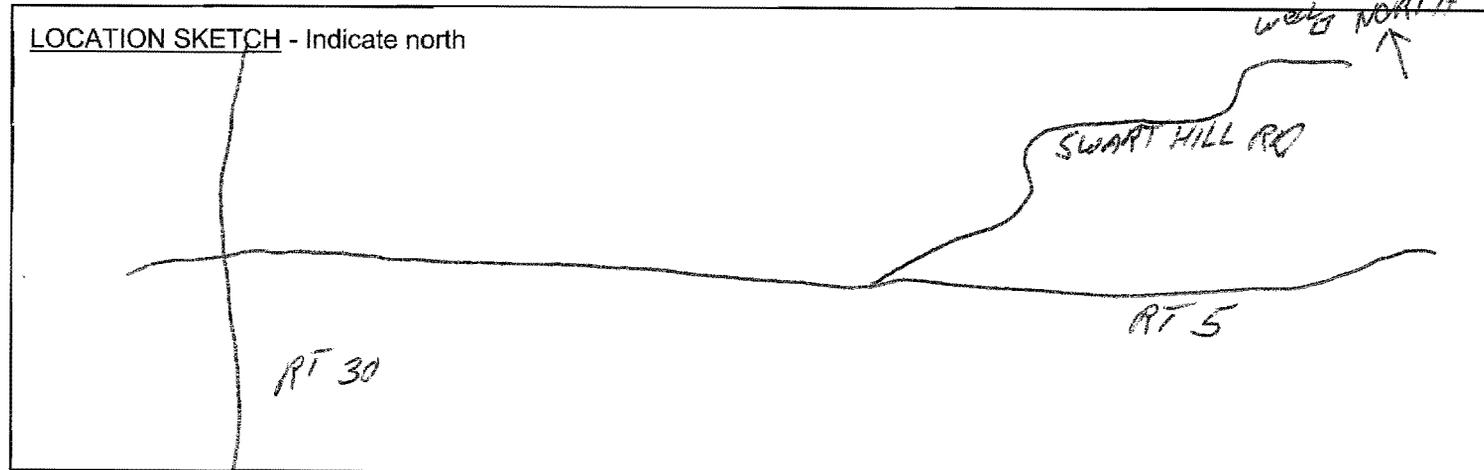
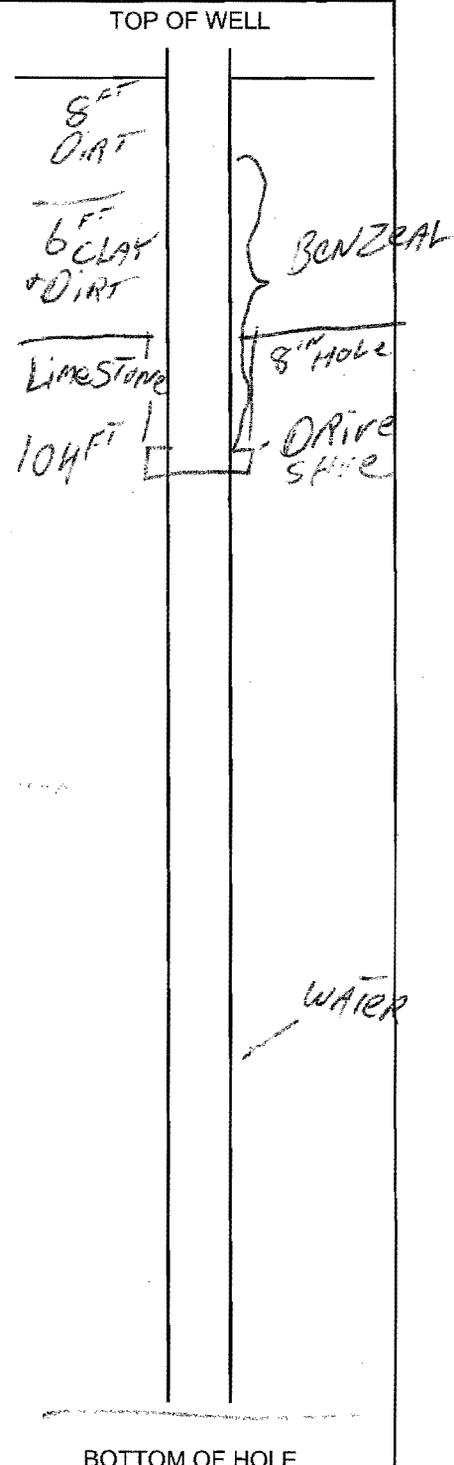


(1) COUNTY MONT
 (2) TOWN OF AMSTERDAM

(3) DEC Well Number
MT 1080

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG * Ground Surface EL. <u>786</u> ft. above sea level	
(5) ADDRESS			
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>42 55 01.2 N / 74 05 49.0 W</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>2</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>118</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>104</u>	DATE MEASURED <u>5-8-07</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>24</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>BENZAL</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>7</u> TO <u>22</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>5-8-07</u>		(19) DURATION OF TEST <u>1 1/2 HR</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>54</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>58</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>108</u>	
(24) RECOVERY (Time in hours/minutes) <u>54 min</u>		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>Domestic</u>	
(36) DATE DRILLING WORK STARTED <u>3-23-07</u>		(37) DATE DRILLING WORK COMPLETED <u>3-23-07 5-8-07</u>	
(38) DATE REPORT FILED	(39) REGISTERED COMPANY <u>MERLINS WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>NYRD 10100</u>	
(41) CERTIFIED DRILLER (Print name): <u>MERLIN E. OGDEN</u>		(42) CERTIFIED DRILLER SIGNATURE: <u>[Signature]</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
		BOTTOM OF HOLE	
NYSDEC COPY			



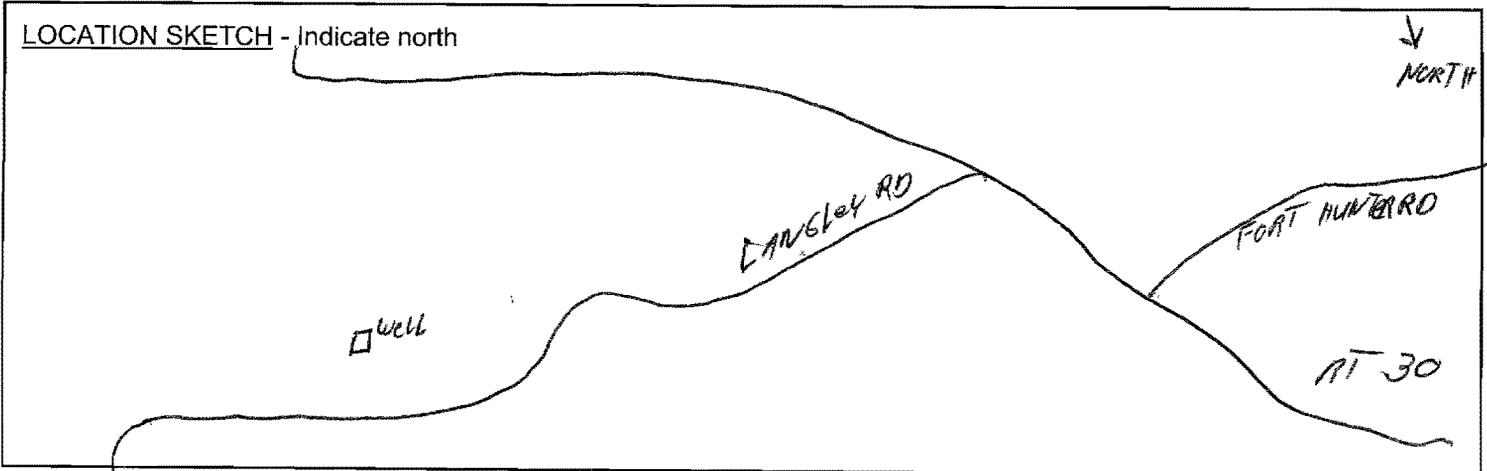


(1) COUNTY MONT.
 (2) TOWN OF FLORIDA

(3) DEC Well Number
MT 1086

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *	
(5) [REDACTED]		Ground Surface EL. <u>741</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 52 53.5 N / 74 11 18.4 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>106 FT 6 IN</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>106 FT 6 IN</u>	DATE MEASURED	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>108</u> ft. ft. ft. <u>6</u> in.			
(11) GROUT TYPE / SEALING <u>BENZAL</u>		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE		(19) DURATION OF TEST <u>5 HRS</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>6 GPM (MAKING 10 term)</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>10 FT</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>65 FT</u>	
(24) RECOVERY (Time in hours/minutes) <u>28 min</u>		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(35) USE OF WATER (See instructions for choices) <u>DOMESTIC</u>	
(36) DATE DRILLING WORK STARTED <u>5-7-07</u>		(37) DATE DRILLING WORK COMPLETED <u>5-15-07</u>	
(38) DATE REPORT FILED <u>5-21-07</u>	(39) REGISTERED COMPANY <u>MERLINS WELL DRILLING</u>		(40) DEC REGISTRATION NO. <u>NYRD 10100</u>
(41) CERTIFIED DRILLER (Print name) <u>MERTIN E. OGDEN</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Merlin E. Ogden</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.			
		6 FT DIAT 5 FT DIAT & GRAY CLAY 23 FT GRAY CLAY 46 FT SLOPPY GRAY CLAY 8 FT SLOPPY BROWN CLAY & SANDY 11 FT SLOPPY GRAY CLAY 4 FT WATER & GRAY SILT 2 FT WATER & SANDY SILT 3 FT GRAVEL DRIVE SIDE BOTTOM OF HOLE	
		NYSDEC COPY	



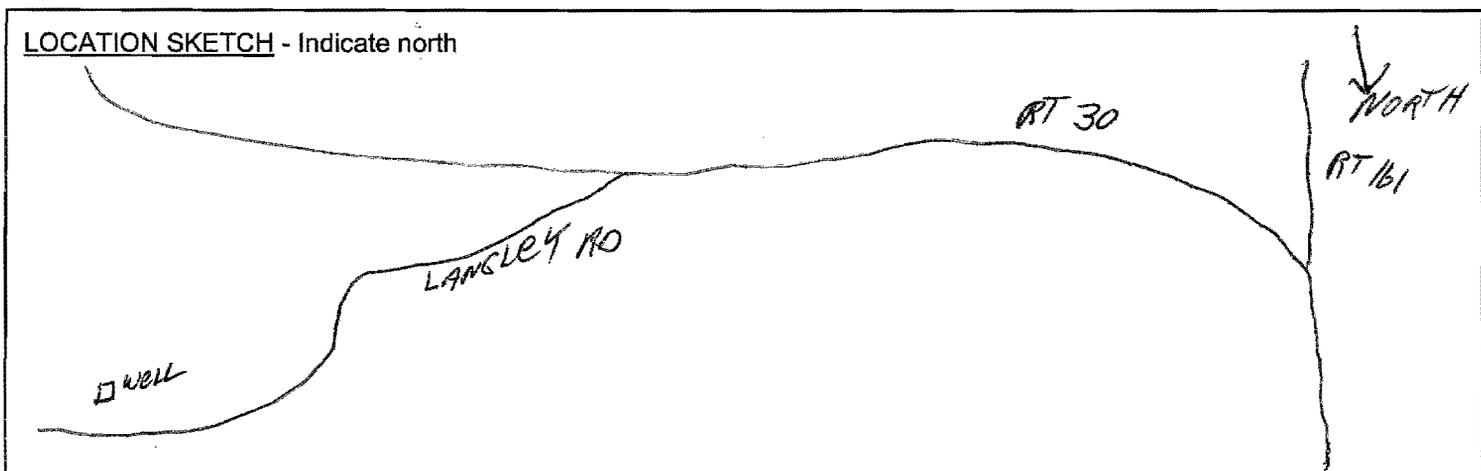
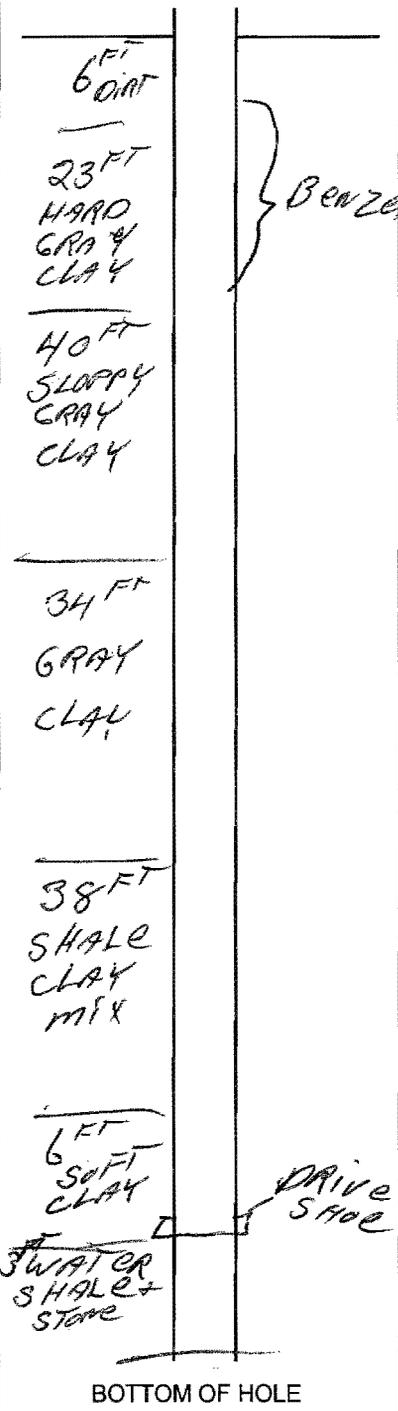


(1) COUNTY MONT
 (2) TOWN OF FLORDIA

(3) DEC Well Number
MT 1088

WATER WELL COMPLETION REPORT

(4) OWNER		(43) LOG	
(5) ADDRESS		Ground Surface EL. <u>692</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>4253 00.7 N / 74 12 02.3 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>150 FT 6 IN</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>147 FT 6 IN</u>	DATE MEASURED <u>6-19-07</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>149</u> ft. ft. ft. <u>6</u> in.			
(11) GROUT TYPE / SEALING <u>BENZAL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>6 FT</u> TO <u>30 FT</u>		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>6-19-07</u>	(19) DURATION OF TEST <u>1 HR</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>40+</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>ARTESIAN</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>39 FT</u>		
(24) RECOVERY (Time in hours/minutes) <u>5 MIN</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input 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)		
DRILLING			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other	(35) USE OF WATER (See instructions for choices) <u>DOMESTIC</u>		
(36) DATE DRILLING WORK STARTED <u>5-17-07</u>	(37) DATE DRILLING WORK COMPLETED <u>6-20-07</u>		
(38) DATE REPORT FILED <u>9-14-07</u>	(39) REGISTERED COMPANY <u>MERLINS WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>NYRD 10100</u>	
(41) CERTIFIED DRILLER (Print name) <u>MERLIN E. OGDEN</u>		(42) CERTIFIED DRILLER SIGNATURE * <u>Merlin E. Ogden</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

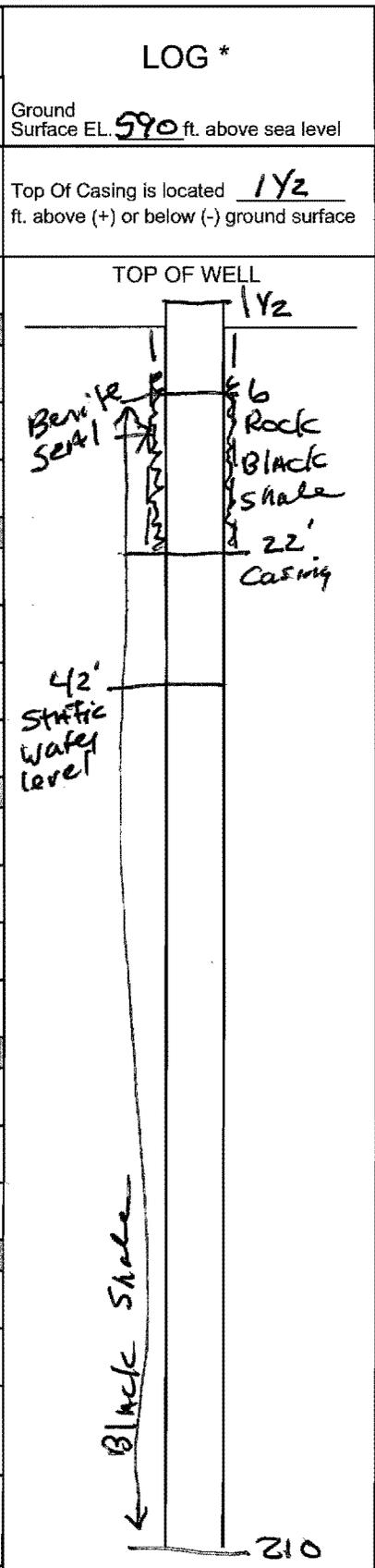


(1) COUNTY Montgomery
 (2) TOWN Florida

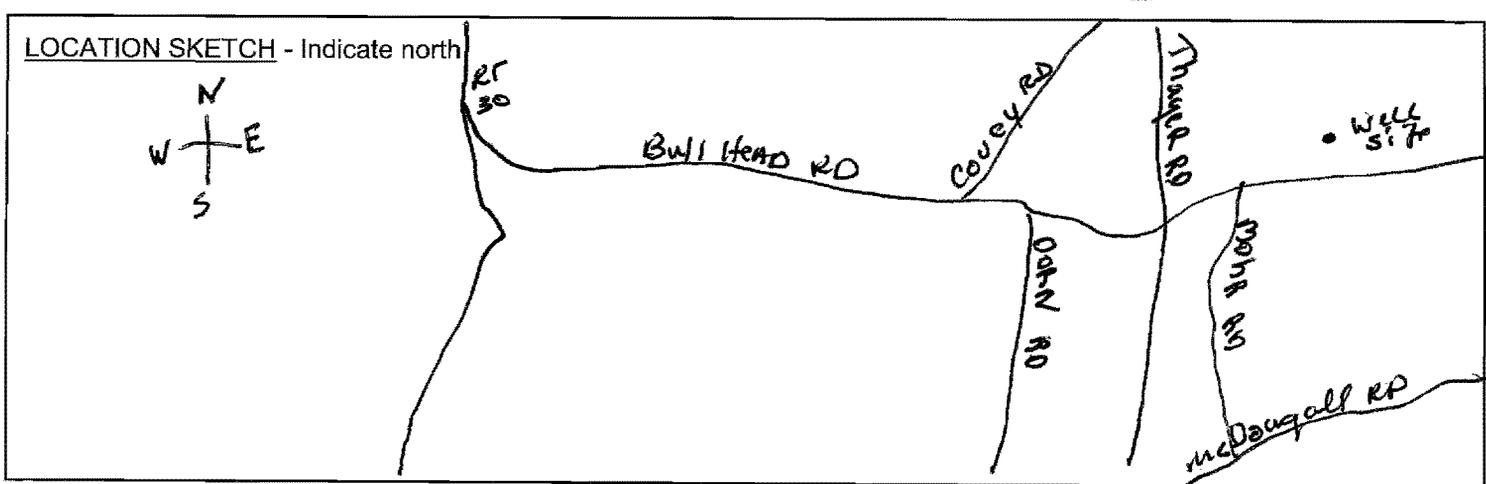
(3) DEC Well Number
MT 1093

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]	
(5) ADDRESS [REDACTED]	
(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>Bullhead RD</u> <u>N42 53.776</u> <u>W74 08.099</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>208 1/2</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>40 1/2</u> DATE MEASURED <u>6/18/07</u>
CASINGS	
(9) DIAMETER <u>6</u> in. in. in. in.	
(10) LENGTH <u>22</u> ft. ft. ft. in.	
(11) GROUT TYPE / SEALING <u>Benite Seal</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>4</u> TO <u>22</u>
SCREENS	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in. in. in. in.	
(16) LENGTH ft. ft. ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
YIELD TEST	
(18) DATE <u>6/18/07</u>	(19) DURATION OF TEST <u>2 HR</u>
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>8</u>
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>42'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>210'</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"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE
(29) TYPE	(28) PUMP INSTALLER
(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
METHOD OF DRILLING	
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>Domestic</u>
(36) DATE DRILLING WORK STARTED <u>6-4-07</u>	(37) DATE DRILLING WORK COMPLETED <u>6-18-07</u>
(38) DATE REPORT FILED <u>6-18-07</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.



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) COUNTY MONTGOMERY
 (2) TOWN AMSTERDAM

(3) DEC Well Number

MT-1098

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]
 (5) ADDRESS [REDACTED]

(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°-56-15 N 074°-08-31 W

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 360 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 99' DATE MEASURED 6/20/09

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

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

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

(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)

(18) DATE 6-19-07 (19) DURATION OF TEST 30 MIN

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 30 gpm

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

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

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

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

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

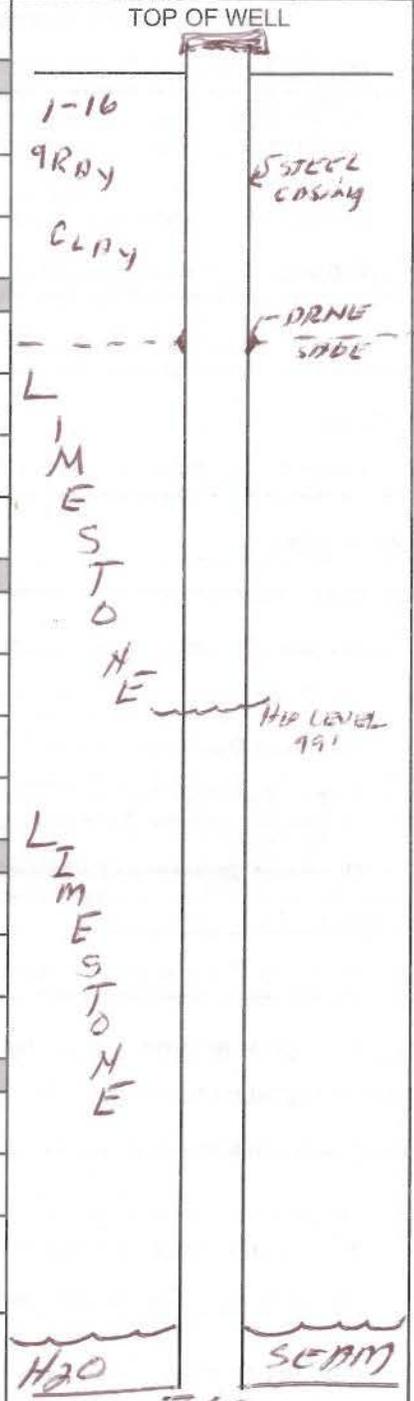
(34) METHOD OF DRILLING Rotary Cable Tool Other (35) USE OF WATER (See instructions for choices) DOMESTIC

(36) DATE DRILLING WORK STARTED 6-18-07 (37) DATE DRILLING WORK COMPLETED 6-19-07

(38) DATE REPORT FILED 3-9-09 (39) REGISTERED COMPANY PROVOST BROS. INC. (40) DEC REGISTRATION NO. NYRD 10227

(41) CERTIFIED DRILLER (Print name) PETER O'CONNOR (42) CERTIFIED DRILLER SIGNATURE * [Signature]

(43) LOG
 Depth to Bedrock 16 (ft. below ground surface)
 Ground Elev. 622 (ft. above S.L.)
 Top of Casing 2+ (ft., above (+) or below (-) ground surface)



BOTTOM OF HOLE

NYSDEC COPY

* 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

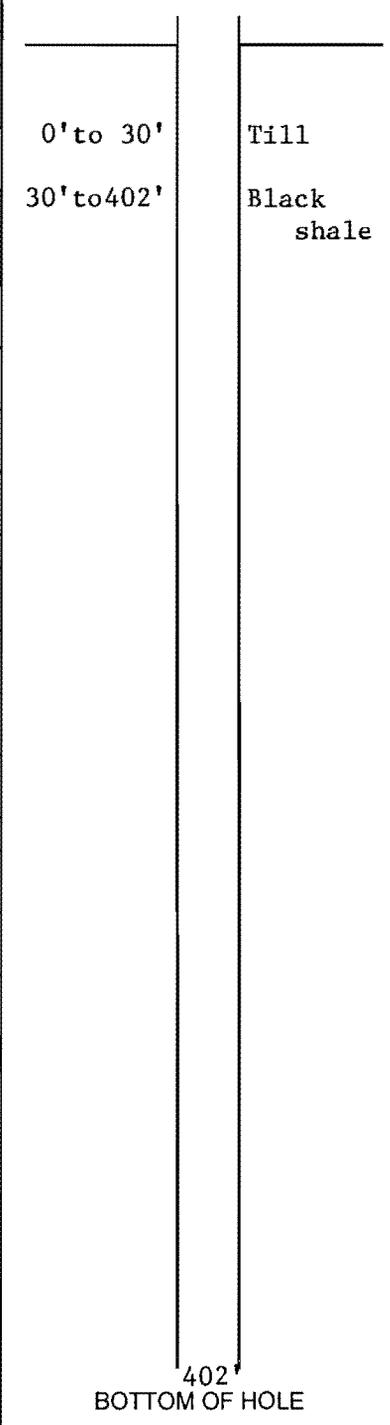


(1) COUNTY Montgomery
 (2) TOWN Amsterdam

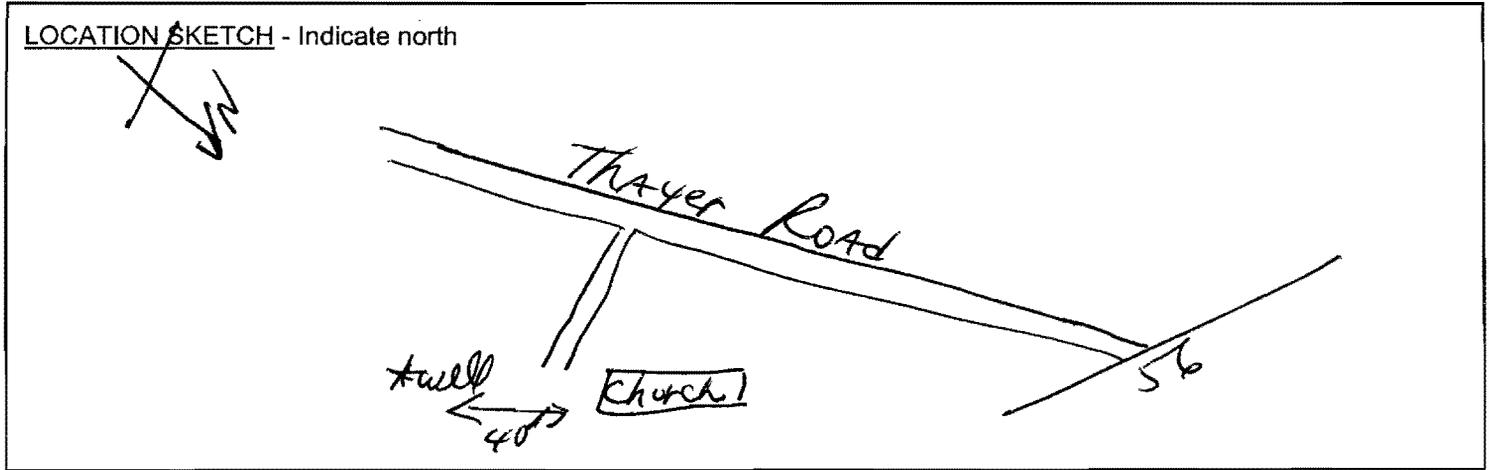
(3) DEC Well Number
MT 1118

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		(43) LOG
(5) ADDRESS [REDACTED]		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>Thayer Road, Amsterdam, NY</u>		Ground Surface EL. <u>628</u> ft. above sea level
<input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N42° 54.064' W074° 10.193'</u>		Top Of Casing is located <u>+2'</u> ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>402'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>200'</u>	DATE MEASURED <u>10/11/07</u>
CASINGS		
(9) DIAMETER <u>6" Steel casing</u>	in. in. in.	TOP OF WELL
(10) LENGTH <u>40 ft.</u>	ft. ft. in.	
(11) GROUT TYPE / SEALING <u>Bentonite grout & drive shoe</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>40'</u> TO <u>20'</u>	0'to 30'
SCREENS		30'to402'
(13) MAKE & MATERIAL	(14) OPENINGS	Till
(15) DIAMETER	in. in. in.	Black shale
(16) LENGTH	ft. ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>10/11/07</u>	(19) DURATION OF TEST <u>4 hours</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input 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>200'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>380'</u>	
(24) RECOVERY (Time in hours/minutes) <u>24 hours</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input 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>10/10/07</u>		(37) DATE DRILLING WORK COMPLETED <u>10/11/07</u>
(38) DATE REPORT FILED <u>10/17/07</u>	(39) REGISTERED COMPANY <u>Hanson Well Drilling & Pump Co., Inc.</u>	(40) DEC REGISTRATION NO. <u>NYRD 10005</u>
(41) CERTIFIED DRILLER (Print name) <u>Jeffrey A. Orsini</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.		



