



(1) COUNTY _____

(2) TOWN _____

(3) DEC Well Number

WATER WELL COMPLETION REPORT

(4) OWNER			(43) LOG
(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"/> Map Interpolation			
(7) DEPTH OF WELL BELOW LAND SURFACE (feet)	(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet)	DATE MEASURED	TOP OF WELL
CASINGS			
(9) DIAMETER in. in. in. in.			
(10) LENGTH ft. ft. ft. in.			
(11) GROUT TYPE / SEALING	(12) GROUT / SEALING INTERVAL (feet) FROM _____ TO _____		
SCREENS			
(13) MAKE & MATERIAL	(14) OPENINGS		
(15) DIAMETER in. in. in. in.			
(16) LENGTH ft. ft. ft. in.			
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(18) DATE	(19) DURATION OF TEST		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bail	(21) STABILIZED DISCHARGE (GPM)		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing)	(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing)		
(24) RECOVERY (Time in hours/minutes)	(25) Was the water produced during the test discharged away from immediate area? Yes ____ No ____		
PUMP INSTALLATION			
(26) PUMP INSTALLED? YES ____ NO ____	(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 & WATER USE			
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	(35) USE OF WATER (See instructions for choices)		
(36) DATE DRILLING WORK STARTED	(37) DATE DRILLING WORK COMPLETED		
(38) DATE REPORT FILED	(39) REGISTERED COMPANY	(40) DEC REGISTRATION NO. NYRD _____	
(41) CERTIFIED DRILLER (Print name)	(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.			BOTTOM OF HOLE
LOCATION SKETCH - Indicate north			NYSDEC COPY

INSTRUCTIONS FOR NEW YORK STATE WATER WELL COMPLETION REPORT

3. **NYSDEC Well Number** -- Record the well number assigned to the driller by NYSDEC (found on the Preliminary Notice for that well). If well number is not available, call NYSDEC toll free at 1-877-472-2619 to obtain the well number.
4. **Owner** -- Record full name of well owner. If well is owned by builder, indicate the builder's name.
5. **Address** -- Record the mailing address of well owner. If well is owned by a builder, record the address of the builder.
6. **Location of Well** -- Record well location in coordinates of latitude and longitude. If coordinates are not available, please submit a written description of well location in box 6.

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

Method 1: Enter latitude and longitude coordinates of the well. Latitude and Longitude may be determined by one of the following:

- A. The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well.
- B. Coordinates may also be interpolated from a map that shows lines of latitude and longitude such as a USGS or NYSDOT map.

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

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

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

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

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

SCREENS

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

YIELD TEST

18. **Date** -- Record date of test. If test extended beyond one day, show start and end dates of test.
19. **Duration Of Test** -- Record duration of test in either minutes or hours and minutes.
20. **Lift Method** -- Check appropriate box to indicate how water was produced (pump, air lift, bailed).
21. **Stabilized Discharge** -- Record rate in gallons per minute (gpm). Indicate the discharge rate that resulted in stabilized drawdown.
22. **Static Level Prior To Test** -- Record the water level prior to test start; show in feet to two decimal places (e.g., 150.04 feet) or use feet and inches. Indicate if any prior pumping occurred and start/end time of that pumping.
23. **Maximum Drawdown (Stabilized)** -- Record the difference between static water level and lowest stabilized water level. Indicate time into test that this measurement was made. Use feet to two decimal places or feet and inches. Over pump and measurement prior to stabilization is not acceptable.
24. **Recovery (Time in hours/minutes)** -- Record the time after cessation of pumping for water level to return to static level. Record time in minutes or hours and minutes.
25. **Was the water produced during test discharged away from immediate area?** -- indicate **yes** or **no**.

PUMP INSTALLATION

28. **Pump Installer** -- Include only if different from driller.
29. **Type** -- Include information on pump type (jet pump, submersible, etc...).
34. **Method Of Drilling** -- Check box for rotary, cable tool, or other. If other, please describe.
35. **Use Of Water** -- Commercial; De-watering; Domestic; Fire Protection; Industrial; Institutional; Irrigation; Municipal; Public Water Supply; Stock Supply; Test.
38. **Date Report Filed** -- Record the date when the completion report was filled out.
40. **NYSDEC Registration No.** -- Record the NYSDEC driller registration number of driller shown in box 39.
41. **Certified Driller** -- Print the name of the exam certified well driller, responsible for providing on-site supervision of drilling activities for the well indicated on this form.
42. **Certified Driller Signature** -- The certified well driller, recorded in box 41 of this form, must provide his/her signature.
43. **Well Log** --
 - If available, record the elevation of ground surface in feet above sea level.
 - Indicate top of casing in feet above or below ground surface. Use a plus sign (+) if casing is above ground surface; use a negative sign (-) if casing is below ground surface.
 - Describe geologic materials encountered during drilling; indicate depth below ground surface of each material change.

Please describe unconsolidated materials in as much detail as possible regardless of whether well is to be finished in bedrock or unconsolidated materials. Do not list thick deposits of material as simply "overburden" or "sand" (i.e., don't show a description such as "sand -150 feet"). Indicate whether silt, sand, clay, gravel, boulders, or mixtures thereof are encountered. Describe the grain size of the unconsolidated material encountered as either clay, fine, medium, or coarse. Whenever possible, indicate density and color of material (e.g., soft, gray clay).

Show depth below ground surface of water bearing strata and water levels in each. Show casing (including stick-up), screens, pump, additional drilling tests (e.g., hammer blows), and other items of interest, e.g., water quality (sulphur, salt, methane).

Describe any repair work. Attach separate sheet if necessary.