
 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: 8-14-14 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

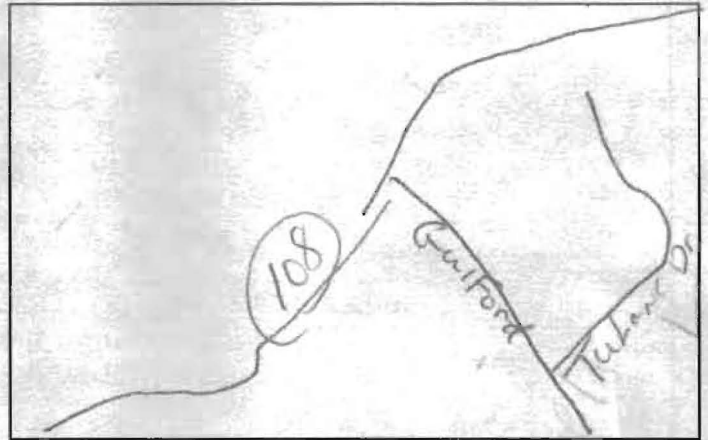
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 009

* OWNER'S NAME: Doug Myers, LLC CIRCLE: MSD / MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 0034 BLOCK 000 PARCEL 0123
 SUBDIVISION: Heritage Heights
 SECTION: _____ LOT: 12
 STREET ADDRESS: 60118 Tubane Dr.

SITE LOCATION MAP



LATITUDE 3 - - - - -

LONGITUDE 7 - - - - -

B/17/14 OK
(Kaw)

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>CEMENT</u>	<u>4</u>	<u>30</u>

* 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: 50 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

VOLUME OF MATERIAL USED

11.5 yards

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Allen Compton 009

MWD / MSD / MGS

CIRCLE ONE

8-14-14

DATE

OWNER