NYSDEC COPY



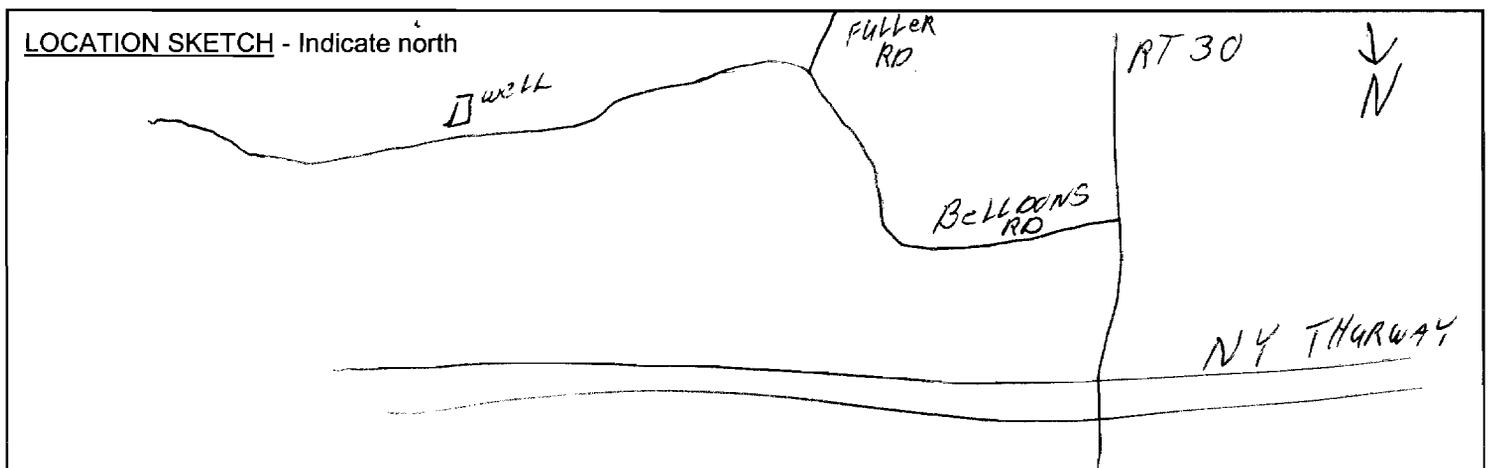


(1) COUNTY MONT.
 (2) TOWN OF FLORDIA

(3) DEC Well Number
MT 1134

WATER WELL COMPLETION REPORT

(4) OWN [REDACTED]		(43) LOG	
(5) ADDRESS		Ground Surface EL. <u>1744</u> ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>42 54 01.6 N / 74 11 21.1 W</u>		Top Of Casing is located <u>2 FT +</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>162 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>155</u>	DATE MEASURED <u>3-11-08</u>	<p>TOP OF WELL</p> <p>7 FT DIAT</p> <p>6 FT CLAY</p> <p>34 FT GRAY CLAY</p> <p>28 FT SLOPPY CLAY</p> <p>40 FT GRAY HARD PAN + BOULDERS</p> <p>17 FT GRAY CLAY</p> <p>19 FT HARD PAN (GRAY) + SHALE MIX</p> <p>11 FT SLATE</p> <p>DRIVE SHOE</p> <p>WATER</p> <p>BOTTOM OF HOLE</p>
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>153</u> ft. in.			
(11) GROUT TYPE / SEALING <u>BENZCAL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>7 FT</u> TO <u>28 FT</u>		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.			
(16) LENGTH ft.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>3-12-08</u>	(19) DURATION OF TEST <u>4 HRS</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>87 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>29 FT</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>134 FT</u>		
(24) RECOVERY (Time in hours/minutes) <u>54 MIN</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other	(35) USE OF WATER (See instructions for choices) <u>DOMESTIC</u>		
(36) DATE DRILLING WORK STARTED <u>2-18-08</u>	(37) DATE DRILLING WORK COMPLETED <u>3-12-08</u>		
(38) DATE REPORT FILED <u>3-14-08</u>	(39) REGISTERED COMPANY <u>MERLINS WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>NYRD 10100</u>	
(41) CERTIFIED DRILLER (Print name) <u>MERLIN E. OGDEN</u>		(42) CERTIFIED DRILLER SIGNATURE * <u>Merlin E. Ogden</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			



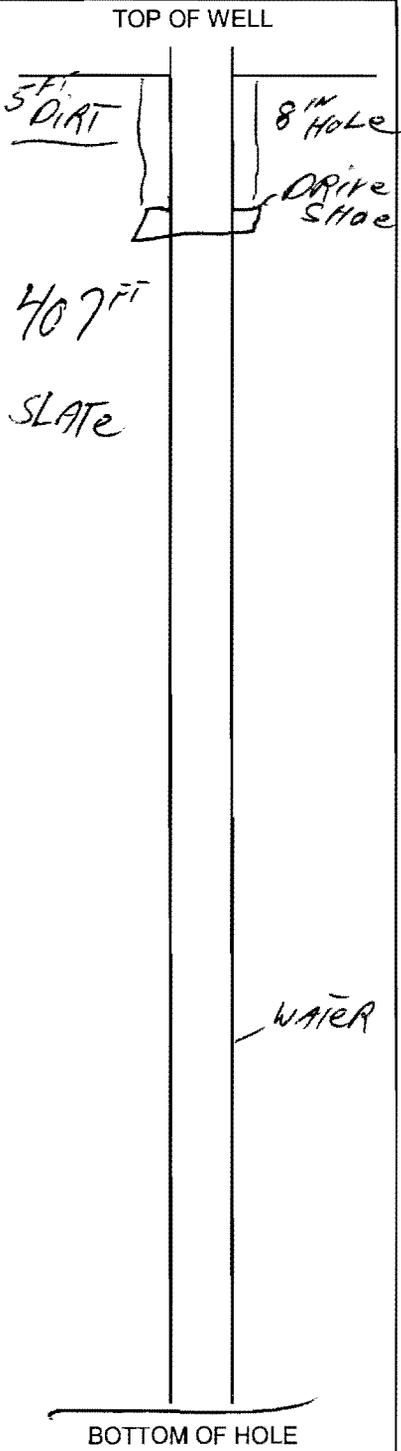


(1) COUNTY MONT
 (2) TOWN OF FLORIDIA

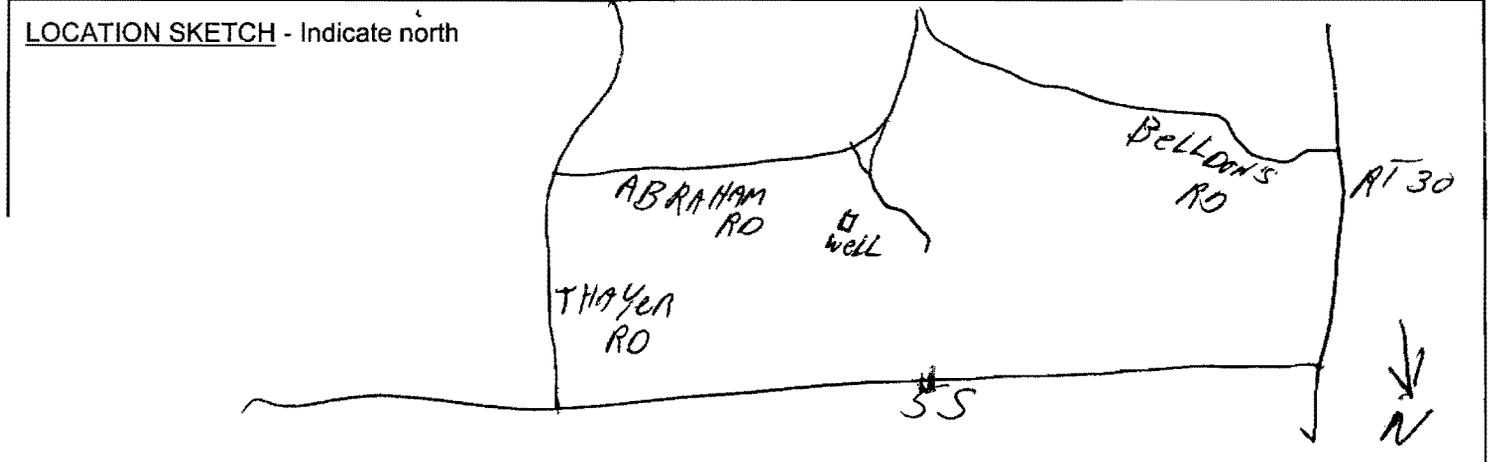
(3) DEC Well Number
MT 1149

WATER WELL COMPLETION REPORT

(4) OWNER		(43) LOG	
(5) ADDRESS		Ground Surface EL <u>820</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		Top Of Casing is located <u>2 FT +</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>412 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>287 FT</u>	DATE MEASURED <u>7-12-08</u>	
CASINGS			
(9) DIAMETER <u>6</u> in.	in.	in.	in.
(10) LENGTH <u>23</u> ft.	ft.	ft.	in.
(11) GROUT TYPE / SEALING <u>BENZAL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER	in.	in.	in.
(16) LENGTH	ft.	ft.	in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>7-17-08</u>	(19) DURATION OF TEST <u>2 HRS</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>1/8 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>32 FT</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>412 FT</u>		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES _____ NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>DOMESTIC</u>		
(36) DATE DRILLING WORK STARTED <u>7-2-08</u>	(37) DATE DRILLING WORK COMPLETED <u>7-18-08</u>		
(38) DATE REPORT FILED <u>6-10-09</u>	(39) REGISTERED COMPANY <u>MERLIN'S WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>NYRD 10100</u>	
(41) CERTIFIED DRILLER (Print name) <u>MERLIN E. OGDEN</u>	(42) CERTIFIED DRILLER SIGNATURE * <u>Merlin E. Ogden</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





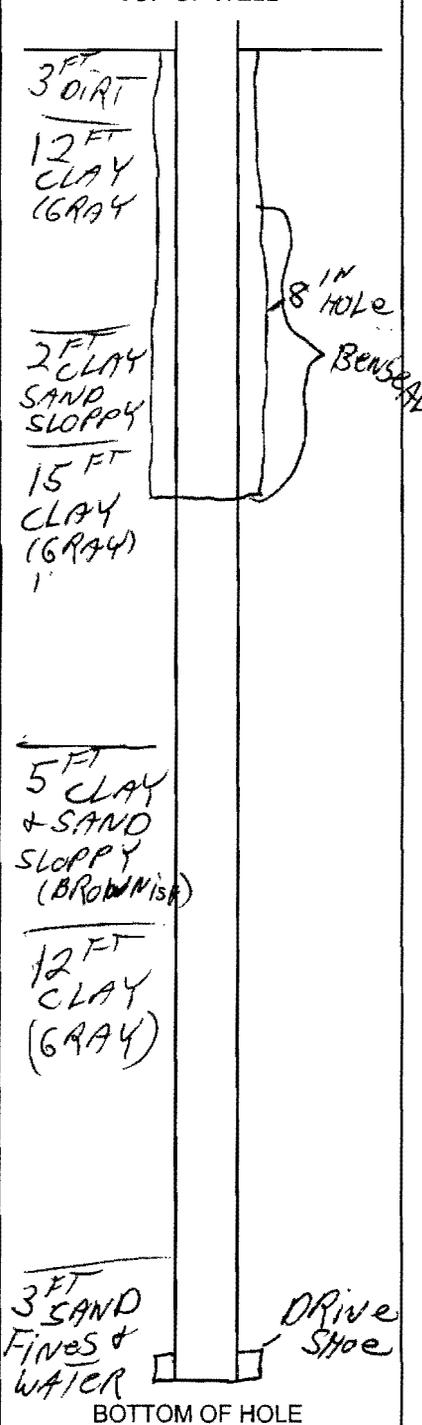
(1) COUNTY Mont.

(2) TOWN _____

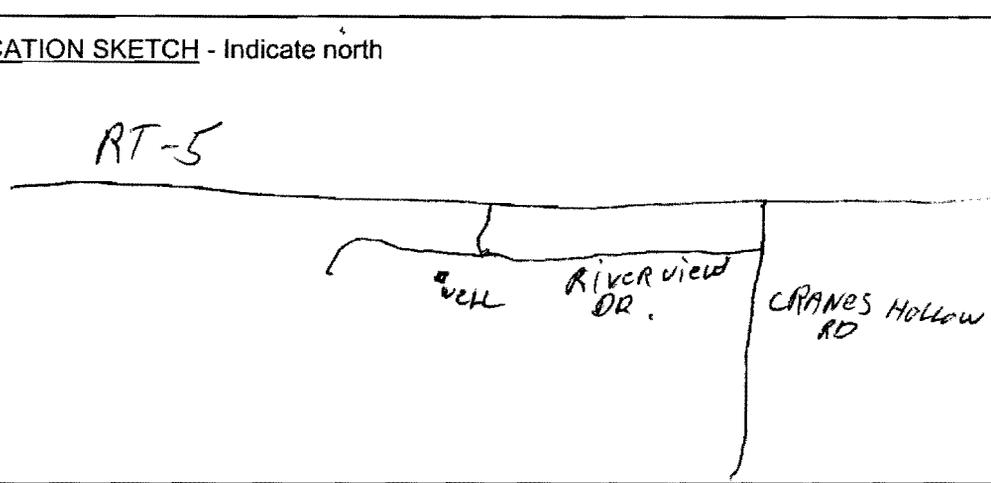
(3) DEC Well Number
MT-1176

WATER WELL COMPLETION REPORT

(4) OWNER		(43) LOG	
(5) ADDRESS		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>42 54 55.6 N / 74 07 36.6 W</u>		Top Of Casing is located <u>2 FT +</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>53 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>53 FT</u>	DATE MEASURED <u>12-9-08</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>55</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>BEN SEAL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>7 FT</u> TO <u>22 FT</u>		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>12-10-08</u>	(19) DURATION OF TEST <u>5 HRS</u>		
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>6 GPM (MAKING 15+ GPM)</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>18 FT</u>		
(24) RECOVERY (Time in hours/minutes) <u>23 MIN</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices) <u>DOMESTIC</u>		
(36) DATE DRILLING WORK STARTED <u>12-5-08</u>	(37) DATE DRILLING WORK COMPLETED <u>12-10-08</u>		
(38) DATE REPORT FILED <u>12-15-08</u>	(39) REGISTERED COMPANY <u>MERLINS WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>NYRD 10100</u>	
(41) CERTIFIED DRILLER (Print name) <u>MERLIN E. OGDEN</u>	(42) CERTIFIED DRILLER SIGNATURE <u>Merlin E. Ogden</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.			



LOCATION SKETCH - Indicate north



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

(1) COUNTY Montgomery
(2) TOWN Pattersonville

(3) DEC Well Number
MT 1184

WATER WELL COMPLETION REPORT



(4) OWNER: [Redacted]

(5) ADDRESS: [Redacted]

(6) LOCATION: [Redacted]

(7) DEPTH OF WELL BELOW LAND SURFACE (feet): [Redacted]

(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet): [Redacted]

(9) DIAMETER: 6 in.

(10) LENGTH: 20' 4" ft.

(11) GROUT TYPE / SEALING: Ben Seal

(12) GROUT / SEALING INTERVAL (feet) FROM: [Redacted] TO: [Redacted]

(13) MAKE & MATERIAL: [Redacted]

(14) OPENINGS: [Redacted]

(15) DIAMETER: [Redacted]

(16) LENGTH: [Redacted]

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet): [Redacted]

YIELD TEST

(18) DATE: 5/10/09

(19) DURATION OF TEST: 4 hrs

(20) LIFT METHOD: Pump Air Lift Bail

(21) STABILIZED DISCHARGE (GPM): 10+

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

(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing): 90'

(24) RECOVERY (Time in hours/minutes): [Redacted]

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

PUMP INSTALLATION

(26) PUMP INSTALLED? YES NO

(27) DATE: [Redacted]

(28) PUMP INSTALLER: [Redacted]

(29) TYPE: [Redacted]

(30) MAKE: [Redacted]

(31) MODEL: [Redacted]

(32) MAXIMUM CAPACITY (GPM): [Redacted]

(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet): [Redacted]

(34) METHOD OF DRILLING: Rotary Cable Tool Other

(35) USE OF WATER (See instructions for choices): residential

(36) DATE DRILLING WORK STARTED: 4/09

(37) DATE DRILLING WORK COMPLETED: 5/09

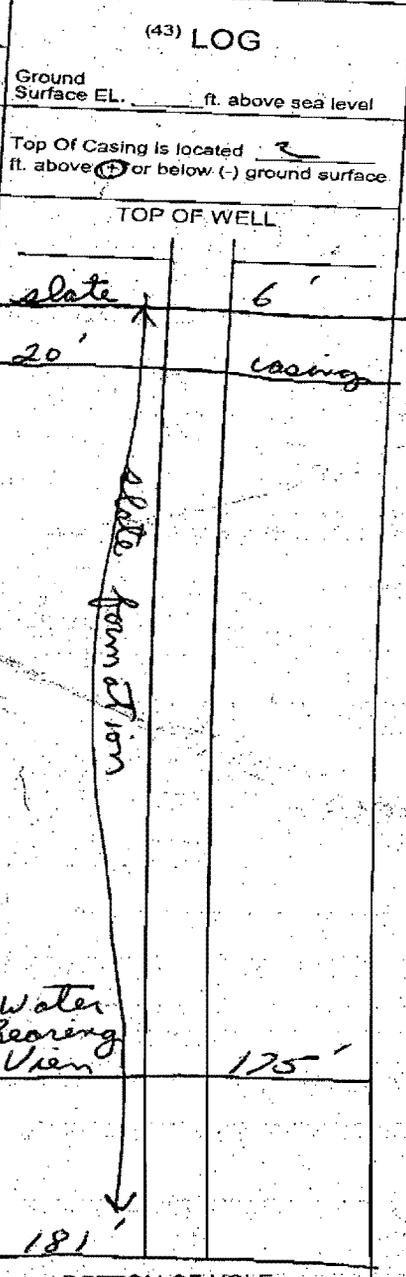
(38) DATE REPORT FILED: [Redacted]

(39) REGISTERED COMPANY: Lynch Well Drilling

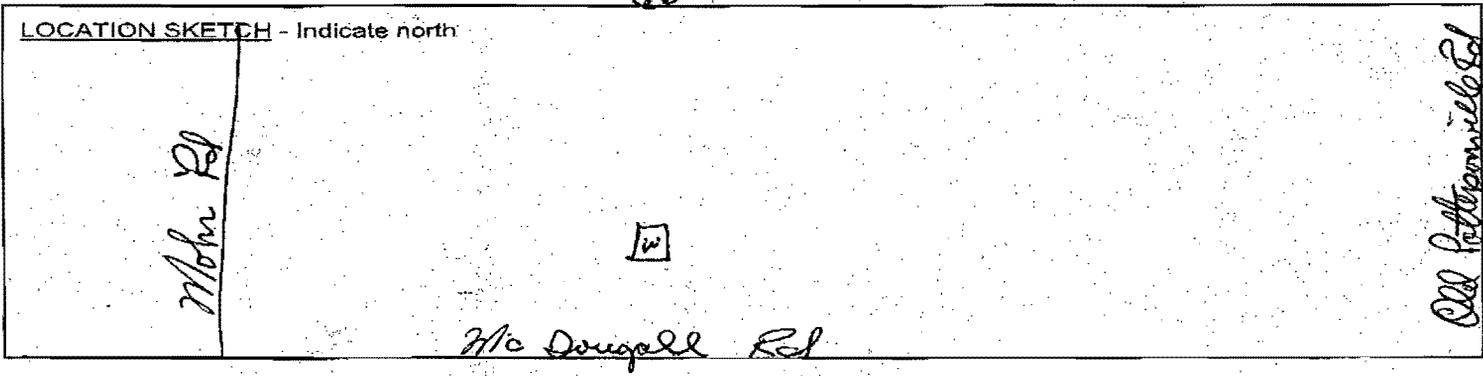
(40) DEC REGISTRATION NO.: NYRD 1010L

(41) CERTIFIED DRILLER (Print name): Roger Lynch

(42) CERTIFIED DRILLER SIGNATURE: Roger Lynch



* 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.





WELL COMPLETION REPORT

Hawk

DRILLING COMPANY, INC.

County: **Montgomery**
Township: **Amsterdam**

DEC Well Number: **MT 1191**
Well Number: **29064**

Owner: [REDACTED]		Building Contractor:		Formation Log Surface Elevation: 356' Top Of Casing is: 2' Above Ground Surface <hr/> Ground Level 0' <hr/> BROWN SAND SILT 4' GRAY GRAVEL & COBBLES 15' GRAY CLAY 76' GRAY CLAY TILL W/GRAVEL LAYERS 98' GRAY & BROWN BROKEN LIMESTONE & SANDSTONE 130' LIGHT & DARK GRAY LIMESTONE W/BROKEN FRACTURES W/B 160'	
Total Depth Of Well: 160'		GPS Location: N42*55.285' W074*07.921'			
		Well Address: [REDACTED] Cranes Hollow Road			
		Depth To Groundwater: 6'			
		Date Measured: 8/4/2009			
CASINGS					
Diameter 6"					
Length: 140'					
Grout Type/Sealing: Drive Shoe/Bentonite		Interval From: 0' To: 20'			
SCREENS					
Make & Material:					
Diameter:		Slot Size 1:			
Length:		Slot Size 2:			
Depth To Top Of Screen, From Top Of Casing:					
YIELD TEST					
Date 8/4/2009		Duration Of Test:			
Method Air Lift		Stabilized Discharge: 20 GPM			
Static Level Prior To Test: 6'		Maximum Drawdown:			
Recovery Time:		Water Discharged Away From Well? Yes			
PUMP INSTALLATION					
Pump Installed? Yes		Date: 7/14/2009		Pump Installer: Hawk	
Type: Submersible		Make: Grundfos		Model: 7S05	
Maxium Capacity: 7		Pump Set 60'			
Drilling Method: Rotary Hammer Use Of Water: Domestic					
Date Drilling Started: 8/3/2009			Date Drilling Finished: 8/4/2009		
Date Report Filed: 8/4/2009		Driller: Chris Lang CWD/PI			
DEC Registration Number 10002		Report Filed By: <i>James J. Hank Bauer</i>			
HYDROFRACTURING					
		Date: <i>J</i>		Water Level:	
Depth Of Packer 1:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Depth Of Packer 2:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Notes:					

E

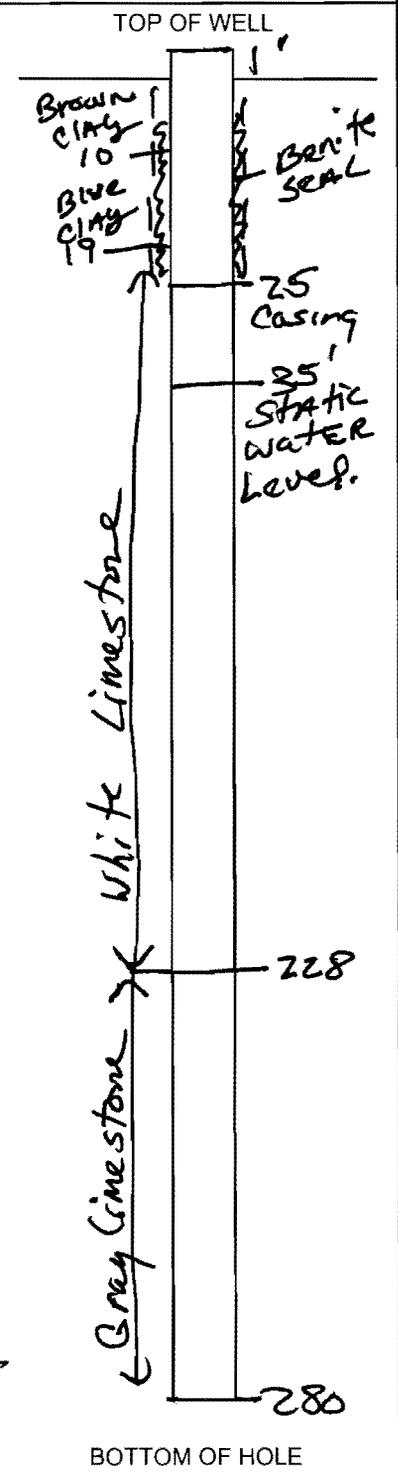


(1) COUNTY Montgomery
 (2) TOWN Amsterdam

(3) DEC Well Number
MT 1204

WATER WELL COMPLETION REPORT

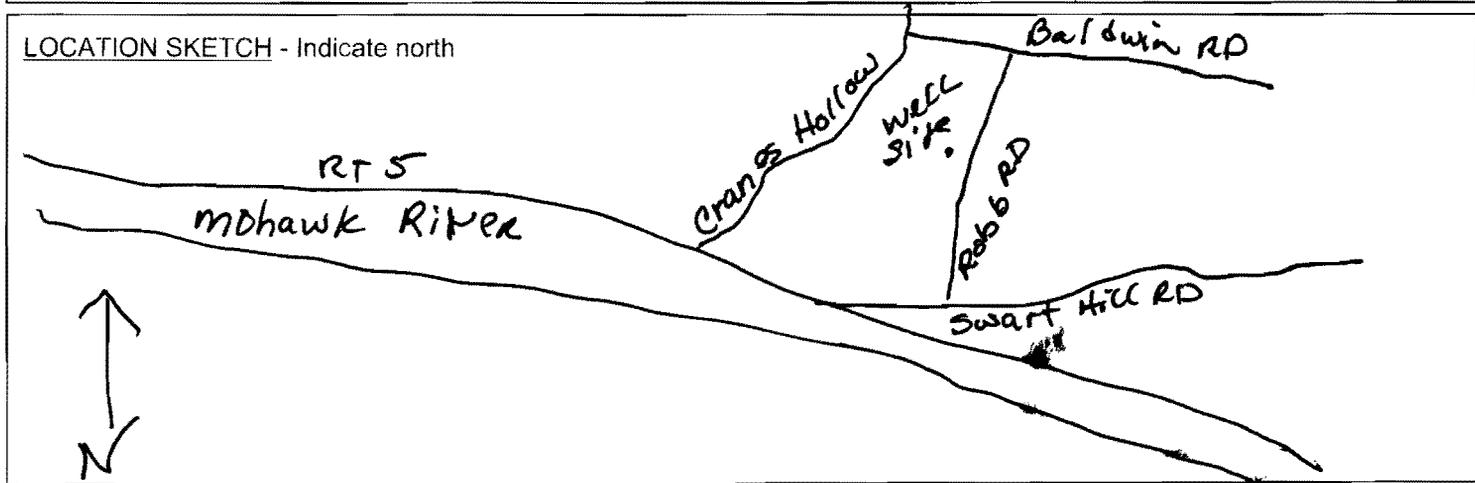
(4) OWNER [REDACTED]		(43) LOG	
(5) ADDRESS [REDACTED]		Depth to Bedrock <u>19</u> (ft. below ground surface)	
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if same as address above, also provide Lat / Long below) Show Lat/Long if available and method used: <u>Robb Rd</u> <u>N 42° 55.339</u> <u>W 074° 06.369</u>		Ground Elev. <u>328°</u> (ft. above S.L.)	
<input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Top of Casing <u>1</u> (ft., above (+) or below (-) ground surface)	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	
CASINGS			
(9) DIAMETER	<u>6 in.</u>	in.	in.
(10) LENGTH	<u>25 ft.</u>	ft.	in.
(11) GROUT TYPE / SEALING	<u>Benite seal</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>4'</u> TO <u>25'</u>	
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER	in.	in.	in.
(16) LENGTH	ft.	ft.	in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE	<u>11/4/09</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>5</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>34'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>280'</u>		
(24) RECOVERY (Time in hours/minutes) <u>6 HRS</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input 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>11/4/09</u>	(37) DATE DRILLING WORK COMPLETED <u>11/4/09</u>		
(38) DATE REPORT FILED <u>11/4/09</u>	(39) REGISTERED COMPANY <u>Lawrence Water Wells</u>	(40) DEC REGISTRATION NO. <u>NYRD 10027</u>	
(41) CERTIFIED DRILLER (Print name) <u>Thomas A Lawrence III</u>	(42) CERTIFIED DRILLER SIGNATURE <u>[Signature]</u>		



* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law §15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a class A Misdemeanor under Penal Law §210.45.

