

June 7, 2022

New York State Department of Health
Records Access Office, Corning Tower
Empire State Plaza
Albany, NY 12237

Sent via email to: foil@health.ny.gov

**RE: ConnectGen LLC; Mill Point Solar Project
Town of Glen, Montgomery County, New York
Information Request**

To Whom It May Concern:

ConnectGen Montgomery County LLC (Applicant), a subsidiary of ConnectGen LLC, proposes to construct the Mill Point Solar Project (Mill Point or Project), a solar energy generation facility in the Town of Glen in Montgomery County, New York. The Applicant plans to submit an application to the NYS Office of Renewable Energy Siting (ORES) in pursuit of a Permit for a Major Renewable Energy Facility under Section 94-c of the New York State Executive Law to construct the Project.

The Applicant is proposing to construct the Project, a 250+-megawatt, alternating current (MWac) utility-scale photovoltaic (PV) solar facility on property leased from private landowners (Project Site). The Project may consist of PV panels installed on low-profile racking systems mounted on poles driven directly into the ground. Inverters, which collect the electricity generated by the panels and convert it from direct current to alternating current, will be spaced throughout the Project. A new collection substation will take the power from the inverters and step it up to match the voltage of the electrical grid and tie in via the existing National Grid Marcy - New Scotland 345-kilovolt (kV) transmission line immediately adjacent to the Project Site. A protective fence will surround the Project. The Project is scheduled for construction in late 2024.

As part of the State's Section 94-c Application review process, and as required under §900-2.14(a), the Applicant is requesting groundwater well information for the area outlined in the enclosed KMZ. More specifically, we request the location, construction logs, depths, and descriptions of encountered bedrock for groundwater wells within the indicated areas in Montgomery County for which the Department has record information. The Applicant respectfully submits this Freedom of Information Request to obtain this information.

The general layout of the Project is presented as Figure 1. The enclosed KMZ has been provided to assist in your review of the Project Study Area and outline the area requested for groundwater well information. Additional information can be found on the Project website at <https://www.millpointsolar.com/>. Please note, this information request is being made in order to help prepare the Section 94-c Application.

If you have any questions regarding the Project or the request herein, please contact me at TRC by calling (518) 242-6011 or via email at TKondak@trccompanies.com.

