
WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
7/29/16 SC

DATE WELL ABANDONED: 7-12-2016 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL: none

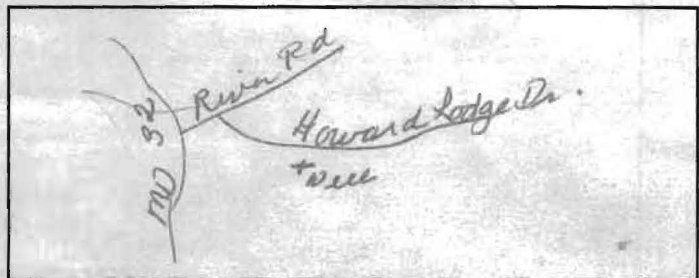
* PERSON ABANDONING WELL: Joseph & Mayne WELL DRILLER'S LICENSE NUMBER: MSD 024

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: John + Susan Mc Tague

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Sykesville Md 21784
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 12621 Howard Lodge Drive



LATITUDE 3 9 . 33 7 8 7 _

LONGITUDE 7 6 . 9 5 0 2 5 _

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Gravel + Cement</u>	<u>0</u>	<u>44</u>
VOLUME OF MATERIAL USED		

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED _____
 BORED _____ HAND DUG _____
 OTHER (specify) _____

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC _____
 IRRIGATION _____ INDUSTRIAL _____
 TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:
 STEEL _____ PLASTIC _____
 CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 3/8 INCHES IN DIAMETER

DEPTH OF WELL: 44 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph & Mayne LICENSE# MSD 024 CIRCLE ONE MWD / MSD / MGS DATE 7-12-16

COUNTY

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