8/2007

NYSDEC COPY





WELL COMPLETION REPORT

Hawk

DRILLING COMPANY, INC.

County: **Montgomery**
Township: **Amsterdam**

DEC Well Number: **MT 1227**
Well Number: **30024**

Owner: [REDACTED]		Building Contractor:		Formation Log Surface Elevation: 300 Top Of Casing is: 30" Above Ground Surface	
Total Depth Of Well: 150'		GPS Location: N42*55'20.5" W074*09'29.0"			
		Well Address: [REDACTED] Chapman Drive			
		Depth To Groundwater: 18'			
		Date Measured: 4/9/2010		Ground Level 0'	
CASINGS					
Diameter 6"				BROWN SANDY FILL 8'	
Length: 46'				BROWN HARD PACKED CLAY 12'	
Grout Type/Sealing: Drive Shoe/Bentonite		Interval From: 0' To: 20'		GRAY HARD PACEKED CLAY 25'	
SCREENS					
Make & Material:					
Diameter:		Slot Size 1:		GRAY HARD PACKED CLAY TILL 38'	
Length:		Slot Size 2:		GRAY & BROWN LIMESTONE 44'	
Depth To Top Of Screen, From Top Of Casing:				GRAY LIMESTONE 75'	
YIELD TEST					
Date 4/9/2010		Duration Of Test:		BROWN LIMESTONE W/B 78'	
Method Air Lift		Stabilized Discharge: 100+ GPM		LIGHT & DARK GRAY DOLOSTONE 120'	
Static Level Prior To Test: 18'		Maximum Drawdown:		SOFT BROWN DOLOSTONE W/B 124'	
Recovery Time:		Water Discharged Away From Well? Yes		LIGHT & DRAK GRAY DOLO W/SOME BROWN 140'	
PUMP INSTALLATION					
Pump Installed? Yes		Date: 4/23/2010		Pump Installer: Hawk	
Type: Submersible		Make: Schaefer		Model: 7SV05P4	
Maxium Capacity: 7		Pump Set 105		HEAVILY FRACUTRED BROWN GRAY DOLOSTONE W/B 146'	
Drilling Method: Rotary Hammer					
Use Of Water: Domestic					
Date Drilling Started: 4/8/2010					
Date Drilling Finished: 4/9/2010					
Date Report Filed: 4/9/2010					
Driller: Jeremy Baldwin CWD/PI					
DEC Registration Number 10002					
Report Filed By: <i>Jeremy Baldwin</i>					
HYDROFRACTURING					
		Date		Water Level:	
Depth Of Packer 1:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Depth Of Packer 2:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Notes:					

E



(1) COUNTY **MONTGOMERY**
 (2) TOWN **PATTERSONVILLE**

(3) DEC Well Number
MT 1237

WATER WELL COMPLETION REPORT

(4) OWNER AMZ CONSTRUCTION SERVICES, INC.		
(5) ADDRESS 299 McDOUGALL ROAD, PATTERSONVILLE, NEW YORK, 12137.		
(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 42° 53.15 074° 06.73 WELL NO. 1		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 362	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) ---	DATE MEASURED ---
CASINGS		
(9) DIAMETER 6 in.	(10) LENGTH 22 ft.	(11) GROUT TYPE / SEALING DRIVE SHOE - BENSEAL
(12) GROUT / SEALING INTERVAL (feet) FROM 20 TO S		
SCREENS		
(13) MAKE & MATERIAL NONE	(14) OPENINGS	
(15) DIAMETER	(16) LENGTH	(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)
YIELD TEST		
(18) DATE	(19) DURATION OF TEST LOW YIELD - 200 GAL. PER DAY	
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM)	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes ___ No ___	
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES ___ NO X	(27) DATE	(28) PUMP-INSTALLER
(29) TYPE	(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <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 JULY 1, 2010	(37) DATE DRILLING WORK COMPLETED JULY 6, 2010	
(38) DATE REPORT FILED 8/6/10	(39) REGISTERED COMPANY MOORE WELL DRILLERS, INC.	(40) DEC REGISTRATION NO. NYRD 10014
(41) CERTIFIED DRILLER (Print name) R. E. MOORE	(42) CERTIFIED DRILLER SIGNATURE * <i>R. E. Moore</i>	

(43) LOG Depth to Bedrock 4 (ft. below ground surface) Ground Elev. _____ (ft. above S.L.) Top of Casing 1+ (ft., above (+) or below (-) ground surface)
TOP OF WELL
22 ft 6" casing O. Shoe Benseal
Surface To 4 ft Clay
4 ft to Bottom Shale Sandstone layered
362 FT.

BOTTOM OF HOLE
NYSDEC COPY

* 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



(1) COUNTY **MONTGOMERY**
 (2) TOWN **PATTERSONVILLE**

(3) DEC Well Number
MT 1238

WATER WELL COMPLETION REPORT

(4) OWNER AMZ CONSTRUCTION SERVICES, INC.	
(5) ADDRESS 299 McDOUGALL ROAD, PATTERSONVILLE, NEW YORK, 12137.	
(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 42° 53.14 074° 06.78 (WELL NO. 2)	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 277	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 84 DATE MEASURED 7/23/10
CASINGS	
(9) DIAMETER 6 in. in. in. in.	
(10) LENGTH 21 ft. ft. ft. in.	
(11) GROUT TYPE / SEALING DRIVE SHOE & BENSEAL	(12) GROUT / SEALING INTERVAL (feet) FROM 20 TO S
SCREENS	
(13) MAKE & MATERIAL NONE	(14) OPENINGS
(15) DIAMETER in. in. in. in.	
(16) LENGTH ft. ft. ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
YIELD TEST	
(18) DATE JULY 23, 2010	(19) DURATION OF TEST
(20) LIFT METHOD 12 GPM <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) - - -
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes <input type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE
(29) TYPE	(28) PUMP INSTALLER
(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
(34) METHOD OF DRILLING <input 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 JULY 18, 2010	(37) DATE DRILLING WORK COMPLETED JULY 23, 2010
(38) DATE REPORT FILED 8/6/10	(39) REGISTERED COMPANY MOORE WELL DRILLERS, INC.
(40) DEC REGISTRATION NO. NYRD 10014	
(41) CERTIFIED DRILLER (Print name) R. E. MOORE	(42) CERTIFIED DRILLER SIGNATURE * <i>R. E. Moore</i>

(43) LOG

Depth to Bedrock **16** (ft. below ground surface)

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

Top of Casing **1+** (ft., above (+) or below (-) ground surface)

TOP OF WELL

<p><i>21 ft casing</i></p> <p><i>Drive shoe Benseal</i></p>	<p><i>Surface to 16 ft clay</i></p>
<p><i>16 ft to Bottom</i></p> <p><i>Shale</i></p>	

277 ft

BOTTOM OF HOLE

NYSDEC COPY

* 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



(1) COUNTY Montgomery

(2) TOWN Florida

(3) DEC Well Number
MT 1280

WATER WELL COMPLETION REPORT

(4) OWNER
[REDACTED]

(5) ADDRESS
[REDACTED]

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here if address is same as above)
Bulls Head Road, Town of Florida, N.Y. 12010

(7) LATITUDE/LONGITUDE AND METHOD USED (8) TAX MAP NO.
 GPS Map

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 310' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 40' DATE MEASURED 6-20-12

CASINGS

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

(12) LENGTH 310' ft. ft. | ft. | ft. | in.

(13) GROUT TYPE / SEALING Bent. (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 150'

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 6-20-12 (21) DURATION OF TEST 1 hr.

(22) LIFT METHOD Pump Air Lift Bailer (23) STABILIZED DISCHARGE (GPM) 30 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 (30) PUMP INSTALLER

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

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

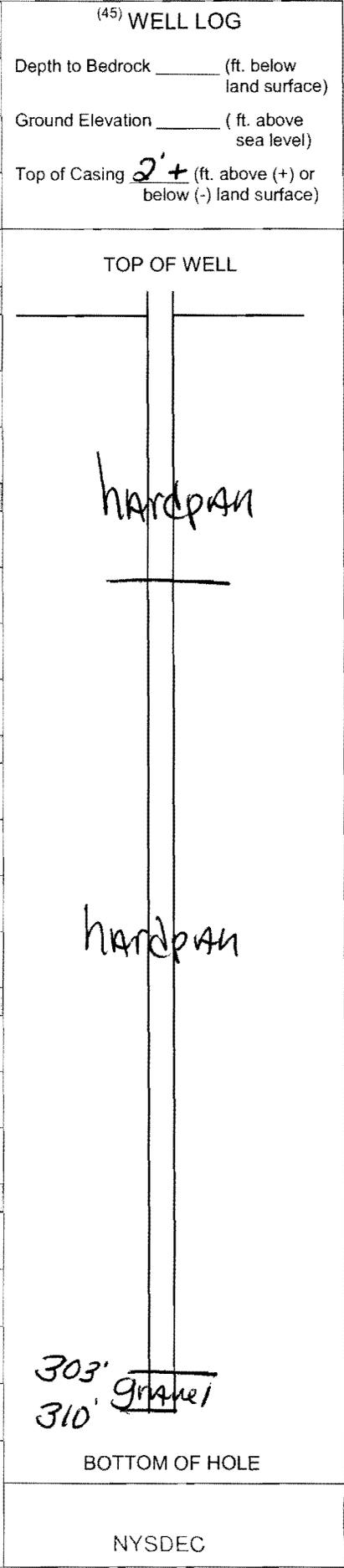
DRILLER INFORMATION

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

(38) DATE DRILLING WORK STARTED 6-18-12 (39) DATE DRILLING WORK COMPLETED 6-20-12

(40) DATE REPORT FILED 10-1-12 (41) REGISTERED COMPANY Gus Breault Well Drilling (42) DEC REGISTRATION NO. NYRD 10030

(43) CERTIFIED DRILLER (Print name) Wayne Angus (44) CERTIFIED DRILLER SIGNATURE * Wayne Angus

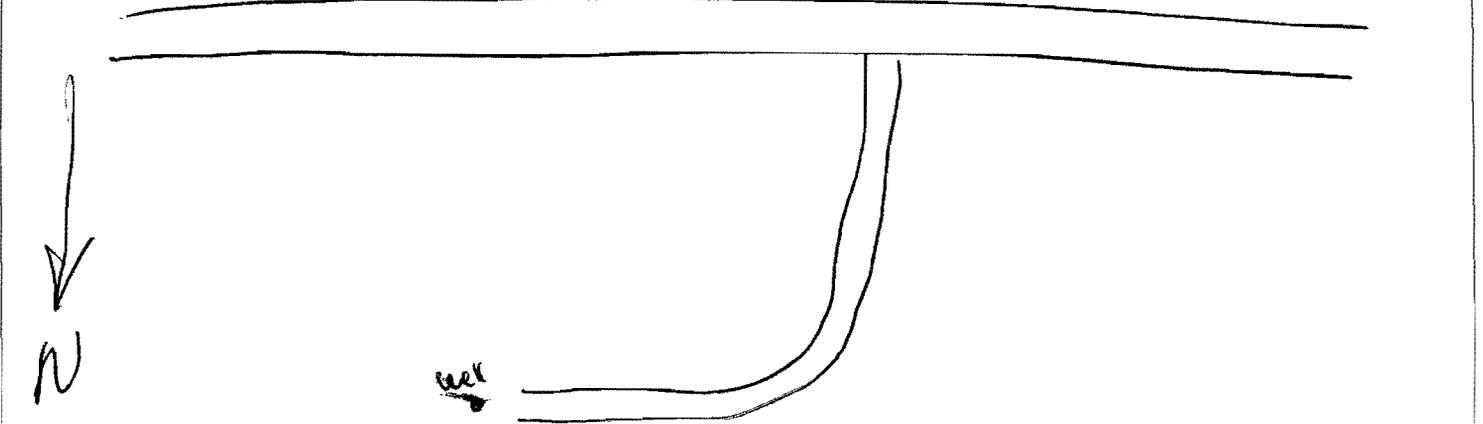


E

* 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.

09/2010

LOCATION SKETCH - Indicate north





(1) COUNTY Montgomery

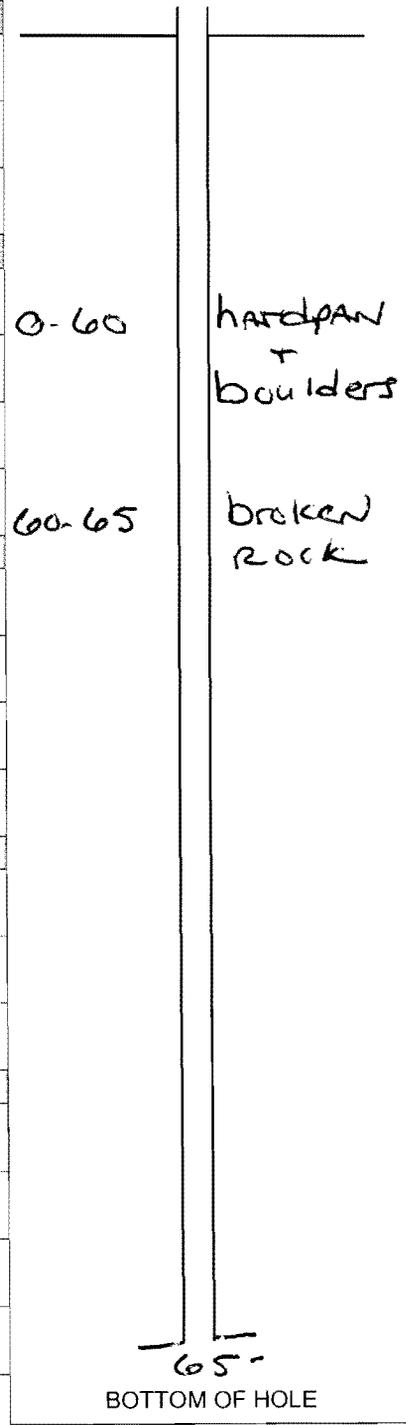
(2) TOWN Florida

(3) DEC Well Number

MT 1299

WATER WELL COMPLETION REPORT

(4) OWNER <u>AMZ Construction</u>			(45) WELL LOG		
(5) ADDRESS <u>299 McDougall Rd Pattersonville NY 12137</u>			Depth to Bedrock _____ (ft. below land surface)		
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if address is same as above) <u>McDougal Rd Lot #9 Florida</u>			Ground Elevation _____ (ft. above sea level)		
(7) LATITUDE/LONGITUDE AND METHOD USED <input type="checkbox"/> GPS <input type="checkbox"/> Map		(8) TAX MAP NO.	Top of Casing <u>+2</u> (ft. above (+) or below (-) land surface)		
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>65</u>		(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>8</u>		DATE MEASURED <u>8-29-12</u>	
CASINGS					
(11) DIAMETER <u>6 in.</u>		in.		in.	
(12) LENGTH <u>62 ft.</u>		ft.		ft.	
(13) GROUT TYPE / SEALING <u>Benseal</u>		(14) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>			
SCREENS					
(15) MAKE & MATERIAL <u>Stainless Steel Alloy tool</u>		(16) OPENINGS <u>20</u>			
(17) DIAMETER <u>6 in.</u>		in.		in.	
(18) LENGTH <u>5 ft.</u>		ft.		ft.	
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) <u>60'</u>			TOP OF WELL		
YIELD TEST					
(20) DATE <u>8-29-12</u>		(21) DURATION OF TEST <u>4 Hr</u>			
(22) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Baller		(23) STABILIZED DISCHARGE (GPM) <u>25 GPM</u>			
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>5'</u>		(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>60</u>			
(26) RECOVERY (Time in hours/minutes) <u>8 Hr</u>		(27) Was the water produced during the test discharged away from immediate area? Yes _____ No <u>X</u>			
PUMP INSTALLATION					
(28) PUMP INSTALLED? YES _____ NO <u>X</u>		(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 <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other		(37) USE OF WATER (See instructions for choices) <u>Domestic</u>			
(38) DATE DRILLING WORK STARTED <u>8-29-12</u>		(39) DATE DRILLING WORK COMPLETED <u>8-29-12</u>			
(40) DATE REPORT FILED <u>10-24-12</u>		(41) REGISTERED COMPANY <u>Goold, W. Gordon Inc.</u>		(42) DEC REGISTRATION NO. <u>NYRD 10055</u>	
(43) CERTIFIED DRILLER (Print name) <u>Walter Goold</u>		(44) CERTIFIED DRILLER SIGNATURE * <u>Walter Goold</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.			BOTTOM OF HOLE		



E



WELL COMPLETION REPORT

Hawk

County: Montgomery
Township: Amsterdam

DEC Well Number: MT1369
Well Number: 2014 057

DRILLING COMPANY, INC.

Owner: [REDACTED]		Building Contractor:		Formation Log	
Total Depth Of Well: 73'		GPS Location: N42 52 56.8 W74 11 53.1		Surface Elevation: 667'	
		Well Address: [REDACTED] Langley Rd.		Top Of Casing is: 2'	
		Depth To Groundwater: Flowing		Above Ground Surface	
		Date Measured: 7/23/2014		Ground Level 0'	
CASINGS					
Diameter 6"				BROWN CLAY TILL 10'	
Length: 75'				GRAVELLY DARK GRAY TILL 69'	
Grout Type/Sealing: Drive Shoe/Bentonite		Interval From: 5' To: 45'		BROWN FRACTURED SHALE WB	
				GRAY FRACTURED SHALE WB	
SCREENS					
Make & Material:					
Diameter:		Slot Size 1:		FLOWING WELL - 15-20 GPM	
Length:		Slot Size 2:			
Depth To Top Of Screen, From Top Of Casing:					
YIELD TEST					
Date 7/23/2014		Duration Of Test:			
Method Air Lift		Stabilized Discharge: 40-50 GPM			
Static Level Prior To Test: Flowing		Maximum Drawdown:			
Recovery Time:		Water Discharged Away From Well?			
PUMP INSTALLATION					
Pump Installed? No		Date:		Pump Installer:	
Type:		Make:		Model:	
Maxium Capacity:		Pump Set			
Drilling Method: Rotary Hammer		Use Of Water: Domestic			
Date Drilling Started: 7/23/2014		Date Drilling Finished: 7/23/2014			
Date Report Filed: 7/24/2014		Driller: William Baldwin MGWC			
DEC Registration Number 10002		Report Filed By: <i>James Hank B...</i>			
HYDROFRACTURING					
No		Date		Water Level:	
Depth Of Packer 1:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Depth Of Packer 2:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			



(1) COUNTY Montgomery Co.
 (2) TOWN Pattersonville

(3) DEC Well Number
MT1384

WATER WELL COMPLETION REPORT

(4) OWNER
Amz Construction Services

(5) ADDRESS
Lot # 7 Mc Dugall Rd Pattersonville NY

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

(7) LATITUDE/LONGITUDE AND METHOD USED
 GPS Map

(8) TAX MAP NO.

(45) WELL LOG

Depth to Bedrock 48' (ft. below land surface)

Ground Elevation _____ (ft. above sea level)

Top of Casing 18" (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 240'

(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) To top of casing

DATE MEASURED

TOP OF WELL

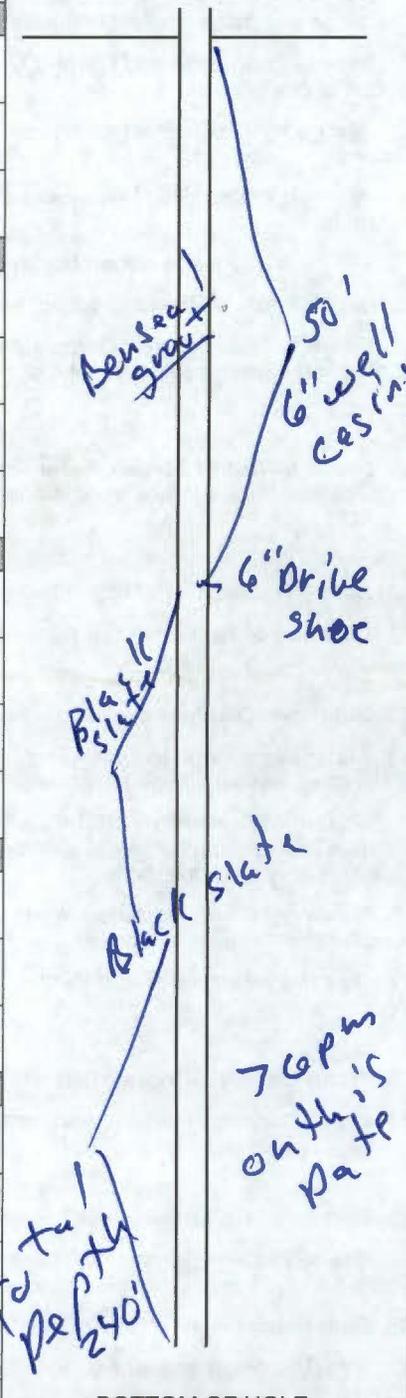
CASINGS

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

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

(13) GROUT TYPE / SEALING Benseal

(14) GROUT / SEALING INTERVAL (feet) FROM 9' TO 48'



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 9/11/14

(21) DURATION OF TEST 2 hours

(22) LIFT METHOD Pump Air Lift Bailer

(23) STABILIZED DISCHARGE (GPM) 7 GPM

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) Top of casing

(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 220'

(26) RECOVERY (Time in hours/minutes) 1 hour

(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) Res

(38) DATE DRILLING WORK STARTED 9/8/14

(39) DATE DRILLING WORK COMPLETED 9/11/14

(40) DATE REPORT FILED 9/11/14

(41) REGISTERED COMPANY Artesian water wells

(42) DEC REGISTRATION NO. NYRD 10253

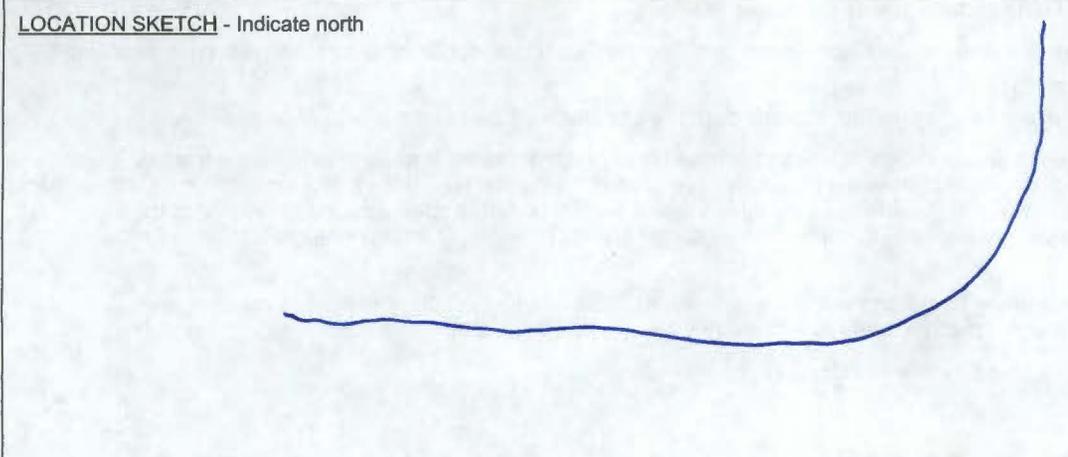
(43) CERTIFIED DRILLER (Print name) John Lawrence

(44) CERTIFIED DRILLER SIGNATURE John Lawrence

* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; (3) under the penalty of perjury the information provided in this Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45.

