

County Suffolk

Well Number S125176

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788	
LOCATION OF WELL Hedges Ave Bellport	
Depth of Well Below Surface 20'	Depth to Groundwater From Surface 5'
CASING	
Diameter 2 in.	in. in. in. in.
Length 15 ft.	ft. ft. ft. ft.
SEALING	
OPENINGS	
SCREEN	
Make Johnson	OPENINGS 10slot
Diameter 2 in.	in. in. in. in.
Length 5 ft.	ft. ft. ft. ft.
DEPTH TO TOP FROM TOP OF CASING	
PUMP TEST	
DATE	TEST OR PERMANENT PUMP
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.
PUMPING INSTALLED	
TYPE	MAKE MODEL NUMBER
MOTIVE POWER	MAKE H.P.
Capacity g.p.m.against ft. of discharge head	
NUMBER OF BOWLS OR STAGES ft. of total head	
DROP LINE	
DIAMETER in.	SUCTION LINE DIAMETER in.
Length ft.	Length in.
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger	
USE OF WATER Test	
WORK STARTED 5/3/2006	COMPLETED 5/3/2006
DATE 5/3/2006	DRILLER Frank Iannazzo
REGISTRATION NO. 1658	

LOG	
Ground Surface	
EL.	Ft. above sea
ft.	
TOP OF WELL	
0-2 Loam	
10'	
20'	
5'	
s c r e e n	
s u m p	
2-20 fine sand graidh with clay med gravel	

NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.

LOCATION SKETCH

1) Community Bellport 2) N.Y.S. Well# s125176

3) Township Brookhaven 4) Lat, Long.&Seq.#

5) Owner Suffolk County Department of Health Services

6) Address 220 Rabro Drive East Hauppauge N.Y.

7) Completion Date of Well 5/3/2006 8) Aquifer Screened 10-15'

9) Des. of MP

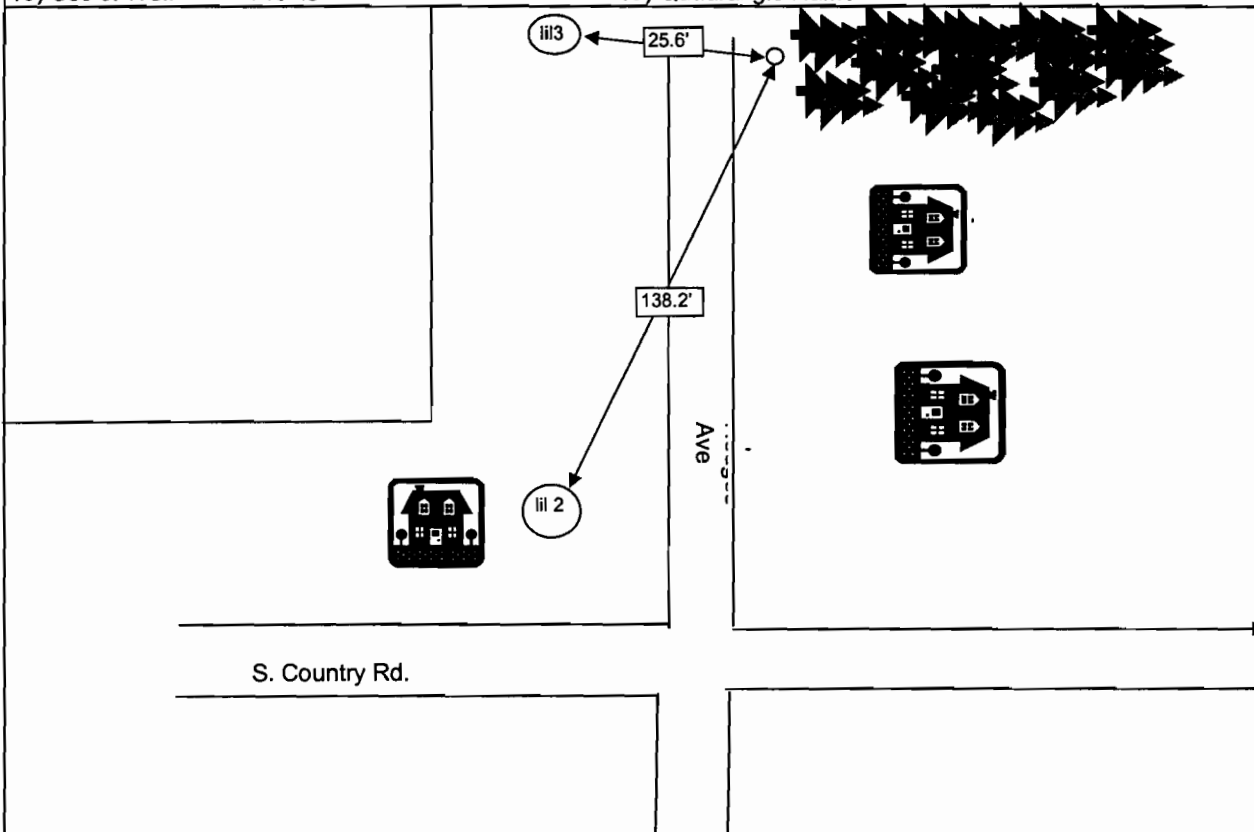
10) Elev. of MP > 11) Elev. of Land Surface

12) MP At at/above/below Land Surface 13) Diam. of Casing 2"

14) Well Depth 20' 15) Screened Interval 5'

16) Type of Well PVC 17) Depth to Water 5'

18) Use of Well Profile 19) Quadrangle Name



Sketch By F. Iannazzo Date Hagstrom Map

County Suffolk

WG-3D

Well Number

S-126018**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL Hedges Road, Patchogue		_____ ft.	
Depth of Well Below Surface 60'	Depth to Groundwater From Surface 5'	TOP OF WELL	
CASING			
Diameter 2 in. _____ in. _____ in. _____ in.			
Length 55 ft. _____ ft. _____ ft. _____ ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. _____ in. _____ in. _____ in.			
Length 5 ft. _____ ft. _____ ft. _____ ft.			
DEPTH TO TOP FROM TOP OF CASING 55'			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days _____ hours _____	MAXIMUM DISCHARGE gallons per min. _____		
STATIC LEVEL PRIOR TO TEST ft. _____ in.	LEVEL DURING MAXIMUM PUMPING ft. _____ in.		
MAXIMUM DRAWDOWN ft. _____	Approx. time of return level after of pumping hours _____ min. _____		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity	g.p.m. against _____ ft. of discharge head		
NUMBER OF BOWLS OR STAGES	ft. of total head		
DROP LINE		SUCTION LINE	
DIAMETER in. _____		DIAMETER in. _____	
Length ft. _____		Length in. _____	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED DATE 1/3/2007	DRILLER Frank Basile	COMPLETED 6/6/2006 REGISTRATION NO. 1834	

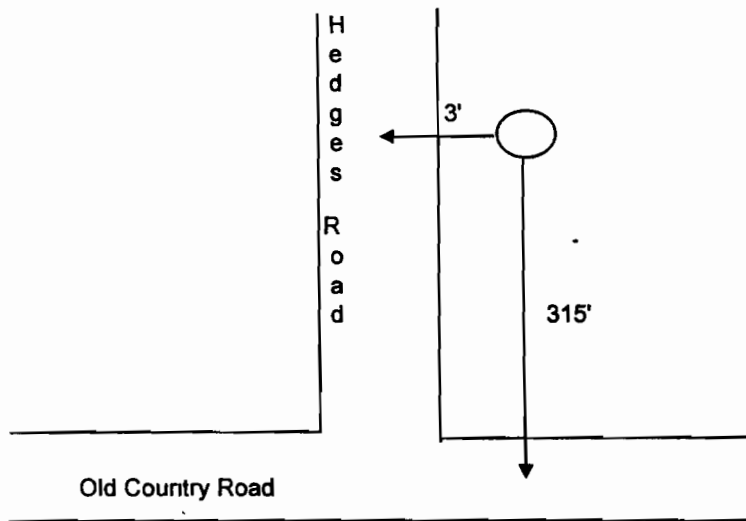
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO3D

1) Community	2) N.Y.S. Well# <i>5125516</i>		
3) Township	East Patchogue	4) Lat, Long. & Seq. #	
5) Owner Suffolk County Department of Health Services			
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	6/6/2006	8) Aquifer Screened 50' to 55'	
9) Des. of MP			
10) Elev. of MP >		11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing	
14) Well Depth	60'	15) Screened Interval 5'	
16) Type of Well	PVC	17) Depth to Water 5'	
18) Use of Well	Profile	19) Quadrangle Name	



Sketch By	F. Basile	Date	6/29/2006	Hagstrom Map
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County Suffolk

Well Number S125177

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services				LOG Ground Surface	
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980				EL. _____ Ft. above sea	
LOCATION OF WELL South Country Rd. Bellport				_____ft.	
Depth of Well Below Surface 20'		Depth to Groundwater From Surface 4.6'		TOP OF WELL	
CASING					
Diameter 2 in. in. in. in.					
15 ft. ft. ft. ft.					
SEALING			OPENINGS		
SCREEN					
Make Johnson			OPENINGS 10slot		
Diameter 2 in. in. in. in.					
Length 5 ft. ft. ft. ft.					
DEPTH TO TOP FROM TOP OF CASING					
PUMP TEST					
DATE		TEST OR PERMANENT PUMP			
DURATION OF TEST		MAXIMUM DISCHARGE			
days hours		gallons per min.			
STATIC LEVEL PRIOR TO TEST		LEVEL DURING MAXIMUM PUMPING			
ft. in.		ft. in.			
MAXIMUM DRAWDOWN		Approx. time of return level after of pumping			
ft.		hours min.			
PUMPING INSTALLED					
TYPE		MAKE		MODEL NUMBER	
MOTIVE POWER		MAKE		H.P.	
Capacity					
g.p.m.against		ft. of discharge head			
NUMBER OF BOWLS OR STAGES					
ft. of total head					
DROP LINE			SUCTION LINE		
DIAMETER in.			DIAMETER in.		
Length ft.			Length in.		
METHOD OF DRILLING			USE OF WATER		
<input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger			Test		
WORK STARTED 5/1/2006			COMPLETED 5/1/2006		
DATE 5/1/2006		DRILLER Farnik Iannazzo		REGISTRATION NO. 1658	

LOG

Ground Surface

EL. _____ Ft. above sea

_____ft.

TOP OF WELL

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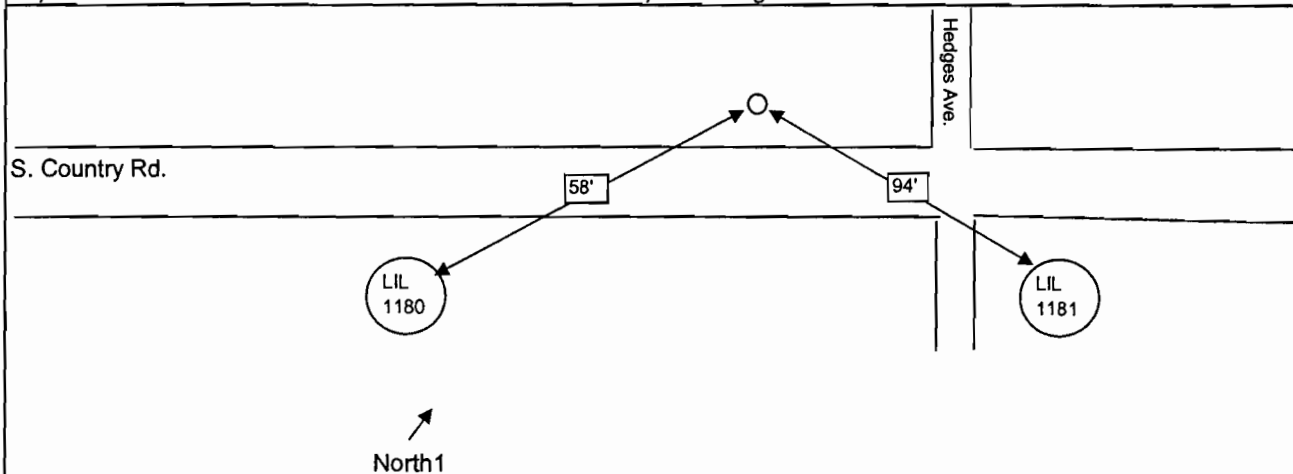
0-4' Loam dark brown to black

4- 20' medium sand tan and a fine gravel

*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.

LOCATION SKETCH

1) Community Bellport	2) N.Y.S. Well# s125177
3) Township Broohaven	4) Lat, Long. & Seq, #
5) Owner Suffolk County Department of Health Services	
6) Address Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980	
7) Completion Date of Well 5/1/2006	8) Aquifer Screened 10-15'
9) Des. of MP	
10) Elev. of MP >	11) Elev. of Land Surface
12) MP At at/above/below Land Surface	13) Diam. of Casing 2"
14) Well Depth 20'	15) Screened Interval 5'
16) Type of Well PVC	17) Depth to Water 4.6
18) Use of Well Profile	19) Quadrangle Name



Sketch By	Iannazzo	Date	5/1/2006	Hagstrom Map	18 P 18
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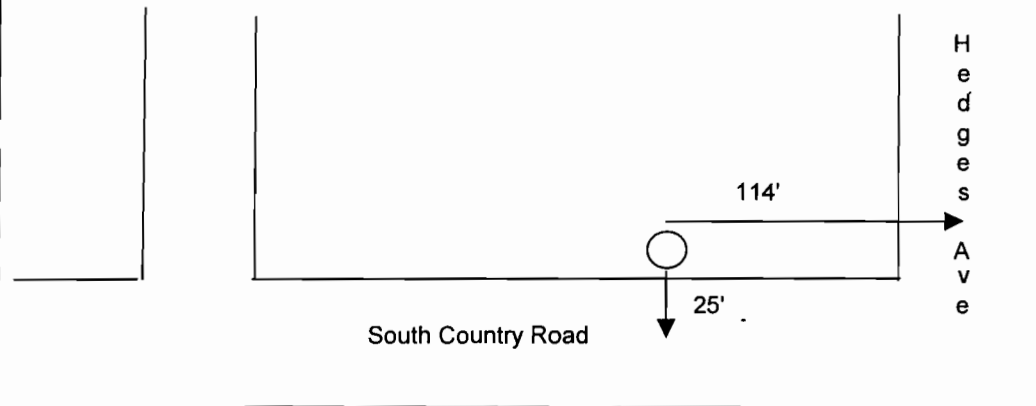
County Suffolk WO-5 Well Number _____**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface EL. _____ Ft. above sea	
ADDRESS 360 Yaphank Ave ~ Suite 1C Yaphank, New York 11980			
LOCATION OF WELL South Country Road, East Patchogue		_____ ft.	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 4.65'		
CASING			
Diameter 2 in. in. in. in.			
Length 40 ft. ft. ft. ft.			
SEALING			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING 40'			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.		
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m.against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE			
DIAMETER in.			
Length ft.			
METHOD OF DRILLING			
<input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe			
WORK STARTED 5/15/2006			
COMPLETED 5/15/2006			
DATE 2/7/2007	DRILLER Frank Basile		REGISTRATION NO. 1834
NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.			

LOCATION SKETCH

WO-5

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long.&Seq.#
5) Owner	Suffolk County Department of Health Services	
6) Address	360 Yaphank Ave ~ Suite 1C Yaphank, NY 11980	
7) Completion Date of Well	5/5/2006	8) Aquifer Screened
9) Des. of MP		
10) Elev. of MP>	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 2"
14) Well Depth	40"	15) Screened Interval 30-35"
16) Type of Well	PVC	17) Depth to Water 4.65'
18) Use of Well	Profile	19) Quadrangle Name



Sketch By	F. Basile	Date	2/7/2007	Hagstrom Map
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County Suffolk

Well Number s125178

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services			
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980			
LOCATION OF WELL South Country Rd. Bellport			
Depth of Well Below Surface 20'		Depth to Groundwater From Surface 4.6'	
CASING			
Diameter 2 in. in. in. in.			
Length 15 ft. ft. ft. ft.			
SEALING		OPENINGS	
SCREEN			
Make Johnson		OPENINGS 10slot	
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE		TEST OR PERMANENT PUMP	
DURATION OF TEST days hours		MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.		LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.		Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m.against		ft. of discharge head	
NUMBER OF BOWLS OR STAGES		ft. of total head	
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger		USE OF WATER Test	
WORK STARTED 5/1/2006		COMPLETED 5/1/2006	
DATE 5/1/2006	DRILLER Farnik Iannazzo	REGISTRATION NO. 1658	

LOG	
Ground Surface	
EL.	Ft. above sea
____ ft.	
TOP OF WELL	
<div style="border: 1px solid black; padding: 5px;"> 0-4' Loam dark brown to black </div>	
10'	
20'	
5'	s e r e n
5'	s u m p
<div style="border: 1px solid black; padding: 5px;"> 4- 20' medium sand tan and a fine gravel </div>	

*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.