Sincerely,



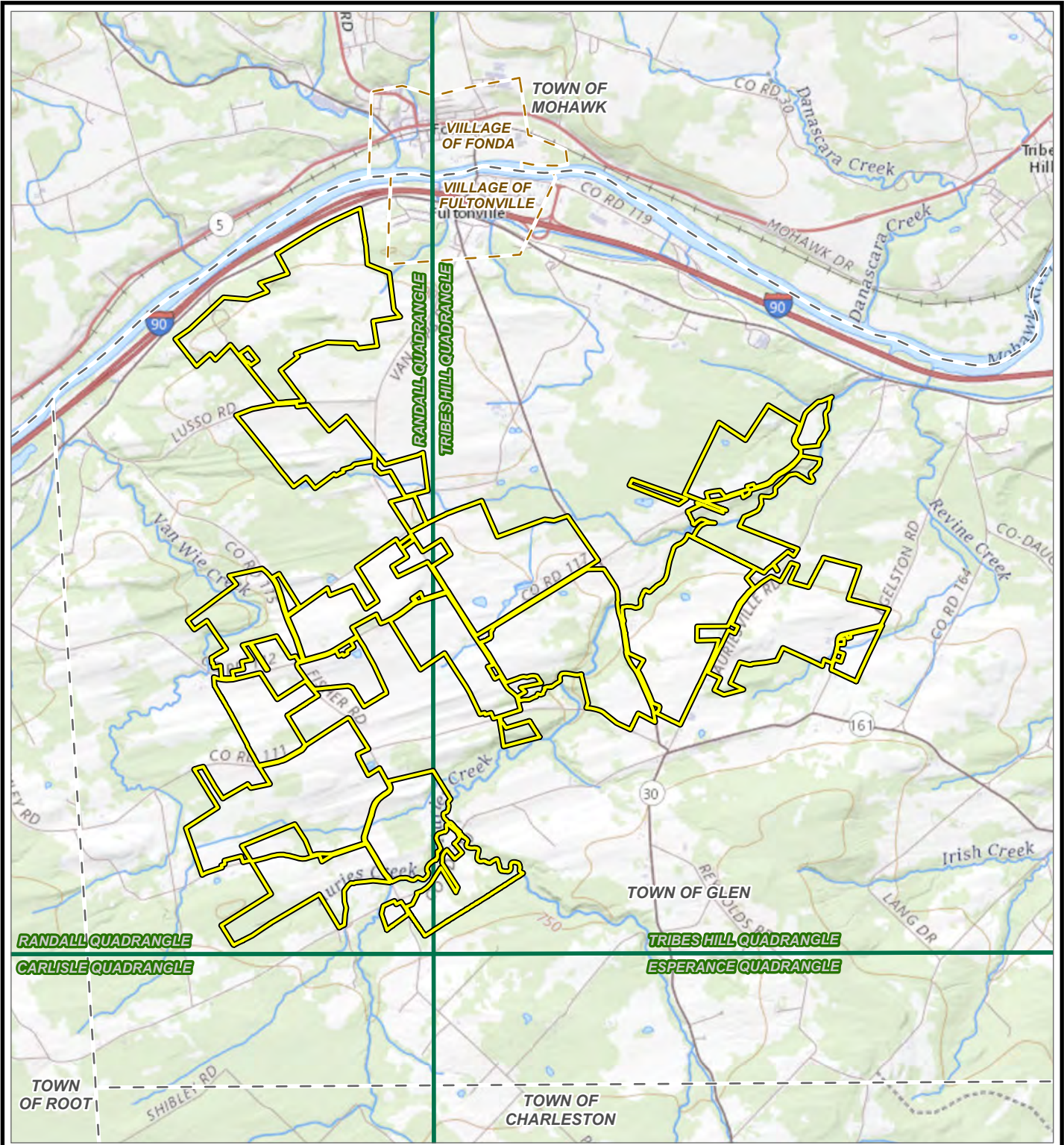
Tegan Kondak, Senior Project Manager

cc: Kala Laughlin – ConnectGen
Colleen Nash – ConnectGen
Olivia Paetow – TRC

Attachments: Attachment A: Project Location Map
Attachment B: Project Study Area KMZ

**Attachment A
Project Location Map**

Coordinate System: NAD 1983 StatePlane New York East FIPS 3101 Feet; Map Rotation: 0
 - Saved By: DSWENEY on 6/1/2022, 10:50:14 AM; File Path: T:\1-PROJECTS\ConnectGen\411360-Mill Point_Solar\2-APPX\Mill_Point_94C.aprx; Layout Name: Mill_Point_WDR_Fig1_USGS_8x11



<p> TOWN BOUNDARY VILLAGE BOUNDARY USGS 24K QUAD BOUNDARY PROJECT AREA </p> <p> BASE MAP: USGS NATIONAL MAP DATA SOURCES: ESRI, NYSGIS, CONNECTGEN, TRC </p>	<p> 1:60,000 1" = 5,000' NEW YORK OVERVIEW SITE LOCATION </p>	<p> PROJECT: CONNECTGEN - MILL POINT SOLAR PROJECT TOWN OF GLEN MONTGOMERY COUNTY, NY </p> <p> TITLE: PROJECT AREA LOCATION </p> <table border="1"> <tr> <td>DRAWN BY: D. SWEENEY</td> <td>PROJ. NO.: 411360</td> </tr> <tr> <td>CHECKED BY: O. PAETOW</td> <td rowspan="3">FIGURE 1</td> </tr> <tr> <td>APPROVED BY: T. KONDAK</td> </tr> <tr> <td>DATE: JUNE 2022</td> </tr> </table> <p> </p> <p> 10 Maxwell Drive Clifton Park, NY 12065 Phone: 518-348-1190 </p> <p> FILE: Mill_Point_94C.APRX </p>	DRAWN BY: D. SWEENEY	PROJ. NO.: 411360	CHECKED BY: O. PAETOW	FIGURE 1	APPROVED BY: T. KONDAK	DATE: JUNE 2022
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Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 23, 2022

Tegan Kondak
TRC
10 Maxwell Drive, Suite 200
Clifton Park, NY 12065

FOIL #: 22-06-132

Dear Tegan Kondak:

This letter responds to your Freedom of Information Law (FOIL) request of June 8, 2022, in which you requested “groundwater well information for” the area outlined in your request in the “Town of Glen, Montgomery County, New York.”

Please be advised that after conducting a diligent search, no records responsive to your request have been located.

Please note, the following public water systems are within or near the subject area:

- Stockyard Public House Restaurant (NY2820019) is within the proposal area.
- Rustic Red House (NY2830001) is within a half mile of the proposal area.

Should you feel that you have been unlawfully denied access to records, you may appeal such denial in writing within 30 days to the Records Access Appeals Officer, Division of Legal Affairs, Empire State Plaza, 2438 Corning Tower, Albany, New York 12237-0026.

If you require additional information or wish to discuss this matter further, please do not hesitate to contact me at (518) 474-8734.