BOTTOM OF HOLE

NYSDEC





WELL COMPLETION REPORT

Hawk

County: Montgomery
Township: Amsterdam

DEC Well Number: MT1454
Well Number: 2016 060

Owner: [REDACTED]		DRILLING CONTRACTOR: DRILLING COMPANY, INC.		Formation Log	
Total Depth Of Well: 202'		GPS Location: N42 55 32.8 W74 07 33.5		Surface Elevation: 543'	
		Well Address: Same As Customer Well #1		Top Of Casing is: 18"	
		Depth To Groundwater: 185'		Above Ground Surface	
		Date Measured: 7/1/2016		Ground Level 0'	
CASINGS					
Diameter 6"				BROWN SANDY TILL	4'
Length: 20.5'				BROWN CLAY	6'
Grout Type/Sealing: Drive Shoe/Bentonite		Interval From: 0' To: 20'		DARK GRAY DOLOSTONE	10'
SCREENS					
Make & Material:				FRACTURED LIGHT GRAY DOLOSTONE	11'
Diameter:		Slot Size 1:		LIGHT & DARK GRAY DOLOSTONE	19'
Length:		Slot Size 2:		LIGHT & DARK GRAY DOLOSTONE W/ BROWN SEAMS	35'
Depth To Top Of Screen, From Top Of Casing:				DARK GRAY DOLOSTONE W/ QUARTZ & BROWN LAYERS	48'
YIELD TEST					
Date 7/1/2016	Duration Of Test:			LIGHT & DARK GRAY DOLOSTONE W/ QUARTZ	65'
Method Air Lift	Stabilized Discharge: NMF			SOFT LIGHT & DARK GRAY DOLOSTONE	84'
Static Level Prior To Test:	Maximum Drawdown:			SOFT DARK GRAY & BROWN DOLOSTONE	85'
Recovery Time:	Water Discharged Away From Well? Yes			SOFT LIGHT & DARK DOLOSTONE	102'
PUMP INSTALLATION					
Pump Installed? No	Date:	Pump Installer:		SHALY FRACTURED DARK GRAY DOLOSTONE	WB 103'
Type:	Make:	Model:		HARD & SOFT, LIGHT & DARK GRAY W/ +/- BROWN DOLOSTONE	125'
Maxium Capacity:	Pump Set			SOFT GRAY & BROWN DOLOSTONE	139'
Drilling Method: Rotary Hammer				DARK GRAY W/ CALCITE	141'
Use Of Water: Domestic				GRAY & BROWN DOLOSTONE	150'
Date Drilling Started: 7/1/2016		Date Drilling Finished: 7/1/2016		BROWN DOLOSTONE	158'
Date Report Filed: 7/6/2016		Driller: Jeremy Baldwin CWD/PI		SOFT BROWN DOLOSTONE W/ CLAY	160'
DEC Registration Number 10002		Report Filed By: <i>S. Bal</i>		SANDY SOFT WHITE & BROWN CHERT-RICH DOLOSTONE	170'
HYDROFRACTURING					
No	Date	Water Level:		SANDY SOFT WHITE & BROWN CHERT-RICH DOLOSTONE W/ CALCITE	175'
Depth Of Packer 1:	Max Pressure:	Min Pressure:		SOFT BROWN DOLOSTONE W/ CLEAR CALCITE	183'
Length:	Gallons Of Water Used:			KARST VOID W/ NO RETURN	WB 186'
Depth Of Packer 2:	Max Pressure:	Min Pressure:		SOFT KARST W/ NO RETURN	202'
Length:	Gallons Of Water Used:				
Notes:					



WELL COMPLETION REPORT

Hawk

County: Montgomery
Township: Amsterdam

DEC Well Number: MT1455
Well Number: 2016 061

Owner: [REDACTED]		DRILLING COMPANY, INC. Building Contractor		Formation Log	
Total Depth Of Well: 172'		GPS Location: N42 55 35.5 W74 07 32.8		Surface Elevation: 546'	
		Well Address: Same As Customer #2		Top Of Casing is: 18"	
		Depth To Groundwater: 8'		Above Ground Surface	
		Date Measured: 7/5/2016		Ground Level 0'	
CASINGS					
Diameter	6"				
Length:	20.5'				
Grout Type/Sealing: Drive Shoe/Bentonite		Interval From: 0' To: 20'			
SCREENS					
Make & Material:					
Diameter:		Slot Size 1:			
Length:		Slot Size 2:			
Depth To Top Of Screen, From Top Of Casing:					
YIELD TEST					
Date 7/5/2016		Duration Of Test:			
Method Air Lift		Stabilized Discharge: 2.5-3 GPM			
Static Level Prior To Test: 8'		Maximum Drawdown:			
Recovery Time:		Water Discharged Away From Well? Yes			
PUMP INSTALLATION					
Pump Installed? No		Date:		Pump Installer:	
Type:	Make:	Model:			
Maxium Capacity:		Pump Set			
Drilling Method: Rotary Hammer					
Use Of Water: Domestic					
Date Drilling Started: 7/5/2016			Date Drilling Finished: 7/5/2016		
Date Report Filed: 7/6/2016		Driller: Jeremy Baldwin CWD/PI			
DEC Registration Number 10002		Report Filed By: <i>S. Bal</i>			
HYDROFRACTURING					
No	Date	Water Level:			
Depth Of Packer 1:	Max Pressure:	Min Pressure:			
Length:	Gallons Of Water Used:				
Depth Of Packer 2:	Max Pressure:	Min Pressure:			
Length:	Gallons Of Water Used:				
Notes:					

BROWN LOAM	3'
BROWN GRAVELLY TILL	8'
BROWN GRAVEL W/ SILT	9'
DARK GRAY CLAY TILL	15'
BROWN & GRAY DOLOSTONE	24'
DARK GRAY PYRITE-RICH DOLOSTONE W/ QUARTZ	27'
SOFT GRAY & BROWN DOLOSTONE	38'
BROWN & GRAY DOLOSTONE	42'
LIGHT & DARK GRAY DOLOSTONE	66'
DARK GRAY W/ CALCITE	70'
LIGHT GRAY DOLOSTONE	80'
SOFT LIGHT GRAY	86'
LIGHT & DARK DOLOSTONE	90'
HARD & SOFT, LIGHT & DARK GRAY DOLOSTONE	WB
DARK GRAY W/ +/- BROWN LAYERS	140'
LIGHT & DARK, GRAY & BROWN DOLOSTONE	148'
SOFT BROWN DOLOSTONE	160'
	172'



(1) COUNTY Montgomery

(2) TOWN Amsterdam

(3) DEC Well Number

MT 1487

WATER WELL COMPLETION REPORT

(4) OWNER
[REDACTED]

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here if address is same as above)
Same - Redrill in existing well

(7) LATITUDE/LONGITUDE AND METHOD USED
 GPS Map N42°53'12" W 74°9'18" (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 384' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 185' DATE MEASURED 6/29/17

CASINGS

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

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

(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. | ft.

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

YIELD TEST

(20) DATE 6/29/17 (21) DURATION OF TEST 2 HRS

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

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 186' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 385'

(26) RECOVERY (Time in hours/minutes) 12 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 7/5/17 (30) CERTIFIED PUMP INSTALLER MARK Lawrence

(31) TYPE sub (32) MAKE McDonald (33) MODEL 1HP x 7GPM

(34) MAXIMUM CAPACITY (GPM) 76GPM (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) 370'

(38) DATE DRILLING WORK STARTED 6/29/17 (39) DATE DRILLING WORK COMPLETED 6/29/17

(40) DATE REPORT FILED 6/29/17 (41) REGISTERED COMPANY Lawrence Water Wells Inc (42) DEC REGISTRATION NO. NYRD 10027

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

* 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.

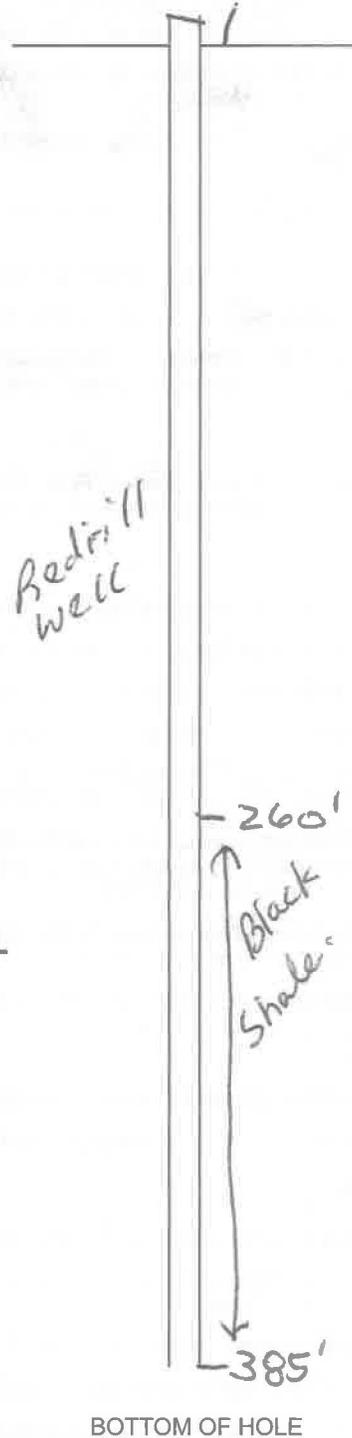
(45) WELL LOG

Depth to Bedrock _____ (ft. below land surface)

Ground Elevation 770 (ft. above sea level)

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

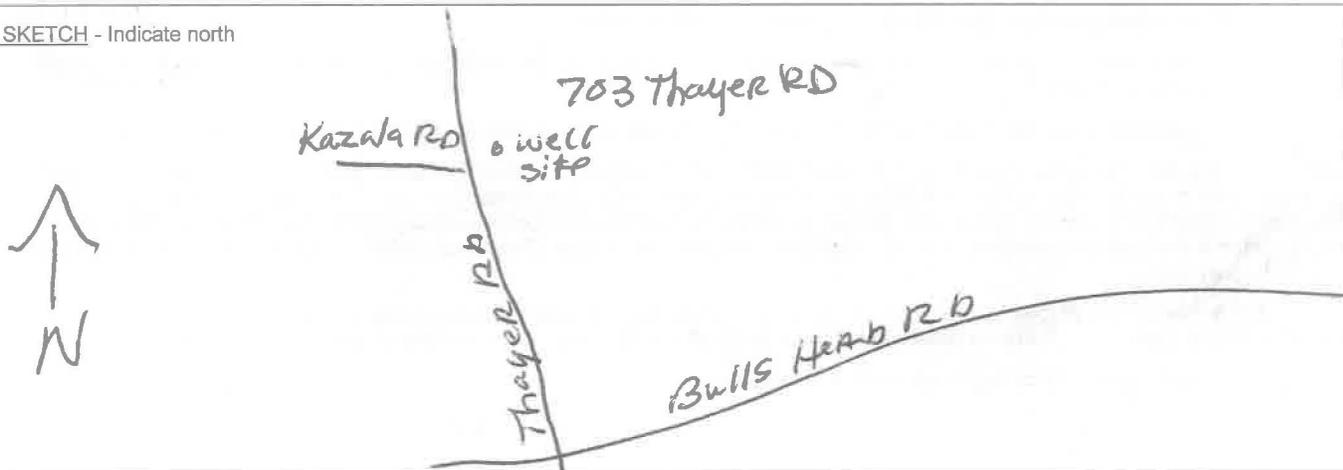
TOP OF WELL



BOTTOM OF HOLE

NYSDEC

LOCATION SKETCH - Indicate north





(1) COUNTY Montgomery

(2) TOWN Amsterdam

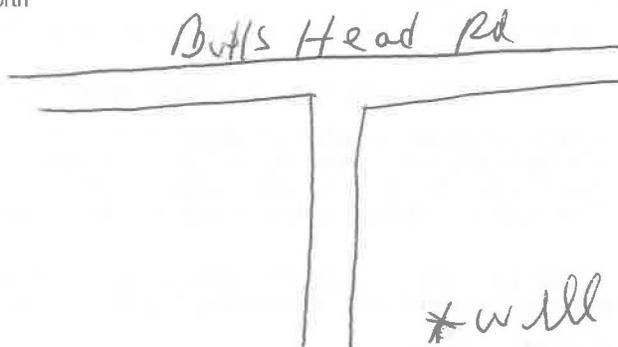
(3) DEC Well Number

MT 1496

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		(45) WELL LOG Unknown	
(5) ADDRESS [REDACTED]		Depth to Bedrock _____ (ft. below land surface)	
(6) LOCATION OF WELL (See Instructions On Reverse) [REDACTED] Bulls Head Road, Amsterdam, NY		Ground Elevation _____ (ft. above sea level)	
(7) LATITUDE/LONGITUDE AND METHOD USED <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map N42° 9076' W74° 12277'		Top of Casing <u>+2'</u> (ft. above (+) or below (-) land surface)	
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 240'	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 48' 5"	DATE MEASURED 8/30/17	<p>TOP OF WELL</p> <hr/> <p>0'to40' Existing 6" well</p> <p>DEEPENED WELL</p> <p>40'to240' Soft shale & limestone</p> <p>240' BOTTOM OF HOLE</p>
CASINGS			
(11) DIAMETER 6" steel casing existing	in.	in.	
(12) LENGTH Unknown	ft.	ft.	
(13) GROUT TYPE / SEALING Unknown	(14) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	Unknown	
SCREENS			
(15) MAKE & MATERIAL	(16) OPENINGS		
(17) DIAMETER	in.	in.	
(18) LENGTH	ft.	ft.	
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(20) DATE 8/30/17	(21) DURATION OF TEST 4 Hours		
(22) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bailer	(23) STABILIZED DISCHARGE (GPM) 10GPM		
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 48' 5"	(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 220'		
(26) RECOVERY (Time in hours/minutes) 30 Minutes	(27) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
PUMP INSTALLATION			
(28) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____	(29) DATE 8/30/17	(30) CERTIFIED PUMP INSTALLER Hanson Well Drilling & Pump Co., Inc.	
(31) TYPE Submersible	(32) MAKE Gould	(33) MODEL 7GPM 1/2 H.P.	
(34) MAXIMUM CAPACITY (GPM) 7 GPM	(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 140'		
DRILLER INFORMATION			
(36) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other	(37) USE OF WATER (See instructions for choices) Domestic		
(38) DATE DRILLING WORK STARTED 8/30/17	(39) DATE DRILLING WORK COMPLETED 8/30/17		
(40) DATE REPORT FILED 8/31/17	(41) REGISTERED COMPANY Hanson Well Drilling & Pump Co., Inc.	(42) DEC REGISTRATION NO. NYRD 10005	
(43) CERTIFIED DRILLER (Print name) Carl C. Schmidt, Jr.	(44) CERTIFIED DRILLER SIGNATURE 		

LOCATION SKETCH - Indicate north



(1) COUNTY Montgomery
 (2) TOWN Florida



Department of Environmental Conservation

(3) DEC Well Number
MT 1497

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		(45) WELL LOG	
(5) ADDRESS [REDACTED]		Depth to Bedrock <u> </u> (ft. below land surface)	
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if address is same as above) <u>Patterson Valle Rd</u>		Ground Elevation <u>995</u> (ft. above sea level)	
(7) LATITUDE/LONGITUDE AND METHOD USED <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map <u>N42°54.258'W 74°08.180'</u>		Top of Casing <u> </u> (ft. above (+) or below (-) land surface)	
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>240</u>	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	<p style="text-align: center;">TOP OF WELL</p> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 10px;"> <p style="font-size: 2em; margin: 0;">60'</p> <p style="margin: 0;">Well was 180'</p> <p style="margin: 0;">Lime stone</p> <p style="margin: 0; font-size: 2em;">240'</p> </div> <p style="text-align: center;">BOTTOM OF HOLE</p>	
CASINGS			
(11) DIAMETER <u> </u> in.	(12) LENGTH <u> </u> ft.		
(13) GROUT TYPE / SEALING	(14) GROUT / SEALING INTERVAL (feet) FROM <u> </u> TO <u> </u>		
SCREENS			
(15) MAKE & MATERIAL	(16) OPENINGS		
(17) DIAMETER <u> </u> in.	(18) LENGTH <u> </u> ft.		
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(20) DATE <u>10/16/17</u>	(21) DURATION OF TEST <u>1 hour</u>		
(22) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bailor	(23) STABILIZED DISCHARGE (GPM) <u>10</u>		
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(26) RECOVERY (Time in hours/minutes)	(27) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(28) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(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 <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other		(37) USE OF WATER (See instructions for choices) <u>Res</u>	
(38) DATE DRILLING WORK STARTED <u>10/16/17</u>		(39) DATE DRILLING WORK COMPLETED <u>10/16/17</u>	
(40) DATE REPORT FILED <u>10/16/17</u>	(41) REGISTERED COMPANY Rosick Well Drilling 1175 Farley Road Hudson Falls, NY 12839	(42) DEC REGISTRATION NO. NYRD <u>10119</u>	
(43) CERTIFIED DRILLER (Print name) <u>Deke Rosick</u>		(44) CERTIFIED DRILLER SIGNATURE <u>[Signature]</u>	
<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>			



(1) COUNTY Montgomery

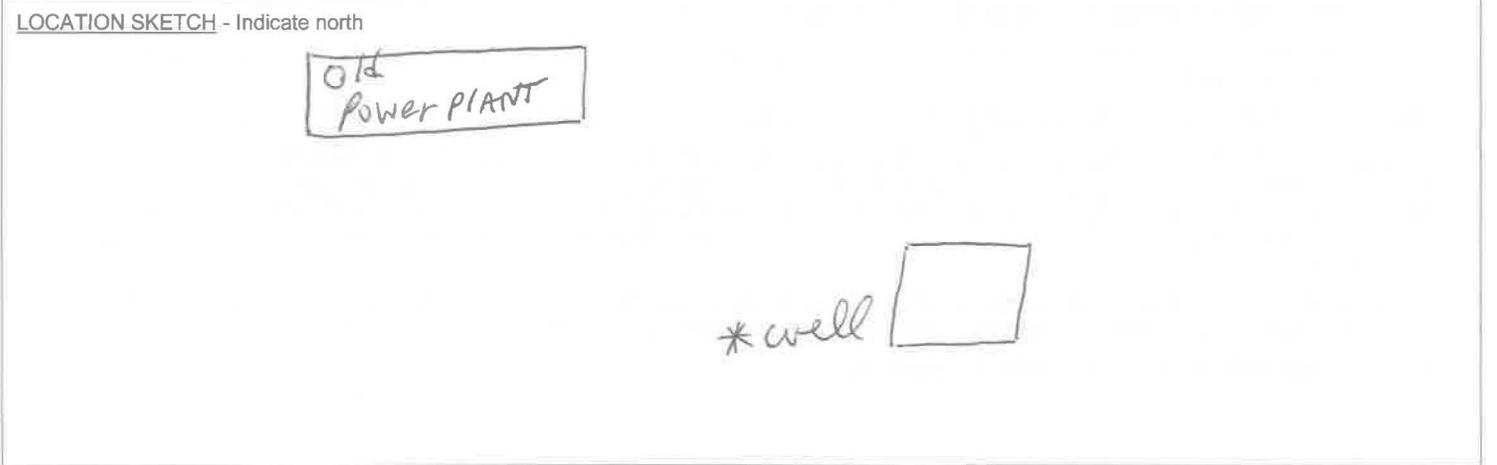
(3) DEC Well Number

MT 1500

(2) TOWN Amsterdam,

WATER WELL COMPLETION REPORT

(4) OWNER Cranesville Block Co., Inc.		(45) WELL LOG	
(5) ADDRESS 1250 Riverfront Center, Amsterdam, NY 12010		Depth to Bedrock _____ (ft. below land surface)	
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if address is same as above) 774 State Highway 5S, Amsterdam, NY		Ground Elevation _____ (ft. above sea level)	
(7) LATITUDE/LONGITUDE AND METHOD USED <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map N42° 91.7308' W74° 14.7179'		Top of Casing +2' (ft. above (+) or below (-) land surface)	
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 98'		TOP OF WELL _____ 0'to 2' Concrete 2'to 18' Fill 18'to 31' Clay 31'to 90' Mixed gravels and flowing sands 90'to 98' Large gravel _____ 98' BOTTOM OF HOLE	
(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 15'			
DATE MEASURED 9/14/17			
CASINGS			
(11) DIAMETER 6" Steel casing in. in. in. in.			
(12) LENGTH 93' ft. ft. ft. ft.			
(13) GROUT TYPE / SEALING Bentonite grout & drive shoe			
(14) GROUT / SEALING INTERVAL (feet) FROM 93' TO 20'			
SCREENS			
(15) MAKE & MATERIAL 6" Stainless Steel			
(16) OPENINGS 50 Slot			
(17) DIAMETER 6 in. in. in. in.			
(18) LENGTH 5 ft. ft. ft. ft.			
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) 5'			
YIELD TEST			
(20) DATE 9/14/17			
(21) DURATION OF TEST 4 Hours			
(22) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bailer			
(23) STABILIZED DISCHARGE (GPM) 100 GPM			
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 15'			
(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 90'			
(26) RECOVERY (Time in hours/minutes) 5 Minutes			
(27) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
PUMP INSTALLATION			
(28) PUMP INSTALLED? YES _____ NO <input checked="" type="checkbox"/>			
(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 <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other			
(37) USE OF WATER (See instructions for choices) Domestic			
(38) DATE DRILLING WORK STARTED 9/13/17			
(39) DATE DRILLING WORK COMPLETED 9/14/17			
(40) DATE REPORT FILED 10/6/17	(41) REGISTERED COMPANY Hanson Well Drilling & Pump Co., Inc.		
	(42) DEC REGISTRATION NO. NYRD 10005		
(43) CERTIFIED DRILLER (Print name) Carl C. Schmidt, Jr.	(44) 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.			





WELL COMPLETION REPORT

Hawk

County: Montgomery
Township: Pattersonville

DEC Well Number: MT 1507p
Well Number: 2018

DRILLING COMPANY, INC.

Owner: [REDACTED]		Building Contractor: Hawk Drilling		Formation Log	
Total Depth Of Well: 128'		GPS Location: N42 54 43.3 W74 07 51.6		Surface Elevation: 276'	
		Well Address: Same as customer		Top Of Casing is: 18"	
		Depth To Groundwater: 10'		Above Ground Surface	
		Date Measured: 4/9/2018		Ground Level 0'	
CASINGS					
Diameter 6"				Gray clay till w/ slabs 115'	
Length: 128'				Brown medium sand 120'	
Grout Type/Sealing: Drive shoe/Bentonite 20		Interval From: 40' To: 60'		Brown & gray medium coarse sand 128' WB	
SCREENS					
Make & Material:					
Diameter: 5"		Slot Size 1: .012			
Length: 5'		Slot Size 2:			
Depth To Top Of Screen, From Top Of Casing:					
YIELD TEST					
Date		Duration Of Test:			
Method Air lift		Stabilized Discharge: 100+ GPM			
Static Level Prior To Test:		Maximum Drawdown:			
Recovery Time:		Water Discharged Away From Well?			
PUMP INSTALLATION					
Pump Installed?		Date:		Pump Installer:	
Type:		Make:		Model:	
Maxium Capacity:		Pump Set			
Drilling Method: Rotary Hammer		Use Of Water: Residential			
Date Drilling Started: 4/7/2018		Date Drilling Finished: 4/9/2018			
Date Report Filed: 5/1/2018		Driller: Jeremy Baldwin, MGWC/CVCLD			
DEC Registration Number 10002		Report Filed By:			
HYDROFRACTURING					
		Date		Water Level:	
Depth Of Packer 1:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Depth Of Packer 2:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Notes: .					



(1) County Schenectady
 2) Township Pattersonville

(3) DEC Well Number SN 902

WELL COMPLETION REPORT

		LOG *
		Ground Surface EL. _____ ft. above sea level
(6) LOCATION OF WELL (Also see reverse) [REDACTED] <u>Pattersonville Rd, Pattersonville NY 12137</u>		Top Of Casing is located _____ ft. above (+) or below (-) ground surface
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>175'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>30'</u>	TOP OF WELL
CASINGS		See attached
(9) DIAMETER <u>See attached</u> in. <u>6"</u> in. _____ in. _____ in.		
(10) LENGTH ft. <u>20</u> ft. _____ ft. _____ in.		
(11) GROUT TYPE <u>DRIVE SHOES & BENTONITE</u>	(12) GROUT INTERVAL (Feet) FROM <u>0</u> TO <u>20</u>	
SCREENS		
(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER in. _____ in. _____ in. _____ in.		
(16) LENGTH ft. _____ ft. _____ ft. _____ in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>8/15/00</u>	(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Ball	(21) STABILIZED DISCHARGE (GPM) <u>15</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during test discharged away from immediate area? Yes _____ No _____	
PUMP INSTALLATION		
(26) DATE <u>8-30-00</u>	(27) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO _____	(28) PUMP INSTALLER <u>Hawk Drilling Co, Inc</u>
(29) TYPE <u>Sub</u>	(30) MAKE <u>Grundfos</u>	(31) MODEL <u>7505-11</u>
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
DRILLING		
(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>8-15-00</u>	(37) DATE DRILLING WORK COMPLETED <u>8-15-00</u>	
(38) DATE <u>8-15-00</u>	(39) DRILLER & COMPANY <u>Chris Lars Hawk Drilling Co, Inc</u>	(40) DEC REGISTRATION NO. <u>10002</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work.		
See further instructions titled "Instructions for New York State Well Completion Report".		BOTTOM OF HOLE
		COPY - DRILLER RETAIN

LOCATION OF WELL

DEC WELL #: SN902

(USE ONE OR MORE OF THE FOLLOWING METHODS)

Method 1: Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site (www.dec.state.ny.us). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. NOTE: The method of determining coordinates MUST be shown. The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

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

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

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

Latitude (degrees minutes seconds)

Longitude (degrees minutes seconds)

42 53.691 N

074 07.086 W

Example: 42 36 01.7 N 73 24 51.1 W

How were coordinates determined?

