

C1	48216	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE Received MM <u>09</u> DD <u>08</u> Y <u>17</u>		DATE WELL COMPLETED MM <u>04</u> DD <u>24</u> Y <u>2017</u>		Depth of Well 22 <u>500</u> 26 (TO NEAREST FOOT)
				PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HIC-17-0127</u>
OWNER <u>Glen D. LARRY</u>		COUNTY NUMBER <u>12</u>		
WELL SITE ADDRESS <u>2100 Rosemont Road</u>		TOWN <u>Fulton, MD 21730</u>		
SUBDIVISION _____		SECTION _____ LOT <u>3</u>		

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	check if water bearing
	FROM TO	
Silt, Brown. Trace fine sand medium silt dry.	0 25	
Fractured Rock Hard	25 40	
Rock Hard Gray	40 500	✓
Water at 320'		

GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
TYPE OF GROUTING MATERIAL (Circle one)		
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS <u>12</u>	NO. OF POUNDS <u>1128</u>	
GALLONS OF WATER <u>712</u>		
DEPTH OF GROUT SEAL (to nearest foot)		
from <u>0</u> TOP <u>52</u> ft. to <u>62</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST <input type="checkbox"/> CO	
	STEEL CONCRETE	
	<input type="checkbox"/> PL <input type="checkbox"/> OT	
	PLASTIC OTHER	
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>10</u>	Total depth of main casing (nearest foot) <u>100</u>
60 61	63 64	66 67 70
OTHER CASING (if used)		
EACH CASING	diameter inch	depth (feet) from to
screen type or open hole		
(insert appropriate code below)		
<input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO		
STEEL BRASS OPEN HOLE		
<input type="checkbox"/> PL <input type="checkbox"/> OT		
PLASTIC OTHER		

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>1</u>
PUMPING RATE (gal. per min.)	<u>290</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>57</u> ft.
WHEN PUMPING	<u>500</u> ft.
TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 <u>S</u>	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>790</u>
PUMP HORSE POWER	<u>1.5</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>450</u>
CASING HEIGHT (circle appropriate box and enter casing height)	<u>2</u> (nearest foot)
<input checked="" type="checkbox"/> above	
<input type="checkbox"/> below	

NUMBER OF UNSUCCESSFUL WELLS: <u>1</u>
WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CIRCLE APPROPRIATE LETTER
A 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE
DRILLERS LIC. NO. <u>1 M WD 567</u>
DRILLERS SIGNATURE <u>Glen D. LARRY</u>
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. <u>1 D</u>
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)	
1 <u>HL</u> 2 <u>63</u> 3 <u>500</u>	
4 <u>8</u> 5 <u>9</u> 6 <u>11</u> 7 <u>15</u> 8 <u>17</u> 9 <u>21</u>	
10 <u>23</u> 11 <u>24</u> 12 <u>26</u> 13 <u>30</u> 14 <u>32</u> 15 <u>36</u>	
16 <u>38</u> 17 <u>39</u> 18 <u>41</u> 19 <u>45</u> 20 <u>47</u> 21 <u>51</u>	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
56 _____ 60 _____	
from _____ to _____	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T _____ (E.R.O.S.)	W Q _____
70 _____	72 _____
TELESCOPE CASING	LOG INDICATOR
	74 76 78
	OTHER DATA