Sincerely,

Rosemarie Hewig

Rosemarie Hewig, Esq.
Records Access Officer

RH/ysd

June 7, 2022

Records Access Officer
New York State Department of Environmental Conservation
625 Broadway
Albany, NY 12233-1500
Sent via email to: access.records@dec.ny.gov

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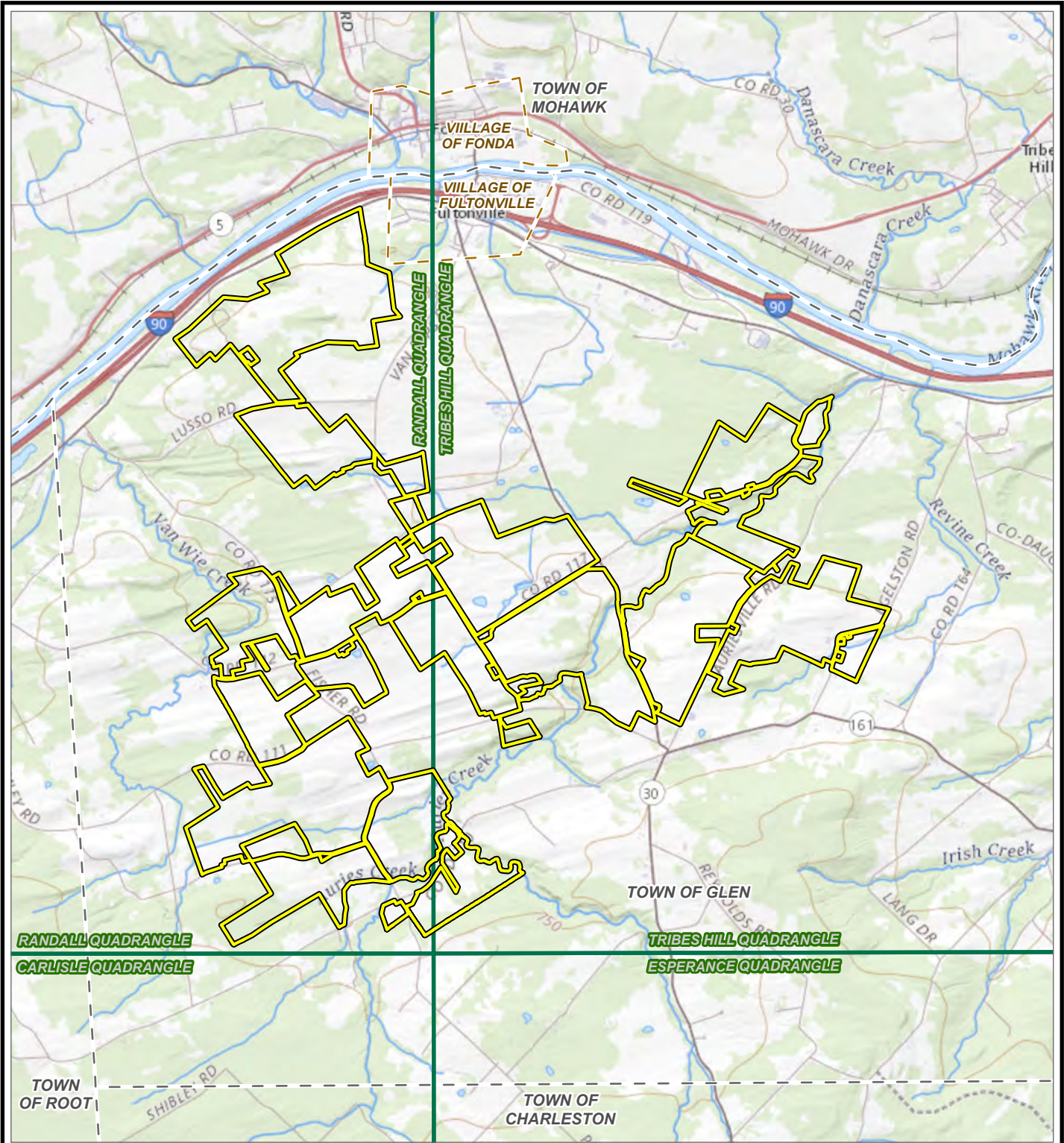
Tegan Kondak, Senior Project Manager

