



(1) COUNTY \_\_\_\_\_

(2) TOWN \_\_\_\_\_

(3) DEC Well Number

# WATER WELL COMPLETION REPORT

(4) OWNER NAME			
(5) OWNER ADDRESS			
(6) WELL ADDRESS (Also provide sketch or map, see instructions on reverse) Same as owner address			
(7) LATITUDE/LONGITUDE AND METHOD USED GPS    Map		(8) TAX MAP NO.	
(9) DEPTH OF WELL (Feet)	(10) DEPTH TO GROUNDWATER (Feet)	(11) DATE MEASURED	(12) FLOWING? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CASINGS</b>			
(13) DIAMETER	in.	in.	in.
(14) LENGTH	ft.	ft.	ft.
(15) GROUT TYPE / SEALING	(16) GROUT / SEALING INTERVAL (Feet) From _____ To _____		
<b>SCREENS</b>			
(17A) MAKE	(17B) MATERIAL	(18) SLOT SIZE	
(19) DIAMETER	in.	in.	in.
(20) LENGTH	ft.	ft.	ft.
(21) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			
<b>YIELD TEST</b>			
(22) DATE		(23) DURATION OF TEST (Hours:Minutes)	
(24) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bailer		(25) STABILIZED DISCHARGE (GPM)	
(26) STATIC LEVEL PRIOR TO TEST (Feet below top of casing)		(27) MAXIMUM DRAWDOWN (Stabilized) (Feet below top of casing)	
(28) RECOVERY TIME (Hours:Minutes)		(29) Was the water produced during the test discharged away from immediate area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DRILLER INFORMATION</b>			
(30) METHOD OF DRILLING <input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____		(31) USE OF WATER	
(32) DATE DRILLING WORK STARTED		(33) DATE DRILLING WORK COMPLETED	
(34) DATE REPORT COMPLETED	(35) REGISTERED COMPANY NAME	(36) DEC REGISTRATION NO. <b>NYRD</b>	
(37) REGISTERED COMPANY ADDRESS			
(38) CERTIFIED DRILLER (Print name)		(39) CERTIFIED DRILLER INITIALS (ELECTRONIC SIGNATURE) *	
<b>PUMP INSTALLATION</b>			
(40) PUMP INSTALLED? <input type="checkbox"/> Yes <input type="checkbox"/> No		(41) DATE	
(42) TYPE	(43) MAKE	(44) MODEL	
(45) MAXIMUM CAPACITY (GPM)	(46) PUMP INSTALLATION LEVEL (Feet below top of casing)		
(47) DATE REPORT COMPLETED	(48) REGISTERED COMPANY NAME	(49) DEC REGISTRATION NO. <b>NYRD</b>	
(50) REGISTERED COMPANY ADDRESS			
(51) CERTIFIED PUMP INSTALLER (Print Name)		(52) CERTIFIED PUMP INSTALLER INITIALS (ELECTRONIC SIGNATURE) *	

<b>WELL LOG</b>	
DEPTH TO BEDROCK _____ (Feet below land surface)	
GROUND ELEVATION _____ (Feet above sea level)	
TOP OF CASING _____ (Feet above (+) or below (-) land surface)	
<b>TOP OF WELL</b>	
DEPTH (Feet)	DESCRIPTION
<b>BOTTOM OF HOLE</b>	

\* I agree, and it is my intent, to electronically sign this Water Well Completion Report (WWCR) by typing my initials in this signature box and electronically submitting it to the New York State Department of Environmental Conservation. I understand that my electronic signature is the legal equivalent of having placed my handwritten signature on a WWCR. I understand and agree that by electronically signing this WWCR, I hereby affirm that: (1) I am certified to supervise water well drilling activities as defined by Environmental Conservation Law 15-1502; (2) this water well was constructed in accordance with water well standards promulgated by the New York State Department of Health; and (3) under the penalty of perjury the information provided in this WWCR is true, accurate and complete, and I understand that any false statement made herein is punishable as a Class A Misdemeanor under Penal Law §210.45.    02/2020

Provide a copy of this report to DEC and the well owner.

**LOCATION SKETCH** - Indicate north. Insert here or attach to this file.

# INSTRUCTIONS FOR NYS DEC WATER WELL COMPLETION REPORT

1. **County:** Record the county in which the well is located.
2. **Town:** Record the town in which the well is located.
3. **DEC Well Number:** Record the well number assigned to the driller by NYSDEC.
4. **Owner Name:** Record the full name of well owner. If the well is owned by a builder, indicate the builder's name.
5. **Owner Address:** Record the current mailing address of the well owner.
6. **Well Address:** Record the physical address of the property on which the well is located. Provide a map of the well location using one the following methods:  
**Method 1:** Using a copy of the appropriate section of a 1:24,000 scale United States Geologic Survey (USGS) map or New York State Department of Transportation (NYSDOT) map, record the map name, DEC Well Number, and well location.  
**Method 2:** Obtain the appropriate section of a detailed county road map. Record the DEC Well Number and well location on the copy of the map.  
**Method 3:** Sketch a map that depicts the well location. Locate the well with respect to at least two streets or roads. Include a north arrow.
7. **Latitude/Longitude and Method Used:** Record the latitude and longitude of the well, as determined by one of the following:  
**GPS:** The use of global positioning system (GPS) equipment is highly recommended.  
**Map:** Coordinates may also be determined from an online mapping program.
8. **Tax Map No.:** Record the Section, Block and Lot from local Real Property Services.
9. **Depth of Well:** Record the total well depth in feet below land surface.
10. **Depth to Groundwater:** Measure the static water level in feet below land surface.
11. **Date Measured:** Record the date of the water level measurement.
12. **Flowing?:** Record if water is flowing out of the well at the time of installation.

