

New York State Department of Environmental Conservation
Division of Water
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790-3409
Telephone: (631) 444-0405 Fax: (631) 444-0424 Email: R1dow@dec.ny.gov

PUMPAGE REPORT FOR L. I. WELLS

Report Prepared By: _____ Date: _____ Telephone: _____

Owner: _____ Email Address: _____

Owner Well Designation or Pump Number: _____

Well Location: _____

Well Number: _____ Tax Map ID: _____

Permit Number: W- _____ Well Latitude: _____

Pump Capacity: _____ Well Longitude: _____

Report for: _____ Method of Obtaining Well Coordinates: GPS Map
(Month / Year)

Date of Current Reading: _____ Meter Reading: _____
(Month-Day-Year)

Date of Previous Reading: _____ Meter Reading: _____
(Month-Day-Year)

Pumpage: _____
(Units)

Is use of the well seasonal or year round? Please check one: Seasonal Year Round

If seasonal, please indicate which months the well is active: _____

Please state the use of the well: _____

Remarks:

Please note: pumpage reports can now be emailed to R1dow@dec.ny.gov



Department of
Environmental
Conservation