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Colleen Nash – ConnectGen
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<ul style="list-style-type: none"> TOWN BOUNDARY VILLAGE BOUNDARY USGS 24K QUAD BOUNDARY PROJECT AREA 	<p style="text-align: center;"> 0 2,500 5,000 FEET 1:60,000 1" = 5,000' NEW YORK OVERVIEW SITE LOCATION </p>	<p>PROJECT: CONNECTGEN - MILL POINT SOLAR PROJECT TOWN OF GLEN MONTGOMERY COUNTY, NY</p>
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		<p style="text-align: center;"> 10 Maxwell Drive Clifton Park, NY 12065 Phone: 518-348-1190 FILE: Mill_Point_94C.APRX </p>

(1) County Montgomery



(2) Township Alton

(3) DEC Well Number

MT 762

WELL COMPLETION REPORT

(4) OWNER <u>Leticia Sykeman</u>			LOG *		
(5) ADDRESS <u>5 AIMS</u>					
(6) LOCATION OF WELL (Also see reverse) <u>Chugwood Rd Alton</u>			Ground Surface EL. _____ ft. above sea level		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>328'</u>			(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>35'</u>		
CASINGS					
(9) DIAMETER <u>6</u> in. _____ in. _____ in. _____ in.			TOP OF WELL		
(10) LENGTH <u>70'</u> ft. _____ ft. _____ ft. _____ ft.					
(11) GROUT TYPE			(12) GROUT INTERVAL (Feet) FROM _____ TO _____		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. _____ in. _____ in. _____ in.			35'		
(16) LENGTH ft. _____ ft. _____ ft. _____ ft.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)			1 gallon per min		
WELL TESTS					
(18) DATE <u>7/22/02</u>			(19) DURATION OF TEST <u>1 hr.</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Bail			(21) STABILIZED DISCHARGE (GPM) <u>1 gal</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>71'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>Bottom</u>		
(24) RECOVERY (Time in hours/minutes)			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No _____		
PUMP INSTALLATION					
(26) DATE		(27) PUMP INSTALLED? YES _____ NO <input checked="" type="checkbox"/>		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>Domestic</u>		
(36) DATE DRILLING WORK STARTED <u>7/4/02</u>			(37) DATE DRILLING WORK COMPLETED <u>7/22/02</u>		
(38) DATE <u>8/24/02</u>		(39) DRILLER & COMPANY <u>R Lynck Drilling</u>		(40) DEC REGISTRATION NO. <u>10101</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work.					
See further instructions titled "Instructions for New York State Well Completion Report".					
			328'		
BOTTOM OF HOLE					
COPY - DRILLER RETAIN					

LOCATION OF WELL

(USE ONE OR MORE OF THE FOLLOWING METHODS)

DEC WELL #: MT 762

Method 1: Enter coordinates of latitude and longitude in the area provided below. If driller has on-line capability, use DEC's on-line map coordinate assistant found on DEC's web site (www.dec.state.ny.us). This feature gives coordinates of latitude and longitude that can be entered in the area indicated. **NOTE:** The method of determining coordinates **MUST** be shown. The use of global positioning system (GPS) equipment is highly recommended to determine the latitude and longitude of the well. If a GPS is used, include information on the manufacturer and model of the unit.

