
 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 ms 8/27/24

DATE WELL ABANDONED: 8-12-24 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

NO TAG
CITY WATER

* PERMIT NUMBER OF REPLACEMENT WELL: _____

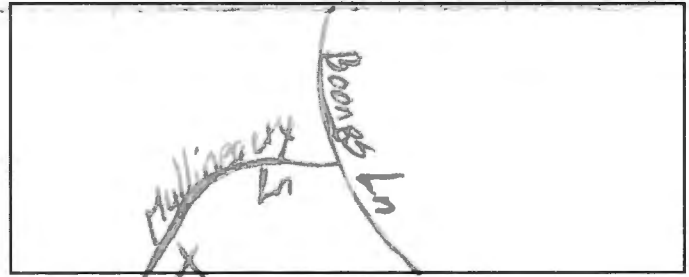
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: RD Contracting

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Ellicott City
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 3018 Mullineaux Lane



LATITUDE 3 9.288282

LONGITUDE 7 6.865140

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>60</u>	<u>0</u>

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

VOLUME OF MATERIAL USED	
<u>Bentonite</u>	<u>600 lbs</u>

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

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 60 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# _____

224 MWD / MSD MGS 8-16-24
 CIRCLE ONE DATE

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