DEC on-line map coordinate assistant

GPS Manufacturer Garmin

Model Emap

Map interpolation

LOCATION SKETCH (indicate north direction and road intersections)

Well Number 02126

HAWK DRILLING CO., INC.
354 STONE CHURCH ROAD
BALLSTON SPA, NY 12020

WELL COMPLETION REPORT

1. Well Owner/Home Owner and/or Building Contractor Name **BOHYSEWICZ, CAROL** Permanent Mailing Address **604 PATTERSONVILLE ROAD PATTERSONVILLE, NY 12137**
 Name **HAWK DRILLING CO., INC.** Permanent Mailing Address **354 STONE CHURCH ROAD BALLSTON SPA, NY 12020**
2. Location of Well: Town **PATTERSONVILLE** Road **PATTERSONVILLE**
 Subdivision _____ Lot Number **604**
 Tax map number necessary for future well location. Map **SN982** Parcel _____
3. Date Well was Completed: **08/15/00**
4. Proposed Use of Well: **DOMESTIC**
5. Reason for Constructing Well: **NEW SUPPLY**
6. Type of Well: **DRL IN BEDROCK**
7. Total Depth of Well: **175** feet below land surface.
8. Depth to Bedrock: **16**
9. Casing Details: Length **20** Ft., Dia **6** in., Material **STEEL** Wt **17** lb./ft.
10. Method of Sealing Casing to Bedrock: **DS & BENT.GROUT**
11. Yield Test: **COMPRESSED AIR**, for ----- hrs. at **15** GPM
12. Static Water Level: **30** feet below land surface Date Measured **08/15/00**
13. Water Analysis: Has the water been analyzed? **NO** If yes, where _____
14. Screen Details: Make _____ Type _____ Material _____ Length _____ ft.
 Diameter _____ in. Slot Size _____ Depth to top of screen from land surface _____
 Gravel Pack, if used: Gravel Size or Type _____

15. Well Log:

Depth in Feet From	To	Water Bearing	Formation Description
0	4	N	BROWN CLAY
4	9	N	BROWN CLAY TILL
9	16	N	GRAY CLAY TILL
16	175	Y	BLACK SHALE

16. Hydrofracturing:

Date: _____
 Depth of Packer: _____
 Max. Pressure Reached: _____
 Min. Pressure Reached: _____
 Length of Frac: _____
 Gallons of Water Used: _____
 Water Flow: _____
 Static Level: _____

17. Pump Test: _____
 Pump Model: _____
 Pump Setting: _____
 GPM Pumped: _____
 Flow Rate: _____
 Well Yield: _____

HAWK DRILLING CO., INC.

Report Filed by *Jane L Hawk Baldwin* Authorized Signature

18. Additional Information
NOTE: THE WELL WAS WATER BEARING AT 90' AND 160'. THERE WAS A SLIGHT SULPHUR SMELL TO WATER. TWENTY FEET OF GROUTING WAS INSTALLED.

Date of Report **08/15/01**

License No. **1000 2**

AWPIPI

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) County Schenectady
 (2) Township Pattersonville

(3) DEC Well Number SN 964

WELL COMPLETION REPORT

(4) OWNER		LOG *	
(5) ADDRESS		Ground Surface EL. <u>725</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		Top Of Casing is located <u>71</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>325</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>Flowing</u> DATE MEASURED _____	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>47</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>drive shoe</u>		(12) GROUT / SEALING INTERVAL (Feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE		(19) DURATION OF TEST	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED-DISCHARGE (GPM) <u>10</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during test discharged away from immediate area? Yes ___ No ___	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO ___		(27) DATE <u>11/28/01</u>	(28) PUMP INSTALLER <u>HAWK</u>
(29) TYPE <u>Submersible</u>		(30) MAKE <u>Grundfos</u>	(31) MODEL <u>7507-15</u>
(32) MAXIMUM CAPACITY (GPM) ... <u>10</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>780</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>11/19/01</u>		(37) DATE DRILLING WORK COMPLETED <u>11/20/01</u>	
(38) DATE REPORT FILED <u>3/4/02</u>		(39) DRILLER & COMPANY <u>Chris Lang Hawk Drilling Co. Inc</u>	(40) DEC REGISTRATION NO. <u>100002</u>
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
		BOTTOM OF HOLE	
NYSDEC COPY			

See Attached

LOCATION SKETCH - Indicate north

Well Number 01224

HAWK DRILLING CO., INC.
354 STONE CHURCH ROAD
BALLSTON SPA, NY 12020

W E L L C O M P L E T I O N R E P O R T

1. Well Owner/Home Owner Name **MASTROIANNI, CHRISTINA** Permanent Mailing Address **1286 MAIN STREET
ROTTERDAM JCT., NY 12150**
and/or Building Contractor Name **HAWK DRILLING CO., INC.** Permanent Mailing Address **354 STONE CHURCH ROAD
BALLSTON SPA, NY 12020**
2. Location of Well: Town **PATTERSONVILLE** Road **SCOTCH CHURCH**
Subdivision Tax map number necessary for future well location. Lot Number Map **SN964** Parcel
3. Date Well was Completed: **11/20/01**
4. Proposed Use of Well: **DOMESTIC**
5. Reason for Constructing Well: **NEW SUPPLY**
6. Type of Well: **DRL IN BEDROCK**
7. Total Depth of Well: **325** feet below land surface.
8. Depth to Bedrock: **44**
9. Casing Details: Length **47** Ft., Dia **6** in., Material **STEEL** Wt **17** lb./ft.
10. Method of Sealing Casing to Bedrock: **DRIVE SHOE**
11. Yield Test: **COMPRESSED AIR**, for ----- hrs. at **10** GPM
12. Static Water Level: ----- feet below land surface Date Measured --/--/--
13. Water Analysis: Has the water been analyzed? **NO** If yes, where
14. Screen Details: Make Diameter in. Type Slot Size Material Length ft.
Gravel Pack, if used: Gravel Size or Type Depth to top of screen from land surface

15. Well Log:

Depth in Feet		Water	Formation Description
From	To	Bearing	
0	4	N	BROWN CLAY TILL
4	8	N	BROWN CLAY
8	44	N	GRAY CLAY TILL
44	325	Y	BLACK SHALE

16. Hydrofracturing:

Date: / /
 Depth of Packer: ///////////////
 Max. Pressure Reached: ///////////////
 Min. Pressure Reached: ///////////////
 Length of Frac: ///////////////
 Gallons of Water Used: ///////////////
 Water Flow: ///////////////
 Static Level: ///////////////

17. Pump Test: ///////////////
 Pump Model: ///////////////
 Pump Setting: ///////////////
 GPM Pumped: ///////////////
 Flow Rate: ///////////////
 Well Yield: ///////////////

18. Additional Information
NOTE: **STATIC WATER LEVEL-FLOWING**

N42*52.281' - W074*06.333' - ELEV725'

HAWK DRILLING CO., INC.

Report Filed by *James Hawk Baco*
Authorized Signature

Date of Report **03/04/02**

License No. **10002**

CWD/PI



Hawk

DRILLING COMPANY, INC.



County: Schenectady
Township: Pattersonville

354 Stone Church Road, Ballston Spa, NY 12020
(518) 885-7952 • (800) 794-0134
Fax (518) 885-8973
Well Completion Report

DEC Well Number: SN978
Well Number: 25024

Owner: [REDACTED]		Building Contractor: *		Formation Log Surface Elevation: 772' Top Of Casing is: 20" Above Ground Surface	
Total Depth Of Well: 200'		GPS Location: N42*52.373'W074*06.362'			
		Well Address: [REDACTED] Muselbeck Rd			
		Depth To Groundwater: 70'		Ground Level 0'	
		Date Measured: 3/7/05		BROWN FINE SAND/SILT 1'	
CASINGS					
Diameter: 6"				BROWN SANDY TILL 3'	
Length: 20'				BROWN CLAY TILL 6'	
Grout Type/Sealing: Drive Shoe/Bentonite		Interval From: 0' To: 20'		BROWN & BLACK BROKEN SHALE 9'	
SCREENS					
Make & Material:				HARD BLACK SHALE W/B 200'	
Diameter:		Slot Size 1:			
Length:		Slot Size 2:			
Depth To Top Of Screen, From Top Of Casing:					
YIELD TEST					
Date: 3/7/05		Duration Of Test:			
Method: Air Lift		Stabilized Discharge: 40 GPM			
Static Level Prior To Test: 70'		Maximum Drawdown:			
Recovery Time:		Water Discharged Away From Well?			
PUMP INSTALLATION					
Pump Installed?		Date:		Pump Installer:	
Type:		Make:		Model:	
Maxium Capacity:		Pump Set At:			
Drilling Method: Rotary Hammer		Use Of Water: Domestic			
Date Drilling Started: 3/7/05		Date Drilling Finished: 3/7/05			
Date Report Filed: 3/9/05		Driller: Chris Lang CWD/PI			
DEC Registration Number 10002		Report Filed By: <i>Jamie Handl</i>			
HYDROFRACKING					
		Date:		Water Level:	
Depth Of Packer 1:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Depth Of Packer 2:		Max Pressure:		Min Pressure:	
Length:		Gallons Of Water Used:			
Notes: Water Has A Sulphur Smell					

(1) County Schenectady

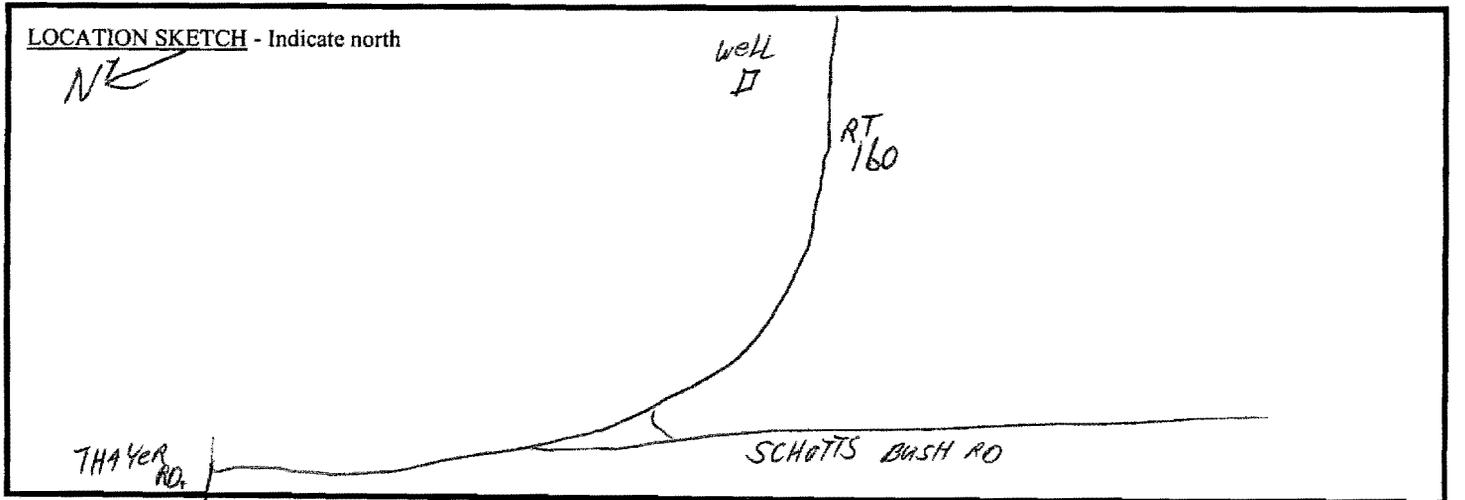


(3) DEC Well Number SN 991

(2) Township Duanesburg

WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *	
(5) ADDRESS		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <u>N-42° 51' 41.9" / W 74° 08' 29.7"</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>4 FT ±</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>171 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>155 FT</u>	DATE MEASURED	
CASINGS			
(9) DIAMETER <u>6</u> in. in.		TOP OF WELL 8' DIRT 7' SLIPPERY CLAY 16' HARD PAN CLAY BENZAL DRIVE SHOE 140 FT SLATE WATER	
(10) LENGTH <u>35</u> ft. in.			
(11) GROUT TYPE / SEALING <u>BENZAL</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>27 FT</u> TO <u>31 FT</u>		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in. in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>5-31-02</u>	(19) DURATION OF TEST <u>1 HR 20 MIN</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM) <u>5 1/4 GPM</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>14 FT</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>171 FT</u>		
(24) RECOVERY (Time in hours/minutes) <u>2 HRS 15 MIN</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES ___ 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>RESIDENTIAL</u>		
(36) DATE DRILLING WORK STARTED <u>5-20-02</u>	(37) DATE DRILLING WORK COMPLETED <u>5-31-02</u>		
(38) DATE REPORT FILED <u>4-18-03</u>	(39) DRILLER & COMPANY <u>MERLIN OGDEN MERLINS WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>10100</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary.			
See further instructions titled "Instructions for New York State Well Completion Report".			
BOTTOM OF HOLE			
NYSDEC COPY			



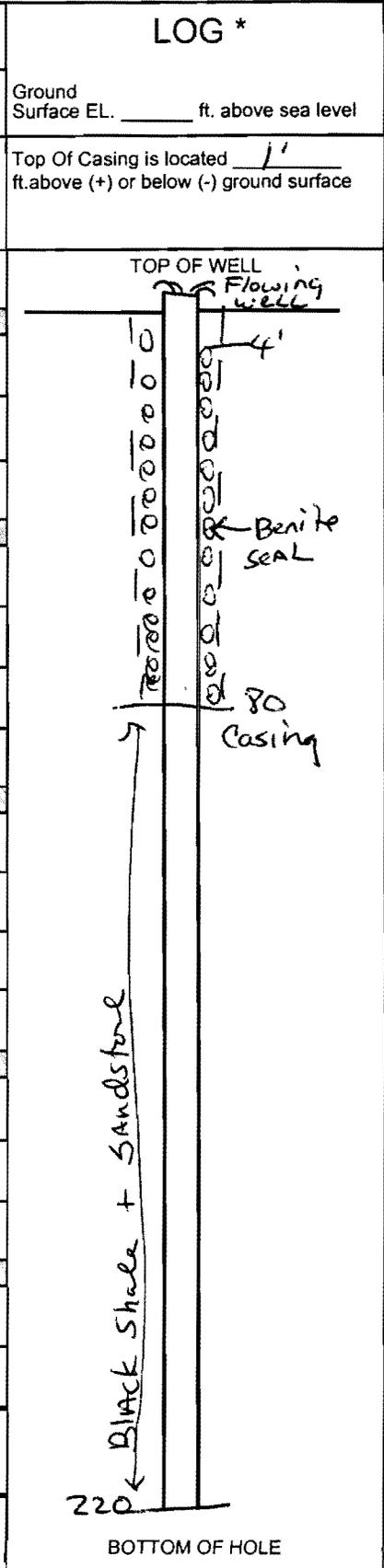
(1) County Schenectady
 (2) Township Princeton



(3) DEC Well Number SN1035

WELL COMPLETION REPORT

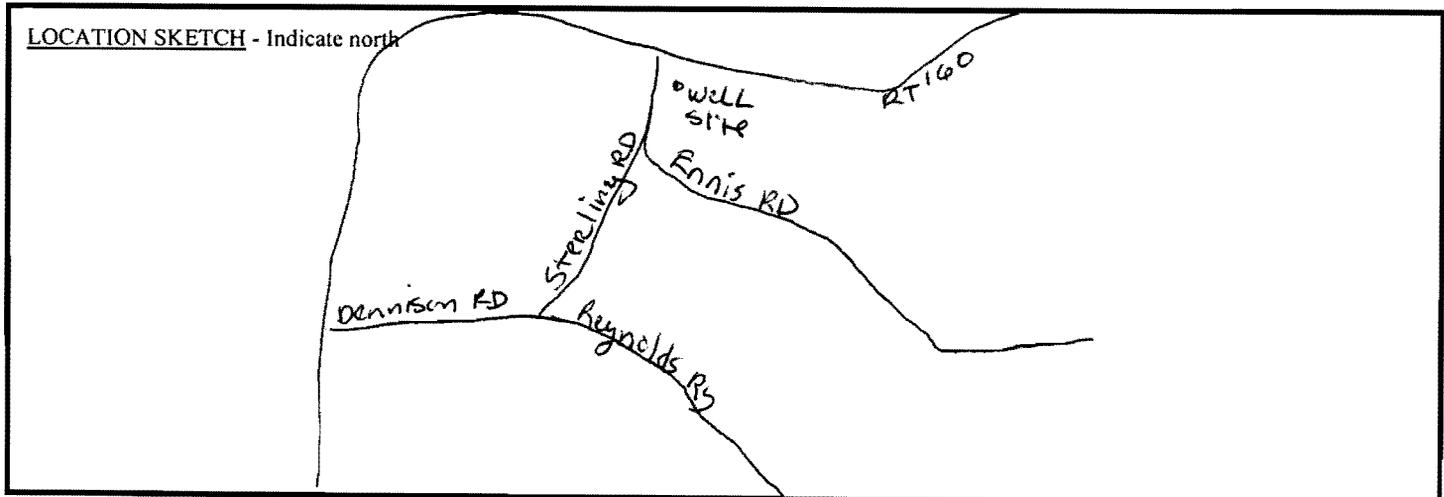
(4) OWNER	
(5) ADDRESS	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>scotch church RD Pattersonville</u>	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>219</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>Flowing</u> DATE MEASURED <u>4-29-03</u>
CASINGS	
(9) DIAMETER <u>6</u> in. in. in.	
(10) LENGTH <u>80</u> ft. ft. ft. in.	
(11) GROUT TYPE / SEALING <u>Benite seal</u>	(12) GROUT / SEALING INTERVAL (Feet) FROM <u>4'</u> TO <u>80'</u>
SCREENS	
(13) MAKE & MATERIAL	(14) OPENINGS
(15) DIAMETER in. in. in. in.	
(16) LENGTH ft. ft. ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
YIELD TEST	
(18) DATE <u>4-29-03</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>Flowing AER TOP</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>219</u>
(24) RECOVERY (Time in hours/minutes) <u>20 min</u>	(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(26) PUMP INSTALLED? YES <input 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>4-28-03</u>	(37) DATE DRILLING WORK COMPLETED <u>4-29-03</u>
(38) DATE REPORT FILED <u>4-29-03</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".

NYSDEC COPY



(1) County Schenectady



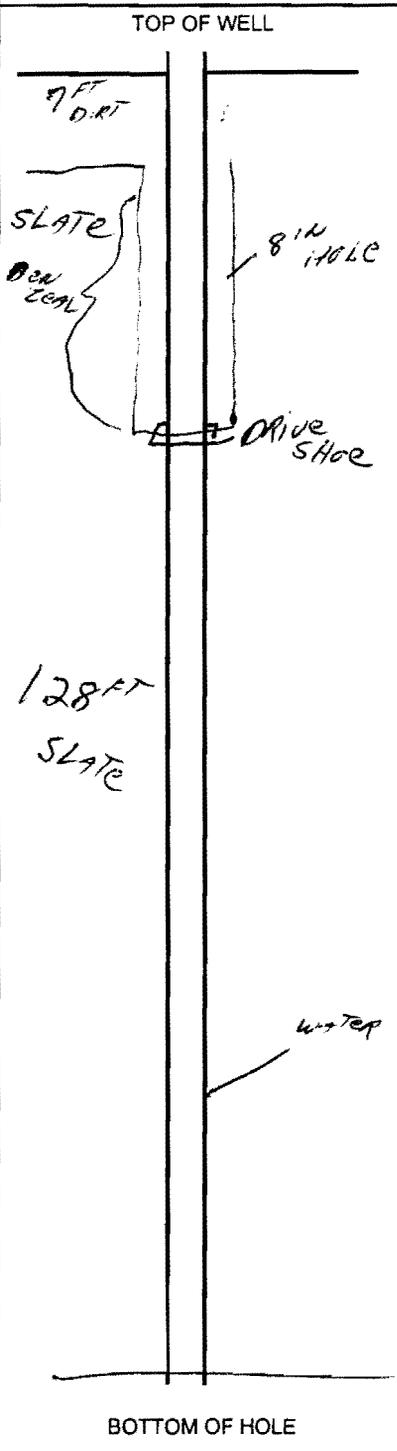
(3) DEC Well Number

SN 1130

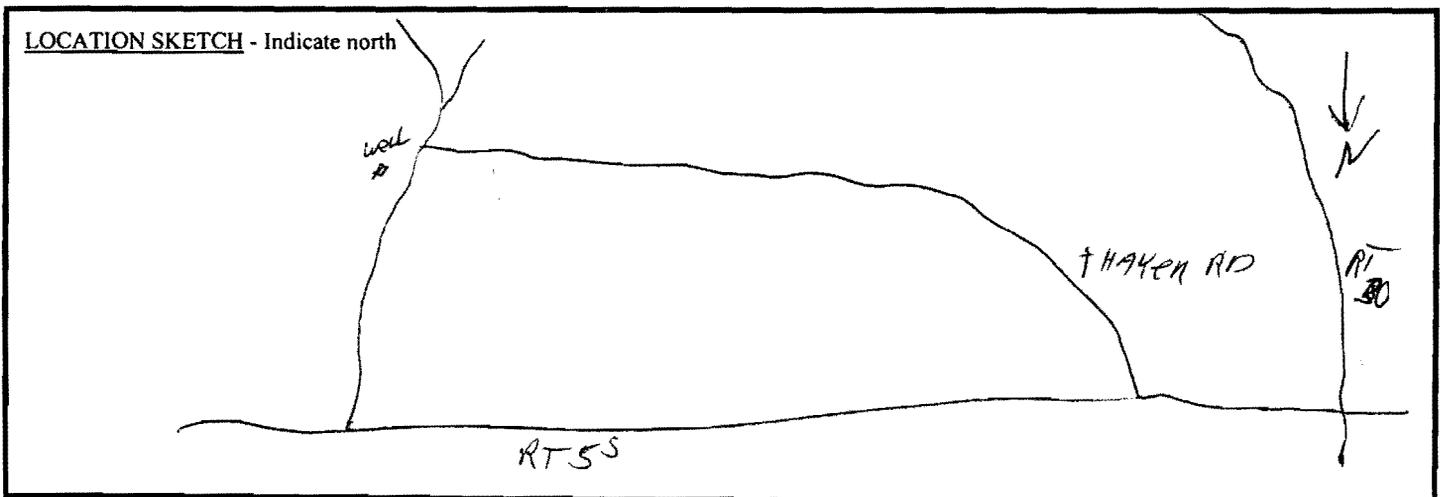
(2) Town OF PATTERSONVILLE
FLORIDA

WELL COMPLETION REPORT

(4) OWNER		LOG *	
(5) ADDRESS		Ground Surface EL. <u>924</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		Top Of Casing is located <u>2+</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>135 FT</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>115 FT</u>	DATE MEASURED <u>4-2-05</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in.			
(10) LENGTH <u>20</u> ft. <u>3</u> in.			
(11) GROUT TYPE / SEALING <u>BENZAL</u>		(12) GROUT / SEALING INTERVAL FROM <u>8 FT</u> TO <u>21 FT</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in.			
(16) LENGTH ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>4-3-05</u>		(19) DURATION OF TEST <u>4 HRS</u>	
(20) LIFT METHOD <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>4</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>18 FT</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>112 FT</u>	
(24) RECOVERY (Time in hours/minutes) <u>1 HR 45 MIN</u>		(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <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>3-7-05</u>		(37) DATE DRILLING WORK COMPLETED <u>4-5-05</u>	
(38) DATE REPORT FILED <u>4-14-05</u>	(39) DRILLER & COMPANY <u>MERLIN E. OGDEN</u> <u>MERLINS WELL DRILLING</u>	(40) DEC REGISTRATION NO. <u>10100</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



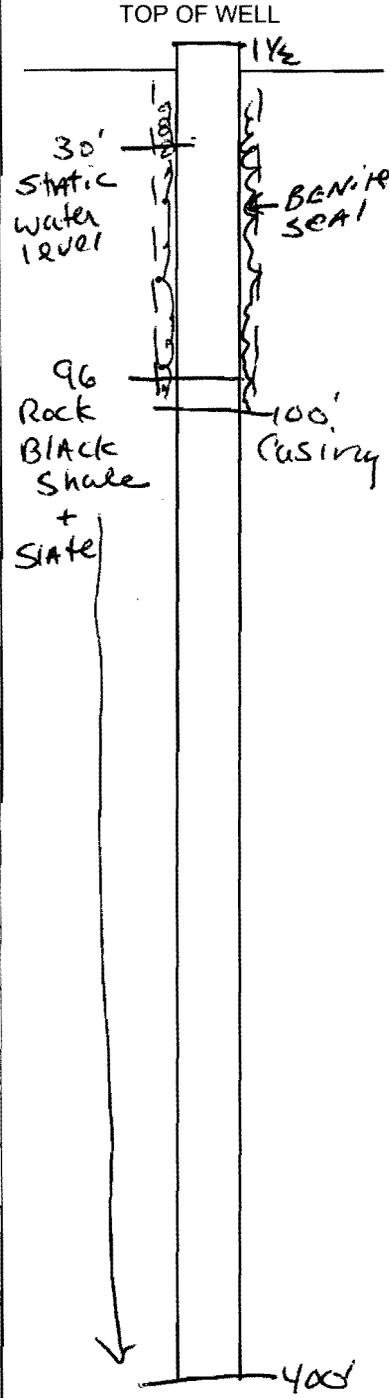
(1) COUNTY Schenectady
 (2) TOWN Duanesburg



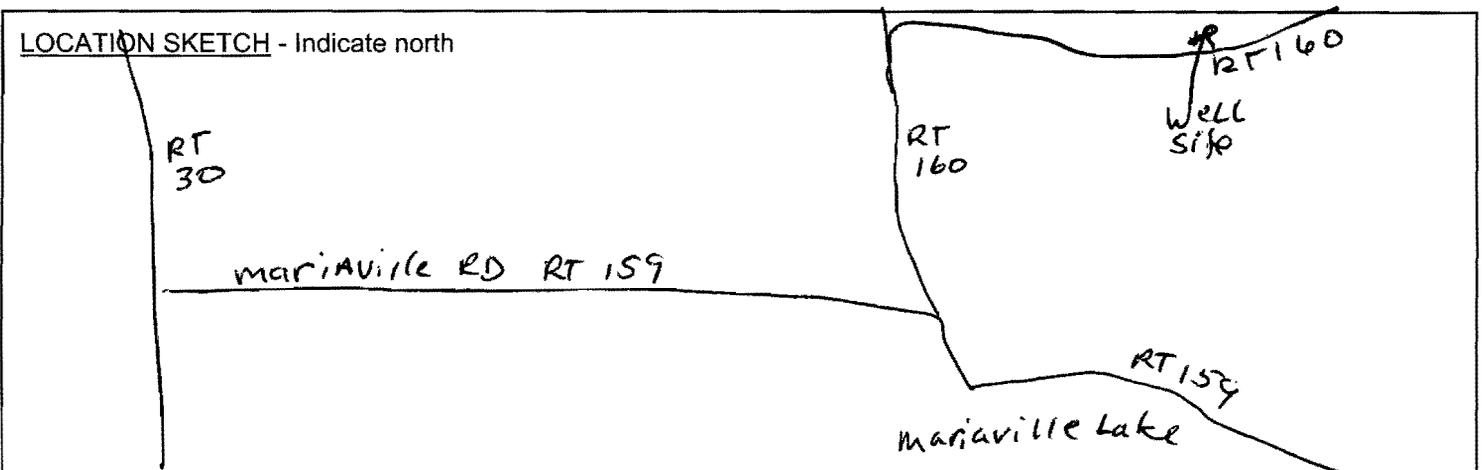
(3) DEC Well Number
SN1149

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG *	
(5) ADDRESS [REDACTED]		Ground Surface EL. <u>1260</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>RT 160</u> <u>N 42° 51.720</u> <u>W 74° 08.659</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>398 1/2</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>28 1/2</u>	DATE MEASURED <u>6-16-05</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>100</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>Benite Seal</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>4</u> TO <u>100</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>6-16-05</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>3</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>30'</u>		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>400'</u>	
(24) RECOVERY (Time in hours/minutes) <u>24hr.</u>		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input 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>6/16/05</u>		(37) DATE DRILLING WORK COMPLETED <u>6/16/05</u>	
(38) DATE REPORT FILED <u>3-17-06</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.			



