

**C1** 76928

SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 07 24 24

DATE WELL COMPLETED MM DD YY 1-4-24

Depth of Well 22 420 26 9/2/24

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-22-6104

OWNER Brickell, Susan last name first name

WELL SITE ADDRESS Mayapple Dr TOWN Salisbury, MD

SUBDIVISION SECTION LOT 15

**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	
Top Soil	0	1	
Bin Clay	1	10	
Bin Rock	10	35	
Red Rock	35	48	
Grey Rock	48	120	
Mud Grey Rock	120	420	✓

2 Dry Wells  
18500  
@ 48'

(Good Well)

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 45 46 2 NO. OF POUNDS 45 46 300 ✓

GALLONS OF WATER 300 ✓

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 48 TOP 52 ft. to 48 54 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE PL 60 61 63 64 66 70

Nominal diameter top (main) casing (nearest inch)! 6

Total depth of main casing (nearest foot) 48

**OTHER CASING (if used)**

diameter inch depth (feet) from to

E A C H C A S I N G

**SCREEN RECORD**

screen type or open hole insert appropriate code below

ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

**C2**

DEPTH (nearest ft.)

1 2 40 48 420

E	1	8	9	11	15	17	21
A	2	23	24	26	30	32	36
C	3	38	39	41	45	47	51
S							
R							
E							
N							

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

68

**MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)**

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) 48 ft.

BEFORE PUMPING 17 20

WHEN PUMPING 22 25

TYPE OF PUMP USED (for test)

A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES 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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE (nearest foot)  
 - below }

LATITUDE 39.34092-354

LONGITUDE 76.98297-325

(DEFAULT COORD. WGS 84)

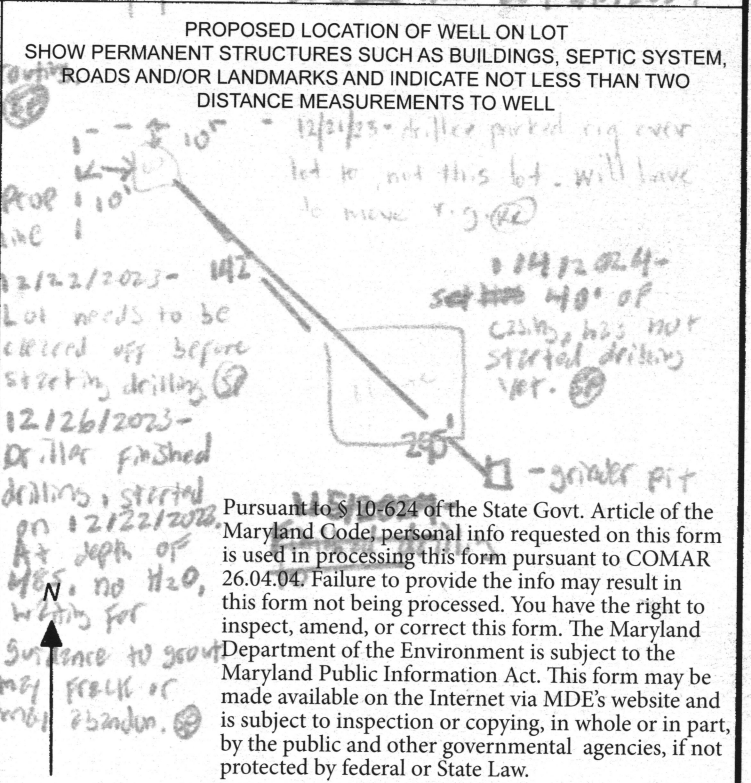
Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The 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>B 1</b>	72234	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO - 22 - 0104</b> <small>70 fill in this form completely 79</small>
Date Received (APA) 8 MM DD YY 13 11/21/23		<b>OWNER INFORMATION</b>		
15 Last Name		Owner		34 First Name
36 Street or RFD		55		
57 Town		70 State	72	76 Zip
<b>DRILLER INFORMATION</b>				
Driller's Name		76	MWD 598	81 License No.
Firm Name				
Address				
Signature		Date		
<b>B 2</b>	<b>WELL INFORMATION</b>			
1	2	APPROX. PUMPING RATE (GAL. PER MIN.)	8	12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14	1,000	20
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> OPEN LOOP GEOTHERMAL				
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL				
<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b>				
COUNTY NAME		COUNTY NO.		
STATE SIGNATURE		INSERT S →		
DATE ISSUED		41		
43	MM	DD	YY	48
CO SIGNATURE		EXP. DATE		
TAX MAP: 2210		BLK: _____	PARCEL: _____	
APPROXIMATE DEPTH OF WELL		24	300	28 FEET
APPROXIMATE DIAMETER OF WELL		NEAREST INCH		
<b>METHOD OF DRILLING (circle one)</b>				
BORED (or Augered)		JETTED		Jetted & DRIVEN
30	AIR-ROTary	AIR-PERCussion	ROTARY (Hydraulic Rotary)	
37	CABLE	REVerse-ROTary	DRive-POINT	
other _____				
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b>				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		52		
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>				
APPROP. PERMIT NUMBER		G		
PERMIT No.		HO-22-0104		
70		71	72	73
74		75	76	77
78		79		
<b>SPECIAL CONDITIONS</b> Please Notify Office of drilling, grout, & yield				
<small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

