
 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

property now on public water 12/12/17

DATE WELL ABANDONED: 11-29-2018 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

TAG DESTROYED 6/7/2019

HO 732 0776

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Larry Mayne

WELL DRILLER'S LICENSE NUMBER: MSD 027

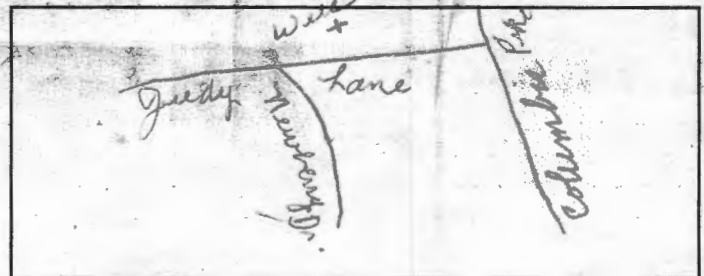
* OWNER'S NAME: Elizabeth Shephard

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Columbia Md 21044
 TAX MAP COH1 BLOCK 0012 PARCEL 6253
 SUBDIVISION:
 SECTION: LOT: 13
 STREET ADDRESS: 10710 Judy Lane

SITE LOCATION MAP



LATITUDE 39.126506

LONGITUDE 76.883798

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>200</u>
VOLUME OF MATERIAL USED		
<u>20 Bags cement 120 gal. water</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: 200 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 2'

WAS CASING RIPPED OR PERFORATED? YES NO

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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Larry Mayne

MSD 027 MWD MSD MGS

CIRCLE ONE

DATE

12-4-2018

COUNTY

C 1 **6976** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-5 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 0

DATE RECEIVED (WRA USE ONLY) **082174**

DATE WELL COMPLETED Aug 13 74

DEPTH OF WELL 365

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-0776

DRILLERS IDENTIFICATION NO. 238

OWNER Residential Abbelegood Inc. FIRST NAME

STREET OR RFD 10210 Greenbelt Rd. POST OFFICE Seabrook Md.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Sand	0	21	
Thick Rock	21	365	

GROUTING RECORD

WELL HAD BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 21 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST CONCRETE CO
 PLASTIC PL OTHER OT

MAIN CASING TYPE SA NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 24

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST BRASS OR BRONZE BR HO OPEN HOLE HO
 PLASTIC PL OTHER OT

WELL COLUMNS

1	2	3	4	5	6
<u>10</u>	<u>22</u>	<u>365</u>			

DEPTH (NEAREST WHOLE FOOT) FROM TO

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 60 (NEAREST FOOT)
 WHEN PUMPING 10 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE BELOW
 LAND SURFACE 2 (NEAREST FOOT)

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Joseph L. Mayne

(PLEASE PRINT) Joseph Mayne

SIGNATURE Joseph Mayne

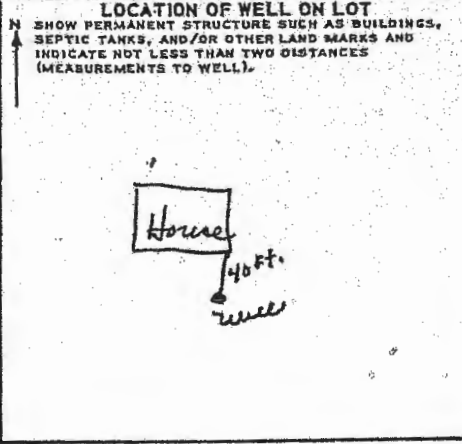
DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70 72 LOG INDICATOR 74 75 76 OTHER DATA AVAILABLE



STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 07/12/74
MO DA YR

PERMIT NUMBER- HO-73-0776

ISSUED TO DRILLER-

MAYNE, JOSEPH L
RT 2
MT AIRY MD 21771

DRILLER

ID. NUMBER- 238

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

RESIDENTIAL DEV INC
10210 GREENBELT RD
SEABROOK MD 20801

THIS WELL IS TO BE LOCATED IN HOWARD COUNTY,
RIVERSIDE ESTS SUBDIVISION, SECTION- , LOT- 13 ,
NEAR THE TOWN OF ATHOLTON.

