
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
6/22/17 SC

DATE WELL ABANDONED: 6-15-17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

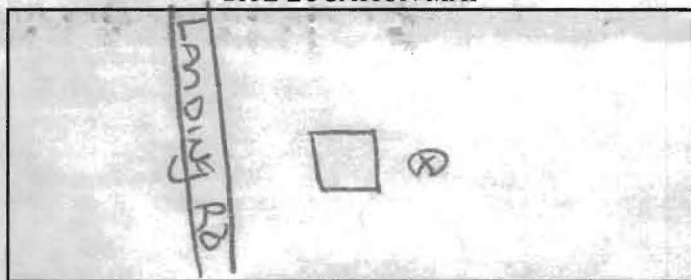
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Michael Barlow WELL DRILLER'S LICENSE NUMBER: 355

* OWNER'S NAME: Howard County, Maryland CIRCLE: MWD / MSD / MGD

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: EIKRIDGE
TAX MAP 31 BLOCK 24 PARCEL 264
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 5381 Landing Road

SITE LOCATION MAP



LATITUDE 3 9.22376
LONGITUDE 7 6.75487

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>85</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>2250 lbs Cement</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: 85 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# _____

355

MWD / MSD / MGS

CIRCLE ONE

6/16/17

DATE

COUNTY



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