LOCATION SKETCH - Indicate north



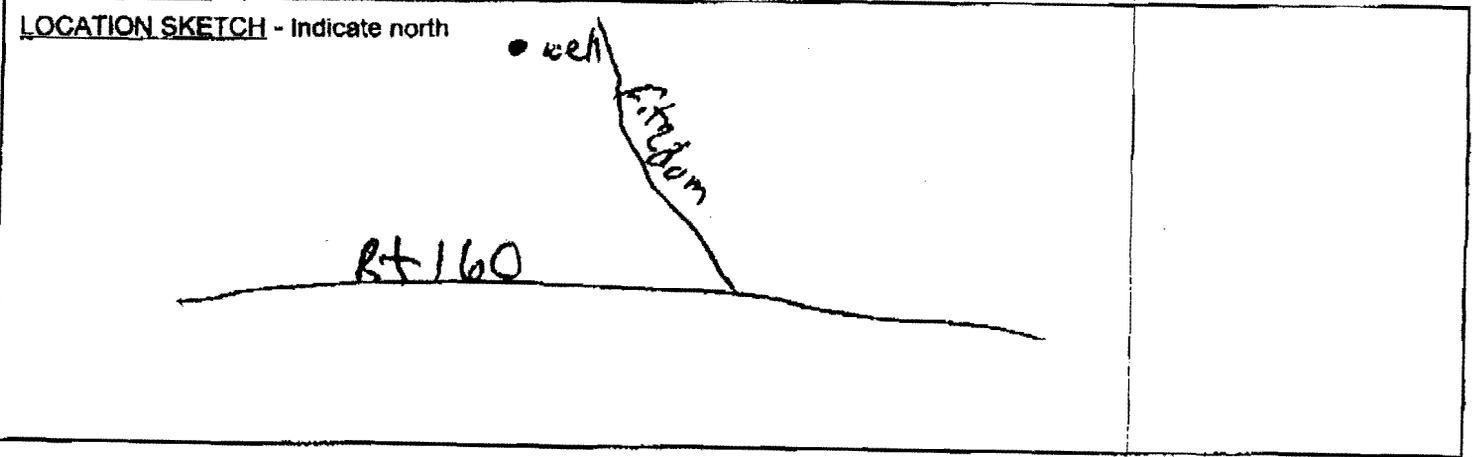


(1) COUNTY Schenectady
 (2) TOWN Duanesburg

(3) DEC Well Number
SN1160

WATER WELL COMPLETION REPORT

(4) OWNER		LOG *	
(5) ADDRESS		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Top Of Casing is located _____ ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>370'</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>20</u>	DATE MEASURED <u>8/9/2005</u>	TOP OF WELL
(9) DIAMETER <u>6" in.</u>	(10) LENGTH <u>20' R.</u>	(11) GROUT TYPE / SEALING <u>Benses 1 (grout)</u>	
(12) GROUT / SEALING INTERVAL (feet) FROM <u>8'</u> TO <u>20'</u>	(13) MAKE & MATERIAL	(14) OPENINGS	
(15) DIAMETER	(16) LENGTH	(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
(18) DATE <u>8/8/2005</u>	(19) DURATION OF TEST <u>2 hours</u>	(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bell	
(21) STABILIZED DISCHARGE (GPM) <u>8 GPM</u>	(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>20'</u>	(22) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>340'</u>	
(23) RECOVERY (Time in hours/minutes) <u>1 1/2 hours</u>	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
(26) PUMP INSTALLITY? 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>Res</u>		
(36) DATE DRILLING WORK STARTED <u>8/1/2005</u>	(37) DATE DRILLING WORK COMPLETED <u>8/9/2005</u>		
(38) DATE REPORT FILED	(39) REGISTERED COMPANY <u>Artesian water wells</u>	(40) DEC REGISTRATION NO. <u>NYRD 10253</u>	
(41) CERTIFIED DRILLER (Print name) <u>John Lawrence</u>	(42) CERTIFIED DRILLER SIGNATURE <u>John 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.			BOTTOM OF HOLE <u>DR PT</u>
			NYSDEC COPY



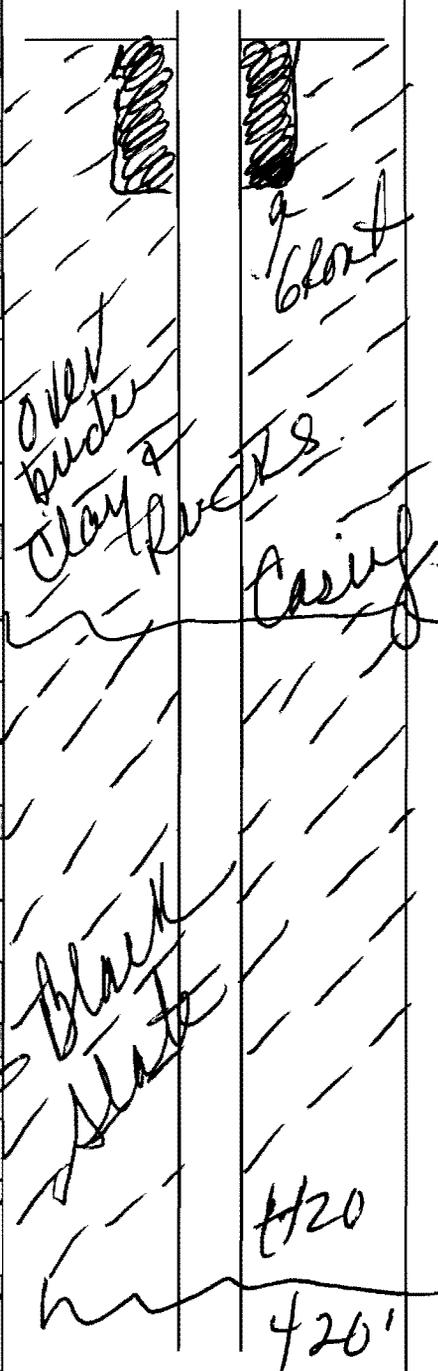


(1) COUNTY Rochester
 (2) TOWN Rochester

(3) DEC Well Number
SN 1177

WATER WELL COMPLETION REPORT

(4) OWNER		LOG *	
(5) ADDRESS		Ground Surface EL. _____ ft. above sea level	
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation		Top Of Casing is located <u>24"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>420</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>20</u>	DATE MEASURED	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>20</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING <u>Betacrete</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>0</u> TO <u>20</u>	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.		(16) LENGTH ft. ft. ft. in.	
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>9/29/05</u>		(19) DURATION OF TEST <u>1 hr</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" 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)		(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 <u>X</u>		(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>Residential</u>	
(36) DATE DRILLING WORK STARTED <u>9/29/05</u>		(37) DATE DRILLING WORK COMPLETED <u>9/29/05</u>	
(38) DATE REPORT FILED <u>10/6</u>	(39) REGISTERED COMPANY <u>Bedal Ridge Well</u>	(40) DEC REGISTRATION NO. <u>NYRD 10398</u>	
(41) CERTIFIED DRILLER (Print name) <u>John Scuma</u>		(42) CERTIFIED DRILLER SIGNATURE <u>[Signature]</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	



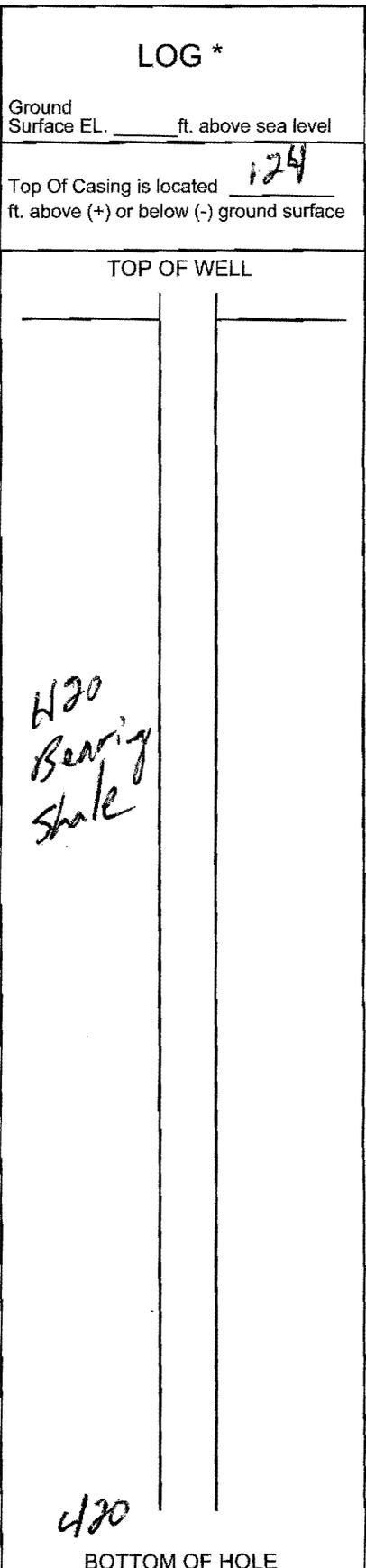


(1) COUNTY Schenectady
 (2) TOWN Princeton

(3) DEC Well Number
5N1177

WATER WELL COMPLETION REPORT

(4) OWNER <u>Dan Freeman</u>		
(5) ADDRESS <u>Ennis Rd 3072 Pattersonville NY 12137</u>		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map Interpolation		
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>420</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>10'</u>	DATE MEASURED <u>10/4/05</u>
CASINGS		
(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>0</u> TO <u>20</u>	
SCREENS		
(13) MAKE & MATERIAL <u>[Handwritten]</u>	(14) OPENINGS	
(15) DIAMETER <u>[Handwritten]</u> in. in.		
(16) LENGTH <u>[Handwritten]</u> ft. in.		
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)		
YIELD TEST		
(18) DATE <u>10/4/05</u>	(19) DURATION OF TEST <u>4 hrs</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" 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>10'</u>	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>400</u>	
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION		
(26) PUMP INSTALLED? YES <input checked="" 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>Residential</u>		
(36) DATE DRILLING WORK STARTED <u>9/25/05</u>	(37) DATE DRILLING WORK COMPLETED <u>9/29/05</u>	
(38) DATE REPORT FILED	(39) REGISTERED COMPANY <u>Cedar Ridge Well Drilling</u>	(40) DEC REGISTRATION NO. <u>NYRD 10398</u>
(41) CERTIFIED DRILLER (Print name) <u>John Serina</u>	(42) CERTIFIED DRILLER SIGNATURE <u>[Signature]</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

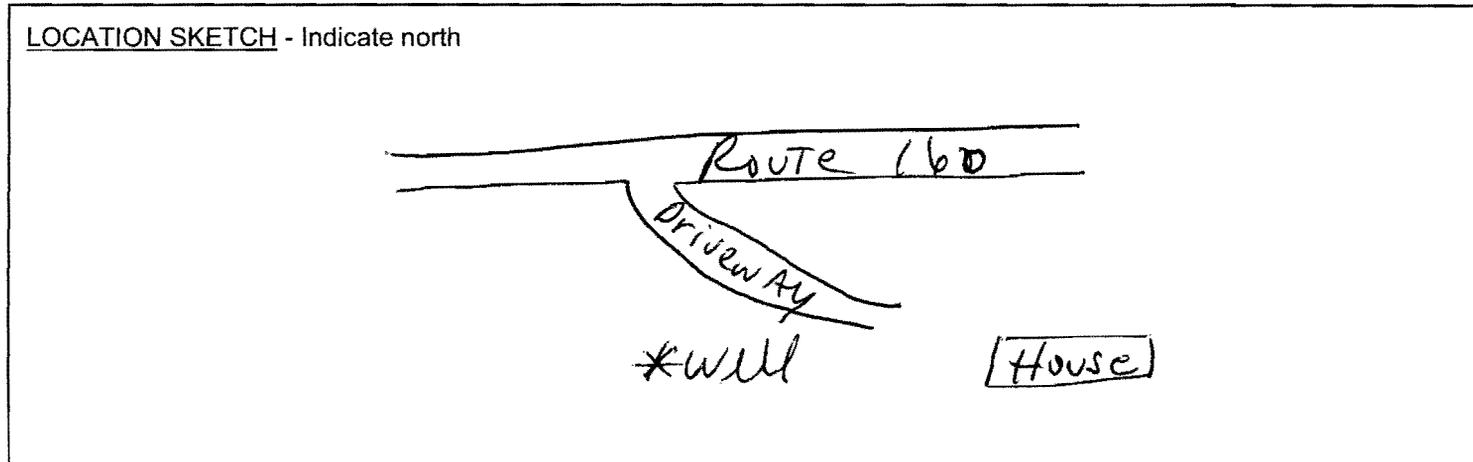


(1) COUNTY Schenectady
 (2) TOWN Pattersonville

(3) DEC Well Number
SN 1184

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]			LOG *					
(5) ADDRESS [REDACTED]						Ground Surface EL. <u>1413</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map Interpolation <u>N42° 52.709' W074° 05.924'</u> <u>Route 160, Pattersonville, NY</u>								
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>402 ft.</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>40'</u>	DATE MEASURED <u>9/21/05</u>	TOP OF WELL					
CASINGS								
(9) DIAMETER <u>6" Steel Casing</u> in. in. in.			0'to 75' 75'to302' 302'to402' Hardpan Black shale Gray limestone					
(10) LENGTH <u>80 ft.</u> ft. ft. in.								
(11) GROUT TYPE / SEALING <u>Bentonite grout & drive shoe</u>		(12) GROUT / SEALING INTERVAL (feet) FROM <u>80'</u> TO <u>20'</u>						
SCREENS								
(13) MAKE & MATERIAL			(14) OPENINGS					
(15) DIAMETER in. in. in. in.								
(16) LENGTH ft. ft. ft. in.								
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)								
YIELD TEST								
(18) DATE <u>9/20/05</u>			(19) DURATION OF TEST <u>4 hours</u>					
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>7 GPM</u>					
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>40'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>380'</u>					
(24) RECOVERY (Time in hours/minutes) <u>2 hours</u>			(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
PUMP INSTALLATION								
(26) PUMP INSTALLED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		(27) DATE <u>9/21/05</u>	(28) PUMP INSTALLER <u>Hanson Well Drilling & Pump Co., Inc.</u>					
(29) TYPE <u>Submersible</u>		(30) MAKE <u>Gould</u>	(31) MODEL <u>10GS15422</u>					
(32) MAXIMUM CAPACITY (GPM) <u>10 GPM</u>		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) <u>380'</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>9/20/05</u>			(37) DATE DRILLING WORK COMPLETED <u>9/20/05</u>					
(38) DATE REPORT FILED <u>11/1/05</u>	(39) REGISTERED COMPANY <u>Hanson Well Drilling & Pump Co., Inc.</u>		(40) DEC REGISTRATION NO. <u>NYRD 10005</u>					
(41) CERTIFIED DRILLER (Print name) <u>Thomas F. Hanson, Jr.</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.								
402' BOTTOM OF HOLE								
NYSDEC COPY								





(1) COUNTY SCHENECTADY
 (2) TOWN PRINCETON

(3) DEC Well Number
SH1193

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG * Ground Surface EL. <u>702</u> ft. above sea level	
(5) ADDRESS [REDACTED]			
(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° 52' 18" N 074° 07' 00" 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>178</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>Flows</u>	DATE MEASURED <u>8/8/04</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>180</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>8/8/04</u>		(19) DURATION OF TEST <u>30min</u>	
(20) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bail		(21) STABILIZED DISCHARGE (GPM) <u>20 gpm</u>	
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)		(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)	
(24) RECOVERY (Time in hours/minutes)		(25) Was the water produced during the test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES _____ NO _____		(27) DATE	(28) PUMP INSTALLER
(29) TYPE		(30) MAKE	(31) MODEL
(32) MAXIMUM CAPACITY (GPM)		(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)	
(34) METHOD OF DRILLING <input 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>8/6/04</u>		(37) DATE DRILLING WORK COMPLETED <u>8/9/04</u>	
(38) DATE REPORT FILED <u>1/30/06</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'LENNER</u>		(42) CERTIFIED DRILLER SIGNATURE <u>Peter O'Leanner</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 1-178 GRAY CLAY & BOLDERS 175 GRAVEL 178 GRAVEL BOTTOM OF HOLE 6" STEEL CASING 3" DIA 5' DIA	
NYSDEC COPY			

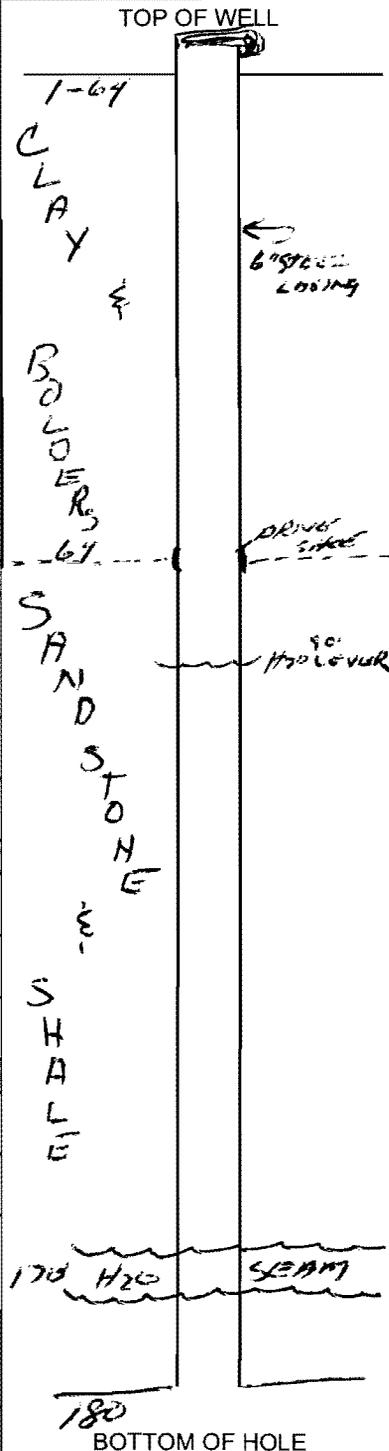


(1) COUNTY SCHENECTADY
 (2) TOWN PRINCETOWN

(3) DEC Well Number
SN1196

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		LOG * Ground Surface EL <u>548</u> ft. above sea level	
(5) ADDRESS [REDACTED]			
(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°52-39N 074°05-07W</u> <u>SAME</u>		Top Of Casing is located <u>2+</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>180</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>90</u>	DATE MEASURED <u>11/9/04</u>	
CASINGS			
(9) DIAMETER <u>6</u> in. in. in. in.			
(10) LENGTH <u>66</u> ft. ft. ft. in.			
(11) GROUT TYPE / SEALING		(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____	
SCREENS			
(13) MAKE & MATERIAL		(14) OPENINGS	
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>11/8/04</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>3</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 <u>X</u> No _____	
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES _____ NO <u>X</u>		(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>11/9/04</u>		(37) DATE DRILLING WORK COMPLETED <u>11/8/04</u>	
(38) DATE REPORT FILED <u>2/13/06</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'Connors</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

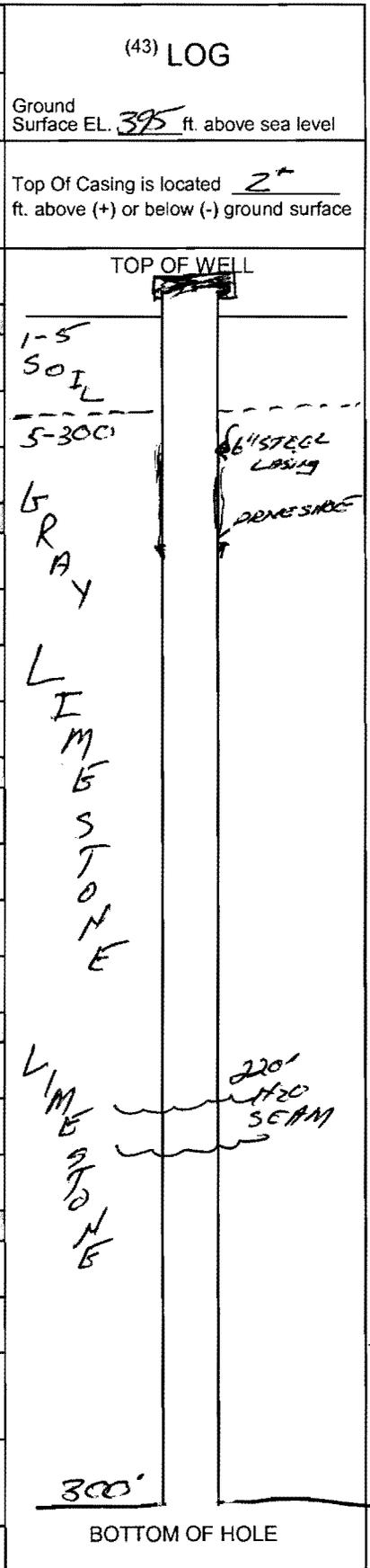


(1) COUNTY SCHENECTADY
 (2) TOWN GLENVILLE

(3) DEC Well Number
SH251

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]		(43) LOG	
(5) ADDRESS [REDACTED]		Ground Surface EL. <u>395</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°-53-58N 074°-04-56W</u>		Top Of Casing is located <u>2"</u> ft. above (+) or below (-) ground surface	
(7) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>300</u>	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>180'</u>	DATE MEASURED <u>6/19/07</u>	
CASINGS			
(9) DIAMETER <u>6</u> in.	in.	in.	in.
(10) LENGTH <u>20</u> ft.	ft.	ft.	in.
(11) GROUT TYPE / SEALING <u>BENSEAL</u>	(12) GROUT / SEALING INTERVAL (feet) FROM <u>20</u> TO <u>11</u>		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in.	in.	in.	in.
(16) LENGTH ft.	ft.	ft.	in.
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE <u>6-15-07</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>7</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"/>		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(27) DATE	(28) PUMP INSTALLER	
(29) TYPE	(30) MAKE	(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)	(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input 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>6/14/07</u>	(37) DATE DRILLING WORK COMPLETED <u>6/15/07</u>		
(38) DATE REPORT FILED <u>6/19/07</u>	(39) REGISTERED COMPANY <u>PROVOST BROS.</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>		



NYSDEC COPY

* 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.

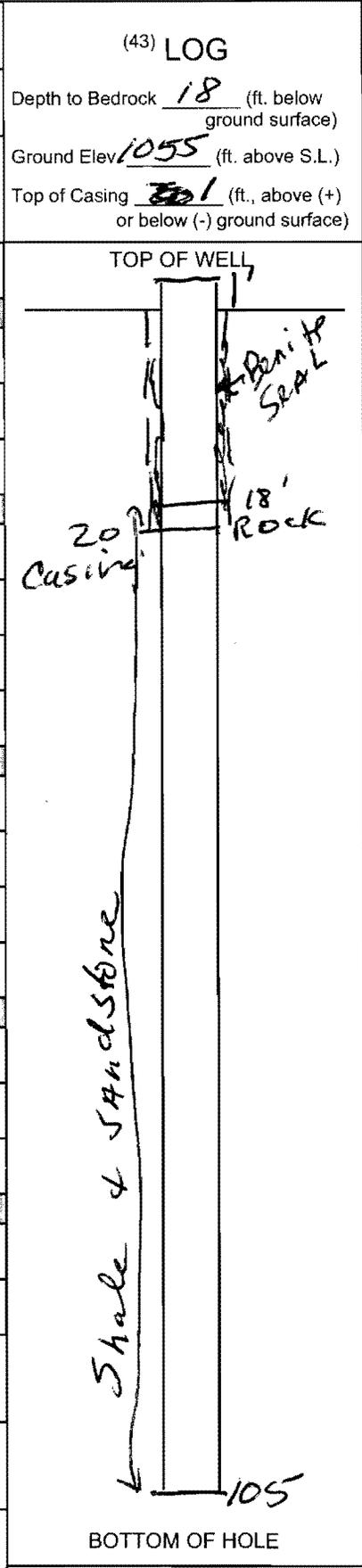


(1) COUNTY Schenectady
 (2) TOWN Duanesburg

(3) DEC Well Number
SN 1280

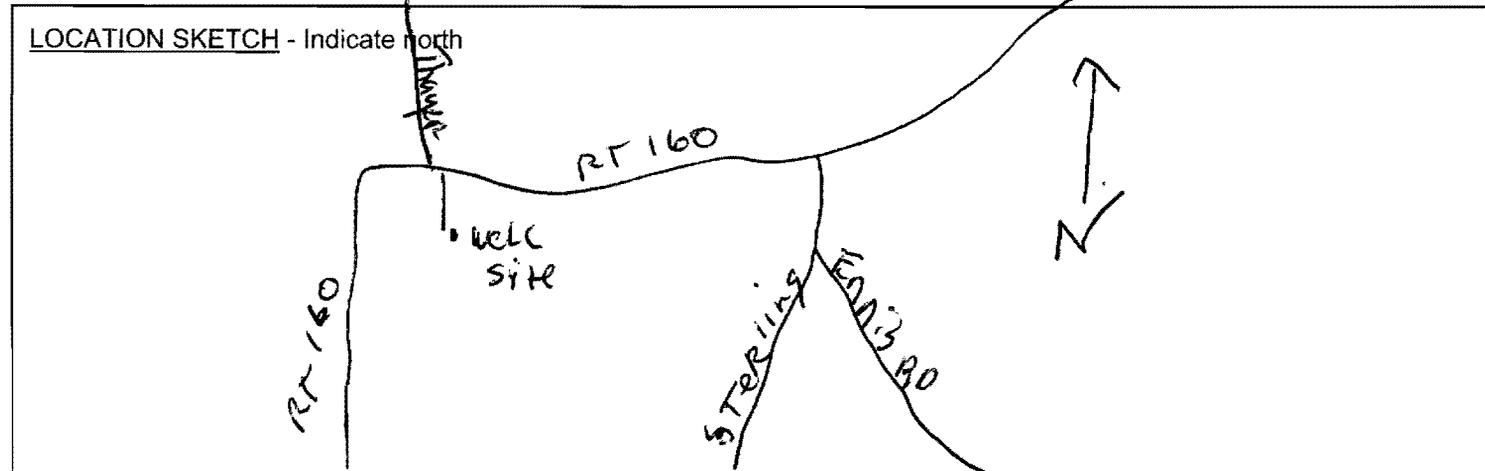
WATER WELL COMPLETION REPORT

(4) OWNER: [REDACTED]
 (5) ADDRESS: [REDACTED]
 (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° 52.181
W 74° 03.240
 (7) DEPTH OF WELL BELOW LAND SURFACE (feet) 104 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 1 DATE MEASURED 4-24-08
CASINGS
 (9) DIAMETER 6 in. (10) LENGTH 20 ft.
 (11) GROUT TYPE / SEALING Bonite Seal (12) GROUT / SEALING INTERVAL (feet) FROM 4 TO 20
SCREENS
 (13) MAKE & MATERIAL (14) OPENINGS
 (15) DIAMETER (16) LENGTH
 (17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)
YIELD TEST
 (18) DATE 4-24-06 (19) DURATION OF TEST 2 HR
 (20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 15
 (22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 1' (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 105'
 (24) RECOVERY (Time in hours/minutes) 4 HRS (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)
DRILLING
 (34) METHOD OF DRILLING Rotary Cable Tool Other (35) USE OF WATER (See instructions for choices) Domestic
 (36) DATE DRILLING WORK STARTED 4/17/08 (37) DATE DRILLING WORK COMPLETED 4/24/08
 (38) DATE REPORT FILED 6/16/08 (39) REGISTERED COMPANY Lawrence Water Wells (40) DEC REGISTRATION NO. NYRD 10027
 (41) CERTIFIED DRILLER (Print name) MARK Lawrence (42) CERTIFIED DRILLER SIGNATURE * Mark Lawrence



NYSDEC COPY

* 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.



