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 WATER WELL ABANDONMENT-SEALING REPORT FORM  
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SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 6/27/05 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) N/A

\* PERMIT NUMBER OF REPLACEMENT WELL N/A

\* PERSON ABANDONING WELL: Summit Site Services, Inc

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_

\* OWNER'S NAME: Christ Memorial Presbyterian Church

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Columbia

TAX MAP 36 BLOCK 19 PARCEL 54

SUBDIVISION: N/A

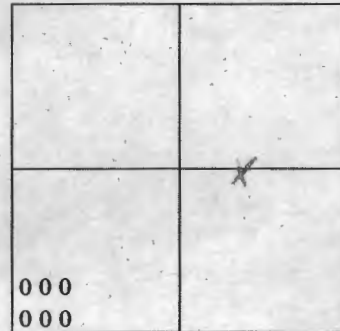
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

NEAREST ROAD: Shaker Dr.

Parsonage House

MARYLAND GRID COORDINATES

BOX NUMBER  
 E 837  
 N 495



SHOW WELL LOCATION BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 35 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
concrete	0	35

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Salvador A. Lopez

LICENSE # \_\_\_\_\_

CIRCLE ONE 9/7/05 DATE



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

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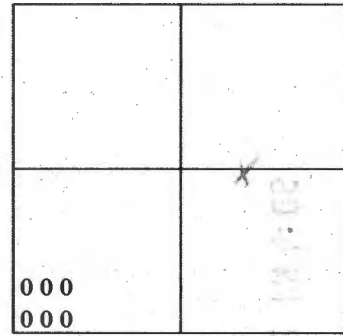
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 \* OWNER'S NAME: Christ Memorial Presbyterian Church CIRCLE: MWD/MSD/MGD  
(Parsonage House)

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Columbia  
 TAX MAP 36 BLOCK 19 PARCEL 54  
 SUBDIVISION: N/A  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: Shaker Dr.

MARYLAND GRID COORDINATES

BOX NUMBER E 837  
 N 445



SHOW WELL LOCATION BY X WITHIN BOX

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\* USE CODE:

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- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION

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SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Salvador A. [Signature]

LICENSE # \_\_\_\_\_

CIRCLE ONE MWD/MSD/MGD

DATE 9/7/05



Gaby,

Do a site visit  
mainly for the well.  
Contractor said its in  
a garage? but can  
be gotten to (SO)

P.S. Return this file  
to Mike when done

Site Visit 9/7/05

confirms well sealing.

Septic Not Collapsed

G. Creighton