



**Westchester County Department Health**  
Bureau of Environmental Quality

**WELL COMPLETION REPORT:**

WCDH File No.

This report is to be completed by well driller and submitted to Health Department, together with laboratory report of analysis of water sample indicating water is of satisfactory bacterial quality, before certificate of construction compliance is issued.

Well construction to be in accordance with Westchester County Health Dept, Rules & Regulations for the Design and Construction of Residential Subsurface Sewage Treatment System and Drilled Wells in Westchester County, NY.

Located at:  Section:  Block:

Well Location Municipality:  Lot:

Owner Last Name:  Owner First Name:

St. #:  Street Name:  Municipality:  State:  Zip Code:

Well Driller (WD) Company Name:

**Well Pit and Pump Equipment:** Pitless Adapter:  Other – Describe

Pump Make:  Pump Type:  Pump Capacity:  Pump GPM:

Storage Tank Type:  Storage Tank Capacity:

**Well Details:**

Casing Length:  Ft. Yield Test Type:  Measured from Land

Casing Diameter  In. Yield Test Duration:  Hrs. Water Level, Static:  Ft.

Casing Material:  Well Yield:  G.P.M. Water Level, Pumped:  Ft.

Screen Make:  Screen Diameter:  Inches

Screen Length:  Ft. Screen Slot Size:  **TOTAL WELL DEPTH :**  Ft.

**WELL LOG :**

Depth From Ground Surface	Give description of formation penetrated, such as: peat, silt, sand, gravel, clay, hardpan, shale, sandstone, granite, etc. Include size of gravel (diameter) and sand (fine, medium, coarse), color of material, structure (loose, packed, cemented, soft, hard). For example: 0 ft. to 27 ft. fine, packed, yellow sand; 27 ft. to 134 ft. gray granite.
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<input type="text"/> Ft. to <input type="text"/> Ft.	Well Geology, 1st Strata :	<input type="text"/>
<input type="text"/> Ft. to <input type="text"/> Ft.	Well Geology, 2nd Strata:	<input type="text"/>
<input type="text"/> Ft. to <input type="text"/> Ft.	Well Geology, 3rd Strata :	<input type="text"/>
<input type="text"/> Ft. to <input type="text"/> Ft.	Well Geology, 4th Strata :	<input type="text"/>
<input type="text"/> Ft. to <input type="text"/> Ft.	Well Geology, 5th Strata :	<input type="text"/>

I certify that the individual water supply indicated above was installed as per the Westchester County Health Department Rules & Regulations for the Design and Construction of Residential Subsurface Sewage Treatment System and Drilled Wells in Westchester County, NY.

Date Well Was Completed:  Date of Signature \_\_\_\_\_

NYSDEC Registration #:  Well Driller Signature : \_\_\_\_\_