LOCATION SKETCH

1) Community Bellport WO6 2) N.Y.S. Well# s125178

3) Township Brookhaven 4) Lat, Long. & Seq. #

5) Owner Suffolk County Department of Health Services

6) Address Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980

7) Completion Date of Well 5/1/2006 8) Aquifer Screened 10-15'

9) Des. of MP

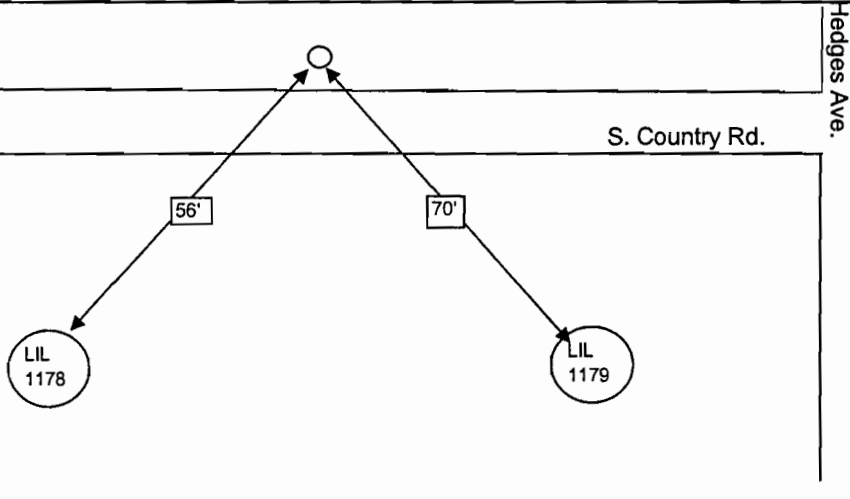
10) Elev. of MP > 11) Elev. of Land Surface

12) MP At at/above/below Land Surface 13) Diam. of Casing 2"

14) Well Depth 20' 15) Screened Interval 5'

16) Type of Well PVC 17) Depth to Water 4.8'

18) Use of Well Profile 19) Quadrangle Name



County Suffolk

Well Number s125179

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services				LOG Ground Surface	
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980				EL. _____ Ft. above sea	
LOCATION OF WELL South Country Rd. Bellport				_____ ft.	
Depth of Well Below Surface 20'		Depth to Groundwater From Surface 4.6'		TOP OF WELL	
CASING					
Diameter 2 in. _____ in. _____ in. _____ in.					
15 ft. _____ ft. _____ ft. _____ ft.					
SEALING			OPENINGS		
SCREEN					
Make Johnson			OPENINGS 10slot		
Diameter 2 in. _____ in. _____ in. _____ in.					
Length 5 ft. _____ ft. _____ ft. _____ ft.					
DEPTH TO TOP FROM TOP OF CASING					
PUMP TEST					
DATE		TEST OR PERMANENT PUMP			
DURATION OF TEST		MAXIMUM DISCHARGE			
days _____ hours _____		gallons per min. _____			
STATIC LEVEL PRIOR TO TEST		LEVEL DURING MAXIMUM PUMPING			
ft. _____ in.		ft. _____ in.			
MAXIMUM DRAWDOWN		Approx. time of return level after of pumping			
ft. _____		hours _____ min. _____			
PUMPING INSTALLED					
TYPE	MAKE		MODEL NUMBER		
MOTIVE POWER	MAKE		H.P.		
Capacity					
g.p.m.against		ft. of discharge head			
NUMBER OF BOWLS OR STAGES					
ft. of total head					
DROP LINE			SUCTION LINE		
DIAMETER _____ in.			DIAMETER _____ in.		
Length _____ ft.			Length _____ in.		
METHOD OF DRILLING			USE OF WATER		
<input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger			Test		
WORK STARTED 5/1/2006		COMPLETED 5/1/2006			
DATE 5/1/2006	DRILLER Farnk Iannazzo		REGISTRATION NO. 1658		
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.					

0-4' Loam dark brown to black

10'

20'

5'

5'

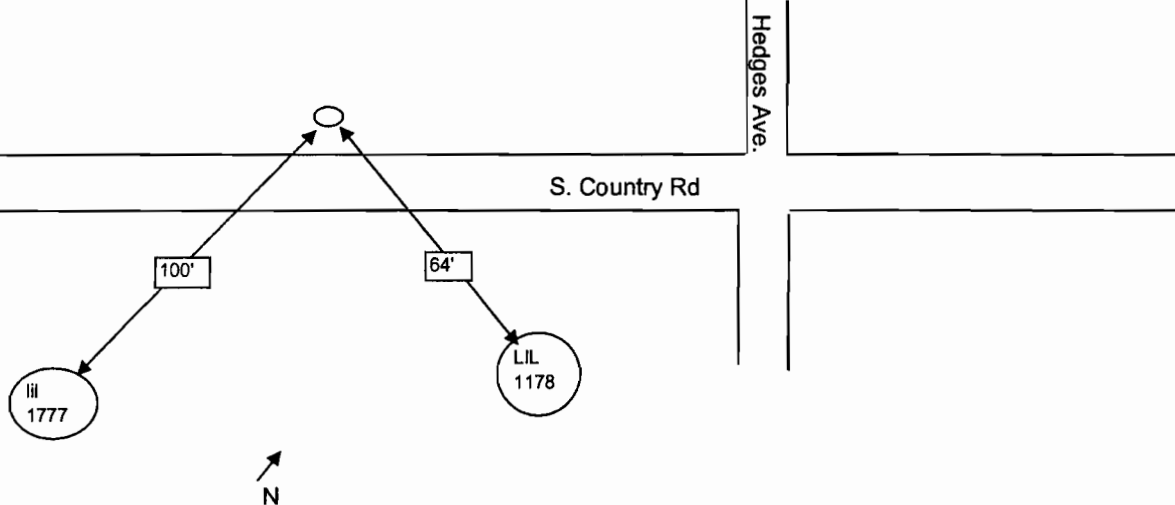
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4- 20' medium sand tan and a fine gravel

LOCATION SKETCH

1) Community	Bellport	WO7	2) N.Y.S. Well#	125179
3) Township	Brookhaven	4) Lat, Long. & Seq, #		
5) Owner Suffolk County Department of Health Services				
6) Address Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980				
7) Completion Date of Well		5/1/2006	8) Aquifer Screened 10-15'	
9) Des. of MP				
10) Elev. of MP >		11) Elev. of Land Surface		
12) MP	At	at/above/below Land Surface	13) Diam. of Casing 2"	
14) Well Depth	20'	15) Screened Interval		5'
16) Type of Well	PVC	17) Depth to Water		4.5'
18) Use of Well		Profile	19) Quadrangle Name	



County Suffolk

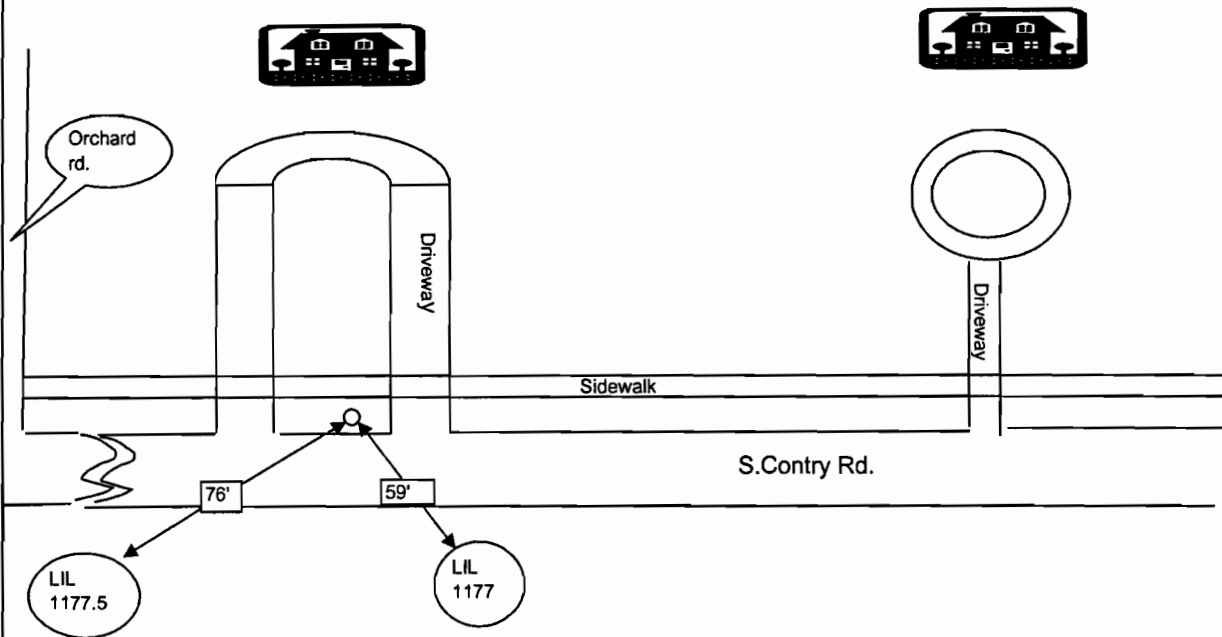
Well Number s125180

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980		EL. _____ Ft. above sea	
LOCATION OF WELL South Country Rd. Bellport		_____ ft.	
Depth of Well Below Surface 20'	Depth to Groundwater From Surface 4.6'	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
15' ft. ft. ft. ft.			
SEALING OPENINGS			
SCREEN			
Make Johnson		OPENINGS 10slot	
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE		TEST OR PERMANENT PUMP	
DURATION OF TEST days hours		MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.		LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.		Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m.against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger		USE OF WATER Test	
WORK STARTED 5/3/2006		COMPLETED 5/3/2006	
DATE 5/3/2006	DRILLER Farnik Iannazzo	REGISTRATION NO. 1658	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

LOCATION SKETCH

1) Community	Bellport	WO8	2) N.Y.S. Well#	s125180
3) Township	Brookhaven	4) Lat, Long. & Seq, #		
5) Owner	Suffolk County Department of Health Services			
6) Address	Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980			
7) Completion Date of Well	5/3/2006	8) Aquifer Screened	10-15'	
9) Des. of MP				
10) Elev. of MP >			11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface		13) Diam. of Casing	2"
14) Well Depth	20'	15) Screened Interval	5'	
16) Type of Well	PVC	17) Depth to Water	4.8'	
18) Use of Well	Profile	19) Quadrangle Name		



Sketch By	Iannazzo	Date	5/3/2006	Hagstrom Map	18 P 18
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County Suffolk

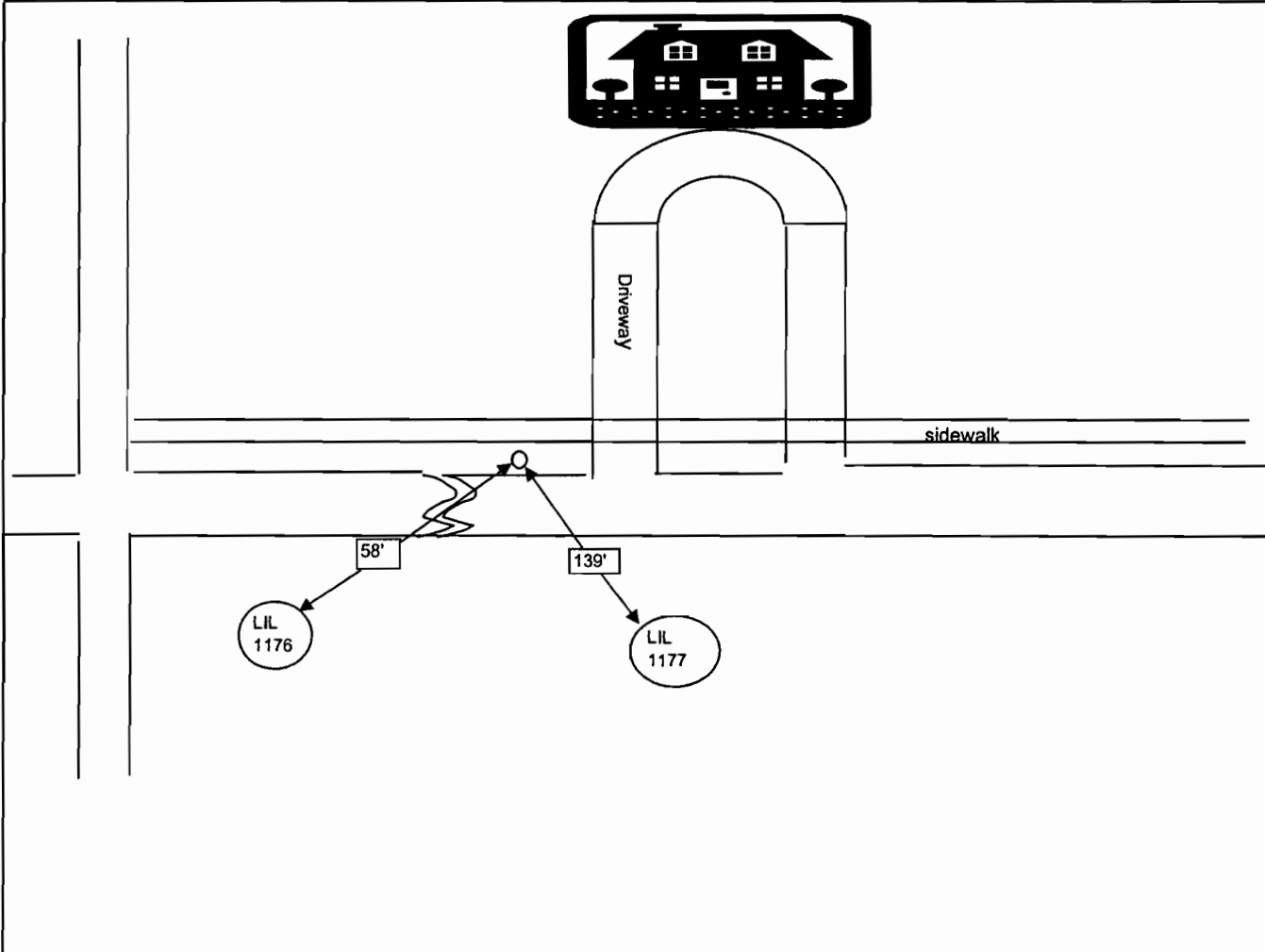
Well Number s125181

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services				LOG			
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980				Ground Surface			
LOCATION OF WELL South Country Rd. Bellport				EL. _____ Ft. above sea			
Depth of Well Below Surface 20'		Depth to Groundwater From Surface 4.6'		_____ ft.			
CASING				TOP OF WELL			
Diameter 2 in. _____ in. _____ in. _____ in.				<div style="border: 1px solid black; padding: 2px; width: fit-content;">0-4' Loam dark brown to black</div>			
Length 15 ft. _____ ft. _____ ft. _____ ft.							
SEALING _____ OPENINGS _____							
SCREEN				<div style="border: 1px solid black; padding: 2px; width: fit-content;">30'</div>			
Make Johnson		OPENINGS 10slot					
Diameter 2 in. _____ in. _____ in. _____ in.							
Length 5 ft. _____ ft. _____ ft. _____ ft.							
DEPTH TO TOP FROM TOP OF CASING _____				<div style="border: 1px solid black; padding: 2px; width: fit-content;">40</div>			
PUMP TEST							
DATE _____		TEST OR PERMANENT PUMP					
DURATION OF TEST days _____ hours _____		MAXIMUM DISCHARGE gallons per min. _____					
STATIC LEVEL PRIOR TO TEST ft. _____ in. _____		LEVEL DURING MAXIMUM PUMPING ft. _____ in. _____					
MAXIMUM DRAWDOWN ft. _____		Approx. time of return level after of pumping hours _____ min. _____		<div style="border: 1px solid black; padding: 2px; width: fit-content;">5'</div>			
PUMPING INSTALLED							
TYPE _____		MAKE _____				<div style="border: 1px solid black; padding: 2px; width: fit-content;">5'</div>	
MOTIVE POWER _____		MAKE _____					
Capacity _____		MODEL NUMBER _____					
g.p.m.against _____		ft. of discharge head _____					
NUMBER OF BOWLS OR STAGES _____		ft. of total head _____					
DROP LINE		SUCTION LINE		<div style="border: 1px solid black; padding: 2px; width: fit-content;">5'</div>			
DIAMETER _____ in.		DIAMETER _____ in.					
Length _____ ft.		Length _____ in.					
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger		USE OF WATER Test					
WORK STARTED 5/3/2006		COMPLETED 5/3/2006		<div style="border: 1px solid black; padding: 2px; width: fit-content;">5'</div>			
DATE 5/3/2006		DRILLER Farnik Iannazzo					
REGISTRATION NO. 1658							
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.				<div style="border: 1px solid black; padding: 2px; width: fit-content;">4- 20' medium sand tan and a fine gravel</div>			

LOCATION SKETCH

1) Community	Bellport	WO10	2) N.Y.S. Well#	s125181
3) Township	Brookhaven	4) Lat, Long. & Seq, #		
5) Owner Suffolk County Department of Health Services				
6) Address Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980				
7) Completion Date of Well		5/3/2006	8) Aquifer Screened 10-15'	
9) Des. of MP				
10) Elev. of MP >		11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface		13) Diam. of Casing	2"
14) Well Depth	20'		15) Screened Interval	5'
16) Type of Well	PVC		17) Depth to Water	4.8'
18) Use of Well	Profile		19) Quadrangle Name	



Sketch By	Iannazzo	Date	5/3/2006	Hagstrom Map	18 P 18
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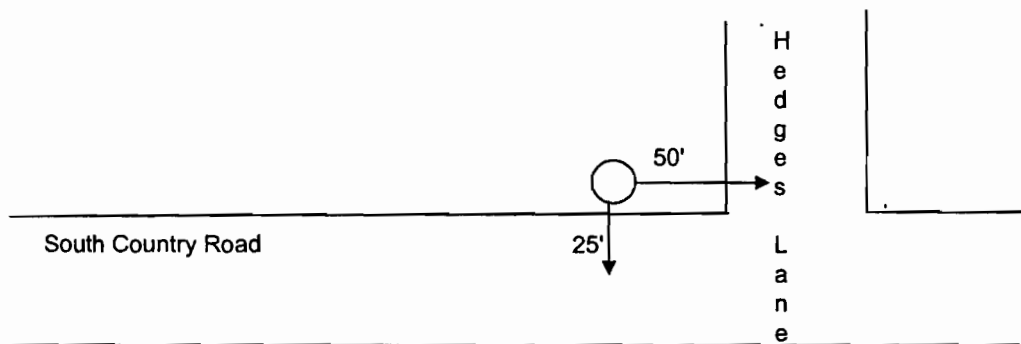
County Suffolk WO-10P Well Number _____**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL South Country Road, East Patchogue		_____ ft.	
Depth of Well Below Surface 30'	Depth to Groundwater From Surface 4.15'	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
Length 25 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.		
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against		ft. of discharge head	
NUMBER OF BOWLS OR STAGES		ft. of total head	
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 7/19/2006		COMPLETED 7/19/2006	
DATE 1/3/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

LOCATION SKETCH

WO-10P

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township		4) Lat, Long. & Seq. #
5) Owner	Suffolk County Department of Health Services	
6) Address	220 Rabro Drive East	Hauppauge N.Y.
7) Completion Date of Well	7/18/2006	8) Aquifer Screened 25' to 30'
9) Des. of MP		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 2"
14) Well Depth	30'	15) Screened Interval 5'
16) Type of Well	PVC	17) Depth to Water 4.15'
18) Use of Well	Profile	19) Quadrangle Name