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID

1. NOTIFY COUNTY HEALTH DEPT. 24 HOURS BEFORE GROUTING WELL.
2. LOCATE WELL AT LEAST 100 FT FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
01/12/75. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE DEPARTMENT WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
DIRECTOR, MARYLAND
WATER RESOURCES
ADMINISTRATION

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

SEQUENCE NO. (WRA USE ONLY) 076

WRA PERMIT NUMBER HO-73-0776
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 071274

OWNER: Residential Re-developers Inc.
 COL 15 LAST NAME FIRST NAME COL 24

STREET OR RFD: 10210 Greenbelt Rd -
 COL 38 COL 55

POST OFFICE: P.O. Box 700 - Seabrook Md. 20801
 COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: July 5, 1974 LICENSE NUMBER: 238
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10

FIRST NAME: Joseph L. Mayne DRILLER LAST NAME

SIGNATURE: Joseph L. Mayne

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY

TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL 140 FEET
 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE W WRITE INITIALS IN BOX CONDITIONS W

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX) HOWARD COUNTY NAME W20322 COUNTY NO.

DATE: 071074 MO. DAY YR.

APPROVED BY: Palmer F. Wine APPROVED BY Palmer F. Wine, Director

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) COL 21

SUBDIVISION: Riverside Estates COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30

SECTION: 13 LOT: 48 COL 44 COL 45 COL 46 COL 47 COL 48 COL 49 COL 50

NEAREST TOWN: Atholton COL 52 COL 53 COL 54 COL 55 COL 56 COL 57 COL 58 COL 59 COL 60

MILES FROM TOWN (ENTER 0 IF IN TOWN) 4.0 COL 62 COL 63 COL 64 COL 65 COL 66 COL 67 COL 68 COL 69 COL 70

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

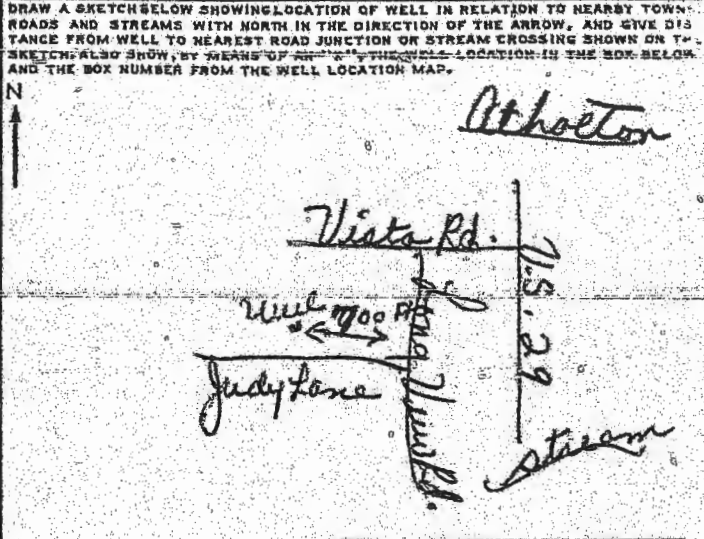
N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: Judy Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N NORTH S SOUTH E EAST W WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 20 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40



BOX NUMBER: 830 (E) 480 (N)

NORTH COORDINATE: 485000 COL 50 COL 51 COL 52 COL 53 COL 54 COL 55

EAST COORDINATE: 0830000 COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63

ELEVATION AT WELL HEAD (FEET): 0/0 COL 65 COL 66 COL 67 COL 68

B 5 SPECIAL CONDITIONS 8-65 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

ENTERED 111 COL 65 COL 66 COL 67 COL 68 COL 69 COL 70