LATITUDE <u>39 129720</u>
LONGITUDE <u>76 944398</u>
(DEFAULT COORD. WGS 84)
Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1 <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">57993</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">H0-17-0127</div>
Date Received (APA) <div style="border: 1px solid black; padding: 5px; text-align: center;">04/12/17</div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 5px;"> 8 COUNTY <u>Howard County</u> 21 23 SUBDIVISION _____ 42 SECTION <u>44</u> 46 LOT <u>3</u> 48 50 <u>Fulton</u> 52 NEAREST TOWN _____ 71 </div>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 5px;"> 15 Last Name <u>Glenn</u> Owner <u>Larry</u> First Name _____ 34 36 <u>8500 Reservoir Road</u> _____ 55 Street or RFD 57 <u>Fulton, MD</u> 70 <u>20759</u> State 72 Zip 76 </div>		B 4 SOURCES OF DRILLING WATER <div style="border: 1px solid black; padding: 5px;"> 11 <u>8500 Reservoir Road</u> _____ 30 STREET ADDRESS ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NORTH <input type="checkbox"/> N <input checked="" type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> E SOUTH </div> <div style="text-align: center;"> 34 <u>290</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 </div> </div> TAX MAP: <u>45</u> BLK: <u>12</u> PARCEL <u>26</u> </div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 5px;"> Driller's Name <u>Jeff Cerron</u> MWD <u>567</u> License No. 81 Firm Name <u>Chesapeake Geosystems, Inc.</u> Address <u>6720 Fort Smallwood Rd Balt.</u> Signature <u>[Signature]</u> Date <u>4/12/17</u> </div>		B 2 WELL INFORMATION <div style="border: 1px solid black; padding: 5px;"> APPROX. PUMPING RATE (GAL. PER MIN.) <u>N/A</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>N/A</u> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 5px;"> COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <u>4/21/17</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>4/21/18</u> DON: <u>4/25/17</u> DOG: <u>5/3/17</u> </div>	
APPROXIMATE DEPTH OF WELL <u>1000</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY</u> Jetted & DRIVEN CABLE <u>Reverse-ROTARY</u> DRIVE-POINT other _____		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="border: 1px solid black; padding: 10px;"> <p>4/26</p> <p>- at 500', little water</p> <p>5/1</p> <p>- dry hole @ orig. location</p> <p>- casing set @ new location</p> <p>5/12</p> <p>- 2nd location drilled to 500' w/ water</p> <p style="text-align: center;">N ↑</p> </div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 5px;"> <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <u>H0-17-0127</u> 52 </div>		Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-17-0127</u>		SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <u>Existing 2 wells must be sealed</u>	

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Chesapeake Geosystems Telephone #: 410-781-5020
Address: 6270 ~~Ed~~ Ft Smallwood Rd
Baltimore Md 21226

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Wesley Wolfe License# JWS 391

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 17 - 0127
Site Address: _____

Submersible Pump Data

Make: Grundfos
Model #: 107510
Pump Capacity: 7 GPM
Well Yield: 2 GPM

Depth of well encountered at time of pump installation: 500 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: American Gravity
Model#: SS
Depth: 40" (36" min)

NSF/WSC approved Yes

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

*called
Contractor
Wes to confirm
Spec.
Reports using
NSF/WSC
Approved
Stainless
Steel 201/05/05

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 05/04/2017 Date Insp. Approved: 05/08/2017 Inspector: 1

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36"

Two piece cap installed and attached to casing securely ✓

Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 24"

Safety rope not outside of well cap/casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓ 16"