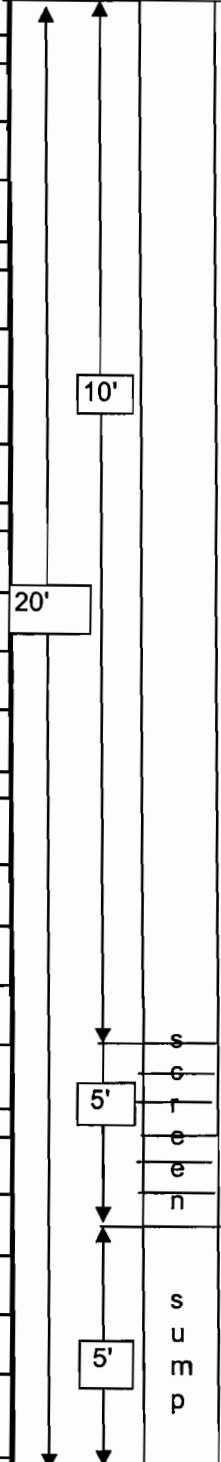
Sketch By F. Basile Date Hagstrom Map

County Suffolk

Well Number _____

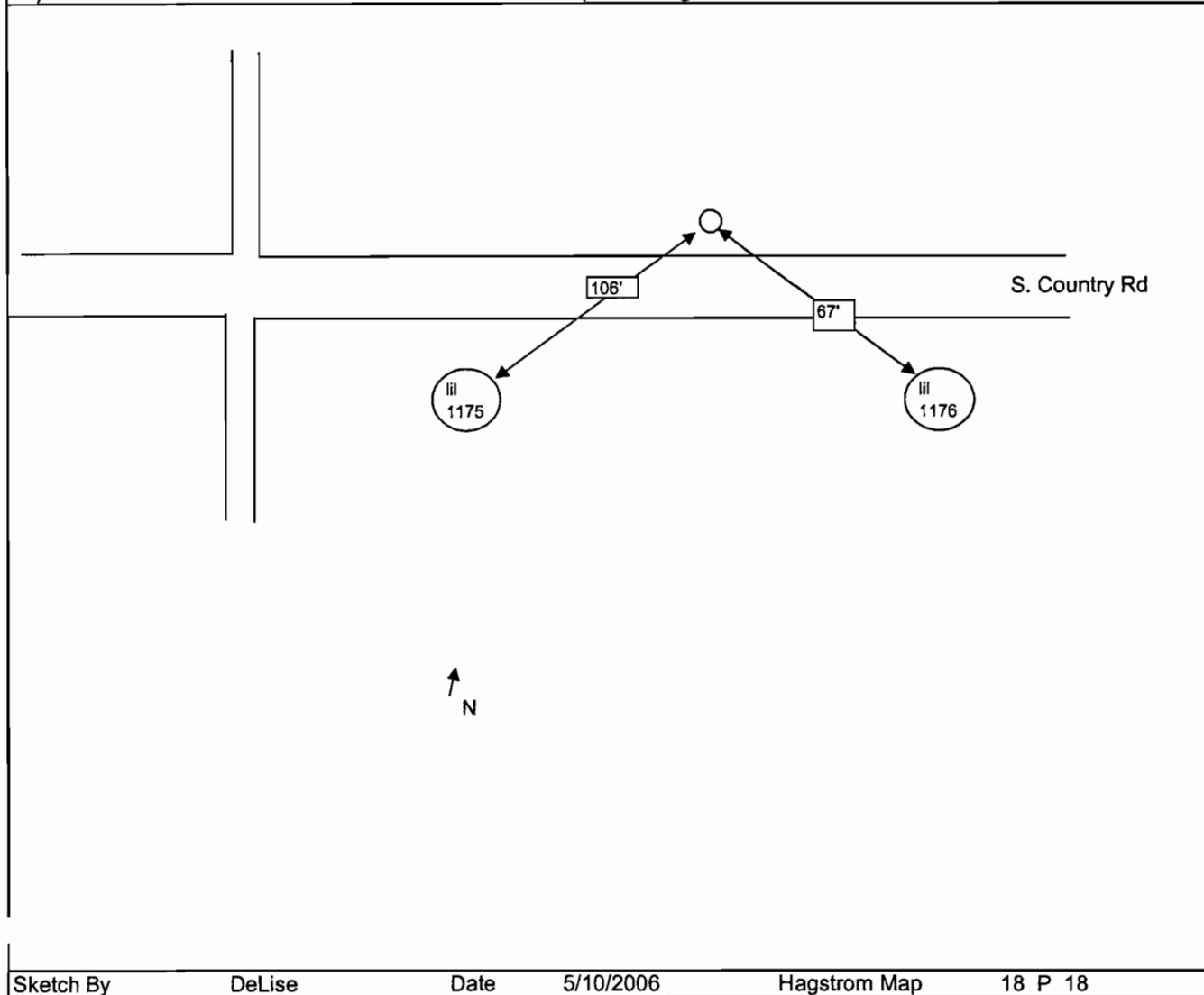
COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services				LOG Ground Surface	
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980				EL. _____ Ft. above sea	
LOCATION OF WELL South Country Rd. Bellport				_____ft.	
Depth of Well Below Surface 20'		Depth to Groundwater From Surface 5'		TOP OF WELL	
CASING					
Diameter 2 in. in. in. in.					
Length 15 ft. ft. ft. ft.					
SEALING			OPENINGS		
SCREEN					
Make Johnson			OPENINGS 10slot		
Diameter 2 in. in. in. in.					
Length 5 ft. ft. ft. ft.					
DEPTH TO TOP FROM TOP OF CASING					
PUMP TEST					
DATE		TEST OR PERMANENT PUMP			
DURATION OF TEST		MAXIMUM DISCHARGE			
days		hours		gallons per min.	
STATIC LEVEL PRIOR TO TEST		LEVEL DURING MAXIMUM PUMPING			
ft.		in.		ft. in.	
MAXIMUM DRAWDOWN		Approx. time of return level after of pumping			
ft.		hours		min.	
PUMPING INSTALLED					
TYPE		MAKE		MODEL NUMBER	
MOTIVE POWER		MAKE		H.P.	
Capacity					
g.p.m.against		ft. of discharge head			
NUMBER OF BOWLS OR STAGES					
ft. of total head					
DROP LINE			SUCTION LINE		
DIAMETER			DIAMETER		
in.			in.		
Length			Length		
ft.			in.		
METHOD OF DRILLING			USE OF WATER		
<input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger			Test		
WORK STARTED		COMPLETED			
5/10/2006		5/10/2006			
DATE	DRILLER	REGISTRATION NO.			
5/10/2006	Jim DeLise	1853			
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.					



LOCATION SKETCH

1) Community	Bellport	WO11	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long. & Seq, #	
5) Owner	Suffolk County Department of Health Services		
6) Address	Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980		
7) Completion Date of Well	5/10/2006	8) Aquifer Screened	10-15'
9) Des. of MP			
10) Elev. of MP >	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface	13) Diam. of Casing	2"
14) Well Depth	20'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	5'
18) Use of Well	Profile	19) Quadrangle Name	



County Suffolk

Well Number _____

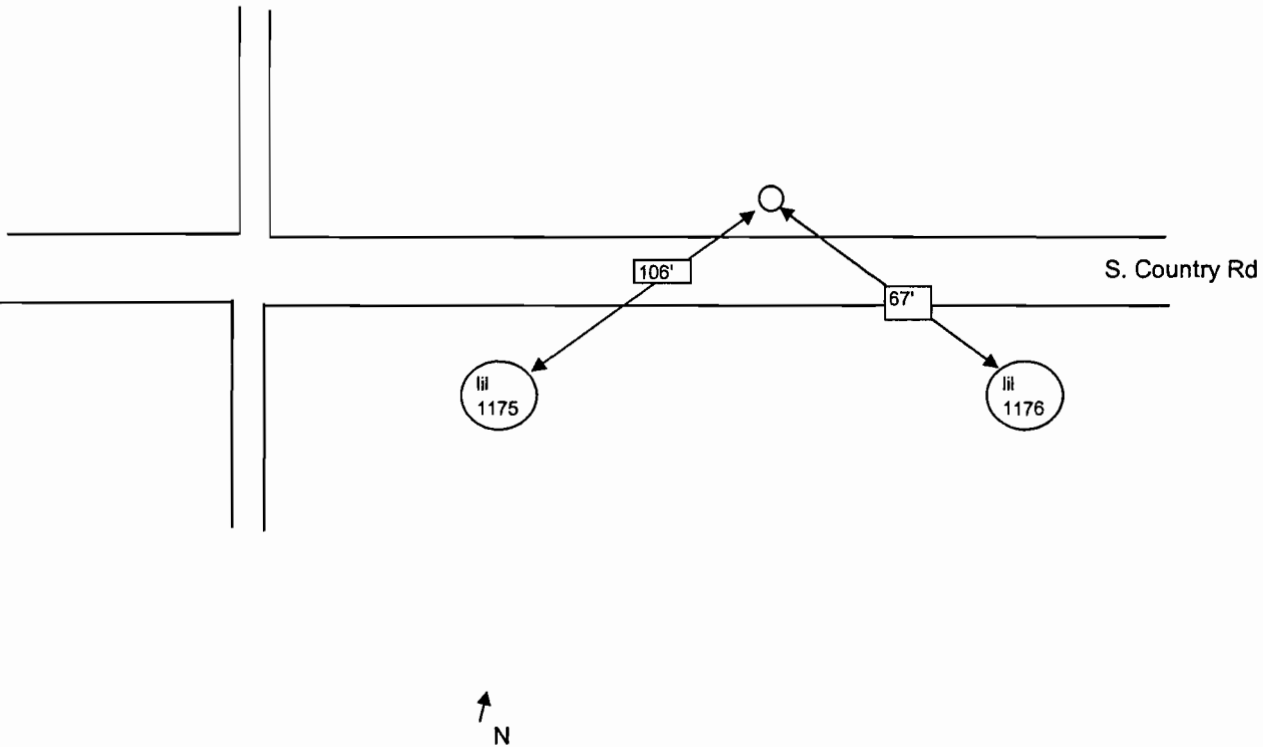
COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services	
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980	
LOCATION OF WELL South Country Rd. Bellport	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 5'
CASING	
Diameter 2 in.	in.
Length 35 ft.	ft.
SEALING	OPENINGS
SCREEN	
Make Johnson	OPENINGS 10 slot
Diameter 2 in.	in.
Length 5 ft.	ft.
DEPTH TO TOP FROM TOP OF CASING	
PUMP TEST	
DATE	TEST OR PERMANENT PUMP
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.
PUMPING INSTALLED	
TYPE	MAKE MODEL NUMBER
MOTIVE POWER	MAKE H.P.
Capacity g.p.m. against	ft. of discharge head
NUMBER OF BOWLS OR STAGES	ft. of total head
DROP LINE	
DIAMETER in.	SUCTION LINE DIAMETER in.
Length ft.	Length in.
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger	
USE OF WATER Test	
WORK STARTED 5/10/2006	COMPLETED 5/10/2006
DATE 5/10/2006	DRILLER Jim DeLise
REGISTRATION NO. 1853	
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.	

LOG	
Ground Surface	
EL. _____ Ft. above sea	
_____ ft.	
TOP OF WELL	
30'	to top of casing
40'	to top of screen
5'	to pump
5'	to sump

LOCATION SKETCH

1) Community	Bellport	WO11	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long. & Seq. #	
5) Owner	Suffolk County Department of Health Services		
6) Address	Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980		
7) Completion Date of Well	5/10/2006	8) Aquifer Screened	30-35'
9) Des. of MP			
10) Elev. of MP >	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface		13) Diam. of Casing 2"
14) Well Depth	40'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	5'
18) Use of Well	Profile	19) Quadrangle Name	



County: Suffolk

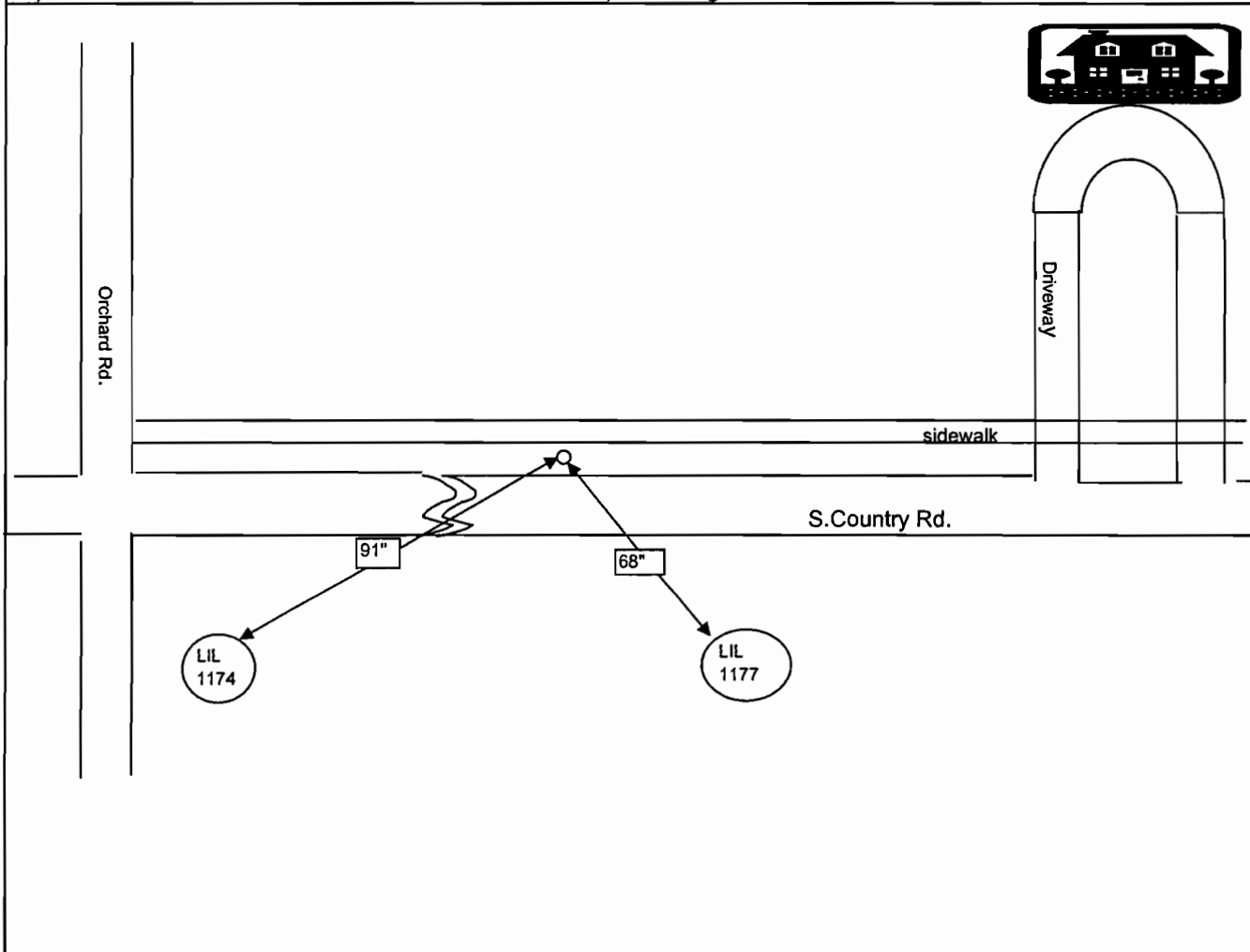
Well Number s125182

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services				LOG Ground Surface	
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980				EL. _____ Ft. above sea	
LOCATION OF WELL South Country Rd. Bellport				_____ ft.	
Depth of Well Below Surface 20'		Depth to Groundwater From Surface 5.4'		TOP OF WELL	
CASING				<div style="border: 1px solid black; padding: 5px; width: fit-content;">0-4' Loam dark brown to black</div>	
Diameter 2 in. _____ in. _____ in. _____ in.					
15 ft. _____ ft. _____ ft. _____ ft.					
SEALING OPENINGS					
SCREEN				<div style="border: 1px solid black; padding: 5px; width: fit-content;">30'</div>	
Make Johnson		OPENINGS 10slot			
Diameter 2 in. _____ in. _____ in. _____ in.					
Length 5 ft. _____ ft. _____ ft. _____ ft.					
DEPTH TO TOP FROM TOP OF CASING				<div style="border: 1px solid black; padding: 5px; width: fit-content;">40</div>	
PUMP TEST					
DATE		TEST OR PERMANENT PUMP			
DURATION OF TEST days hours		MAXIMUM DISCHARGE gallons per min.			
STATIC LEVEL PRIOR TO TEST ft. in.		LEVEL DURING MAXIMUM PUMPING ft. in.		<div style="border: 1px solid black; padding: 5px; width: fit-content;">5'</div>	
MAXIMUM DRAWDOWN ft.		Approx. time of return level after of pumping hours min.			
PUMPING INSTALLED					
TYPE	MAKE	MODEL NUMBER			
MOTIVE POWER	MAKE	H.P.		<div style="border: 1px solid black; padding: 5px; width: fit-content;">5'</div>	
Capacity g.p.m.against ft. of discharge head					
NUMBER OF BOWLS OR STAGES ft. of total head					
DROP LINE		SUCTION LINE		<div style="border: 1px solid black; padding: 5px; width: fit-content;">5'</div>	
DIAMETER in.		DIAMETER in.			
Length ft.		Length in.			
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger		USE OF WATER Test			
WORK STARTED 5/3/2006		COMPLETED 5/3/2006		<div style="border: 1px solid black; padding: 5px; width: fit-content;">5'</div>	
DATE 5/3/2006		REGISTRATION NO. 1658			
DRILLER Farnik Iannazzo					
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>					

LOCATION SKETCH

1) Community	Bellport	WO12	2) N.Y.S. Well#	s125182
3) Township	Brookhaven	4) Lat, Long. & Seq, #		
5) Owner	Suffolk County Department of Health Services			
6) Address	Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980			
7) Completion Date of Well	5/3/2006	8) Aquifer Screened	10-15'	
9) Des. of MP				
10) Elev. of MP >	11) Elev. of Land Surface			
12) MP At	at/above/below Land Surface		13) Diam. of Casing	2"
14) Well Depth	20'	15) Screened Interval	5.4'	
16) Type of Well	PVC	17) Depth to Water	4.8'	
18) Use of Well	Profile	19) Quadrangle Name		



Sketch By	Iannazzo	Date	5/3/2006	Hagstrom Map	18 P 18
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County Suffolk