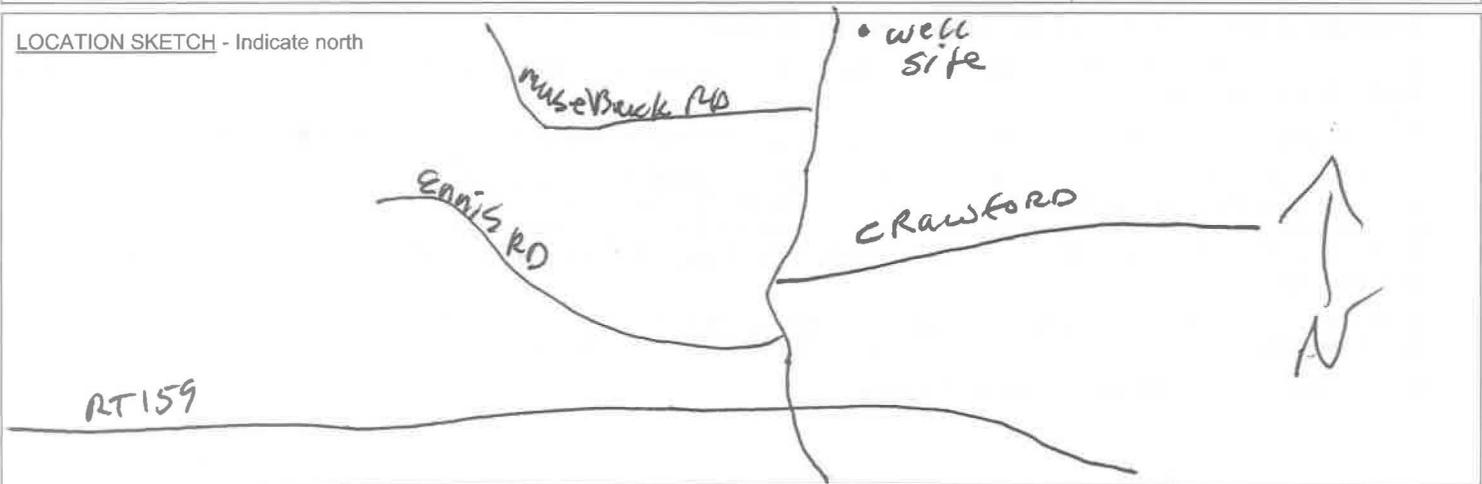
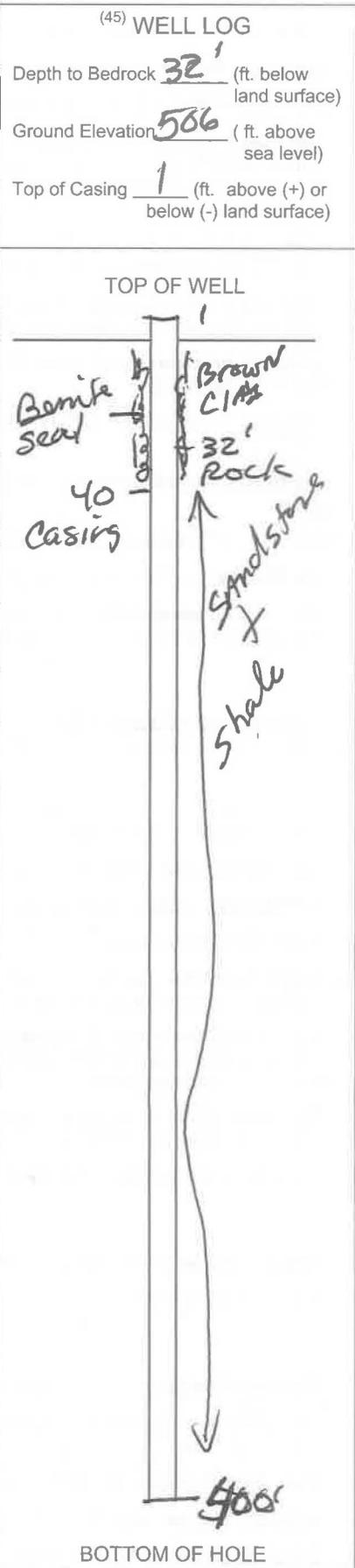


(1) COUNTY Schohy
 (2) TOWN Pattersonville

(3) DEC Well Number
SN 1418

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]	
(5) ADDRESS [REDACTED]	
(6) LOCATION OF WELL (See Instructions On Reverse) (Check here <input type="checkbox"/> if address is same as above) <u>Same</u>	
(7) LATITUDE/LONGITUDE AND METHOD USED <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map <u>N42°52.827 W 079 05.038</u>	(8) TAX MAP NO.
(9) DEPTH OF WELL BELOW LAND SURFACE (feet) <u>399</u>	(10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) <u>N6</u> DATE MEASURED <u>12/13/12</u>
CASINGS	
(11) DIAMETER <u>6 in.</u>	
(12) LENGTH <u>40 ft.</u>	
(13) GROUT TYPE / SEALING <u>Bentonite seal</u>	(14) GROUT / SEALING INTERVAL (feet) FROM <u>4</u> TO <u>40</u>
SCREENS	
(15) MAKE & MATERIAL	(16) OPENINGS
(17) DIAMETER	
(18) LENGTH	
(19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)	
YIELD TEST	
(20) DATE <u>12/13/12</u>	(21) DURATION OF TEST <u>0</u>
(22) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bailor	(23) STABILIZED DISCHARGE (GPM) <u>No water.</u>
(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)
(26) RECOVERY (Time in hours/minutes)	(27) Was the water produced during the test discharged away from immediate area? Yes <input type="checkbox"/> No <input type="checkbox"/>
PUMP INSTALLATION	
(28) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(29) DATE
(31) TYPE	(32) MAKE
(34) MAXIMUM CAPACITY (GPM)	(35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)
DRILLER INFORMATION	
(36) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other	(37) USE OF WATER (See instructions for choices) <u>Domestic</u>
(38) DATE DRILLING WORK STARTED <u>12/13/12</u>	(39) DATE DRILLING WORK COMPLETED <u>12/14/12</u>
(40) DATE REPORT FILED <u>12/14/12</u>	(41) REGISTERED COMPANY <u>Lawrence Water Wells</u>
(43) CERTIFIED DRILLER (Print name) <u>Thomas Lawrence III</u>	(42) DEC REGISTRATION NO. <u>NYRD 10027</u>
(44) CERTIFIED DRILLER SIGNATURE <u>Thomas Lawrence III</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.

10/2011

NYSDEC



(1) COUNTY Schenectady
 (2) TOWN Glenville

(3) DEC Well Number
SN1451

WATER WELL COMPLETION REPORT

(4) OWNER [REDACTED]
 (5) ADDRESS [REDACTED]
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here if address is same as above)
SAME
 (7) LATITUDE/LONGITUDE AND METHOD USED GPS Map 42° 59.22' 674" 05.060" W
 (8) TAX MAP NO.

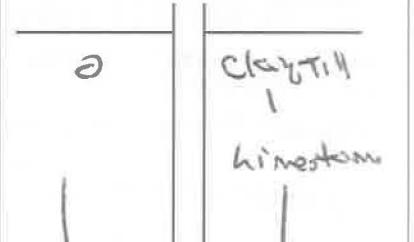
(45) WELL LOG
 Depth to Bedrock 3 1/2 (ft. below land surface)
 Ground Elevation _____ (ft. above sea level)
 Top of Casing _____ (ft. above (+) or below (-) land surface)

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 420
 (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)
 DATE MEASURED

TOP OF WELL

CASINGS

(11) DIAMETER 6 in. | in. | in. | in.
 (12) LENGTH 20 ft. | ft. | ft. | in.
 (13) GROUT TYPE / SEALING Bentonite
 (14) GROUT / SEALING INTERVAL (feet) FROM 0 TO 20



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

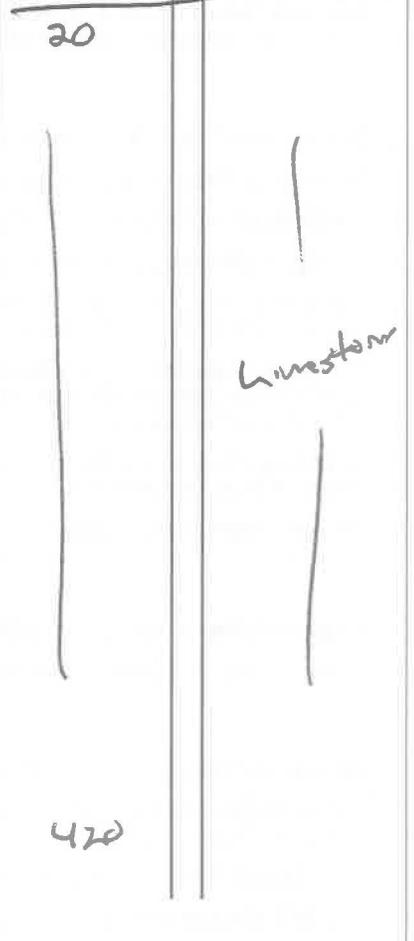
(20) DATE 12-13-13
 (21) DURATION OF TEST 1hr
 (22) LIFT METHOD Pump Air Lift Bailer
 (23) STABILIZED DISCHARGE (GPM) 4
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)
 (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)
 (26) RECOVERY (Time in hours/minutes)
 (27) Was the water produced during the test discharged away from immediate area? Yes No _____

PUMP INSTALLATION

(28) PUMP INSTALLED? YES _____ NO
 (29) DATE
 (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) Res
 (38) DATE DRILLING WORK STARTED 12-13-13
 (39) DATE DRILLING WORK COMPLETED SAME
 (40) DATE REPORT FILED 12-16-13
 (41) REGISTERED COMPANY Rosick Well Drilling
175 Farley Road
Hudson Falls, NY 12839
 (42) DEC REGISTRATION NO. NYRD 10119
 (43) CERTIFIED DRILLER (Print name) David W Rosick
 (44) CERTIFIED DRILLER SIGNATURE [Signature]



* By signing this document I hereby affirm that: (1) I am certified to supervise water well drilling activities as required by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with 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 a false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45.

BOTTOM OF HOLE
 NYSDEC



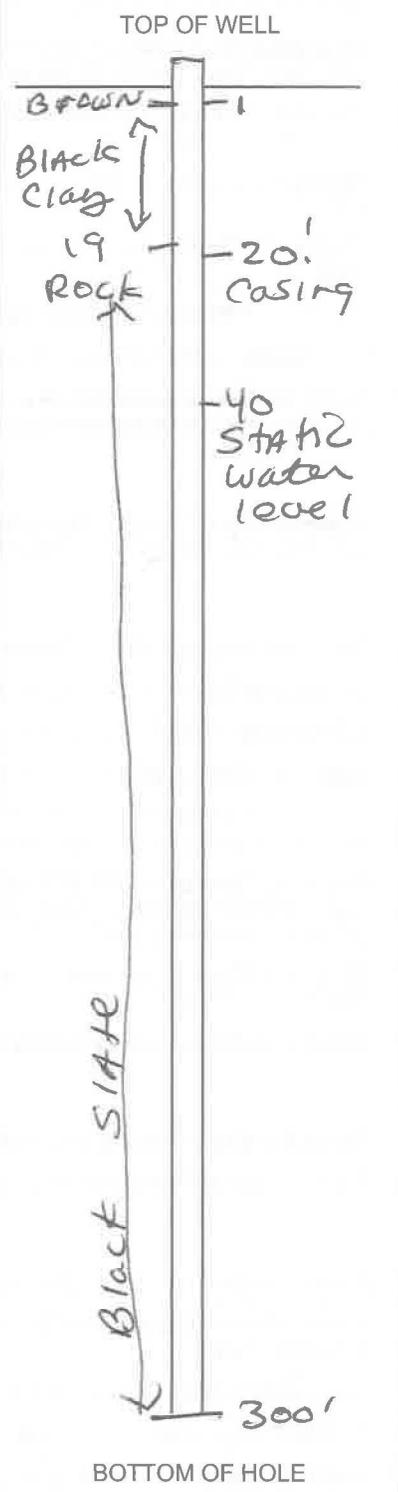
(1) COUNTY Schenectady
 (2) TOWN Pattersonville

(3) DEC Well Number
SN1466

WATER WELL COMPLETION REPORT

(4) [REDACTED]
 (5) [REDACTED]
 (6) LOCATION OF WELL (See Instructions On Reverse) (Check here if address is same as above)
Same
 (7) LATITUDE/LONGITUDE AND METHOD USED GPS Map N 42° 51.811 W 074° 06.877 (8) TAX MAP NO. _____
 (9) DEPTH OF WELL BELOW LAND SURFACE (feet) 299' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 40 DATE MEASURED 9/18/14
CASINGS
 (11) DIAMETER 6 in. | in. | in. | in.
 (12) LENGTH 20 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.
 (18) LENGTH ft. | ft. | ft. | in.
 (19) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet) _____
YIELD TEST
 (20) DATE 9/18/14 (21) DURATION OF TEST 1 HR.
 (22) LIFT METHOD Pump Air Lift Bailor (23) STABILIZED DISCHARGE (GPM) 0
 (24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 41' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 300'
 (26) RECOVERY (Time in hours/minutes) 2 Days (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 9/16/14 (39) DATE DRILLING WORK COMPLETED 9/18/14
 (40) DATE REPORT FILED 9/15/14 (41) REGISTERED COMPANY Lawrence Water Working (42) DEC REGISTRATION NO. NYRD 10027
 (43) CERTIFIED DRILLER (Print name) Thomas Lawrence (44) CERTIFIED DRILLER SIGNATURE * [Signature]

(45) WELL LOG
 Depth to Bedrock 19 (ft. below land surface)
 Ground Elevation 780 (ft. above sea level)
 Top of Casing 1 (ft. above (+) or below (-) land surface)



* 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.



Department of Environmental Conservation

(1) COUNTY Montgomery

(2) TOWN Florida

WATER WELL COMPLETION REPORT

(3) DEC Well Number

SN 1555

(4) OWNER [REDACTED]

(5) ADDRESS [REDACTED]

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

(7) LATITUDE/LONGITUDE AND METHOD USED GPS Map N42°52'59"W 74°7'16" (8) TAX MAP NO.

(9) DEPTH OF WELL BELOW LAND SURFACE (feet) 479' (10) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 206' DATE MEASURED 11/14/17

CASINGS

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

(12) LENGTH 20 ft. | ft. | ft. | ft.

(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.

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

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

YIELD TEST

(20) DATE 11/14/17 (21) DURATION OF TEST 2 HRS

(22) LIFT METHOD Pump Air Lift Bailer (23) STABILIZED DISCHARGE (GPM) 20

(24) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 201' (25) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) 300'

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

PUMP INSTALLATION

(28) PUMP INSTALLED? YES NO (29) DATE 11/21/17 (30) CERTIFIED PUMP INSTALLER Tom Lawrence

(31) TYPE Sub (32) MAKE Mc Donald (33) MODEL 1 HP x 56 P.M.

(34) MAXIMUM CAPACITY (GPM) 10 GPM (35) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet) 465'

DRILLER INFORMATION

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

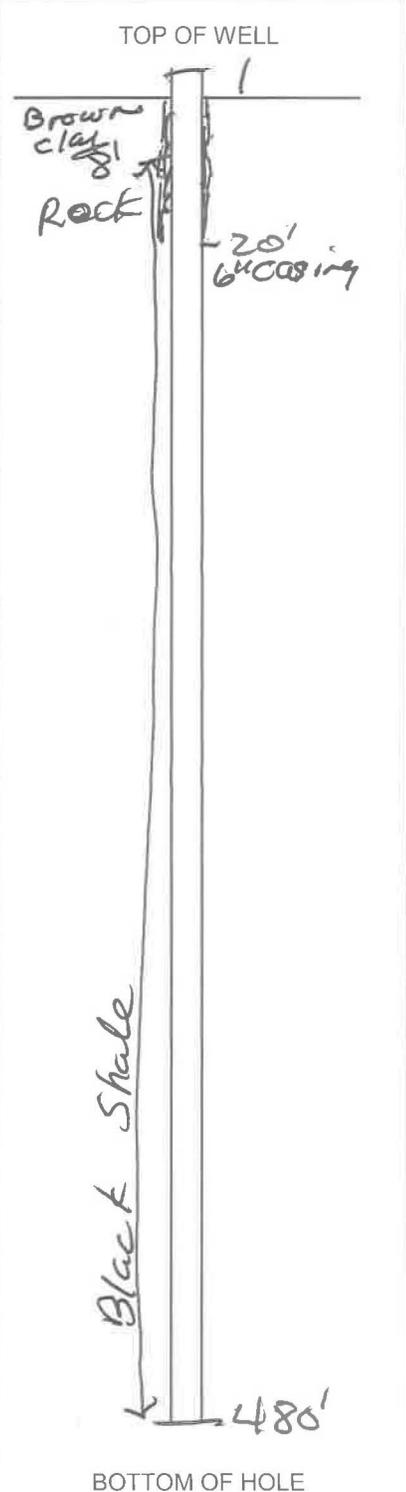
(38) DATE DRILLING WORK STARTED (39) DATE DRILLING WORK COMPLETED

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

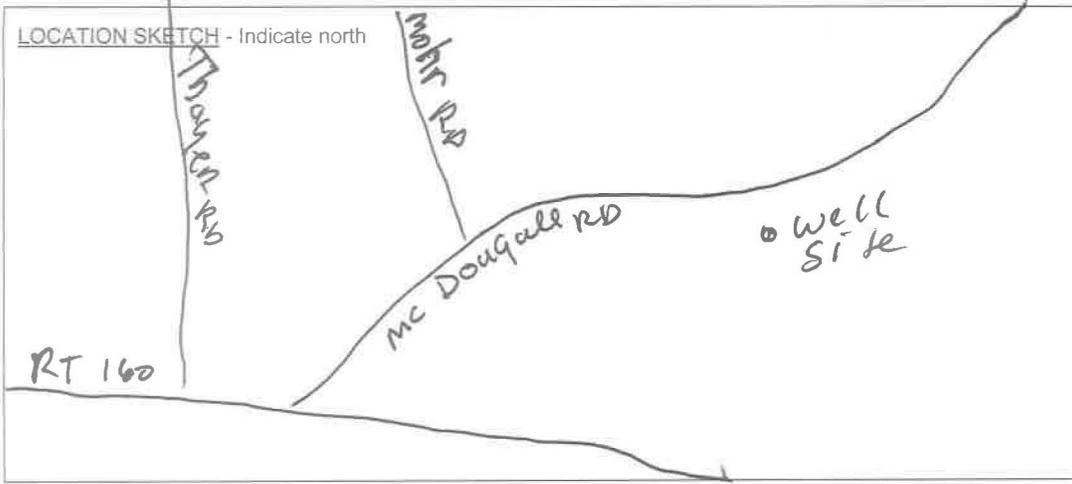
(43) CERTIFIED DRILLER (Print name) Thomas Lawrence (44) CERTIFIED DRILLER SIGNATURE [Signature]

* 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 8 (ft. below land surface)
Ground Elevation 1160 (ft. above sea level)
Top of Casing 1 (ft. above (+) or below (-) land surface)



NYSDEC COPY



NYS DEC Well Number	County	Town	Well Location	Latitude (DMS)	Longitude (DMS)	Method	Latitude (Decimal Degrees, GCS 84)	Longitude (Decimal Degrees, GCS 84)	Elevation (feet amsl)	Well Depth (Feet)	Depth to Bedrock (Feet)	Depth to Groundwater (Feet)	Cased Depth (Feet)	Casing 1 Diameter (Inches)	Casing 1 Length (Feet)	Casing 2 Diameter (Inches)	Casing 2 Length (Feet)	Screened?	Screen Length (Feet)	Depth to Top of Screen (Feet)	Yield Test Average Discharge (Gallons per Minute)	Well Purpose	NYS DEC Driller Registration Number	Report Date	Public	PW
MT1040	MONTGOMERY	Florida	BULLS HEAD RD	42 53 48.5	74 08 03.5	GPS	42.89680556	-74.134306						6	32			N			3.00	Domestic	NYRD10119	09-Oct-06		
MT1052	MONTGOMERY	Florida	BULLSHEAD RD	42 52 25.8	74 10 27.0	GPS	42.87383333	-74.174167		220	12.00			6	20			N			5.00	Domestic	NYRD10227	13-Oct-06		
MT1064	MONTGOMERY	Florida	MC DOUGALL RD,	42 52 59.2	74 06 49.8	EST	42.88311111	-74.113833		260	20.00			6	20			N			20.00	Domestic	NYRD10253			
MT1066	MONTGOMERY	Florida	558 PATTERSONVILLE RD, FLORIDA	42 53 37.3	74 07 19.5	GPS	42.89369444	-74.122083		94	84.00			6	24			N			12.00	Domestic	NYRD10100	15-Dec-06	YES	N
MT1067	MONTGOMERY	Florida	BELLDONS ROAD, TOWN OF FLORIDA	42 53 42.0	74 11 01.2	GPS	42.895	-74.183667		300	8.00			6	20			N			5.00	Domestic	NYRD10231	01-Dec-06		
MT1080	MONTGOMERY	Amsterdam	385 SWART HILL RD, AMSTERDAM	42 55 01.2	74 05 49.0	GPS	42.917	-74.096944	786	118	14	107.00	22.00	6	24			N			5.25	Domestic	NYRD10100		YES	N
MT1086	MONTGOMERY	Florida	418 Langley Rd,	42 52 53.5	74 11 18.4	GPS	42.88152778	-74.188444	741	106	-999	10.00	106.60	6	108.5			N			6.00	Domestic	NYRD10100	21-May-07	YES	N
MT1088	MONTGOMERY	Florida		42 53 00.7	74 12 02.3	GPS	42.88352778	-74.200639	692	150		147.50		6	149			N			40.00	Domestic	NYRD10100	14-Sep-07		
MT1093	MONTGOMERY	Florida	BULLS HEAD RD, AMSTERDAM	42 53 46.6	74 08 05.9	GPS	42.89627778	-74.134972	590	208	6	40.50		6	22			N			8.00	Domestic	NYRD10027	18-Jun-07		
MT1098	MONTGOMERY	Amsterdam	WATER STREEET	42 56 15.0	74 08 31.0	GPS	42.9375	-74.141944	622	360	16	99.00		6	20			N			30.00	Domestic	NYRD10227	09-Mar-09		
MT1118	MONTGOMERY	Florida	THAYER RD						628	402	30	200.00	38.00	6	40			N			0.50	Domestic	NYRD10005	17-Oct-07	NO	Y
MT1134	MONTGOMERY	Florida		42 54 01.6	74 11 21.1		42.90044444	-74.189194	744	162		155.00		6	153			N			8.00	Domestic	NYRD10100	14-Mar-08		
MT1149	MONTGOMERY	Florida		42 54 38.8	74 11 10.9	GPS	42.91077778	-74.186361	820	412		287.00		6	23			N			0.01	Domestic	NYRD10100	10-Jun-09		
MT1176	MONTGOMERY	Amsterdam		42 54 55.6	74 07 36.6	GPS	42.91544444	-74.126833		53	-999	53.00		6	55			N			6.00	Domestic	NYRD10100	15-Dec-08		
MT1184	MONTGOMERY	Florida	(254) MC DOUGALL RD,	42 53 12.6	74 07 00.0	EST	42.88683333	-74.116667		181	6	7.00		6	20.33			N			10.00	Domestic	NYRD10101	12-Aug-09	YES	N
MT1187	MONTGOMERY	Florida	MC DOUGALL RD, PATTERSONVILLE	42 53 04.8	74 06 46.5	EST	42.88466667	-74.112917		220		30.00		6	20			N			6.00	Domestic	NYRD10253			
MT1191	MONTGOMERY	Amsterdam	164 CRANES HOLLOW RD, AMSTERDAM	42 55 17.1	74 07 55.3	GPS	42.92141667	-74.132028	356	160	130	6.00		6	140			N			20.00	Domestic	NYRD10002	04-Aug-09		
MT1204	MONTGOMERY	Amsterdam	ROBB RD	42 55 20.3	74 06 22.1	GPS	42.92230556	-74.106139	328	280	19	35.00		6	25			N			5.00	Domestic	NYRD10027	04-Nov-09		
MT1219	MONTGOMERY	Florida	RT 5						263	62	-999	11.00	59.00	6	59			Y	5	57	5.00	Public	NYRD10002	03-Mar-10	NO	Y
MT1227	MONTGOMERY	Amsterdam	180 CHAPMAN DR, AMSTERDAM	42 55 21.4	74 09 26.8	EST	42.92261111	-74.157444	300	150	38	18.00	43.50	6	46			N			100.00	Domestic	NYRD10002	09-Apr-10	YES	N
MT1237	MONTGOMERY	Florida	241 MC DOUGALL RD	42 53 07.0	74 06 43.8	EST	42.88527778	-74.112167		362	4			6	22			N			0.14	Domestic	NYRD10014	06-Aug-10	YES	N
MT1238	MONTGOMERY	Florida	241 MC DOUGALL RD, WELL #2	42 53 08.4	74 06 46.8	GPS	42.88566667	-74.113		277	16	84.00		6	21			N			12.00	Domestic	NYRD10014	06-Aug-10	YES	N
MT1280	MONTGOMERY	Florida	BULLS HEAD RD, FLORIDA	42 53 22.6	74 09 06.7		42.88961111	-74.151861		310	-999	40.00		6	310			N			30.00	Domestic	NYRD10030	01-Oct-12		
MT1299	MONTGOMERY	Florida	MC DOUGALL RD, LOT 9, FLORIDA	42 53 24.6	74 06 42.5	EST	42.89016667	-74.111806		65	-999	8.00		6	62			Y	5	60	25.00	Domestic	NYRD10055	24-Oct-12		
MT1369	MONTGOMERY	Amsterdam	294 Langley Rd. Amsterdam	42 52 57.3	74 11 54.7	GPS	42.88258333	-74.198528	667	73	-999	0.00	73.00	6	75			N			50.00	Domestic	NYRD10002	24-Jul-14	YES	N
MT1384	MONTGOMERY	Florida	MCDUGALL RD, LOT 7, PATTERSONVILLE							240	48			6	50			N			7.00	Domestic	NYRD10253	11-Sep-14		
MT1454	MONTGOMERY	Amsterdam	240 Cranes Hollow Rd., Amsterdam, NY 12010	42 55 32.8	74 07 33.5	GPS	42.92577778	-74.125972	543	202	6	185.00		6	20.5			N				Domestic	NYRD10002	06-Jul-16		
MT1455	MONTGOMERY	Amsterdam	240 Cranes Hollow Rd., Amsterdam, NY 12010	42 55 35.5	74 07 32.8	GPS	42.92652778	-74.125778	546	172	15	8.00		6	20.5			N			2.50	Domestic	NYRD10002	06-Jul-16		
MT1487	MONTGOMERY	Amsterdam	703 Thayer Rd., Amsterdam,	42 53 12.0	74 09 18.0	GPS	42.88666667	-74.155	770	384		185.00						N			2.00	Domestic	NYRD10027	29-Jun-17		
MT1496	MONTGOMERY	Amsterdam	1281 BULLSHEAD RD, AMSTERDAM	42 54 27.4	74 07 22.0	GPS	42.90761111	-74.122778		240		48.40		6				N			10.00	Domestic	NYRD10005	31-Aug-17		
MT1497	MONTGOMERY	Florida	345 PATTERSONVILLE RD, FLORIDA	42 54 15.5	74 08 11.2	GPS	42.90430556	-74.136444	995	240								N			10.00	Domestic	NYRD10119	16-Oct-17		
MT1498	MONTGOMERY	Florida	351 PATTERSONVILLE RD, FLORIDA	42 54 16.2	74 08 10.7	GPS	42.9045	-74.136306	629	440	10			6	20			N			1.00	Domestic	NYRD10119	17-Oct-17		
MT1500	MONTGOMERY	Amsterdam	774 ST HWY 55, AMSTERDAM	42 55 02.3	74 08 49.9	GPS	42.91730556	-74.147194		98	-999	15.00		6	93			Y	5	5	100.00	Domestic	NYRD10005	06-Oct-17		

