

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 2-7-07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Robert P. Copsy WELL DRILLERS LICENSE NUMBER: 161

* OWNER'S NAME: Howard Co. Rec. Park CIRCLE: MWD/MSD/MGD

* WELL LOCATION: 1014 Washington Blvd.
COUNTY: Howard
NEAREST TOWN: Elderidge
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: _____

MARYLAND GRID COORDINATES

BOX NUMBER E _____
N _____

0 0 0	
0 0 0	

SHOW WELL LOCATION
BY X WITHIN BOX

TYPE OF WELL BEING ABANDONED:

X DRILLED _____ JETTED _____
_____ BORED/AUGURED _____ HAND DUG _____
_____ OTHER (specify) _____

USE CODE:

_____ DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION

TYPE OF CASING:

X STEEL _____ PLASTIC _____
_____ CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 128 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? X YES _____ NO _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Clay	128	3
clean fill	3	0

Robert Copsy
ATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

161
LICENSE #

MWD/MSD/MGD
CIRCLE ONE

2-7-07
DATE

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DATE WELL ABANDONED: 2-7-07 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) _____

PERMIT NUMBER OF REPLACEMENT WELL _____

PERSON ABANDONING WELL: Robert P. Cooper

WELL DRILLERS LICENSE NUMBER: 1661

OWNER'S NAME: Howard Co. Rock Park

CIRCLE: MWD/MSD/MGD

WELL LOCATION: 7074 Washington Blvd.

COUNTY: Howard

NEAREST TOWN: Rockledge

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: _____

MARYLAND GRID COORDINATES

BOX NUMBER E _____
N _____

000	
000	

SHOW WELL LOCATION
BY X WITHIN BOX

TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
_____ BORED/AUGURED X HAND DUG
_____ OTHER (specify) _____

USE CODE:

_____ DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION

TYPE OF CASING:

_____ STEEL _____ PLASTIC
X CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 30 INCHES IN DIAMETER

DEPTH OF WELL: 42 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel	42	5
Cement	5	2
clean fill	2	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Robert P. Cooper

LICENSE # 1661

MWD/MSD/MGD 2-7-07

CIRCLE ONE

DATE