
 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

APPROVED
 03/15/2021

DATE WELL ABANDONED: MARCH 24, 2021 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL George Easterday

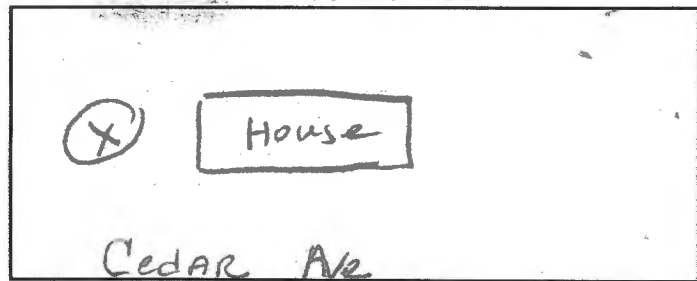
WELL DRILLER'S LICENSE NUMBER: 040

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Golden Gate Mgt

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Jessup
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 7368 Cedar Ave



LATITUDE, 39.168146

LONGITUDE 76.790554

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
GRAVEL	25	5
Cement	5	0
VOLUME OF MATERIAL USED		
<u>12 TONS Gravel - 4 YDS Cement</u>		

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

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

SIZE OF CASING: 66 INCHES IN DIAMETER

DEPTH OF WELL: 15 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? _____ YES NO

George F. Easterday 040
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS
 CIRCLE ONE

3/25/21
 DATE

COUNTY

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