MT1507	MONTGOMERY	Florida	140 State Hwy 5S, Pattersonville	42 53 52.8	74 05 30.9	nForm	42.898	-74.091917	276	128	-999	10.00		6	128		Y	5	100.00	Domestic	NYRD10002	01-May-18		
MT632	MONTGOMERY	Florida	188 Thayer Rd, AMSTERDAM	42 55 04.2	74 10 42.3	EST	42.91783333	-74.178417		88	45	78.00	45.00	6	45		N		10.00	Domestic	NYRD10101	29-Mar-01	YES	N
MT635	MONTGOMERY	Amsterdam	148 CRANE HOLLOW RD, AMSTERDAM	42 55 11.9	74 07 55.4		42.91997222	-74.132056		162		2.00		6	143		N		60.00	Domestic	NYRD10005	20-Jul-01		
MT713	MONTGOMERY	Amsterdam	274 SWART HILL RD, AMSTERDAM	42 54 51.2	74 06 25.4	EST	42.91422222	-74.107056		235							N		0.50	Domestic	NYRD10205	22-May-03	YES	N
MT740	MONTGOMERY	Amsterdam		42 55 02.0	74 06 30.0		42.91722222	-74.108333		160		40.00		6	38		N		20.00	Domestic	NYRD10227	06-Apr-02		
MT807	MONTGOMERY	Florida	545 BULLSHEAD RD, AMSTERDAM	42 52 48.4	74 10 21.9	GPS	42.88011111	-74.17275		373		324.00		6	52		N		4.00	Domestic	NYRD10100	02-Jul-03	YES	N
MT810	MONTGOMERY	Amsterdam	274 SWART HILL RD, AMSTERDAM	42 54 52.0	74 06 20.0		42.91444444	-74.105556		420		276.00		6	30		N		10.00	Domestic	NYRD10227	23-Jun-03		
MT815	MONTGOMERY	Florida	Schuyler Rd,	42 52 45.4	74 10 42.8	GPS	42.87927778	-74.178556	821	37	11	9.00	11.00	6	13		N		10.00	Domestic	NYRD10100	28-Jun-03	YES	N
MT851	MONTGOMERY	Amsterdam	RT 67	42 56 24.6	74 09 14.4	GPS	42.94016667	-74.154		158		30.00		6	31		N		2.50	Domestic	NYRD10227	13-Oct-05		
MT856	MONTGOMERY	Amsterdam	TRUAX RD	42 55 36.0	74 09 20.0		42.92666667	-74.155556	531	93		45.00		6	65		N		14.00	Domestic	NYRD10231	11-Dec-03		
MT865	MONTGOMERY	Florida	BELLDON'S RD, FLORIDA, NY	42 53 51.4	74 11 13.9	GPS	42.89761111	-74.187194		502		100.00		6	40		N		4.00	Domestic	NYRD10005	06-Apr-04		
MT881	MONTGOMERY	Florida	PATTERSONVILLE RD	42 53 59.9	74 07 49.7		42.89997222	-74.130472		139		19.00		6	33		N		6.00	Domestic	NYRD10027	24-Nov-04		
MT913	MONTGOMERY	Amsterdam	149 CRANES HOLLOW ROAD	42 55 12.9	74 07 57.7		42.92025	-74.132694		135		2.00		6	120		N		10.00	Domestic	NYRD10253			
MT918	MONTGOMERY	Florida		42 53 48.7	74 07 13.4		42.89686111	-74.120389		250		207.00		6	23		N		5.25	Domestic	NYRD10100	18-Jun-05		
MT935	MONTGOMERY	Amsterdam	137 RIVERVIEW DR, AMSTERDAM	42 55 02.7	74 07 52.8	GPS	42.91741667	-74.131333		130	-999	0.00	130.00	6	130		N		10.00	Domestic	NYRD10030	17-Sep-05	YES	N
MT937	MONTGOMERY	Glen		42 52 00.0	74 10 54.0	GPS	42.86666667	-74.181667	1007	93		15.00		6			N		15.00	Domestic	NYRD10148	20-Jul-05		
MT959	MONTGOMERY	Florida	DORN RD	42 52 15.0	74 09 30.0	GPS	42.87083333	-74.158333	804	500	16	346.00	18.00	6	20		N			Domestic	NYRD10227	08-Oct-05	YES	N
MT980	MONTGOMERY	Amsterdam	293 TRUAX RD, AMSTERDAM	42 56 00.3	74 08 53.4	EST	42.93341667	-74.148167	507	190	33	39.00	33.00	6	36		N		10.00	Domestic	NYRD10227	30-Jan-06	YES	N
MT982	MONTGOMERY	Amsterdam	SWART HILL RD, AMSTERDAM	42 54 54.0	74 06 26.8	EST	42.915	-74.107444	521	300	4	220.00	20.00	6	20		N		4.00	Domestic	NYRD10227	03-Feb-06	YES	N
MT997	MONTGOMERY	Florida		42 52 40.0	74 09 30.0	GPS	42.87777778	-74.158333	876	380		30.00		6	20		N		0.75	Domestic	NYRD10227	16-Feb-06		
SN1035	SCHENECTADY	Princetown	1512 SCOTCH CHURCH RD, PATTERSONVILLE	42 52 16.0	74 06 46.0	EST	42.87111111	-74.112778		219	80	0.00	79.00	6	80		N		20.00	Domestic	NYRD10027	29-Apr-03	YES	N
SN1130	SCHENECTADY	Duanesburg		42 52 18.7	74 08 03.8	GPS	42.87186111	-74.134389	924	135		115.00		6	20		N		4.00	Domestic	NYRD10100	14-Apr-05		
SN1149	SCHENECTADY	Duanesburg	RT 160	42 51 43.2	74 08 39.5	GPS	42.862	-74.144306	1260	398		28.50		6	100		N		3.00	Domestic	NYRD10027	17-Mar-06		
SN1162	SCHENECTADY	Duanesburg	345 FITZDON RD	42 51 16.1	74 08 46.9	EST	42.85447222	-74.146361		370	18	20.00	20.00	6	20		N		8.00	Domestic	NYRD10253		YES	N
SN1177	SCHENECTADY	Rotterdam	4983 RYNEX CORNER RD	42 53 03.2	74 04 51.7	RPS	42.88422222	-74.081028		420	10	10.00	18.00	6	20		N		5.00	Domestic	NYRD10398		YES	N
SN1184	SCHENECTADY	Princetown	2515 SCOTCH CHURCH RD, PATTERSONVILLE	42 52 42.5	74 05 55.4	GPS	42.87847222	-74.098722	1413	402		40.00		6	80		N		7.00	Domestic	NYRD10005	01-Nov-05		
SN1193	SCHENECTADY	Princetown	1275 SCOTCH CHURCH RD, PATTERSONVILLE	42 52 20.3	74 07 01.4	EST	42.87230556	-74.117056	702	178	-999	0.00	178.00	6	180		N		20.00	Domestic	NYRD10227	30-Jan-06	YES	N
SN1196	SCHENECTADY	Princetown	4405 RYNEX CO. RD, PATTERSONVILLE	42 52 39.0	74 05 07.0	GPS	42.8775	-74.085278	548	180		90.00		6	66		N		3.00	Domestic	NYRD10227	13-Feb-06		
SN1251	SCHENECTADY	Glenville	TOAREUEAND RD, OFF WOLF HOLLOW	42 53 57.2	74 04 59.4	EST	42.89922222	-74.083167	395	300	5	180.00	20.00	6	20		N		7.00	Domestic	NYRD10227	19-Jun-07	YES	N
SN1280	SCHENECTADY	Duanesburg	RT 160	42 52 10.9	74 08 14.4	GPS	42.86969444	-74.137333	1055	104	18	1.00	19.00	6	20		N		15.00	Domestic	NYRD10027	16-Jun-08	YES	N
SN1418	SCHENECTADY	Princetown	4684 RYNEX CORNERS RD, PATTERSONVILLE	42 52 49.6	74 05 02.3	GPS	42.88044444	-74.083972	506	399	32			6	40		N		0.00	Domestic	NYRD10027	14-Dec-12		
SN1451	SCHENECTADY	Glenville	836 TOUREUNA RD, AMSTERDAM	42 54 12.1	74 05 03.6	GPS	42.90336111	-74.084333		420	4			6	20		N		4.00	Domestic	NYRD10119	16-Dec-13		
SN1466	SCHENECTADY	Princetown	660 STERLING RD, PATTERSONVILLE	42 51 48.7	74 06 52.6	GPS	42.86352778	-74.114611	780	299	19	40.00		6	20		N		0.00	Domestic	NYRD10027	15-Sep-14		
SN1555	SCHENECTADY	Florida	321 McDougall Rd., Pattersonville	42 52 59.0	74 07 16.0	GPS	42.88305556	-74.121111	1160	479	8	200.00		6	20		N		20.00	Domestic	NYRD10027			
SN902	MONTGOMERY	Florida	604 PATTERSONVILLE RD.	42 53 39.8	74 07 04.1	EST	42.89438889	-74.117806		175		30.00		6	20		N		15.00	Domestic	NYRD10002	15-Aug-00		

SN964	SCHENECTADY	Princeton	SCOTCH CHURCH, PATERSONVILLE	42 52 12.4	74 06 17.5	EST	42.87011111	-74.104861	725	325	44	-1.00	46.00	6	47						10.00	Domestic	NYRD10002	04-Mar-02	YES	N
SN975	SCHENECTADY	Princeton	4266 Rynex Corners Rd, PATERSONVILLE	42 52 30.0	74 05 09.0	GPS	42.875	-74.085833	700	60	45	30.00	45.00	6	48						20.00	Domestic	NYRD10227	08-Feb-02	YES	N
SN978	SCHENECTADY	Princeton	1237 MUSELBEEK RD, PATERSONVILLE	42 52 22.4	74 06 21.7	GPS	42.87288889	-74.106028	772	200		70.00		6	20						40.00	Domestic	NYRD10002	09-Mar-05		
SN991	SCHENECTADY	Duanesburg		42 51 41.9	74 08 29.7		42.86163889	-74.141583		171		155.00		6	35						5.25	Domestic	NYRD10100	18-Apr-03		

COUNTY OF MONTGOMERY
REQUEST FOR ACCESS TO PUBLIC RECORDS

I APPLY TO INSPECT THE FOLLOWING RECORD(S) _____
DEPARTMENT.

Requested By (please print) Signature *Katherine McGar*

Mailing Address Date



APPROVED _____

DENIED _____ (reasons 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 Freedom of Information Act
- Other (Specify)

SIGNATURE _____ DATE: _____

TITLE/DEPT. OR AGENCY HEAD _____

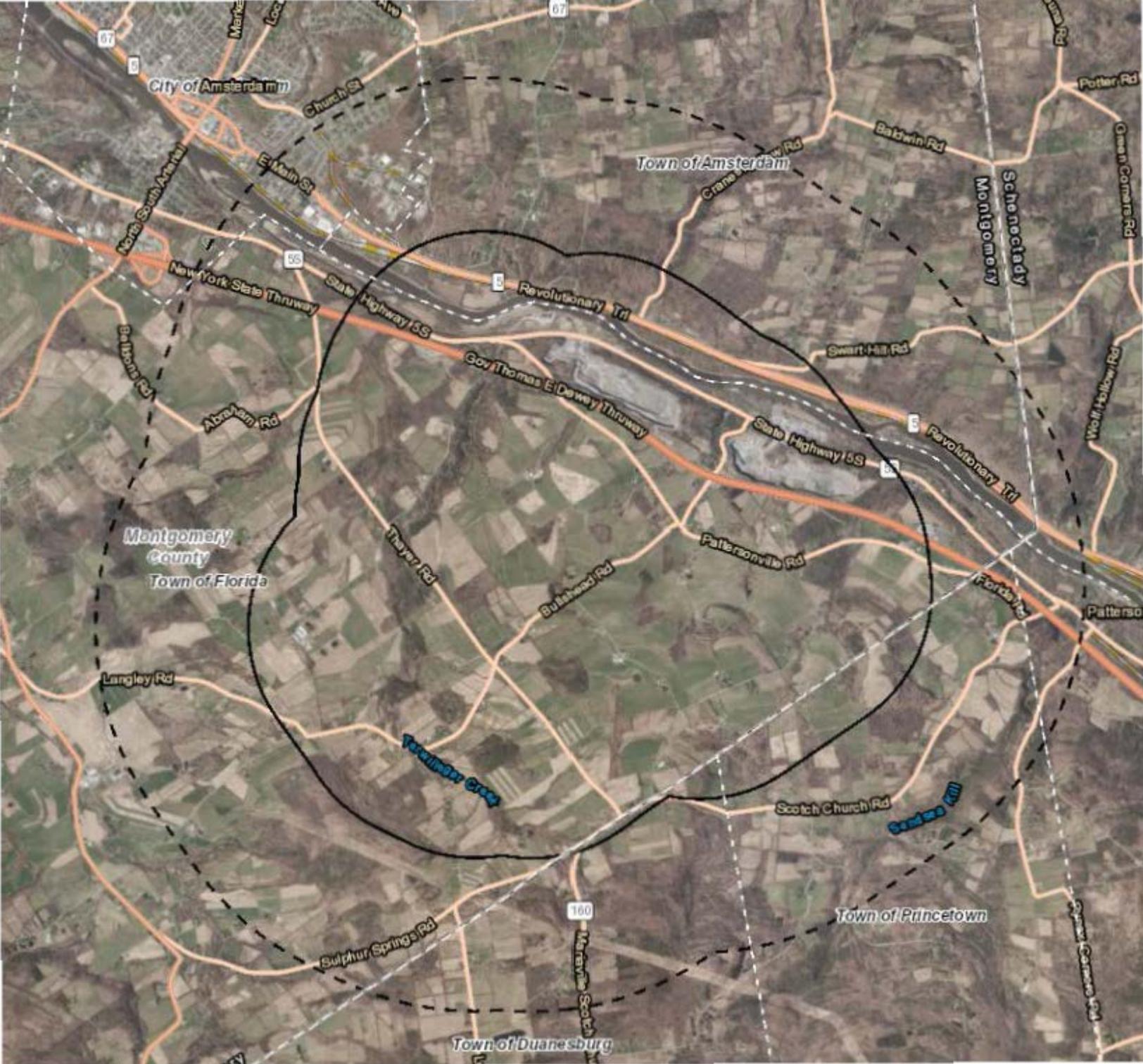
DEPT. HEAD: Return Form to Records Access Officer



NOTICE: You have the right to appeal a denial of this application to the County Attorney within 30 days of receipt of denial.

I HEREBY APPEAL: _____
Signature Date

PLEASE RETURN COMPLETED FORM TO THE RECORDS ACCESS OFFICER



City of Amsterdam

Town of Amsterdam

Montgomery County
Town of Florida

Town of Princetown

Town of Duaneburg

Schenectady
Montgomery

Revolutionary Trail

Revolutionary Trail

Totten Kill

Scotch Kill

67

67

55

55

160

From: [Brittany Kolbe](#)
To: [McGowan, Katherine](#)
Subject: RE: FOIL
Date: Thursday, May 30, 2019 12:57:32 PM
Attachments: [image001.png](#)

Katherine,

I am the records access officer for Montgomery County, and the information you are seeking is not kept at the county nor by any county department.

I would suggest sending the FOIL to the Town of Florida Town Clerk.

Thank you, and if you have any further questions feel free to contact me at any time.

Brittany

From: McGowan, Katherine [mailto:KMcGowan@trccompanies.com]
Sent: Thursday, May 30, 2019 9:49 AM
To: Brittany Kolbe
Cc: Vaillant, Heather
Subject: [SPAM] RE: FOIL

Hi Brittany,

I have attached a PDF of the Request for Access to Public Records which includes a map of the area in question. Please do not hesitate to contact me via the information below if you have any questions regarding this request.

Thank you!
Katherine

Katherine McGowan
Environmental Scientist



225 Greenfield Parkway, Suite 102, Liverpool, NY 13088
T 315.671.1602 | **F** 315.451.7903 | **C** 315.418.6710
[LinkedIn](#) | [Twitter](#) | [Blog](#) | [TRCcompanies.com](#)

From: Brittany Kolbe [mailto:bkolbe@co.montgomery.ny.us]
Sent: Wednesday, May 29, 2019 2:19 PM
To: McGowan, Katherine <KMcGowan@trccompanies.com>
Subject: FOIL

You can send it to me!

Brittany Kolbe

Montgomery County Clerk
518-853-8111



10 Maxwell Dr., Suite 200
Clifton Park, NY 12065

T 518.348.1190
TRCcompanies.com

July 29, 2019

Sent via email to: corey.nellis@ny.nacdnet.net

Natural Resources Conservation Service
Montgomery County SWCD – Fultonville Service Center
Attn: Corey Nellis – District Manager
4001 State Highway 5s
Fultonville, NY 12072

**RE: High River Energy Center, LLC
High River Energy Center Project
Town of Florida, Montgomery County, New York
Information Request**

To Mr. Nellis:

High River Energy Center, LLC is proposing the development of a solar energy center in the Town of Florida in Montgomery County, New York. High River 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 High River Energy Center (the Project) under Article 10 of the Public Service Law (PSL).

High River Energy Center, LLC is proposing to construct a 90-megawatt solar photovoltaic system on land leased from owners of private property. The Project location is illustrated on the attached map (Figure 1). Proposed components will include commercial-scale solar arrays, access roads, inverters, fencing, buried (and possibly overhead) electric collection lines, and electrical interconnection facilities. The Project is scheduled for construction in late 2020/early 2021. Additional information about the Project can be found on the Project website at highriverenergycenter.com.

TRC, on behalf of High River 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 the indicated areas in Montgomery County. 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 (518) 688-3133 or via email at HVaillant@TRCcompanies.com.

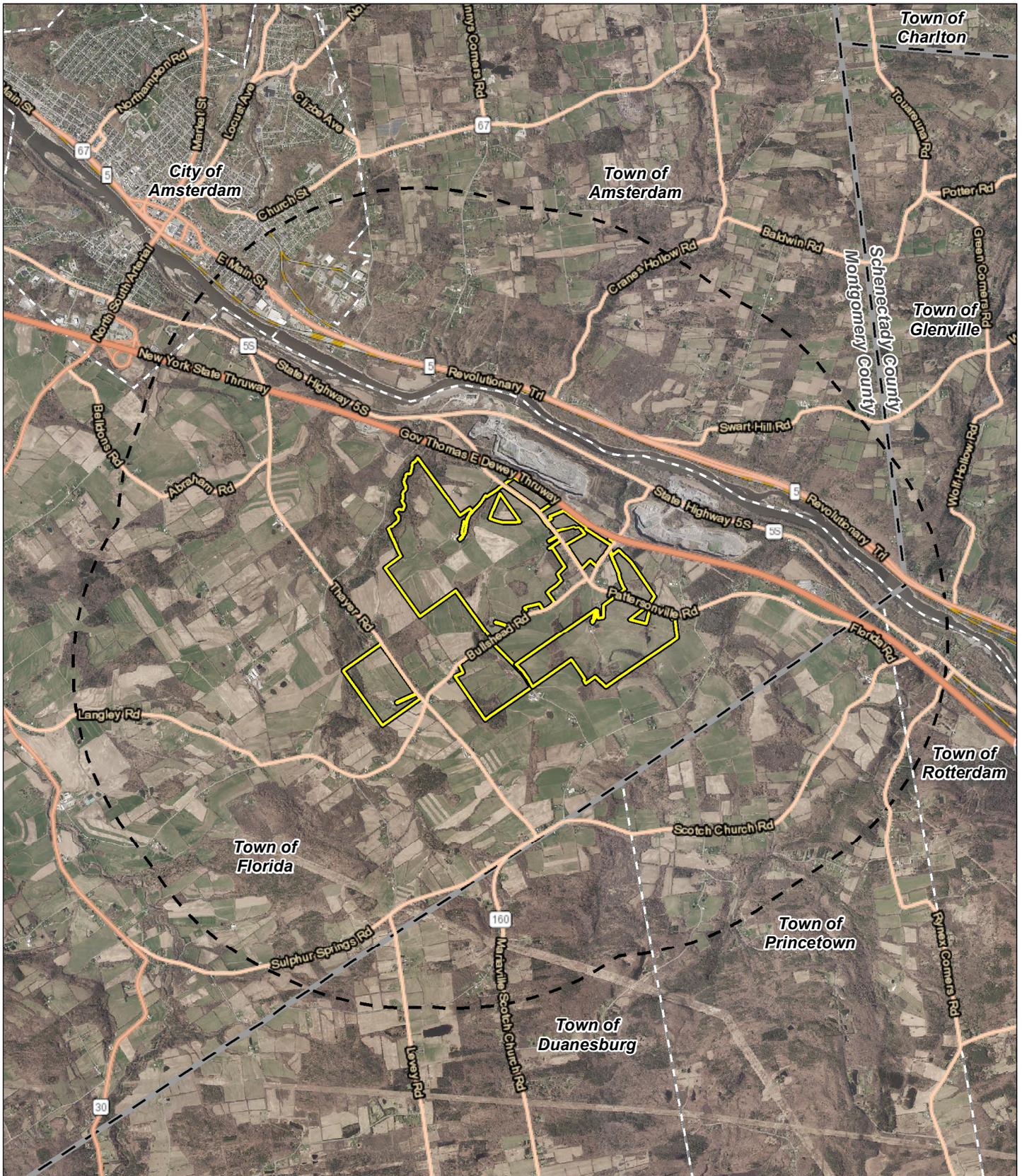
Sincerely,

Heather Vaillant
Project Manager

cc: Bill Boer, NextEra Energy Resources, LLC
Keddy Chandran, NextEra Energy Resources, LLC
Samantha Kranes, TRC

Attachments: Figure 1: Site Location Map
Project Study Area shapefiles

Attachment A
Figure 1: Site Location Map



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




PROJECT AREA AND STUDY AREA
HIGH RIVER ENERGY CENTER, LLC
TOWN OF FLORIDA, NY

FIGURE 1	JUNE 2019
Map Produced by 	

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





- Clerk
 - Court System
 - District Attorney
 - Federal, State & Local Representatives
 - Sheriff
 - County News
 - Freedom of Information Request
 - Contact Us

Please fill out the form below. Schenectady County will have five (5) business days to acknowledge the request.

Start Complete

Name *

Address *

City *

State *

Zip Code *

Email Address *

Phone *

Please list all documents to be examined. Please be sure to include any and all pertinent information pertaining to your request including document names, dates, locations, etc. *

Groundwater well information for an area within the Towns of Glenville, Rotterdam, [Princetown](#), and [Duquesburg](#). Specifically, the location, construction logs, depths, and descriptions of encountered bedrock for groundwater wells. Please contact me directly for a map that outlines the area for which we are requesting data.



Search

- [Request System](#)
- [District Attorney](#)
- [Federal, State & Local Representatives](#)
- [Sheriff](#)
- [County News](#)
- [Freedom of Information Request](#)
- [Contact Us](#)

Please fill out the form below. Schenectady County will have five (5) business days to acknowledge the request.



Name *

Address *

City *

State *

Zip Code *

Email Address *

Phone *

Please list all documents to be examined. Please be sure to include any and all pertinent information pertaining to your request including document names, dates, locations, etc. *

Groundwater well information for an area within the Towns of Glenville, Rotterdam, Princetown, and Duanesburg. Specifically, the location, construction logs, depths, and descriptions or encountered bedrock for groundwater wells. Please contact me directly for a map that outlines the area for which we are requesting data. An original request was submitted on May 28, 2019. |

Please list all documents you wish to be copied (\$.25 charge per page)



City of Amsterdam

Town of Amsterdam

Montgomery County
Town of Florida

Town of Princetown

Town of Duaneburg

67

67

55

55

55

55

160