

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

DATE WELL ABANDONED: 11-20-24 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) N/A

\* PERMIT NUMBER OF REPLACEMENT WELL: No tag

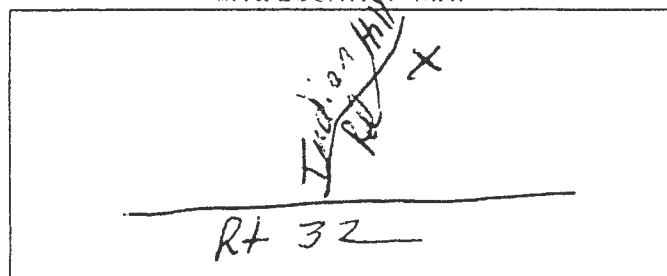
\* PERSON ABANDONING WELL: Andrew Hausman

WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD MSD MGD

\* OWNER'S NAME: Robert Wilson

SITE LOCATION MAP



\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Sykesville  
 TAX MAP 0009 BLOCK 0012 PARCEL 0136  
 SUBDIVISION: Indian Hill  
 SECTION: \_\_\_\_\_ LOT: 4  
 STREET ADDRESS: 12561 Indian Hill DR

LATITUDE 39.333848

LONGITUDE 76.947563

\* 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: 55 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE: [Signature] # \_\_\_\_\_  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>55</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>Bentonite</u>	<u>600 lbs</u>	

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224 MWD MSD MGS 11-20-24 \*  
 CIRCLE ONE DATE

**Fogle's Well Drilling, LLC**

**P.O Box 202  
Woodbine, Maryland 21797**

443-609-4195  
410-795-5670 {24hrs}

**PAID**

**Invoice**

Date	Invoice #
11/20/2024	10400190

Bill To:

**Robert Wilson  
12561 Indian Hill Dr  
Sykesville, Md 21784**

**Job Location**

**12561 Indian Hill Dr  
Sykesville, Md 21784**

Amount of Remittance

P.O. No.	Terms	Project	** 1-1/2 % Late charge due on balances outstanding more than 15 days from date of invoice** (18% per annum)	
	Due on receipt	12561 Indian Hill Dr		
Qty	Description	Price Each	Serviced	Amount
1	Abandon Well per State & County Regulations. Mail completed Abandonment report to the County & State.. Payment~~Master Card~~Auth:08492Z	1,500.00	11/20/2024	1,500.00
		-1,500.00	11/20/2024	-1,500.00

**It's been a pleasure working with you.  
Stay Healthy & Safe!!**

<b>Total</b>	\$0.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$0.00

theresa@foglesinc.com