## CASINGS

13. **Diameter:** Record the diameter of casing in inches.
14. **Length:** Record the length of casing in feet.
15. **Grout Type / Sealing:** Record the type of grout or sealing used (e.g. bentonite, cement, drive shoe).
16. **Grout / Sealing Interval:** Record the interval of grout or sealing in feet below land surface.

## SCREENS

17. **Make & Material:** Record the manufacturer name and material (e.g. PVC, steel) of the screen.
18. **Slot Size:** Record the slot size of the screen in thousandths of an inch.
19. **Diameter:** Record the diameter of the screen in inches.
20. **Length:** Record the length of the screen in feet.
21. **Depth to Top of Screen, From Top of Casing:** Record the total length of casing from top of screen to top of casing in feet.

## YIELD TEST

22. **Date:** Record the start date of the yield test.
23. **Duration of Test:** Record the duration of the test in hours and minutes.
24. **Lift Method:** Indicate how water was produced (pump, air lift, bailer).
25. **Stabilized Discharge:** Record the discharge rate that resulted in stabilized drawdown in gallons per minute (gpm).
26. **Static Level Prior to Test:** Record the static water level prior to the start of the yield test in feet.
27. **Maximum Drawdown:** Record the difference between the static water level and the lowest stabilized water level in feet.
28. **Recovery Time:** Record the time it takes for the water level to return to the static water level after cessation of pumping in hours and minutes.
29. **Was the water produced during test discharged away from immediate area?:** Indicate yes or no.

## DRILLER INFORMATION

30. **Method of Drilling:** Indicate rotary, cable tool, or other. If other, please describe.
31. **Use of Water:** Commercial; Dewatering; Domestic; Fire Protection; Geothermal; Industrial; Institutional; Irrigation; Municipal; Public Water Supply; Stock Supply; Test. *For geothermal wells, reports are only required for open loop or standing column wells up to 500 feet deep.*
32. **Date Drilling Work Started:** Record the date drilling activities started.
33. **Date Drilling Work Completed:** Record the date drilling activities were completed.
34. **Date Report Completed:** Record the date that the well drilling sections of the completion report form were completed.
35. **Registered Company Name:** Record the name of the registered drilling company.
36. **NYSDEC Registration No.:** Record the NYSDEC registration number.
37. **Registered Company Address:** Record the address of the registered drilling company.
38. **Certified Driller:** Record the name of the exam-certified well driller responsible for providing on-site supervision of well drilling installation activities for the well reported on this form.
39. **Certified Driller Initials (Electronic Signature):** The certified well driller, recorded in Box 36 of this form, must provide his/her electronic signature.

## PUMP INSTALLATION

40. **Pump Installed?:** Indicate yes or no. If no pump was installed, leave the rest of this section blank.
41. **Date:** Record the date of pump installation.
42. **Type:** Record the pump type (e.g. jet pump, submersible).
43. **Make:** Record the pump's manufacturer name.
44. **Model:** Record the manufacturer's model number. If unavailable, indicate pump horsepower.
45. **Maximum Capacity:** Report the maximum capacity of the pump at the installed depth in gallons per minute.
46. **Pump Installation Level:** Report the depth at which the pump was installed, in feet below the top of casing.
47. **Date Report Completed:** Record the date that the pump installation section of the completion report form was completed.
48. **Registered Company Name:** Record the name of the registered pump installation company.
49. **NYSDEC Registration No.:** Record the NYSDEC registration number.
50. **Registered Company Address:** Record the address of the registered pump installation company.
51. **Certified Pump Installer:** Record the name of the exam-certified pump installer responsible for providing on-site supervision of pump installation activities for the well reported on this form.
52. **Certified Pump Installer Initials (Electronic Signature):** The certified pump installer, recorded in Box 48 of this form, must provide his/her electronic signature.

## WELL LOG

- Record the depth to bedrock in feet below land surface.
- Record the ground elevation in feet above sea level.
- Record the top of casing in feet above or below land surface. Use a plus sign (+) if casing is above land surface; use a negative sign (-) if casing is below land surface.
- Describe the geologic materials encountered during drilling; indicate the depth below land surface of each change in material.
- Describe all bedrock and unconsolidated materials in detail, regardless of the depth to which the well is to be installed.
- For unconsolidated materials, indicate whether silt, sand, clay, gravel, boulders, or mixtures thereof are encountered. Describe the grain size of the unconsolidated material encountered as either clay, fine, medium, or coarse. Indicate density and color of material (e.g., soft, gray clay).
- For bedrock, describe the rock type and color (e.g. black shale, gray limestone).
- Show depth of water bearing strata.
- Show casing (including stick-up), screens, pump, additional drilling tests (e.g., hammer blows), and other items of interest (e.g., hydrofracturing information, water quality issues (e.g. sulphur, salt, methane)).
- Describe any repair work. Attach a separate sheet if necessary.

## ADDITIONAL INFORMATION

Email the completed well log to [NYSWaterWells@dec.ny.gov](mailto:NYSWaterWells@dec.ny.gov)  
If necessary, print and mail the completed well log to:  
NYSDEC Water Well Program  
625 Broadway, 4th Floor  
Albany, NY, 12233-3508