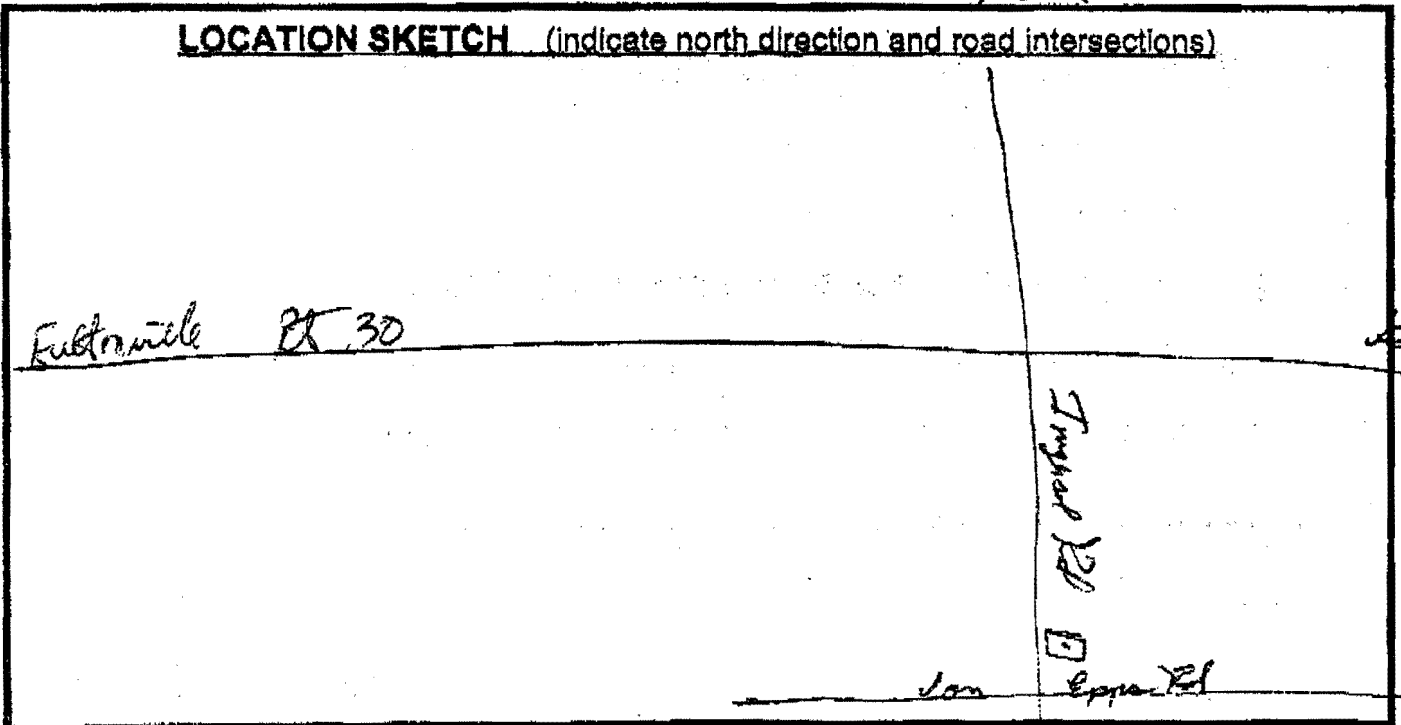
Method 2: If method 1 is not used, photocopy a section of a 1:24,000 scale United States Geologic Survey (USGS) map or a 1:24,000 New York State Department of Transportation (NYSDOT) map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

Method 3: If USGS or NYSDOT maps are not available, photocopy a pertinent section of a detailed county road map and locate the well on the map. **Write the map name on the photocopy and attach to log completion.**

Method 4: Sketch location of well in the area provided at bottom of page. Locate the well with respect to at least two roads. Indicate north direction.

Latitude (degrees minutes seconds)	Longitude (degrees minutes seconds)
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
<p>Example: 42 38 01.7 N 73 24 51.1 W</p>	
<p>How were coordinates determined?</p> <p><input type="checkbox"/> DEC on-line map coordinate assistant</p> <p><input type="checkbox"/> GPS Manufacturer _____ Model _____</p> <p><input type="checkbox"/> Map interpolation</p>	


MT 762



①

Sta

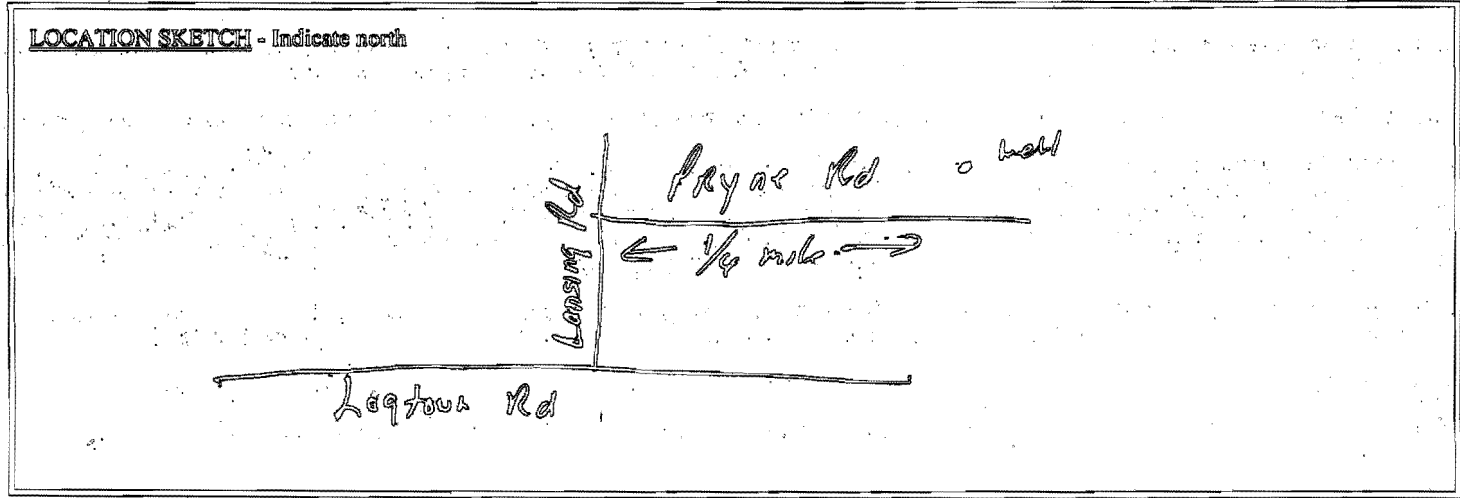
(1) County Montgomery
 (2) Township GLENN