Well Number S125183

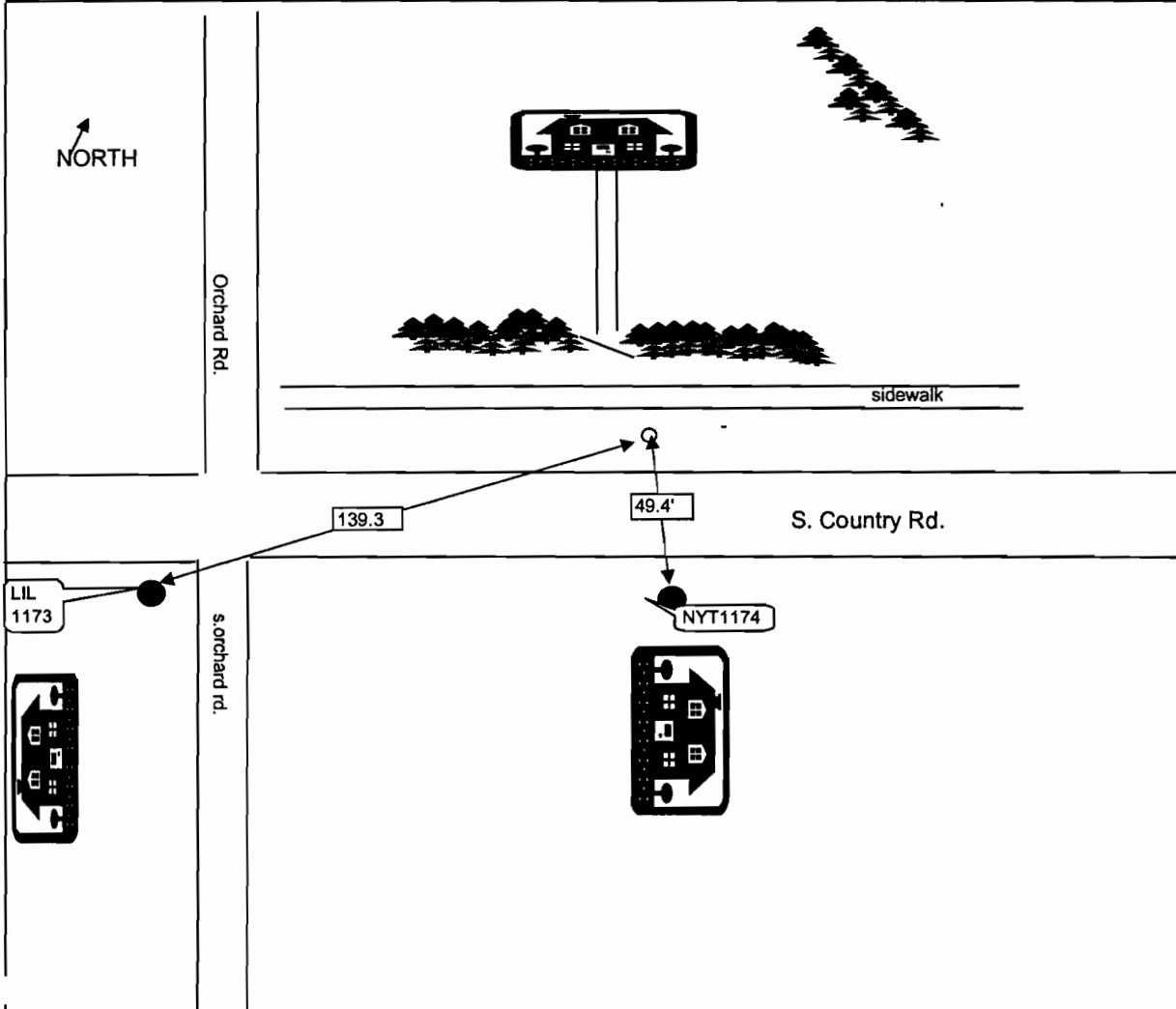
COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services		LOG Ground Surface
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea
LOCATION OF WELL S. Country Rd.		_____ ft.
Depth of Well Below Surface 20'	Depth to Groundwater From Surface 5'	TOP OF WELL
CASING		
Diameter 2 in. in. in. in.		
Length 15' ft. ft. ft. ft.		
SEALING		
OPENINGS		
SCREEN		
Make Johnson		
Diameter 2 in. in. in. in.		
Length 5 ft. ft. ft. ft.		
DEPTH TO TOP FROM TOP OF CASING		
PUMP TEST		
DATE	TEST OR PERMANENT PUMP	
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED		
TYPE	MAKE	
MOTIVE POWER	MAKE	
Capacity g.p.m.against	ft. of discharge head	
NUMBER OF BOWLS OR STAGES	ft. of total head	
DROP LINE		
DIAMETER in.		
Length ft.		
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other		
USE OF WATER Test		
WORK STARTED	COMPLETED	
DATE	DRILLER Frank Iannazzo	
REGISTRATION NO. 1658		
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.		

LOCATION SKETCH

W)13

1) Community	Bellport	2) N.Y.S. Well#	s125183
3) Township	Brookhaven	4) Lat, Long. & Seq, #	
5) Owner	Suffolk County Department of Health Services		
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	5/4/2006	8) Aquifer Screened	10-15'
9) Des. of MP			
10) Elev. of MP >	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface	13) Diam. of Casing	2"
14) Well Depth	20'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	
18) Use of Well	Profile	19) Quadrangle Name	



County Suffolk

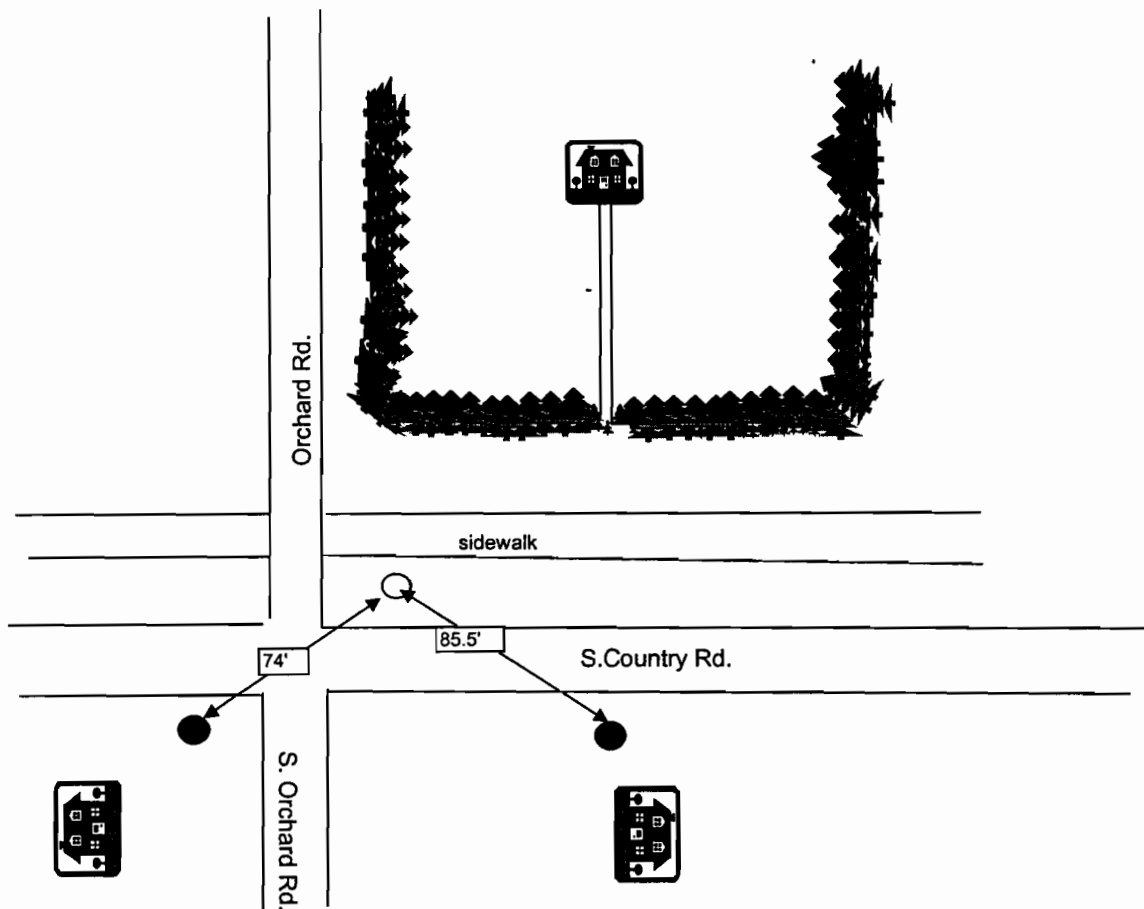
Well Number _____

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services		LOG Ground Surface EL. _____ Ft. above sea	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788			
LOCATION OF WELL South Country Rd. Bellport		_____ ft.	
Depth of Well Below Surface 20'	Depth to Groundwater From Surface 4.8'	TOP OF WELL	
CASING		<p>The diagram shows a vertical well shaft. At the top is the 'TOP OF WELL'. A casing section extends down to a depth of 20 feet. Below the casing is a screen section. At the bottom of the screen is a pump section. Depth markers are indicated at 10, 20, and 5 feet from the top.</p>	
Diameter 2 in. in. in. in.			
Length 15 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST		<p>10</p> <p>20</p> <p>5'</p> <p>s c r e e n</p> <p>s u m p</p>	
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.		
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE MODEL NUMBER		
MOTIVE POWER	MAKE H.P.		
Capacity g.p.m.against	ft. of discharge head		
NUMBER OF BOWLS OR STAGES	ft. of total head		
DROP LINE		<p>5'</p>	
DIAMETER in.			
Length ft.			
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other			
SUCTION LINE		<p>5'</p>	
DIAMETER in.			
Length in.			
USE OF WATER Test			
WORK STARTED 5/4/2006		COMPLETED 5/4/2006	
DATE 5/4/2006	DRILLER Frank Iannazzo	REGISTRATION NO. 1658	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

LOCATION SKETCH

1) Community	Bellport	WO14	2) N.Y.S. Well#	s125184
3) Township	Brookhaven	4) Lat, Long. & Seq, #		
5) Owner Suffolk County Department of Health Services				
6) Address	220 Rabro Drive East	Hauppauge	N.Y.	
7) Completion Date of Well	5/4/2006	8) Aquifer Screened		10-15'
9) Des. of MP				
10) Elev. of MP >			11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface		13) Diam. of Casing	2"
14) Well Depth	20'	15) Screened Interval		5'
16) Type of Well	PVC	17) Depth to Water		4.8'
18) Use of Well	Profile	19) Quadrangle Name		



Sketch By	F. Iannazzo	Date	5/4/2006	Hagstrom Map	18 P 18
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County Suffolk

WO15

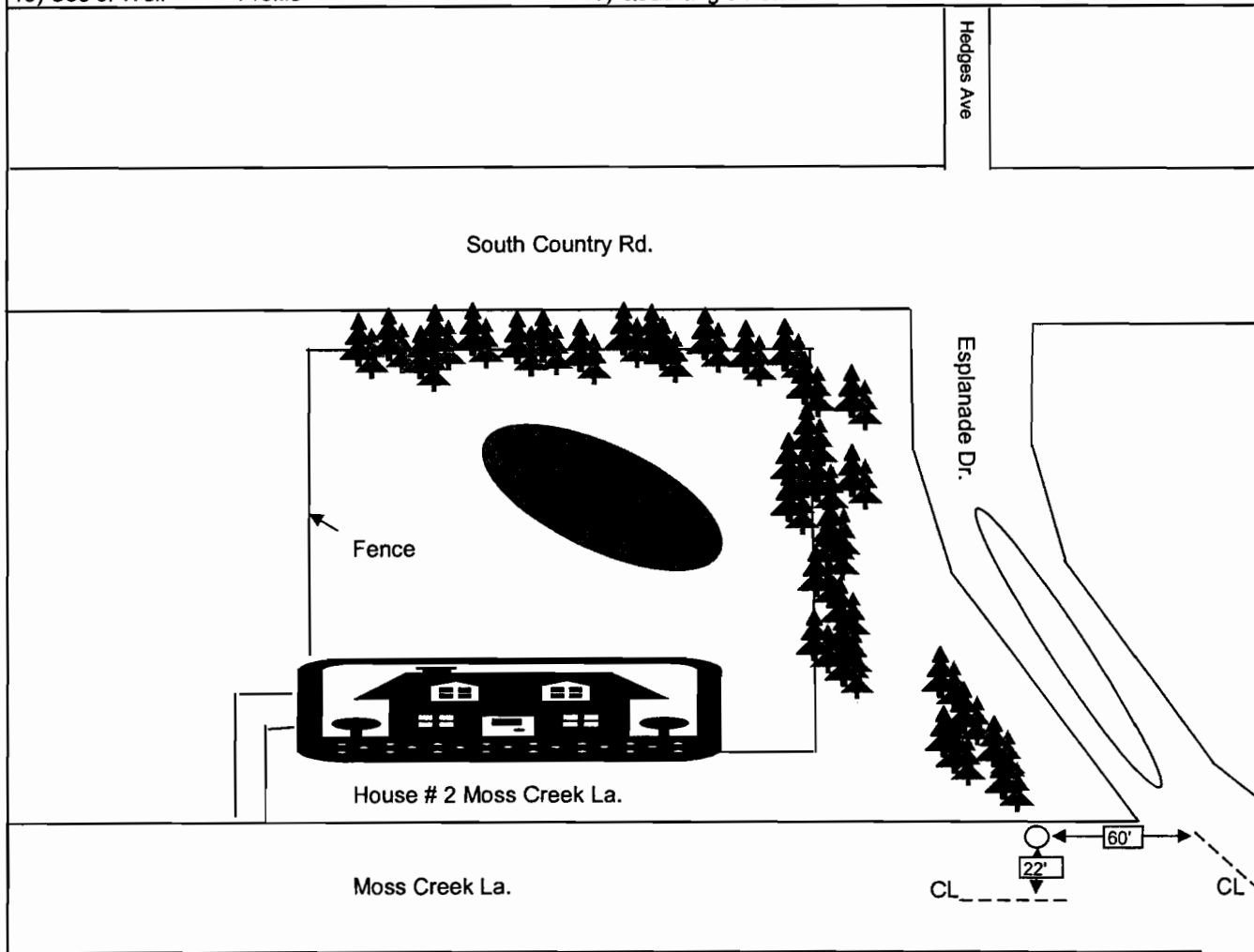
Well Number **s125345****COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 360 Yaphank Ave Suite C Yaphank NY. 11980		EL. _____ Ft. above sea	
LOCATION OF WELL Moss Creek La. Bellport		_____ ft.	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 5.4.	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
Length 35 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	20'	
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against	ft. of discharge head		
NUMBER OF BOWLS OR STAGES	ft. of total head		
DROP LINE		SUCTION LINE	
DIAMETER in.	DIAMETER in.		
Length ft.	Length in.		
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger	USE OF WATER Test		
WORK STARTED 5/25/2006	COMPLETED 5/25/2006		
DATE 5/25/2006	DRILLER Frank Iannazzo	REGISTRATION NO. 1658	
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.			

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

1) Community	Patchogue	WO15	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long. & Seq. #	
5) Owner Suffolk County Department of Health Services			
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	5/25/2006	8) Aquifer Screened 10-15'	
9) Des. of MP			
10) Elev. of MP >	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface		13) Diam. of Casing 2"
14) Well Depth	20'	15) Screened Interval 5'	
16) Type of Well	PVC	17) Depth to Water 5.2'	
18) Use of Well	Profile	19) Quadrangle Name	



Sketch By	F. Iannazzo	Date	5/25/2006	Hagstrom Map	18 P 18
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County Suffolk

WO-16

Well Number

S 125512**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL Moss Creek Lane, east patghogue		_____ ft.	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 3.69'	TOP OF WELL	
CASING			
Diameter 2 in.	_____ in.		
Length 35'	_____ ft.		
SEALING	OPENINGS		
SCREEN			
Make Johnson	OPENINGS 10slot		
Diameter 2 in.	_____ in.		
Length 5 ft.	_____ ft.		
DEPTH TO TOP FROM TOP OF CASING 30'			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		<div style="border: 1px solid black; padding: 2px; display: inline-block;">40'</div>
DURATION OF TEST days _____ hours _____	MAXIMUM DISCHARGE gallons per min. _____		
STATIC LEVEL PRIOR TO TEST ft. _____ in. _____	LEVEL DURING MAXIMUM PUMPING ft. _____ in. _____		
MAXIMUM DRAWDOWN ft. _____	Approx. time of return level after of pumping hours _____ min. _____		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m.against _____		ft. of discharge head _____	
NUMBER OF BOWLS OR STAGES _____		ft. of total head _____	
DROP LINE		SUCTION LINE	
DIAMETER _____ in.	DIAMETER _____ in.		
Length _____ ft.	Length _____ in.		
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER TEST	
WORK STARTED 6/8/2006		COMPLETED 6/8/2006	
DATE 7/17/2006	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

LOCATION SKETCH

WO-16

1) Community	East Patchogue	2) N.Y.S. Well#	
3) Township	Brookhaven	4) Lat, Long. & Seq, #	N40.75849
5) Owner	Suffolk County Department of Health Services		W072.97028
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	6/8/2006	8) Aquifer Screened	35' to 40'
9) Des. of MP			
10) Elev. of MP >		11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing	
14) Well Depth	40'	15) Screened Interval 5'	
16) Type of Well	PVC	17) Depth to Water 3.69'	
18) Use of Well	Profile	19) Quadrangle Name	

ESPLANADE DR.