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

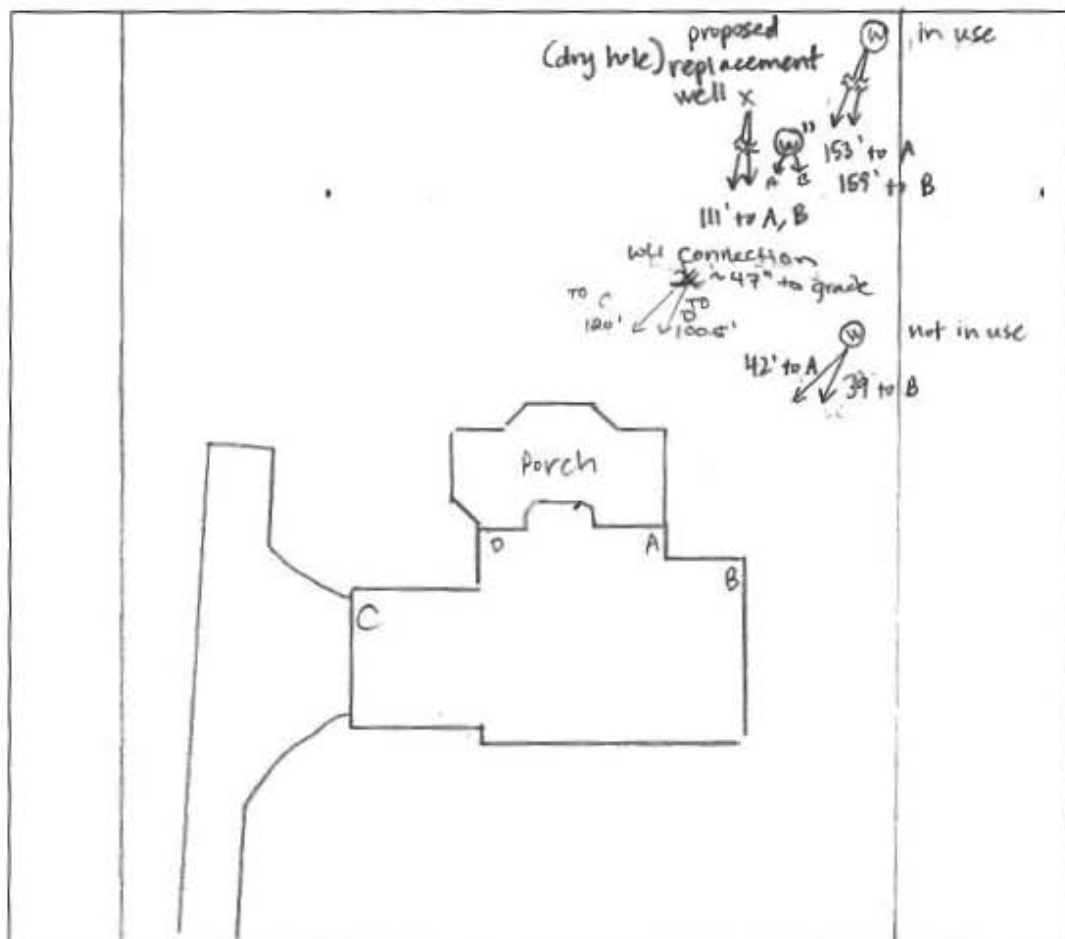
* Double piping
@ pitless adapter
05/04/2017 2

* New A NEW house
connected into
previous line

SITE INSPECTION SHEET

OWNER: Larry Glenn PHONE #: 301-537-7340
ADDRESS: 8500 Reservoir Rd. CONTRACTOR: Chesapeake Geo
WELL TAG #: HO-17-0127
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Drill a new well - homeowner is out of water

LOCATION DIAGRAM



COMMENTS: Two existing wells to be sealed once successful well established.
05/04/2017
Multiple electrical + well line pipe pieces serve HO-17-0127.
Electrical line changes in grade at * where new well ties
in to previously existing well line. 05/05/2017 Re-drill well line
to house from well to get electrical connection working. 05/05/2017
DATE: 4/19/17 INSPECTOR: S. Collins



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

May 8, 2017

Larry Glenn
8500 Reservoir Road
Fulton, MD 20759

RE: **Replacement Well Sampling**
8500 Reservoir Road
#HO-17-0127

Dear Mr. Glenn,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The existing wells must be abandoned and sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

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: 04/25/17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

H0 - 73 - 3771

* PERMIT NUMBER OF REPLACEMENT WELL:

H0 - 17 - 0127

* PERSON ABANDONING WELL: Jeff Cowan

WELL DRILLER'S LICENSE NUMBER: MWD 5107

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Larry Glenn

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Fallston

TAX MAP 45 BLOCK 12 PARCEL 26

SUBDIVISION:

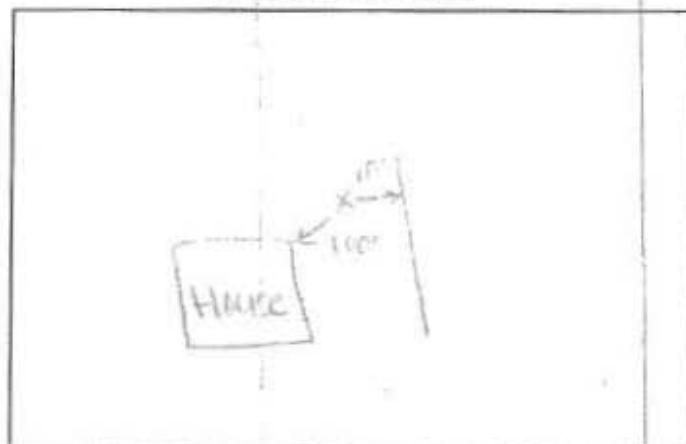
SECTION: LOT:

