

(1) COUNTY Saratoga
 (2) TOWN Ballston Lake

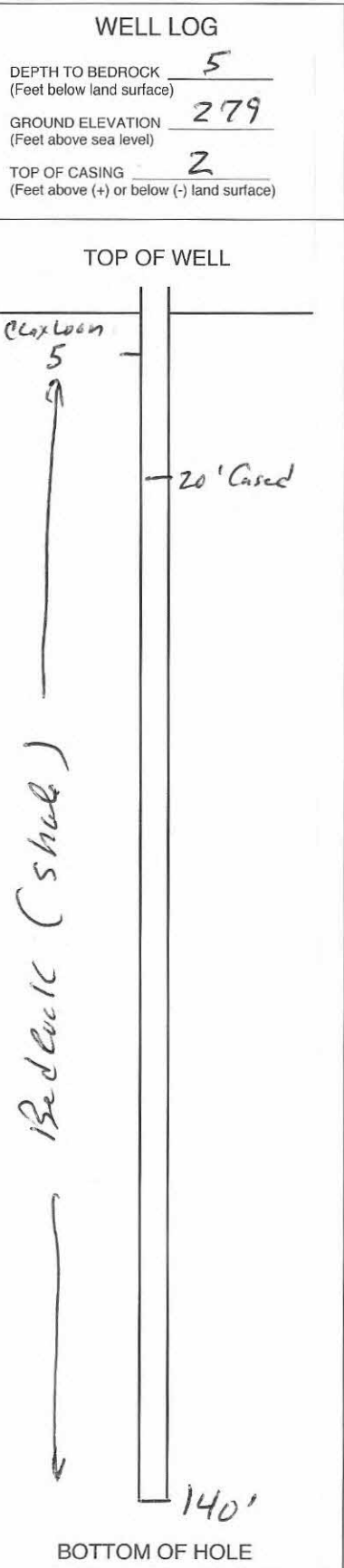


Department of
Environmental
Conservation

WATER WELL COMPLETION REPORT

(3) DEC Well Number
SA10252

(4) OWNER NAME <u>MJP Property Development</u>			
(5) OWNER ADDRESS <u>92 Connolly Rd Ballston Lake 12019.</u>			
(6) WELL ADDRESS (Also provide sketch or map, see instructions on reverse) <input type="checkbox"/> Same as owner address <u>30 Hickory Grove Lane, Ballston Lake 12019.</u>			
(7) LATITUDE/LONGITUDE AND METHOD USED <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map <u>42°56'3"N 73°51'29"</u>		(8) TAX MAP NO.	
(9) DEPTH OF WELL (Feet) <u>140</u>	(10) DEPTH TO GROUNDWATER (Feet)	(11) DATE MEASURED	(12) FLOWING? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CASINGS			
(13) DIAMETER <u>6</u> in.	in.	in.	in.
(14) LENGTH <u>20</u> ft.	ft.	ft.	ft.
(15) GROUT TYPE / SEALING <u>Shoe / Bentonite</u>		(16) GROUT / SEALING INTERVAL (Feet) From _____ To _____	
SCREENS			
(17) MAKE & MATERIAL <u>NONE</u>		(18) SLOT SIZE	
(19) DIAMETER in.	in.	in.	in.
(20) LENGTH ft.	ft.	ft.	ft.
(21) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
YIELD TEST			
(22) DATE <u>1-19-22</u>		(23) DURATION OF TEST (Hours:Minutes) <u>2</u>	
(24) LIFT METHOD <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input type="checkbox"/> Bailer		(25) STABILIZED DISCHARGE (GPM) <u>8-10</u>	
(26) STATIC LEVEL PRIOR TO TEST (Feet below top of casing)		(27) MAXIMUM DRAWDOWN (Stabilized) (Feet below top of casing) <u>140</u>	
(28) RECOVERY TIME (Hours:Minutes)		(29) Was the water produced during the test discharged away from immediate area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DRILLER INFORMATION			
(30) METHOD OF DRILLING <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(31) USE OF WATER (See instructions for choices) <u>Domestic</u>	
(32) DATE DRILLING WORK STARTED <u>1-19-22</u>		(33) DATE DRILLING WORK COMPLETED <u>1-19-22</u>	
(34) DATE REPORT COMPLETED <u>1-23-22</u>	(35) REGISTERED COMPANY NAME <u>Leise Well Drilling</u>	(36) DEC REGISTRATION NO. <u>NYRD 10031</u>	
(37) REGISTERED COMPANY ADDRESS <u>5750 St. Rt. 40, Arroyo N.Y. 12809.</u>			
(38) CERTIFIED DRILLER (Print name) <u>Robert Leise</u>		(39) CERTIFIED DRILLER SIGNATURE * <u>Robert Leise</u>	
PUMP INSTALLATION			
(40) PUMP INSTALLED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(41) DATE	
(42) TYPE	(43) MAKE	(44) MODEL	
(45) MAXIMUM CAPACITY (GPM)	(46) PUMP INSTALLATION LEVEL (Feet below top of casing)		
(47) DATE REPORT COMPLETED	(48) REGISTERED COMPANY NAME	(49) DEC REGISTRATION NO. <u>NYRD</u>	
(50) REGISTERED COMPANY ADDRESS			
(51) CERTIFIED PUMP INSTALLER (Print Name)		(52) CERTIFIED PUMP INSTALLER 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; and (3) under the penalty of perjury the information provided in this Water Well Completion Report is true, accurate and complete, and I understand that any false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45.

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