190'

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Sketch By

F. Basile

Date

Hagstrom Map

County Suffolk WO-17 Well Number S-125513**COMPLETION REPORT-LONG ISLAND WELL**

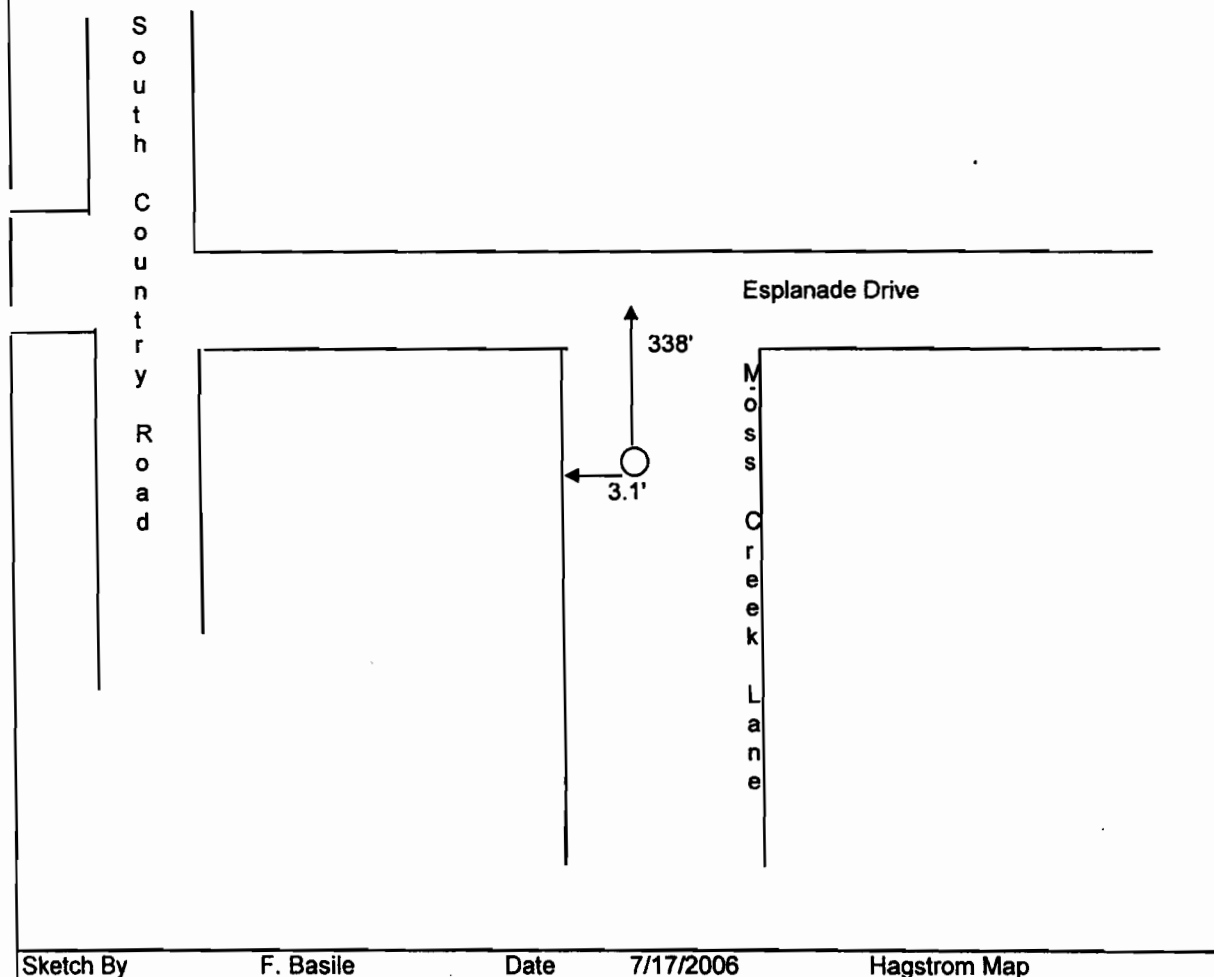
OWNER Suffolk County Department of Health Services		LOG Ground Surface EL. _____ Ft. above sea
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		
LOCATION OF WELL Moss Creek Lane, east patchogue		____ ft.
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 2.70'	
CASING		
Diameter 2 in. in. in. in.		
Length 35' ft. ft. ft. ft.		
SEALING	OPENINGS	
SCREEN		
Make Johnson	OPENINGS 10slot	
Diameter 2 in. in. in. in.		
Length 5 ft. ft. ft. ft.		
DEPTH TO TOP FROM TOP OF CASING 30'		
PUMP TEST		
DATE	TEST OR PERMANENT PUMP	
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED		
TYPE	MAKE	MODEL NUMBER
MOTIVE POWER	MAKE	H.P.
Capacity g.p.m. against ft. of discharge head		
NUMBER OF BOWLS OR STAGES ft. of total head		
DROP LINE		s c r e e n s u m p
DIAMETER in.	DIAMETER in.	
Length ft.	Length in.	
SUCTION LINE		
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		
USE OF WATER TEST		
WORK STARTED 6/8/2006	COMPLETED 6/8/2006	
DATE 7/17/2006	DRILLER Frank Basile	REGISTRATION NO. 1834
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.		

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO-17

1) Community	East Patchogue	2) N.Y.S. Well#	5125517
3) Township	Brookhaven	4) Lat, Long. & Seq. #	N40.75841
5) Owner	Suffolk County Department of Health Services		W072.96983
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	6/8/2006	8) Aquifer Screened	30' to 35'
9) Des. of MP			
10) Elev. of MP>	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface	13) Diam. of Casing	2"
14) Well Depth	40'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	3.69'
18) Use of Well	Profile	19) Quadrangle Name	



Sketch By F. Basile Date 7/17/2006 Hagstrom Map

County Suffolk

WO-18

Well Number

S125514**COMPLETION REPORT-LONG ISLAND WELL**

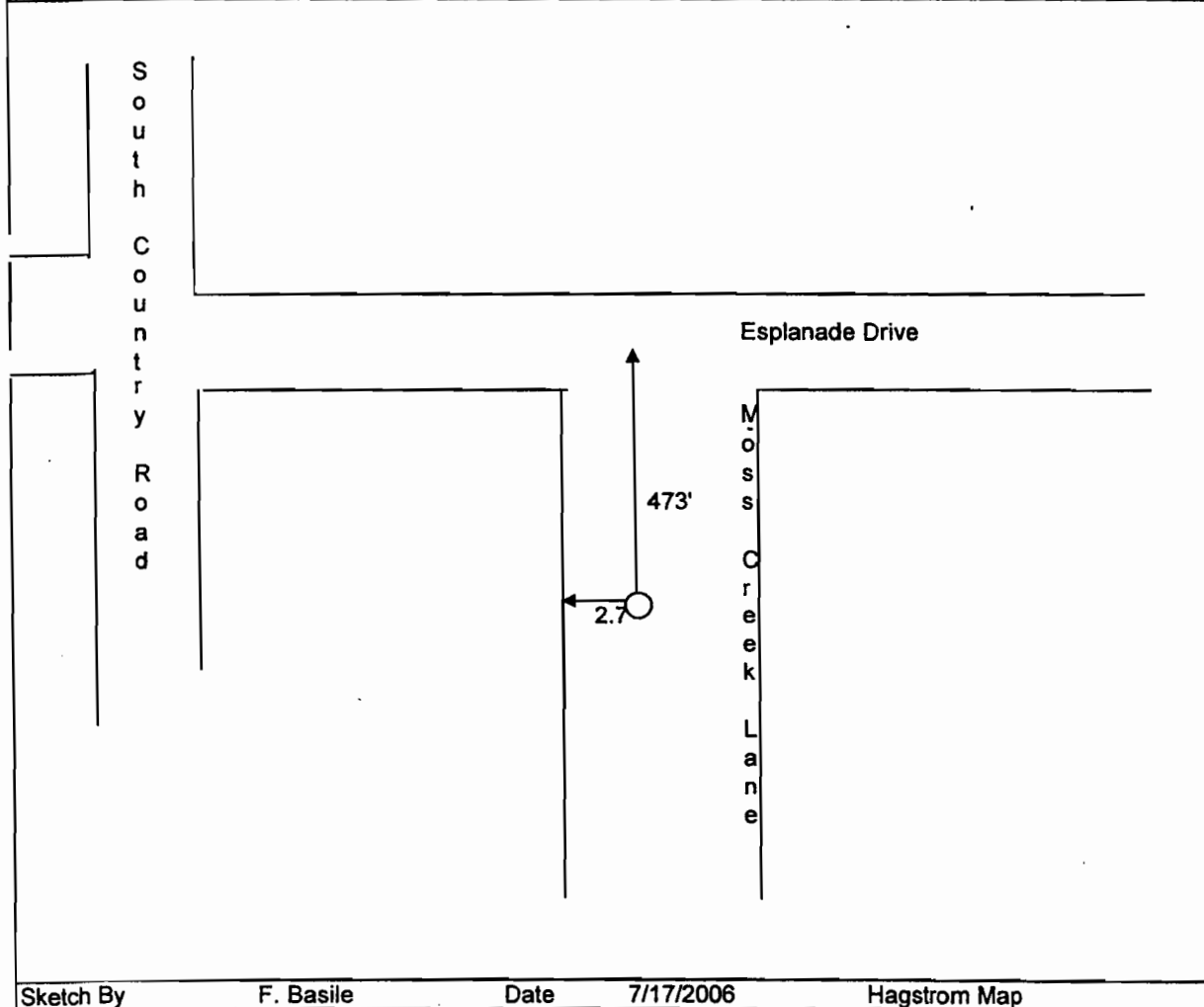
OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL Moss Creek Lane, east patghogue		_____ ft.	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 2.21'	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
Length 35' ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING 30'			
PUMP TEST			
DATE		TEST OR PERMANENT PUMP	
DURATION OF TEST days hours		MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.		LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.		Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER TEST	
WORK STARTED 6/8/2006		COMPLETED 6/8/2006	
DATE 7/17/2006	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO-18

1) Community	East Patchogue	2) N.Y.S. Well#	5125514
3) Township	Brookhaven	4) Lat, Long. & Seq.#	N40.75857
5) Owner	Suffolk County Department of Health Services		W072.97028
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	6/8/2006	8) Aquifer Screened	30' to 35'
9) Des. of MP			
10) Elev. of MP >		11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing	2"
14) Well Depth	40'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	2.21'
18) Use of Well	Profile	19) Quadrangle Name	



Sketch By	F. Basile	Date	7/17/2006	Hagstrom Map
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County Suffolk

WG-19

Well Number

S125515**COMPLETION REPORT-LONG ISLAND WELL**

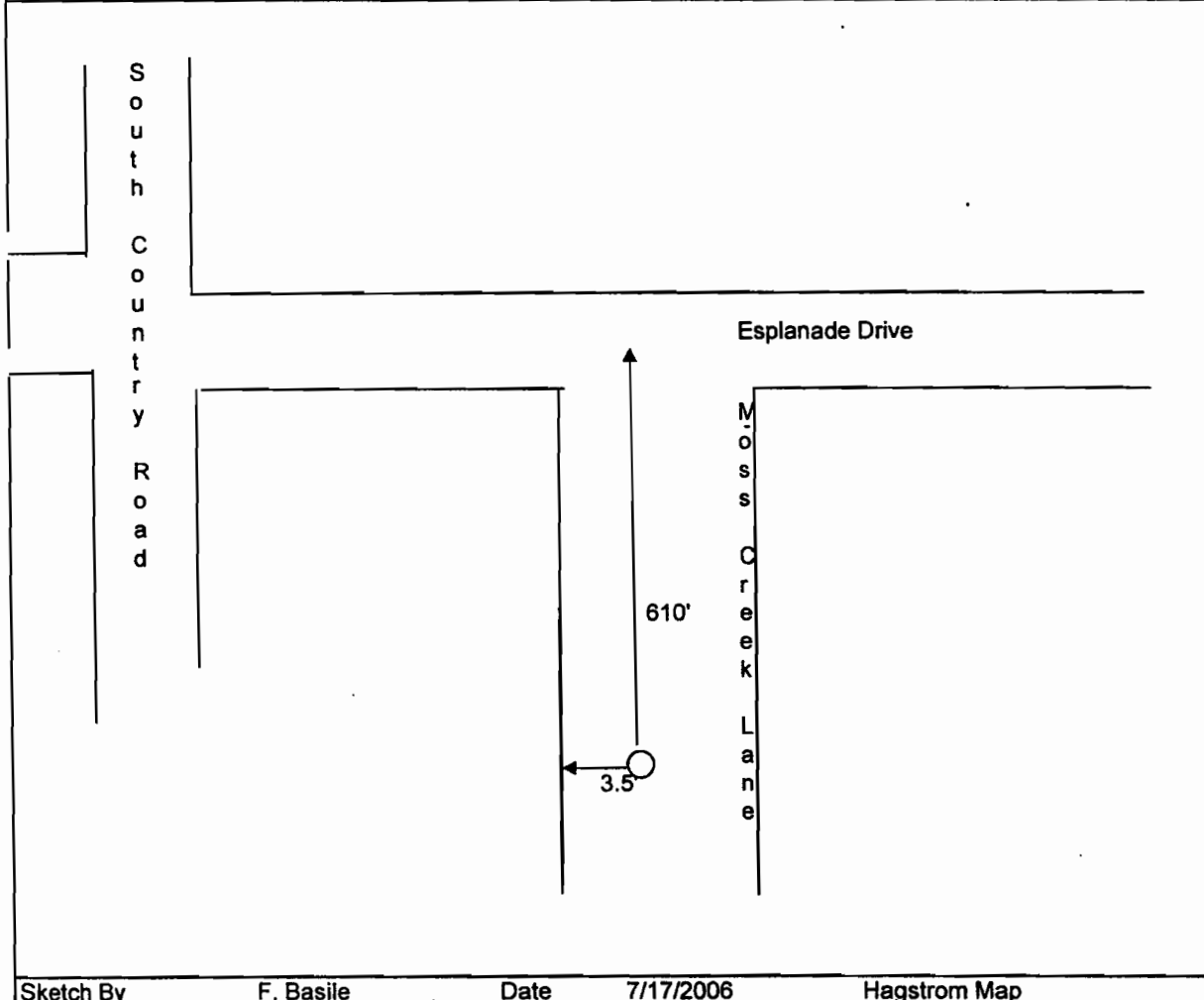
OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL Moss Creek Lane, east patghogue		_____ ft.	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 2.90'	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
Length 35' ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING 30'			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.		
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity	g.p.m.against ft. of discharge head		
NUMBER OF BOWLS OR STAGES	ft. of total head		
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER TEST	
WORK STARTED 6/8/2006		COMPLETED 6/8/2006	
DATE 7/17/2006	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO-19 ⑥

1) Community	East Patchogue	2) N.Y.S. Well#	5125515
3) Township	Brookhaven	4) Lat, Long. & Seq, #	N40.75849
5) Owner	Suffolk County Department of Health Services		W072.97076
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	6/8/2006	8) Aquifer Screened	30' to 35'
9) Des. of MP			
10) Elev. of MP >	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface	13) Diam. of Casing	2"
14) Well Depth	40'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	2.90'
18) Use of Well	Profile	19) Quadrangle Name	



Sketch By F. Basile Date 7/17/2006 Hagstrom Map

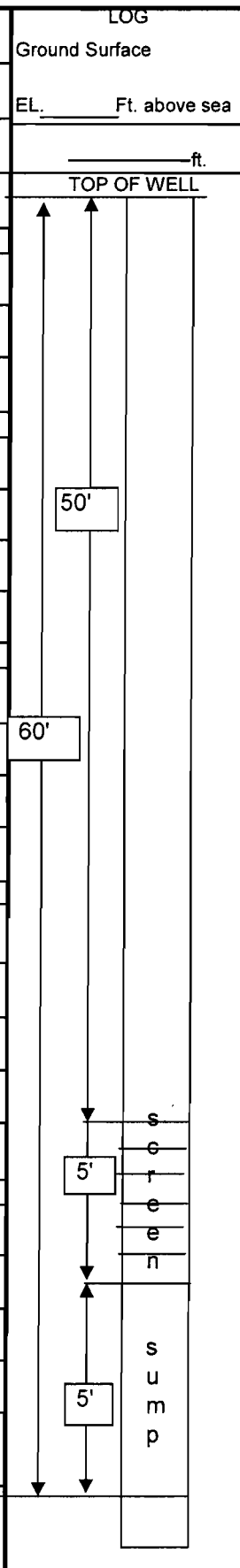
County Suffolk

WO-20

Well Number

5126019**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788	
LOCATION OF WELL South Country Road, East Patchogue	
Depth of Well Below Surface 60'	Depth to Groundwater From Surface 2.79
CASING	
Diameter 2 in.	in. in. in. in.
Length 55 ft.	ft. ft. ft. ft.
SEALING	
SCREEN	
Make Johnson	OPENINGS 10slot
Diameter 2 in.	in. in. in. in.
Length 5 ft.	ft. ft. ft. ft.
DEPTH TO TOP FROM TOP OF CASING	
PUMP TEST	
DATE	TEST OR PERMANENT PUMP
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.
PUMPING INSTALLED	
TYPE	MAKE MODEL NUMBER
MOTIVE POWER	MAKE H.P.
Capacity g.p.m. against	ft. of discharge head
NUMBER OF BOWLS OR STAGES ft. of total head	
DROP LINE	
DIAMETER in.	SUCTION LINE DIAMETER in.
Length ft.	Length in.
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe	
USE OF WATER Test	
WORK STARTED 7/18/2006	COMPLETED 7/18/2006
DATE 1/3/2007	DRILLER Frank Basile
REGISTRATION NO. 1834	



*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.