4/7/08 

(3) DEC Well Number MT 901

WELL COMPLETION REPORT

(4) OWNER <u>John Cecarelli</u>			LOG *		
(5) ADDRESS <u>Box 16 South Windsor Ct</u>			Ground Surface EL. <u>632</u> ft. above sea level		
(6) LOCATION OF WELL (See Instructions On Reverse) Show Lat/Long if available and method used: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> DEC Website <input type="checkbox"/> Map Interpolation <u>N 42° 53.052</u> <u>W 74° 24.330</u>			Top Of Casing is located <u>-1 1/2'</u> ft. above (+) or below (-) ground surface		
(7) DEPTH OF WELL BELOW LAND SURFACE (Feet) <u>123</u>		(8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (Feet) <u>40</u>		DATE MEASURED <u>10/25/04</u>	
CASINGS					
(9) DIAMETER <u>6</u> in. in.					
(10) LENGTH <u>2.3</u> ft. in.					
(11) GROUT TYPE / SEALING <u>DRIVE SHAFT</u>			(12) GROUT / SEALING INTERVAL FROM _____ TO _____		
SCREENS					
(13) MAKE & MATERIAL			(14) OPENINGS		
(15) DIAMETER in. in.					
(16) LENGTH ft. in.					
(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)					
YIELD TEST					
(18) DATE <u>10/6/04</u>			(19) DURATION OF TEST <u>1 HR</u>		
(20) LIFT METHOD <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Ball			(21) STABILIZED DISCHARGE (GPM) <u>3</u>		
(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) <u>12'</u>			(23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) <u>11.5'</u>		
(24) RECOVERY (Time in hours/minutes) <u>1 1/2 HR</u>			(25) Was the water produced during test discharged away from immediate area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
PUMP INSTALLATION					
(26) PUMP INSTALLED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(27) DATE		(28) PUMP INSTALLER	
(29) TYPE		(30) MAKE		(31) MODEL	
(32) MAXIMUM CAPACITY (GPM)			(33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)		
(34) METHOD OF DRILLING <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____			(35) USE OF WATER (see instructions for choices) <u>DOMESTIC</u>		
(36) DATE DRILLING WORK STARTED <u>10/24/04</u>			(37) DATE DRILLING WORK COMPLETED <u>11/6/04</u>		
(38) DATE REPORT FILED <u>11/6/04</u>		(39) DRILLER & COMPANY <u>LEE PRIME</u> <u>PRIME W/O</u>		(40) DEC REGISTRATION NO. <u>10112</u>	
* Show log of geologic materials encountered with depth below ground surface, water bearing beds and water levels in each; casings; screens; pump; additional pumping tests and other matters of interest, e.g., water quality (sulphur, salt, methane). Describe repair work. Attach separate sheet if necessary. See further instructions titled "Instructions for New York State Well Completion Report".					
			TOP OF WELL 3' <u>softly loam</u> 15' <u>Blue clay</u> 20' <u>soft, fracturing shale</u> 23' <u>Hard shales</u> 40' <u>1/2 gpm</u> 113' <u>3 gpm</u> 123' <u>BOTTOM OF HOLE</u>		
NYSDEC COPY					



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



(1) COUNTY Montgomery
 (2) TOWN Glen

(3) DEC Well Number
MT 1218

WATER WELL COMPLETION REPORT

(4) OWNER Jim Serverine

(5) ADDRESS P.O. Box 62 Fultonville N.Y. 12072

(6) LOCATION OF WELL (See Instructions On Reverse) (Check here if same as address above, also provide Lat / Long below)
 Show Lat/Long if available and method used:
 GPS Map Interpolation
42° 54. 247'
74° 22. 116'

(7) DEPTH OF WELL BELOW LAND SURFACE (feet) 325 (8) DEPTH TO GROUNDWATER BELOW LAND SURFACE (feet) 30 DATE MEASURED 3-10-10

CASINGS

(9) DIAMETER 6 in. | in. | in. | in.

(10) LENGTH 23 ft. | ft. | ft. | in.

(11) GROUT TYPE / SEALING Betenite (12) GROUT / SEALING INTERVAL (feet) FROM TO

SCREENS

(13) MAKE & MATERIAL (14) OPENINGS

(15) DIAMETER in. | in. | in. | in.

