

CD-7494

STATE OF MARYLAND
NATURAL RESOURCES ADMINISTRATION
TAMM STATE OFFICE BLDG. ANNAPOLIS, MD. 21401
WILL COMPLETE REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 90 DAYS AFTER WELL COMPLETION

FILE IN THIS FORM COMPLETELY

THIS REPORT IS TO BE FORWARDED TO (SEE INSTRUCTIONS)

DATE OF WELL COMPLETION

8/3/77

150

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150

OWNER: ROY BENNETT INC.

STREET OR RFD: 626 SOUTHWESTERN RD.

CITY OFFICE: Annapolis Md.

WELL LOG

NOTE THE KIND OF FORMATION PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION	FEET	THICKNESS
TOP SOIL	0	2
SHALE	2	15
GRANITE	15	140

GROUNDWATER RECORD

WELL AND GROUND WATERS SHOULD BE APPROXIMATELY

TYPE OF GROUNDWATER (SEE INSTRUCTIONS)

CERAMIC (C) BENTONITE CLAY (B)

NO. OF SAMS 5 NO. OF PUMPS 500

CALLING OF WATER 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 TO 19

NUMBER OF FEET FROM SURFACE

CASING TYPE (SEE INSTRUCTIONS)

STEEL (S) PLASTIC (P) OTHER (O)

BRAND NAME (SEE INSTRUCTIONS)

TOP OF CASING (FEET)

57 8 21

OTHER CASING BY OWNER

DIAMETER (INCHES)

DEPTH (FEET)

OTHER CASING BY OWNER

DIAMETER (INCHES)

DEPTH (FEET)

OTHER CASING BY OWNER

DIAMETER (INCHES)

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OTHER CASING BY OWNER

DIAMETER (INCHES)

DEPTH (FEET)

PUMPING TEST

WELL AND GROUND WATERS SHOULD BE APPROXIMATELY

TYPE OF PUMP (SEE INSTRUCTIONS)

PERISTALTIC (P) OTHER (O)

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DIAMETER (INCHES)

DEPTH (FEET)

OTHER CASING BY OWNER

DIAMETER (INCHES)

DEPTH (FEET)

CHECK & APPROPRIATE BOXES

A. WELL WAS COMPLETED AND REPORTED TO THE STATE

B. WELL WAS COMPLETED AND REPORTED TO THE STATE

C. WELL WAS COMPLETED AND REPORTED TO THE STATE

D. WELL WAS COMPLETED AND REPORTED TO THE STATE

E. WELL WAS COMPLETED AND REPORTED TO THE STATE

F. WELL WAS COMPLETED AND REPORTED TO THE STATE

G. WELL WAS COMPLETED AND REPORTED TO THE STATE

H. WELL WAS COMPLETED AND REPORTED TO THE STATE

I. WELL WAS COMPLETED AND REPORTED TO THE STATE

J. WELL WAS COMPLETED AND REPORTED TO THE STATE

K. WELL WAS COMPLETED AND REPORTED TO THE STATE

L. WELL WAS COMPLETED AND REPORTED TO THE STATE

M. WELL WAS COMPLETED AND REPORTED TO THE STATE

N. WELL WAS COMPLETED AND REPORTED TO THE STATE

O. WELL WAS COMPLETED AND REPORTED TO THE STATE

P. WELL WAS COMPLETED AND REPORTED TO THE STATE

Q. WELL WAS COMPLETED AND REPORTED TO THE STATE

R. WELL WAS COMPLETED AND REPORTED TO THE STATE

S. WELL WAS COMPLETED AND REPORTED TO THE STATE

T. WELL WAS COMPLETED AND REPORTED TO THE STATE

U. WELL WAS COMPLETED AND REPORTED TO THE STATE

V. WELL WAS COMPLETED AND REPORTED TO THE STATE

W. WELL WAS COMPLETED AND REPORTED TO THE STATE

X. WELL WAS COMPLETED AND REPORTED TO THE STATE

Y. WELL WAS COMPLETED AND REPORTED TO THE STATE

Z. WELL WAS COMPLETED AND REPORTED TO THE STATE

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DIAMETER (INCHES)

DEPTH (FEET)

OTHER CASING BY OWNER

NAME: L.F. EASTERDAY

ADDRESS: L.F. Easterday

CITY: L.F. Easterday

STATE: L.F. Easterday

ZIP: L.F. Easterday

PHONE: L.F. Easterday

FAX: L.F. Easterday

EMAIL: L.F. Easterday

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