

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
 3/16/21 (SB)

DATE WELL ABANDONED: 1-21-21 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

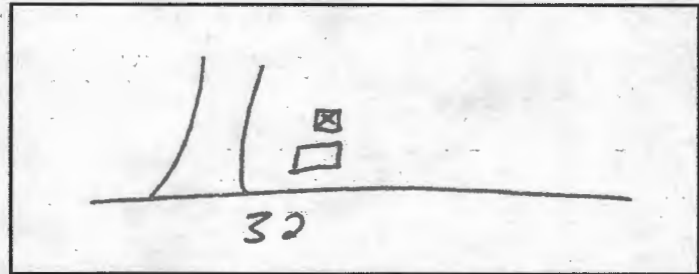
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: John Hess WELL DRILLER'S LICENSE NUMBER: 553

* OWNER'S NAME: S.H.A. CIRCLE: MWD / MSD / MGD

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: West Friendship
 TAX MAP 15 BLOCK _____ PARCEL 125
 SUBDIVISION: 2002
 SECTION: _____ LOT: _____
 STREET ADDRESS: 2875 Md Rt 32



LATITUDE 39.346998

LONGITUDE 76.571288

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Quik Grout</u>	<u>61</u>	<u>-5</u>
VOLUME OF MATERIAL USED		
<u>4 bags QC</u>		

* 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 INCHES IN DIAMETER

DEPTH OF WELL: 61 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 If yes, length removed, in feet: 5

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

John Hess

553

MWD / MSD / MGS
 CIRCLE ONE

1-21-21

DATE

COUNTY

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