(16) LENGTH ft. | ft. | ft. | in.

(17) DEPTH TO TOP OF SCREEN, FROM TOP OF CASING (Feet)

YIELD TEST

(18) DATE 3-10-10 (19) DURATION OF TEST

(20) LIFT METHOD Pump Air Lift Bail (21) STABILIZED DISCHARGE (GPM) 1/2

(22) STATIC LEVEL PRIOR TO TEST (feet/inches below top of casing) 30 FT (23) MAXIMUM DRAWDOWN (Stabilized) (feet/inches below top of casing) Bottom of well

(24) RECOVERY (Time in hours/minutes) 24 HRS (25) Was the water produced during the test discharged away from immediate area? Yes No

PUMP INSTALLATION

(26) PUMP INSTALLED? YES NO (27) DATE (28) PUMP INSTALLER

(29) TYPE (30) MAKE (31) MODEL

(32) MAXIMUM CAPACITY (GPM) (33) PUMP INSTALLATION LEVEL FROM TOP OF CASING (Feet)

(34) METHOD OF DRILLING Rotary Cable Tool Other (35) USE OF WATER (See instructions for choices) Domestic

(36) DATE DRILLING WORK STARTED 2-23-10 (37) DATE DRILLING WORK COMPLETED 3-8-10

(38) DATE REPORT FILED 2-23-10 (39) REGISTERED COMPANY Schrader Well Drilling (40) DEC REGISTRATION NO. NYRD 10321

(41) CERTIFIED DRILLER (Print name) Roger Schrader (42) CERTIFIED DRILLER SIGNATURE * Roger Schrader

(43) LOG
 Depth to Bedrock 21 (ft. below ground surface)
 Ground Elev. _____ (ft. above S.L.)
 Top of Casing 1 1/2 (ft., above (+) or below (-) ground surface)

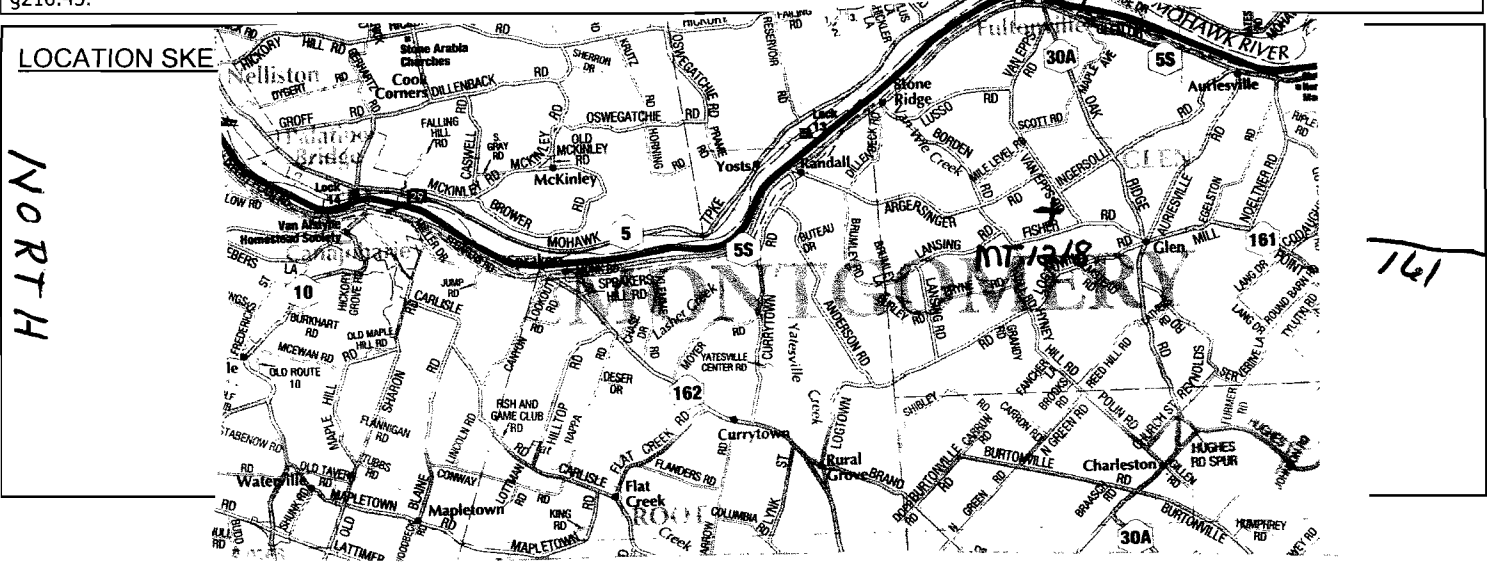
TOP OF WELL

2 ft of Top soil
2 to 2 1/2 ft with some mixed in
2 1/2 ft to Bottom of well Black Shale
AT 203 FT 2 gpm Sulphur water

325 FT
 BOTTOM OF HOLE

NYSDEC COPY

* By signing this document 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; (3) under the penalty of perjury the information provided in this Well Completion Report 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.



