

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Region 1

SUNY @ Stony Brook, 50 Circle Road, Stony Brook, NY 11790
 P:(631) 444-0405 | F:(631) 444-0424 | Email: R1dow@dec.ny.gov
 www.dec.ny.gov

Reporting Period: _____

Owner/Facility: _____

Mailing Address: _____

Report Prepared By: _____

Phone Number: _____

Email Address: _____

PUMPAGE REPORT FOR L. I. WELLS AND REGISTERED AGRICULTURAL FACILITIES

Pumpage Data:

Facility Well ID:						
DEC Well Number:						
Long Island Well Permit W#:						
Agricultural Registration # (if applicable):						
Authorized Capacity:						
Annual Pumpage Limit (if applicable):						
Well Address:						
Well Tax Map ID:						
Well Coordinates:						
Use of the well:						Monthly Totals
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total						
NOTE: Pumpage entered in thousands of gallons						
				Sum of Monthly Total		
				Sum of Each Well Total		

Average Day Withdrawal (Total amount withdrawn during the reporting divided by the total days withdrawn): _____

Maximum Day Withdrawal (Largest single day withdrawal day of the source during the reporting year): _____

1. Method of obtaining well coordinates: _____
2. Is use of the well(s) seasonal or year round? _____
3. If seasonal, please indicate which months the well is active: _____
4. Are all sources of supply including major interconnections equipped with a master meter? _____
5. If multiple wells exist at the facility, are they metered individually or on a common meter? _____
6. If wells are not metered, please indicate how the pumpage numbers were obtained: _____
7. How many times were the master meters read this year? _____
8. How many time were the master meters calibrated this year? _____
9. Are there secondary meters located within the facility or system? _____
10. Identify other water conservation and efficiency measures currently used in your system (e.g. Best Management Practices such as recycling process and cooling waters, use of drip irrigation and moisture probes, use of smart irrigation technology, utilizing storm water runoff and reclaimed wastewater or conducting facility water audits): _____

11. Remarks: _____

Legally Responsible Party (LRP) Information:

Name of Company/LRP for the Facility: _____ LRP phone number: _____

LRP Address: _____ LRP email address: _____

Printed Name of Representative*: _____

Title of Representative*: _____

Certification Statement: I hereby certify that the information provided on this reporting form is true to the best of my knowledge and belief. I understand that false statements made in this reporting form are made under the penalty of perjury and that they are punishable under section 210.45 of the New York State Penal Law.

Representative* Signature: _____

Date: _____

*Legally Responsible Party (LRP) Representative - The legally responsible party representative is: 1) For a corporation - the president, secretary, treasurer, or vice president of the corporation in charge of the principal business function; or other responsible corporate officer as specified in 6 NYCRRY 601.22(a)(1)(i) or(ii); 2) For a partnership or sole proprietorship - general partner or proprietor, respectively; 3) For a municipality, State, Federal or other public agency - the principal executive officer of the agency; or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g. regional administrators of EPA).

Submission Instructions: When all of the fields have been filed in, submit to NYSDEC in one of the following ways:

Email: R1dow@dec.ny.gov

Mail: New York State Department of Environmental Conservation
50 Circle Road
Stony Brook NY 11790
Attn: Division of Water