STREET ADDRESS: 9510 Reservoir Road

LATITUDE 39.139613

LONGITUDE 76.944199

SITE LOCATION MAP



* 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: 100 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 26

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Portland Cement</u>		
<u>Grout</u>		
VOLUME OF MATERIAL USED		
<u>200 gallons</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# MWD 5107

MWD / MSD / MGS

CIRCLE ONE

DATE 5/1/17

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

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- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 04/24/17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Jeff Curran

WELL DRILLER'S LICENSE NUMBER: MWD567

* OWNER'S NAME: Larry Glenn

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Wilton

TAX MAP 45 BLOCK 12 PARCEL 26

SUBDIVISION:

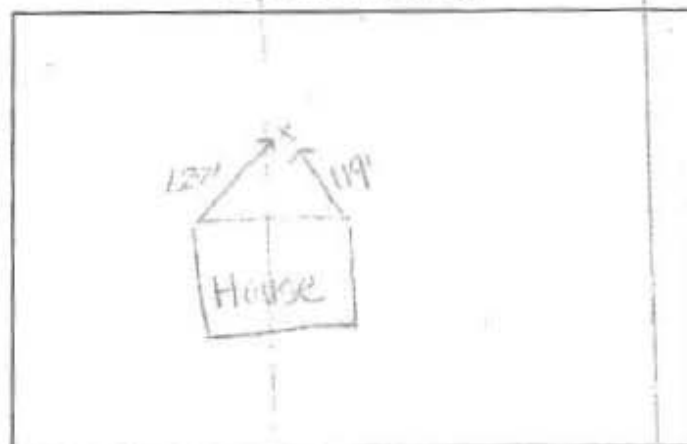
SECTION: LOT:

STREET ADDRESS: 8500 Beechwood Road

LATITUDE 39.139796

LONGITUDE 76.944493

SITE LOCATION MAP



* 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: 70 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 10

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel (6 in)	70	70
Bentonite / Portland Cement	70	0

VOLUME OF MATERIAL USED

Gravel 6 in 1.2 cu yd

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS

CIRCLE ONE

DATE



WATER WELL ABANDONMENT-SEALING REPORT FORM

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- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4/25/17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Jeff Carver

WELL DRILLER'S LICENSE NUMBER: MWD 567

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Larry Glenn

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Fulton

TAX MAP 45 BLOCK 12 PARCEL 26

SUBDIVISION:

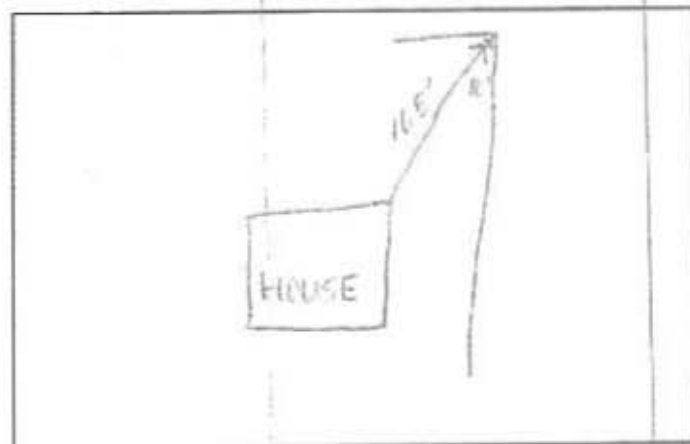
SECTION: LOT:

STREET ADDRESS: 8500 Reservoir Road

LATITUDE 39.140011

LONGITUDE 76.944474

SITE LOCATION MAP



* 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: 260 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#

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland 1 Barite Slurry	260	0
VOLUME OF MATERIAL USED		
4.6 gallons		

CIRCLE ONE

DATE