July 5, 2022

Sara Boerenko, LCSW
Director of Public Health, Montgomery County Public Health Department
County Annex Building, PO Box 1500 - 20 Park Street
Fonda, NY 12068-1500

Sent via email to: sboerenko@co.montgomery.ny.us

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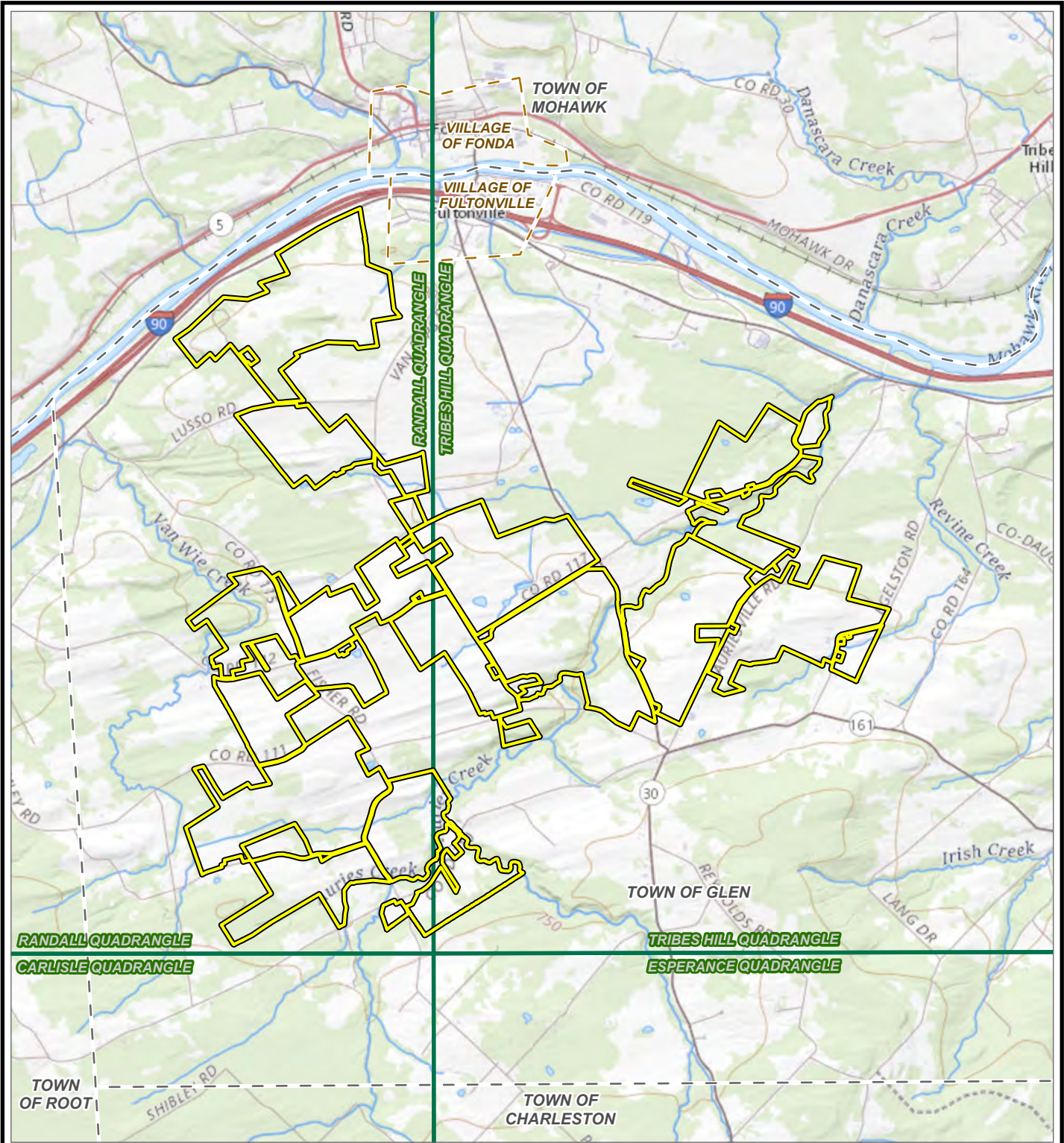
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