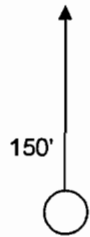
LOCATION SKETCH

WO-20

5126019

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township		4) Lat, Long. & Seq. #
5) Owner	Suffolk County Department of Health Services	
6) Address	220 Rabro Drive East	Hauppauge N.Y.
7) Completion Date of Well	7/18/2006	8) Aquifer Screened 50' to 55'
9) Des. of MP		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 2"
14) Well Depth	60'	15) Screened Interval 5'
16) Type of Well	PVC	17) Depth to Water 2.79'
18) Use of Well	Profile	19) Quadrangle Name

South Country Road



COUNTY SUMP

Sketch By

F. Basile

Date

Hagstrom Map

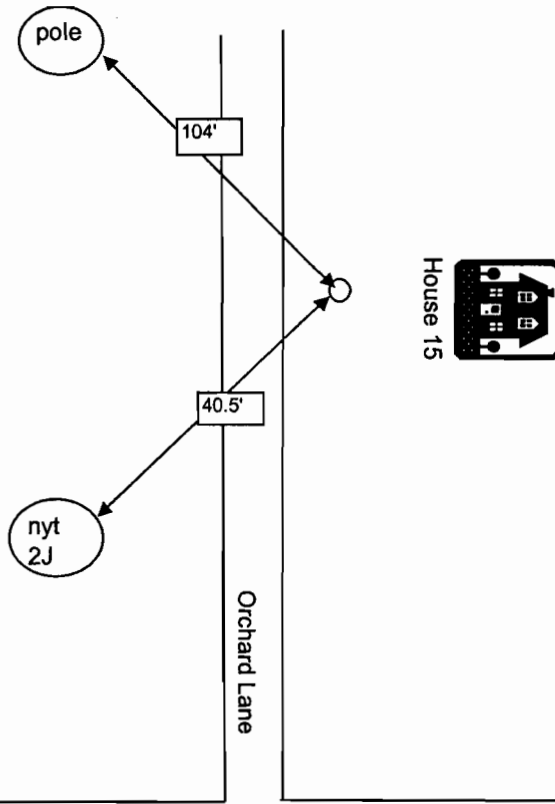
County SuffolkWell Number W0-21**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 360 yaphank Ave. Suite 1C yaphank N.Y. 11980		EL. _____ Ft. above sea	
LOCATION OF WELL <u>ORchard LA.</u> <u>P. Patchogue</u>		_____ ft.	
Depth of Well Below Surface <u>42</u>	Depth to Groundwater From Surface <u>8</u>	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
Length ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days _____ hours _____	MAXIMUM DISCHARGE gallons per min. _____	42'	
STATIC LEVEL PRIOR TO TEST ft. _____ in. _____	LEVEL DURING MAXIMUM PUMPING ft. _____ in. _____		
MAXIMUM DRAWDOWN ft. _____	Approx. time of return level after of pumping hours _____ min. _____		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against _____ ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in. _____	DIAMETER in. _____		
Length ft. _____	Length in. _____		
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger		USE OF WATER Test	
WORK STARTED 8/7/2006	COMPLETED 8/7/2006		
DATE 8/7/2006	DRILLER Farnik Iannazzo	REGISTRATION NO. 1658	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

LOCATION SKETCH

WO-21

1) Community	E. Patchogue	2) N.Y.S. Well#	
3) Township	Brookhaven	4) Lat, Long. & Seq. #	
5) Owner	Suffolk County Department of Health Services		
6) Address	Suite 1C 360 Yaphank Ave Yaphank N.Y. 11980		
7) Completion Date of Well	8/7/2006	8) Aquifer Screened	30-35'
9) Des. of MP			
10) Elev. of MP >	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface	13) Diam. of Casing	2
14) Well Depth	42	15) Screened Interval	16
16) Type of Well	PVC	17) Depth to Water	8
18) Use of Well	Profile	19) Quadrangle Name	



County Suffolk

WO-22

Well Number

S126022**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL South Country Road, East Patchogue		_____ ft.	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 4.15'	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
Length 30 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.		
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity	g.p.m.against ft. of discharge head		
NUMBER OF BOWLS OR STAGES	ft. of total head		
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 7/24/2006		COMPLETED 7/24/2006	
DATE 1/3/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

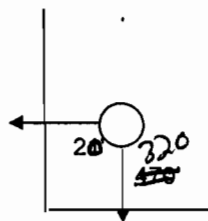
WO-22

1) Community	East Patchogue	2) N.Y.S. Well#	5126022
3) Township		4) Lat, Long. & Seq. #	
5) Owner	Suffolk County Department of Health Services		
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	7/24/2006	8) Aquifer Screened	30' to 35'
9) Des. of MP			
10) Elev. of MP >	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface	13) Diam. of Casing	2"
14) Well Depth	40'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	4.15'
18) Use of Well	Profile	19) Quadrangle Name	

SOUTH COUNTRY ROAD

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Sketch By F. Basile Date Hagstrom Map

County Suffolk

WO-23

Well Number

S126021**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL South Country Road, East Patchogue		_____ ft.	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 4.15'	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
Length 30 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.		
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m.against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 7/24/2006		COMPLETED 7/24/2006	
DATE 1/3/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

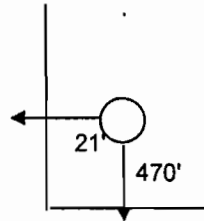
ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO-23

1) Community	East Patchogue	2) N.Y.S. Well#	5126021
3) Township	4) Lat, Long. & Seq, #		
5) Owner	Suffolk County Department of Health Services		
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	7/24/2006	8) Aquifer Screened	30' to 35'
9) Des. of MP			
10) Elev. of MP >	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface	13) Diam. of Casing	2"
14) Well Depth	40'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	4.15'
18) Use of Well	Profile	19) Quadrangle Name	

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SOUTH COUNTRY ROAD

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Sketch By	F. Basile	Date	Hagstrom Map
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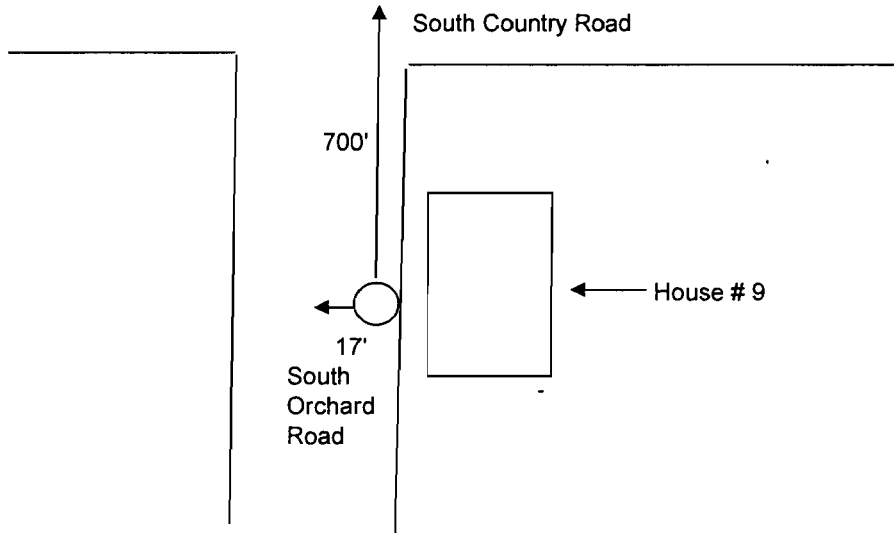
County Suffolk WO-24 Well Number _____**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface EL. _____ Ft. above sea
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		
LOCATION OF WELL South Orchard Road, East Patchogue		TOP OF WELL
Depth of Well Below Surface 50"	Depth to Groundwater From Surface 9.61'	
CASING		<p>The diagram shows a vertical well shaft. At the top is the 'TOP OF WELL'. Below it is a section labeled 'CASING' with a diameter of 1 in. and a length of 50 ft. Below the casing is a 'SCREEN' section with a diameter of 1 in. and a length of 5 ft. Below the screen is a 'PUMP' section with a diameter of 1 in. and a length of 5 ft. The total depth from the top of the casing to the bottom of the pump is 40'. The diagram also shows a 'DROPPED LINE' and a 'SUCTION LINE' at the bottom. The total depth from the ground surface to the bottom of the pump is 50'. The diagram is labeled 'LOG' and 'Ground Surface'.</p>
Diameter 1 in.	in. in. in. in.	
Length 50 ft.	ft. ft. ft. ft.	
SEALING		
OPENINGS		
SCREEN		
Make Johnson	OPENINGS 10slot	
Diameter 1 in.	in. in. in. in.	
Length 5 ft.	ft. ft. ft. ft.	
DEPTH TO TOP FROM TOP OF CASING 40'		
PUMP TEST		
DATE	TEST OR PERMANENT PUMP	
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED		
TYPE	MAKE	MODEL NUMBER
MOTIVE POWER	MAKE	H.P.
Capacity g.p.m. against		ft. of discharge head
NUMBER OF BOWLS OR STAGES		ft. of total head
DROP LINE		SUCTION LINE
DIAMETER in.	DIAMETER in.	
Length ft.	Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test
WORK STARTED 7/24/2006		COMPLETED 7/24/2006
DATE 1/25/2007	DRILLER Frank Basile	REGISTRATION NO. 1834
NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.		

LOCATION SKETCH

WO-24

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long. & Seq. #
5) Owner	Suffolk County Department of Health Services	
6) Address	220 Rabro Drive East	Hauppauge N.Y.
7) Completion Date of Well	7/24/2006	8) Aquifer Screened 40-45'
9) Des. of MP		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 1"
14) Well Depth	50'	15) Screened Interval 5'
16) Type of Well	PVC	17) Depth to Water 9.61
18) Use of Well	Profile	19) Quadrangle Name



Sketch By F. Basile Date 7/24/2006 Hagstrom Map

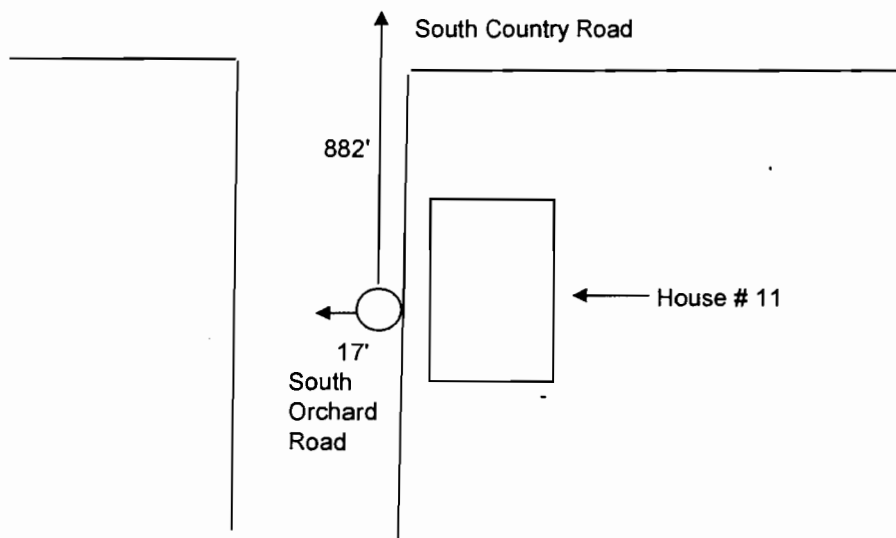
County Suffolk WO-25 Well Number _____**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL South Orchard Road, East Patchogue			
Depth of Well Below Surface 50"	Depth to Groundwater From Surface 12.42	TOP OF WELL	
CASING			
Diameter 1 in. in. in. in.			
Length 50 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 1 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING 40'			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	50'	
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m.against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 7/24/2006		COMPLETED 7/24/2006	
DATE 1/25/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.			

LOCATION SKETCH

WO-25

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long. & Seq, #
5) Owner	Suffolk County Department of Health Services	
6) Address	220 Rabro Drive East	Hauppauge N.Y.
7) Completion Date of Well	7/24/2006	8) Aquifer Screened 40-45'
9) Des. of MP		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 1"
14) Well Depth	50'	15) Screened Interval 5'
16) Type of Well	PVC	17) Depth to Water 12.42'
18) Use of Well	Profile	19) Quadrangle Name



Sketch By F. Basile Date 7/24/2006 Hagstrom Map

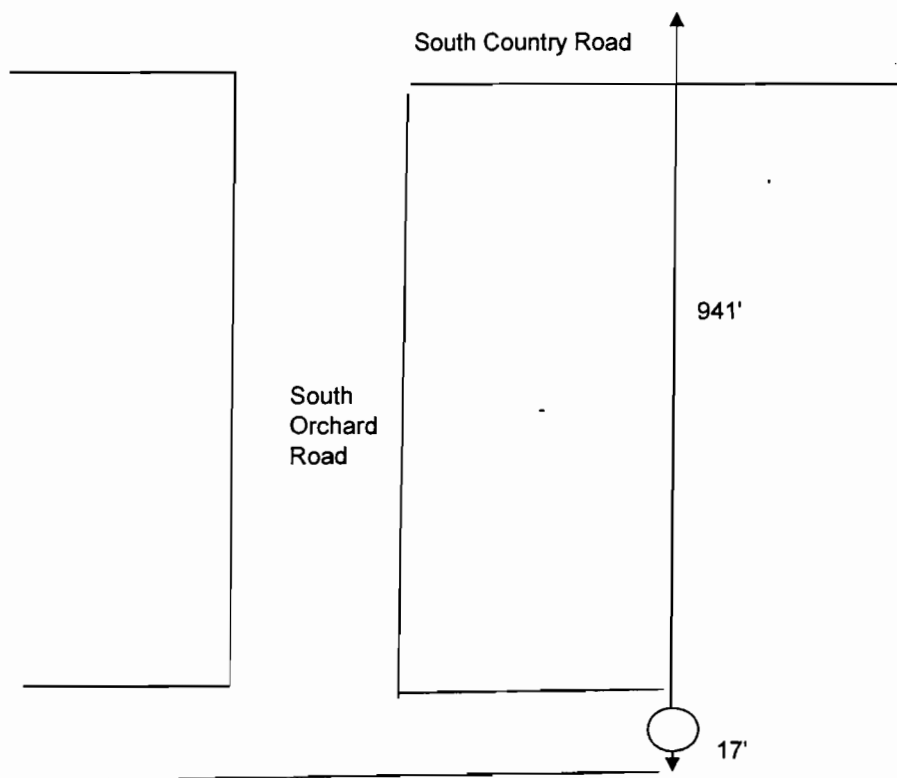
COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services		LOG Ground Surface		
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea		
LOCATION OF WELL South Orchard Road, East Patchogue				
Depth of Well Below Surface 50"	Depth to Groundwater From Surface 7.39'	TOP OF WELL		
CASING				
Diameter 1 in. in. in. in.				
Length 50 ft. ft. ft. ft.				
SEALING				
SCREEN				
Make Johnson				
Diameter 1 in. in. in. in.				
Length 5 ft. ft. ft. ft.				
DEPTH TO TOP FROM TOP OF CASING 40'				
PUMP TEST				
DATE	TEST OR PERMANENT PUMP			
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.			
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.			
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.			
PUMPING INSTALLED				
TYPE	MAKE	MODEL NUMBER		
MOTIVE POWER	MAKE	H.P.		
Capacity g.p.m. against ft. of discharge head				
NUMBER OF BOWLS OR STAGES ft. of total head				
DROP LINE		SUCTION LINE		
DIAMETER in.		DIAMETER in.		
Length ft.		Length in.		
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test		
WORK STARTED 7/24/2006		COMPLETED 7/24/2006		
DATE 1/25/2007	DRILLER Frank Basile	REGISTRATION NO. 1834		
NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.				

LOCATION SKETCH

WO-26

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long. & Seq. #
5) Owner	Suffolk County Department of Health Services	
6) Address	220 Rabro Drive East	Hauppauge N.Y.
7) Completion Date of Well	7/24/2006	8) Aquifer Screened 40-45'
9) Des. of MP		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 1"
14) Well Depth	50'	15) Screened Interval 5'
16) Type of Well	PVC	17) Depth to Water 7.39'
18) Use of Well	Profile	19) Quadrangle Name



Sketch By	F. Basile	Date	7/24/2006	Hagstrom Map
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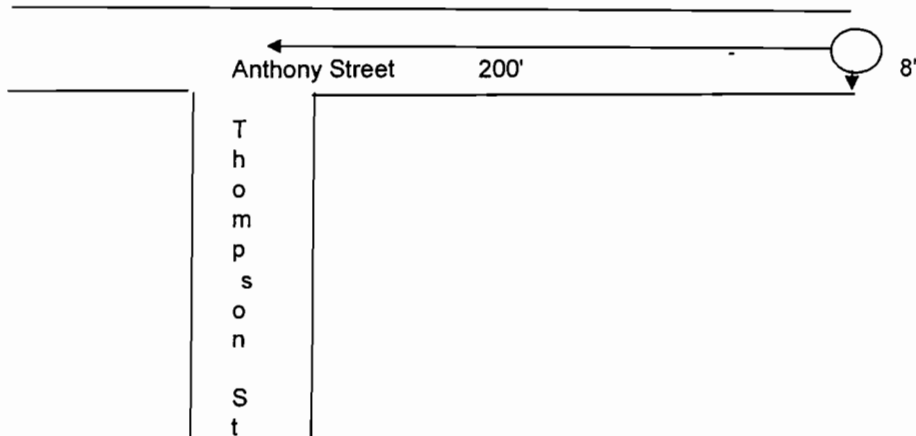
County Suffolk WO-27 Well Number _____**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL Anthony Street, East Patchogue			
Depth of Well Below Surface 50'	Depth to Groundwater From Surface 7.72'	TOP OF WELL	
CASING			
Diameter 1 in. in. in. in.			
Length 50 ft. ft. ft. ft.			
SEALING	OPENINGS		
SCREEN			
Make Johnson	OPENINGS 10 slot		
Diameter 1 in. in. in. in.		40'	
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING 40'			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	50'	
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.	DIAMETER in.		
Length ft.	Length in.		
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe	USE OF WATER Test		
WORK STARTED 7/24/2006	COMPLETED 7/24/2006		
DATE 1/25/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.		<p>The diagram shows a vertical well shaft. At the top is the 'TOP OF WELL'. A casing extends down 40 feet to the 'TOP OF CASING'. Below the casing is a screen section labeled 'screen' with a length of 5 feet. Below the screen is a pump section labeled 'pump' with a length of 5 feet. The total depth shown is 50 feet. A 'sump' is indicated at the bottom of the well.</p>	

LOCATION SKETCH

WO-27

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long.&Seq.#
5) Owner	Suffolk County Department of Health Services	
6) Address	220 Rabro Drive East	Hauppauge N.Y.
7) Completion Date of Well	7/24/2006	8) Aquifer Screened 40-45'
9) Des. of MP		
10) Elev. of MP>	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 1"
14) Well Depth	50'	15) Screened Interval 5'
16) Type of Well	PVC	17) Depth to Water 7.72'
18) Use of Well	Profile	19) Quadrangle Name



Sketch By	F. Basile	Date	7/24/2006	Hagstrom Map
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County Suffolk WO-28 Well Number S126027**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface EL. _____ Ft. above sea
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		
LOCATION OF WELL S William Street		____ ft.
Depth of Well Below Surface 45'	Depth to Groundwater From Surface 12.93'	
CASING		TOP OF WELL
Diameter 1 in. in. in. in.	Length 40 ft. ft. ft. ft.	
SEALING		40'
OPENINGS		
SCREEN		45'
Make Johnson	OPENINGS 10slot	
Diameter 1 in. in. in. in.	Length 5 ft. ft. ft. ft.	5'
DEPTH TO TOP FROM TOP OF CASING		
PUMP TEST		s c r e e n
DATE	TEST OR PERMANENT PUMP	
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	s u m p
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED		
TYPE	MAKE	MODEL NUMBER
MOTIVE POWER	MAKE	H.P.
Capacity g.p.m. against ft. of discharge head		
NUMBER OF BOWLS OR STAGES ft. of total head		
DROP LINE		s u m p
DIAMETER in.	DIAMETER in.	
Length ft.	Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		
USE OF WATER Test		
WORK STARTED 9/19/2006	COMPLETED 9/19/2006	
DATE 1/3/2007	DRILLER Frank Basile	REGISTRATION NO. 1834

*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.

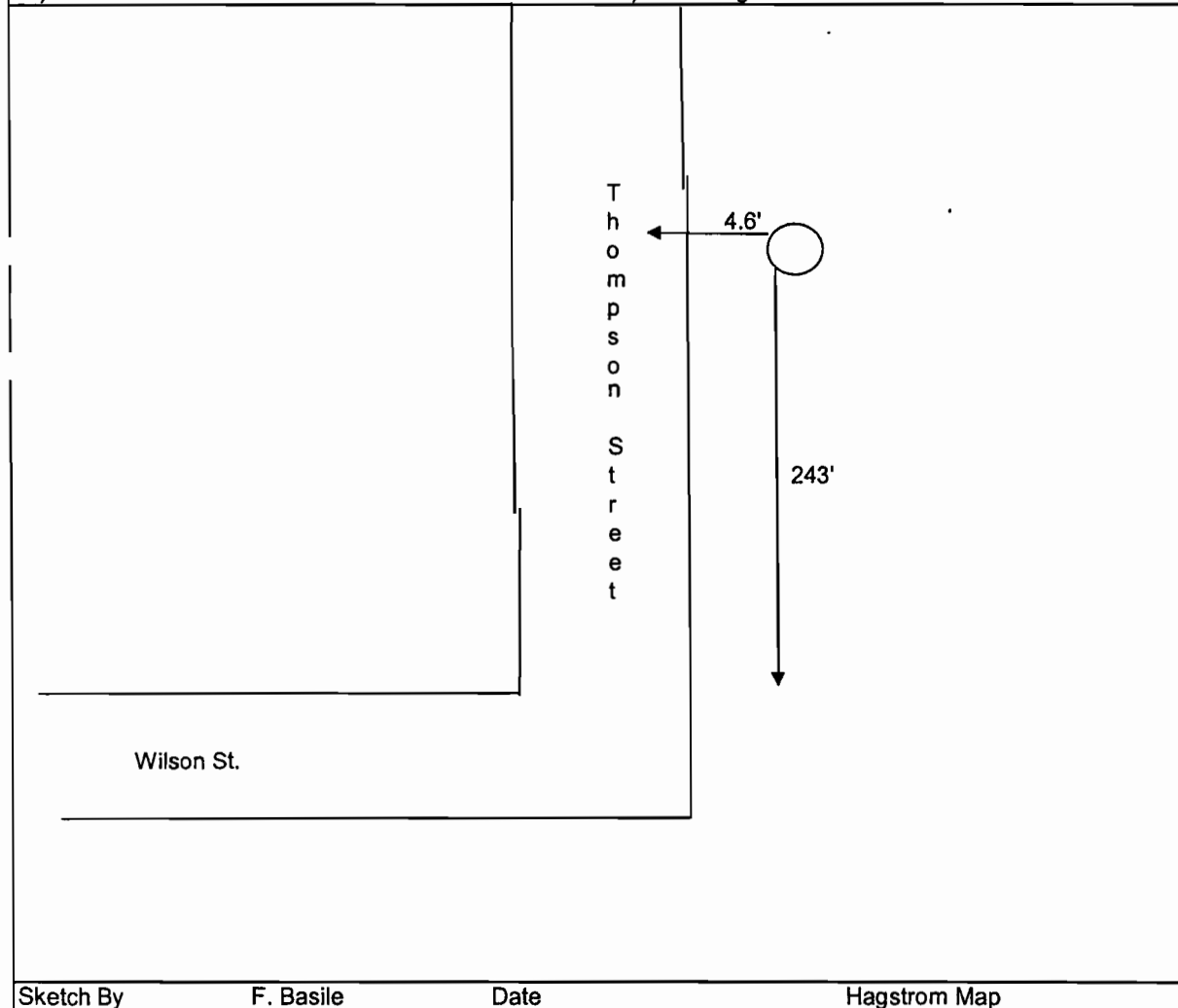
ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO-28

5

1) Community	East Patchogue	2) N.Y.S. Well#	3126027
3) Township		4) Lat, Long. & Seq. #	N40.45.374
5) Owner	Suffolk County Department of Health Services		W072.58.445
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	9/19/2006	8) Aquifer Screened	40' to 45'
9) Des. of MP			
10) Elev. of MP>		11) Elev. of Land Surface	
12) MP	At	at/above/below Land Surface	13) Diam. of Casing 1"
14) Well Depth	45'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	12.93'
18) Use of Well	Profile	19) Quadrangle Name	



Sketch By

F. Basile

Date

Hagstrom Map

County Suffolk

WO-29

Well Number

5126024**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL S William Street		_____ ft.	
Depth of Well Below Surface 50'		Depth to Groundwater From Surface 10.95	
CASING		TOP OF WELL	
Diameter 1 in. in. in. in.			
Length 45 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson		OPENINGS 10slot	
Diameter 1 in. in. in. in.		45'	
Length 5 ft. ft. ft. ft.		50'	
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE		TEST OR PERMANENT PUMP	
DURATION OF TEST days hours		MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.		LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.		Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 9/18/2006		COMPLETED 9/18/2006	
DATE 1/3/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

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LOCATION SKETCH		WO-29
1) Community	East Patchogue	2) N.Y.S. Well# 512602-1
3) Township		4) Lat, Long. & Seq. # N40.45.384
5) Owner	Suffolk County Department of Health Services	W072.58.502
6) Address	220 Rabro Drive East	Hauppauge N.Y.
Pushpins	Location of Well 7/24/2006 9/18/06	8) Aquifer Screened 30 to 35 45 to 50
<input type="checkbox"/> My Pushpins		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 2 1"
14) Well Depth 40' 50'	15) Screened Interval 5'	
16) Type of Well PVC	17) Depth to Water 41.5 10.95'	
18) Use of Well Profile	19) Quadrangle Name	
<p>The sketch shows a street grid with Anthony Street at the top, Wilson Street in the middle, and S. Williams Street running vertically. House #5 is located between Anthony and Wilson Streets, with well WO-29 located 5' from its southeast corner. House #9 is located between Wilson and S. Williams Streets, with well WO30 located 3' from its southeast corner. House #11 is located south of Wilson Street and west of S. Williams Street, with well WO31 located 5' from its southeast corner. Distances are marked along S. Williams Street: 174' from House #5 to House #9, 69' from House #9 to House #11, and 112.6' from House #11 to the bottom of the sketch.</p>		
Sketch By	F. Basile	Date
		Hagstrom Map

County Suffolk

WG-30

Well Number

S126025**COMPLETION REPORT-LONG ISLAND WELL**

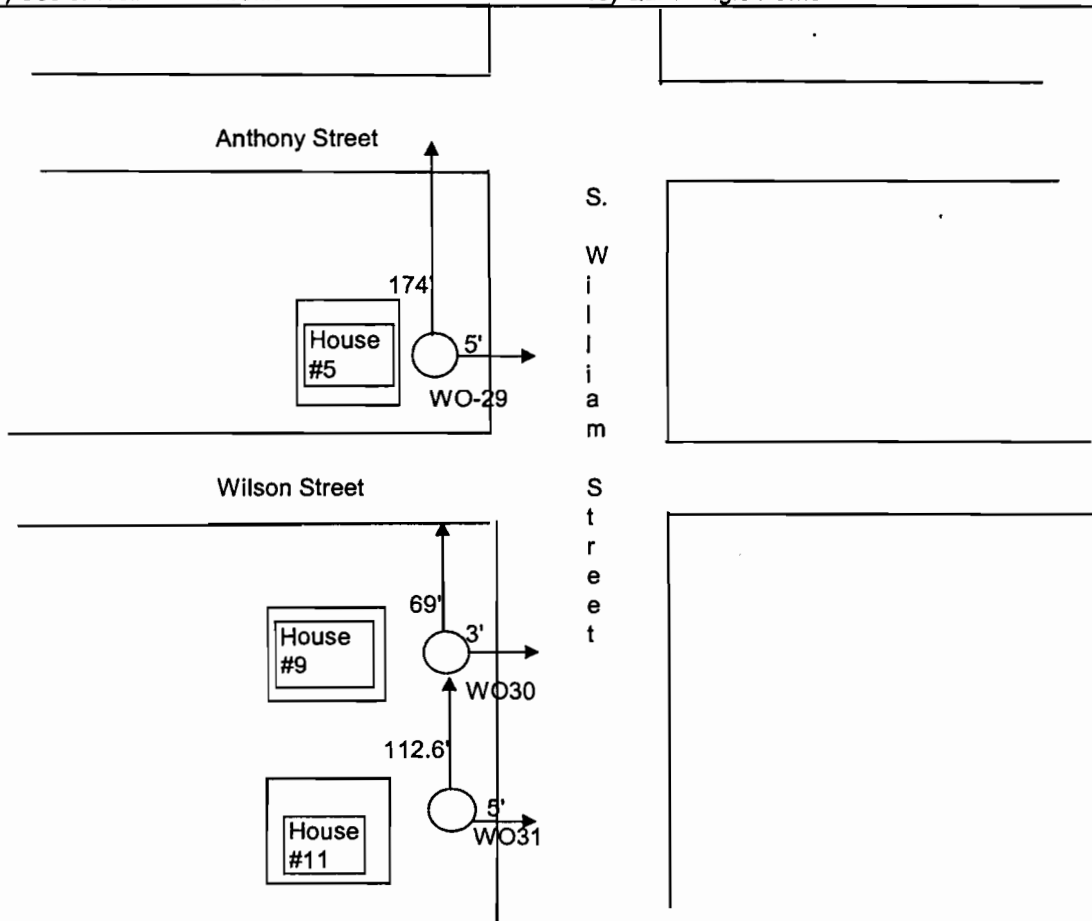
OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL S William Street		_____ ft.	
Depth of Well Below Surface 50'	Depth to Groundwater From Surface 10.56	TOP OF WELL	
CASING			
Diameter 1 in. in. in. in.			
Length 45 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 1 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.		
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 9/18/2006		COMPLETED 9/18/2006	
DATE 1/3/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.			

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO-30

1) Community	East Patchogue	2) N.Y.S. Well#	5126025
3) Township	Brookhaven	4) Lat, Long.&Seq,#	N40.45.384
5) Owner	Suffolk County Department of Health Services		W072.58.502
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
Pushpins	date of Well	7/24/2006	8) Aquifer Screened 45' to 50'
<input type="checkbox"/> My Pushpins			
10) Elev. of MP>	11) Elev. of Land Surface		
12) MP At	at/above/below Land Surface	13) Diam. of Casing	1"
14) Well Depth	50'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	10.56'
18) Use of Well	Profile	19) Quadrangle Name	



Sketch By F. Basile Date Hagstrom Map

County Suffolk

WO-31

Well Number

S126023**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL South Country Road, East Patchogue		_____ ft.	
Depth of Well Below Surface 50'	Depth to Groundwater From Surface 6.77	TOP OF WELL	
CASING			
Diameter 1 in. in. in. in.			
Length 45 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 1 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE		TEST OR PERMANENT PUMP	
DURATION OF TEST days hours		MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.		LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.		Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against		ft. of discharge head	
NUMBER OF BOWLS OR STAGES		ft. of total head	
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 9/18/2006		COMPLETED 9/18/2006	
DATE 1/3/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH		WO-31
1) Community	East Patchogue	2) N.Y.S. Well# 5126023
3) Township		4) Lat, Long. & Seq. # N410, 45.311
5) Owner	Suffolk County Department of Health Services	W072.58.528
6) Address	220 Rabro Drive East	Hauppauge N.Y.
Pushpins	Date of Well 7/24/2000 9/18/66	8) Aquifer Screened 30' to 35' 45' TO 50'
My Pushpins		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 2" 1"
14) Well Depth 40-50'	15) Screened Interval 5'	
16) Type of Well PVC	17) Depth to Water 4.15 6.77	
18) Use of Well Profile	19) Quadrangle Name	
<p>The sketch map shows a street grid with Anthony Street at the top, Wilson Street below it, and S. William Street running vertically. To the left of S. William Street are three houses: House #5 (between Anthony and Wilson), House #9 (on Wilson), and House #11 (below House #9). Three wells are marked with circles: WO-29 is near House #5, WO30 is between House #9 and House #11, and WO31 is below House #11. Distances and elevations are noted: 174' from Anthony Street to House #5, 5' from House #5 to WO-29, 69' from Wilson Street to WO30, 3' from WO30 to House #9, 112.6' from House #11 to WO31, and 5' from House #11 to WO31.</p>		
Sketch By	F. Basile	Date
		Hagstrom Map

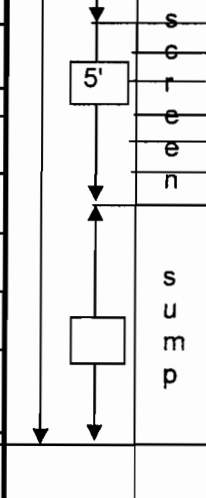
County Suffolk

WO-32

Well Number _____

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services		LOG Ground Surface EL. _____ Ft. above sea
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		
LOCATION OF WELL Roosevelt Ave., East Patchogue		____ ft. TOP OF WELL
Depth of Well Below Surface 50'	Depth to Groundwater From Surface 1.28'	
CASING		
Diameter 1 in. in. in. in.		
Length 45 ft. ft. ft. ft.		
SEALING	OPENINGS	
SCREEN		
Make Johnson	OPENINGS 10slot	
Diameter 1 in. in. in. in.		
Length 5 ft. ft. ft. ft.		
DEPTH TO TOP FROM TOP OF CASING		
PUMP TEST		
DATE	TEST OR PERMANENT PUMP	
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED		
TYPE	MAKE	MODEL NUMBER
MOTIVE POWER	MAKE	H.P.
Capacity g.p.m.against ft. of discharge head		
NUMBER OF BOWLS OR STAGES ft. of total head		
DROP LINE		SUCTION LINE
DIAMETER in.	DIAMETER in.	
Length ft.	Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test
WORK STARTED 9/27/2006	COMPLETED 9/27/2006	
DATE 1/4/2007	DRILLER Frank Basile	REGISTRATION NO. 1834
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>		

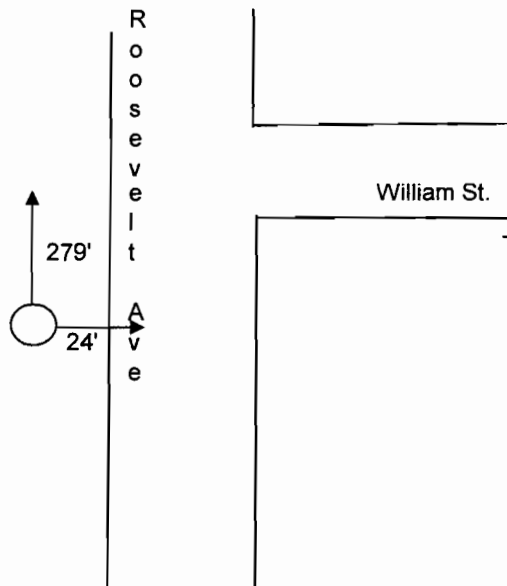


ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO-32

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long. & Seq.#
5) Owner	Suffolk County Department of Health Services	
6) Address	220 Rabro Drive East	Hauppauge N.Y.
7) Completion Date of Well	9/27/2006	8) Aquifer Screened 45' to 50'
9) Des. of MP		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 1"
14) Well Depth	50'	15) Screened Interval 5'
16) Type of Well	PVC	17) Depth to Water 1.28'
18) Use of Well	Profile	19) Quadrangle Name



Sketch By	F. Basile	Date	Hagstrom Map
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County Suffolk WO-34 Well Number _____

COMPLETION REPORT-LONG ISLAND WELL

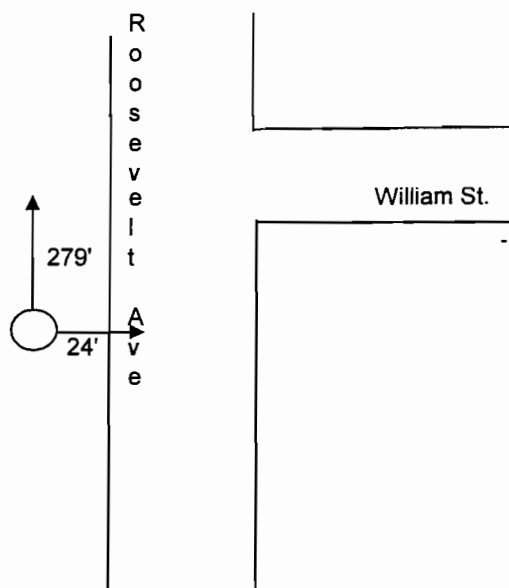
OWNER				LOG			
Suffolk County Department of Health Services				Ground Surface			
ADDRESS				EL. _____ Ft. above sea			
220 Rabro Dr. East Hauppauge N.Y. 11788				_____ft.			
LOCATION OF WELL				TOP OF WELL			
Roosevelt Ave., East Patchogue							
Depth of Well Below Surface		Depth to Groundwater From Surface					
50'		1.28'					
CASING							
Diameter							
1 in.		in.		in.		in.	
Length							
45 ft.		ft.		ft.		ft.	
SEALING		OPENINGS					
SCREEN							
Make		OPENINGS					
Johnson		10slot					
Diameter							
1 in.		in.		in.		in.	
Length							
5 ft.		ft.		ft.		ft.	
DEPTH TO TOP FROM TOP OF CASING							
PUMP TEST							
DATE		TEST OR PERMANENT PUMP					
DURATION OF TEST		MAXIMUM DISCHARGE		50'			
days		hours		gallons per min.			
STATIC LEVEL PRIOR TO TEST		LEVEL DURING MAXIMUM PUMPING					
ft.		in.		ft.		in.	
MAXIMUM DRAWDOWN		Approx. time of return level after of pumping					
ft.		hours		min.			
PUMPING INSTALLED							
TYPE		MAKE		MODEL NUMBER			
MOTIVE POWER		MAKE		H.P.			
Capacity							
g.p.m.against		ft. of discharge head					
NUMBER OF BOWLS OR STAGES							
ft. of total head							
DROP LINE				SUCTION LINE			
DIAMETER		in.		DIAMETER		in.	
Length		ft.		Length		in.	
METHOD OF DRILLING				USE OF WATER			
<input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe				Test			
WORK STARTED		COMPLETED					
9/27/2006		9/27/2006					
DATE		DRILLER		REGISTRATION NO.			
1/4/2007		Frank Basile		1834			
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.							

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

WO-34

1) Community	East Patchogue	2) N.Y.S. Well#
3) Township	Brookhaven	4) Lat, Long. & Seq. #
5) Owner	Suffolk County Department of Health Services	
6) Address	220 Rabro Drive East	Hauppauge N.Y.
7) Completion Date of Well	9/27/2006	8) Aquifer Screened 45' to 50'
9) Des. of MP		
10) Elev. of MP >	11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing 1"
14) Well Depth	50'	15) Screened Interval 5'
16) Type of Well	PVC	17) Depth to Water 1.28'
18) Use of Well	Profile	19) Quadrangle Name



Sketch By

F. Basile

Date

Hagstrom Map

COMPLETION REPORT-LONG ISLAND WELL

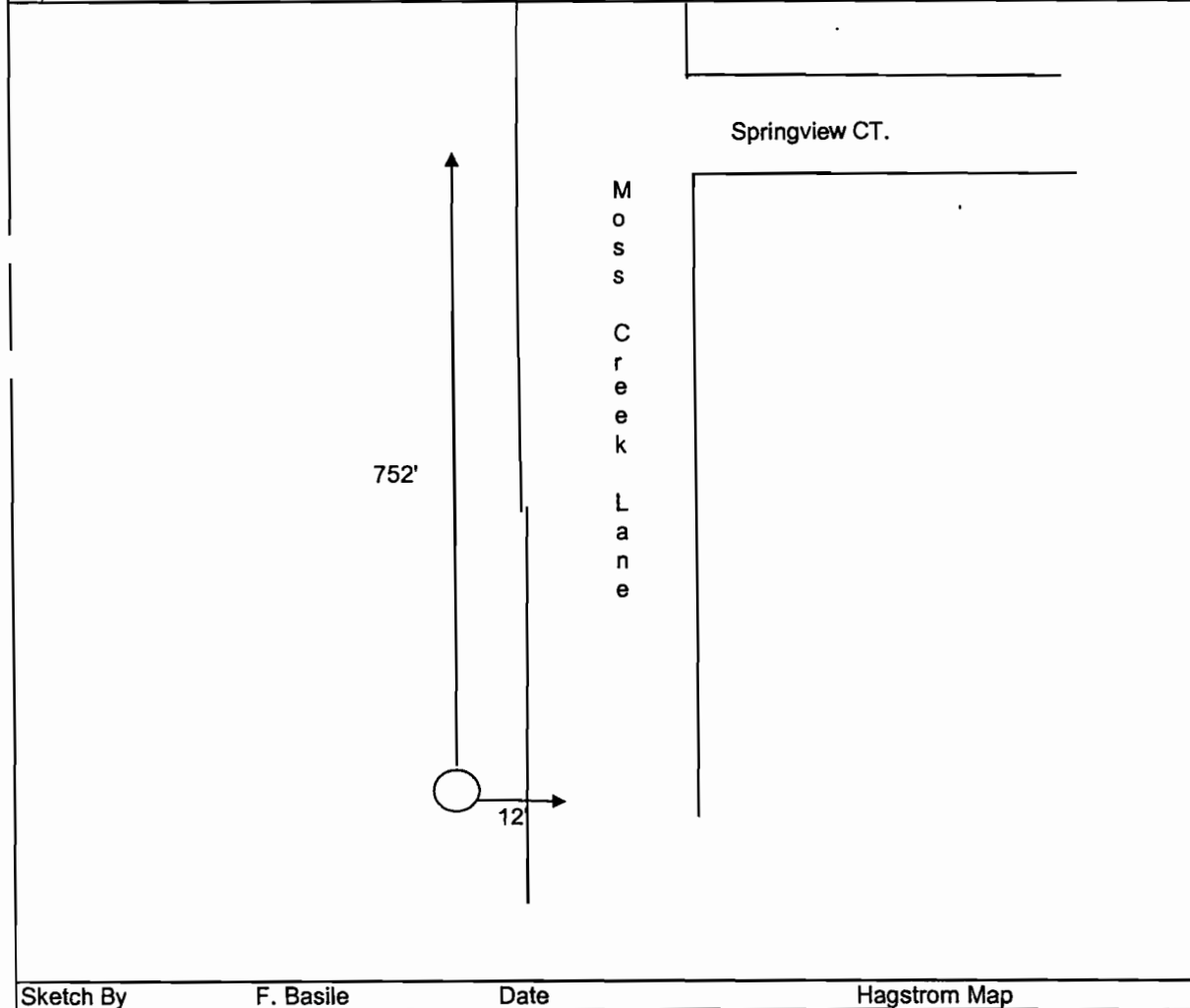
OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		EL. _____ Ft. above sea	
LOCATION OF WELL S William Street		_____ ft.	
Depth of Well Below Surface 50'	Depth to Groundwater From Surface 6.79'	TOP OF WELL	
CASING			
Diameter 1 in. in. in. in.			
Length 45 ft. ft. ft. ft.			
SEALING			
OPENINGS			
SCREEN			
Make Johnson			
Diameter 1 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE	TEST OR PERMANENT PUMP		
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.		
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.		
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.		
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m.against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 9/18/2006		COMPLETED 9/18/2006	
DATE 1/3/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	

*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.

LOCATION SKETCH

WO-36

1) Community	East Patchogue	2) N.Y.S. Well#	5126026
3) Township		4) Lat, Long. & Seq. #	N40.45.360
5) Owner	Suffolk County Department of Health Services		W072.58.328
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	9/18/2006	8) Aquifer Screened	45' to 50'
9) Des. of MP			
10) Elev. of MP >		11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing	1"
14) Well Depth	50'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	6.79
18) Use of Well	Profile	19) Quadrangle Name	



Sketch By

F. Basile

Date

Hagstrom Map

County Suffolk

WO-38

Well Number _____

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services		LOG Ground Surface EL. _____ Ft. above sea ____ ft. TOP OF WELL <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin: 5px;">75'</div> <div style="border: 1px solid black; padding: 2px; margin: 5px;">80'</div> <div style="border: 1px solid black; padding: 2px; margin: 5px;">5'</div> </div> <div style="text-align: center; margin-top: 20px;"> s c r e e n s u m p </div>
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788		
LOCATION OF WELL Private Road, East Patchougue		
Depth of Well Below Surface 80'	Depth to Groundwater From Surface 11.19'	
CASING		
Diameter 1 in. in. in. in.		
Length 75 ft. ft. ft. ft.		
SEALING	OPENINGS	
SCREEN		
Make Johnson	OPENINGS 10slot	
Diameter 1 in. in. in. in.		
Length 5 ft. ft. ft. ft.		
DEPTH TO TOP FROM TOP OF CASING		
PUMP TEST		
DATE	TEST OR PERMANENT PUMP	
DURATION OF TEST days hours	MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.	LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.	Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED		
TYPE	MAKE MODEL NUMBER	
MOTIVE POWER	MAKE H.P.	
Capacity g.p.m. against	ft. of discharge head	
NUMBER OF BOWLS OR STAGES	ft. of total head	
DROP LINE		
DIAMETER in.	SUCTION LINE DIAMETER in.	
Length ft.	Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe	USE OF WATER Test	
WORK STARTED 10/26/2006	COMPLETED 10/26/2006	
DATE 1/4/2007	DRILLER Frank Basile	
	REGISTRATION NO. 1834	
*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.		

ORIGINAL- Environmental Conservation Copy

LOCATION SKETCH

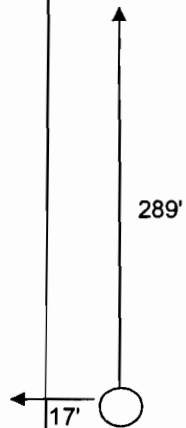
WO-38

1) Community	East Patchougue	2) N.Y.S. Well#	
3) Township	Brookhaven	4) Lat, Long. & Seq.#	N40. 45.267
5) Owner	Suffolk County Department of Health Services		W072. 58.743
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	10/26/2006	8) Aquifer Screened	80 to 85
9) Des. of MP			
10) Elev. of MP >		11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing	1"
14) Well Depth	80'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	10.34'
18) Use of Well	Profile	19) Quadrangle Name	

White Pine Rd.

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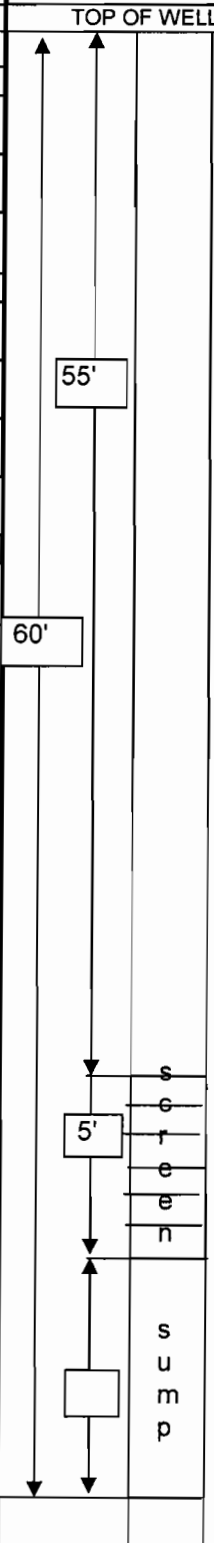
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Sketch By	F. Basile	Date	Hagstrom Map
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COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services		LOG	Ground Surface
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788			EL. _____ Ft. above sea
LOCATION OF WELL Holly Lane, East Patchougue			_____ ft.
Depth of Well Below Surface 60'	Depth to Groundwater From Surface 7.53'		TOP OF WELL
CASING			
Diameter 1 in. in. in. in.			
Length 55 ft. ft. ft. ft.			
SEALING			
SCREEN			
Make Johnson			
Diameter 1 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE			
DURATION OF TEST days hours			
TEST OR PERMANENT PUMP			
MAXIMUM DISCHARGE gallons per min.			
STATIC LEVEL PRIOR TO TEST ft. in.			
LEVEL DURING MAXIMUM PUMPING ft. in.			
MAXIMUM DRAWDOWN ft.			
Approx. time of return level after of pumping hours min.			
PUMPING INSTALLED			
TYPE	MAKE		MODEL NUMBER
MOTIVE POWER	MAKE		H.P.
Capacity g.p.m.against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE			
DIAMETER in.			
Length ft.			
SUCTION LINE			
DIAMETER in.			
Length in.			
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe			
USE OF WATER Test			
WORK STARTED 10/27/2006			COMPLETED 10/27/2006
DATE 1/4/2007	DRILLER Frank Basile		REGISTRATION NO. 1834
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			



LOCATION SKETCH

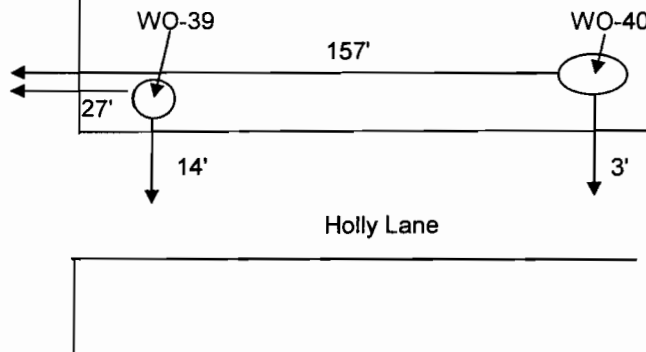
WO-39

1) Community	East Patchogue	2) N.Y.S. Well#	
3) Township	Brookhaven	4) Lat, Long. & Seq. #	N40. 45.205
5) Owner	Suffolk County Department of Health Services		W072. 58.758
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	10/27/2006	8) Aquifer Screened	55 to 60
9) Des. of MP			
10) Elev. of MP >		11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing	1"
14) Well Depth	60'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	7.53'
18) Use of Well	Profile	19) Quadrangle Name	

White Pine Rd.

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Sketch By

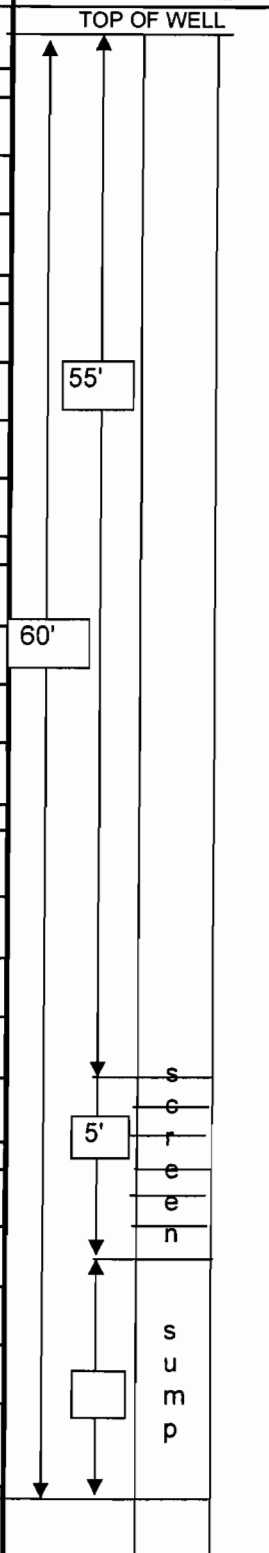
F. Basile

Date

Hagstrom Map

COMPLETION REPORT-LONG ISLAND WELL

OWNER Suffolk County Department of Health Services		LOG	Ground Surface
ADDRESS 220 Rabro Dr. East Hauppauge N.Y. 11788			EL. _____ Ft. above sea
LOCATION OF WELL Holly Lane, East Patchogue			_____ft.
Depth of Well Below Surface 60'	Depth to Groundwater From Surface 4.79'		TOP OF WELL
CASING			
Diameter 1 in. in. in. in.			
Length 55 ft. ft. ft. ft.			
SEALING			
SCREEN			
Make Johnson			
Diameter 1 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE			
DURATION OF TEST days hours			
TEST OR PERMANENT PUMP			
MAXIMUM DISCHARGE gallons per min.			
STATIC LEVEL PRIOR TO TEST ft. in.			
LEVEL DURING MAXIMUM PUMPING ft. in.			
MAXIMUM DRAWDOWN ft.			
Approx. time of return level after of pumping hours min.			
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m. against ft. of discharge head			
NUMBER OF BOWLS OR STAGES ft. of total head			
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Geoprobe		USE OF WATER Test	
WORK STARTED 10/27/2006		COMPLETED 10/27/2006	
DATE 1/4/2007	DRILLER Frank Basile	REGISTRATION NO. 1834	
<p>*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.</p>			



LOCATION SKETCH

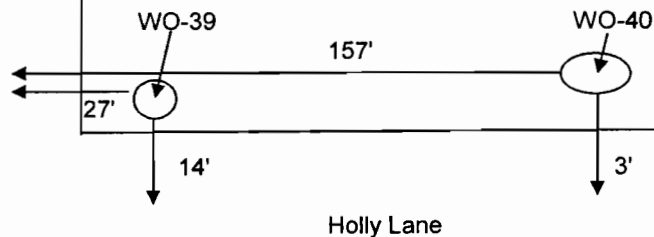
WO-40

1) Community	East Patchogue	2) N.Y.S. Well#	
3) Township	Brookhaven	4) Lat, Long. & Seq. #	N40. 45.207
5) Owner	Suffolk County Department of Health Services		W072. 58.738
6) Address	220 Rabro Drive East	Hauppauge	N.Y.
7) Completion Date of Well	10/27/2006	8) Aquifer Screened	55 to 60
9) Des. of MP			
10) Elev. of MP >		11) Elev. of Land Surface	
12) MP At	at/above/below Land Surface	13) Diam. of Casing	1"
14) Well Depth	60'	15) Screened Interval	5'
16) Type of Well	PVC	17) Depth to Water	4.79
18) Use of Well	Profile	19) Quadrangle Name	

White Pine Rd.

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Sketch By

F. Basile

Date

Hagstrom Map

County Suffolk WO15 Well Number _____**COMPLETION REPORT-LONG ISLAND WELL**

OWNER Suffolk County Department of Health Services		LOG Ground Surface	
ADDRESS 360 Yaphank Ave Suite C Yaphank NY. 11980		EL. _____ Ft. above sea	
LOCATION OF WELL Moss Creek La. Bellport		_____-ft.	
Depth of Well Below Surface 40'	Depth to Groundwater From Surface 5.4.	TOP OF WELL	
CASING			
Diameter 2 in. in. in. in.			
Length 35 ft. ft. ft. ft.			
SEALING			
SCREEN			
Make Johnson			
Diameter 2 in. in. in. in.			
Length 5 ft. ft. ft. ft.			
DEPTH TO TOP FROM TOP OF CASING			
PUMP TEST			
DATE		TEST OR PERMANENT PUMP	
DURATION OF TEST days hours		MAXIMUM DISCHARGE gallons per min.	
STATIC LEVEL PRIOR TO TEST ft. in.		LEVEL DURING MAXIMUM PUMPING ft. in.	
MAXIMUM DRAWDOWN ft.		Approx. time of return level after of pumping hours min.	
PUMPING INSTALLED			
TYPE	MAKE	MODEL NUMBER	
MOTIVE POWER	MAKE	H.P.	
Capacity g.p.m.against		ft. of discharge head	
NUMBER OF BOWLS OR STAGES		ft. of total head	
DROP LINE		SUCTION LINE	
DIAMETER in.		DIAMETER in.	
Length ft.		Length in.	
METHOD OF DRILLING <input type="checkbox"/> rotary <input type="checkbox"/> cable tool <input checked="" type="checkbox"/> other Auger		USE OF WATER Test	
WORK STARTED 5/25/2006		COMPLETED 5/25/2006	
DATE 5/25/2006	DRILLER Frank Iannazzo	REGISTRATION NO. 1658	

*NOTE: Show log of well materials encountered with depth below ground surface water bearing beds and water levels in each casing screen pump additional pumping test and other matters of interest. Describe repair job. See instructions as to Well Driller's Regulation and Reports.

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