<b>B 3</b>	<b>LOCATION OF WELL</b>			
8 COUNTY		21		
23 SUBDIVISION		42		
SECTION		44	46	LOT
				48 50
52 NEAREST TOWN		71		

<b>B 4</b>	<b>SOURCES OF DRILLING WATER</b>											
1.		11 STREET ADDRESS										
2.		30										
3.		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)										
		<table style="margin-left: auto; margin-right: auto;"> <tr><td>NORTH</td></tr> <tr><td>W</td><td>S</td><td>E</td></tr> <tr><td>WEST</td><td>S</td><td>EAST</td></tr> <tr><td>SOUTH</td></tr> </table>			NORTH	W	S	E	WEST	S	EAST	SOUTH
NORTH												
W	S	E										
WEST	S	EAST										
SOUTH												
		34	290'	37								
		DISTANCE FROM ROAD										
		ENTER FT OR MI 38 39										
TAX MAP: 2210		BLK: _____	PARCEL: _____									

1/8 2nd - inquired by driller that a second well was drilled: 44gpm, 445' deep, bedrock @ 35', water @ 65' 28'-east of well granted (24)



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Bureau of Environmental Health  
 8930 Stanford Blvd | Columbia, MD 21045  
 410.313.2640 - Voice/Relay  
 410.313.2648 - Fax  
 1.866.313.6300 - Toll Free

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

**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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535  
 Address: P.O. Box 63  
 Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Dave C. Fogle License# MSD226

\*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: NV HOMES Telephone #: \_\_\_\_\_  
 Subdivision: Brickell Property Lot #: 5 Well Tag #: HO-22-0104  
 Site Address: 1731 Brickell Way  
Marrionettsville, MD 21104

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUDDS</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>74510422</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>7</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>4</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>420</u> (feet)		Conduit secured to well cap: yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
 Must circle one: Torque arrestors / Cable guards / Other acceptable method used  
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house  
 Type: 1" poly pipe  
 PSI: 200 psi (160 psi min)  
 Depth of supply line: 36" (36" min)

House Connection  
 PVC sleeve to undisturbed soil at wall penetration: yes  
 Length of sleeve (5' minimum from foundation): 6'  
 Sleeve sealed properly: yes

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.

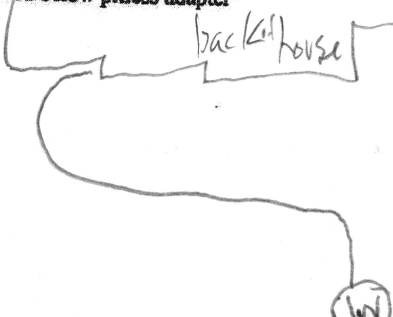
Signature of company representative responsible for installation: [Signature] Date: 10/27/25

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

Date Insp. Requested: 10/27/25 Date Insp. Approved: 10/27/25 Inspector: ERZ

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

(Revised form 10/24/2018)





**HOWARD COUNTY  
HEALTH DEPARTMENT**

**Bureau of Environmental Health**  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

## TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>BRICKELL PROPERTY</u>	<u>5</u>	<u>BRICKELL WAY</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by FISHER, COLLINS & CARTER, INC.  
(professional land surveyor or company employing professional land surveyors)  
on 12/30/2025 (date)

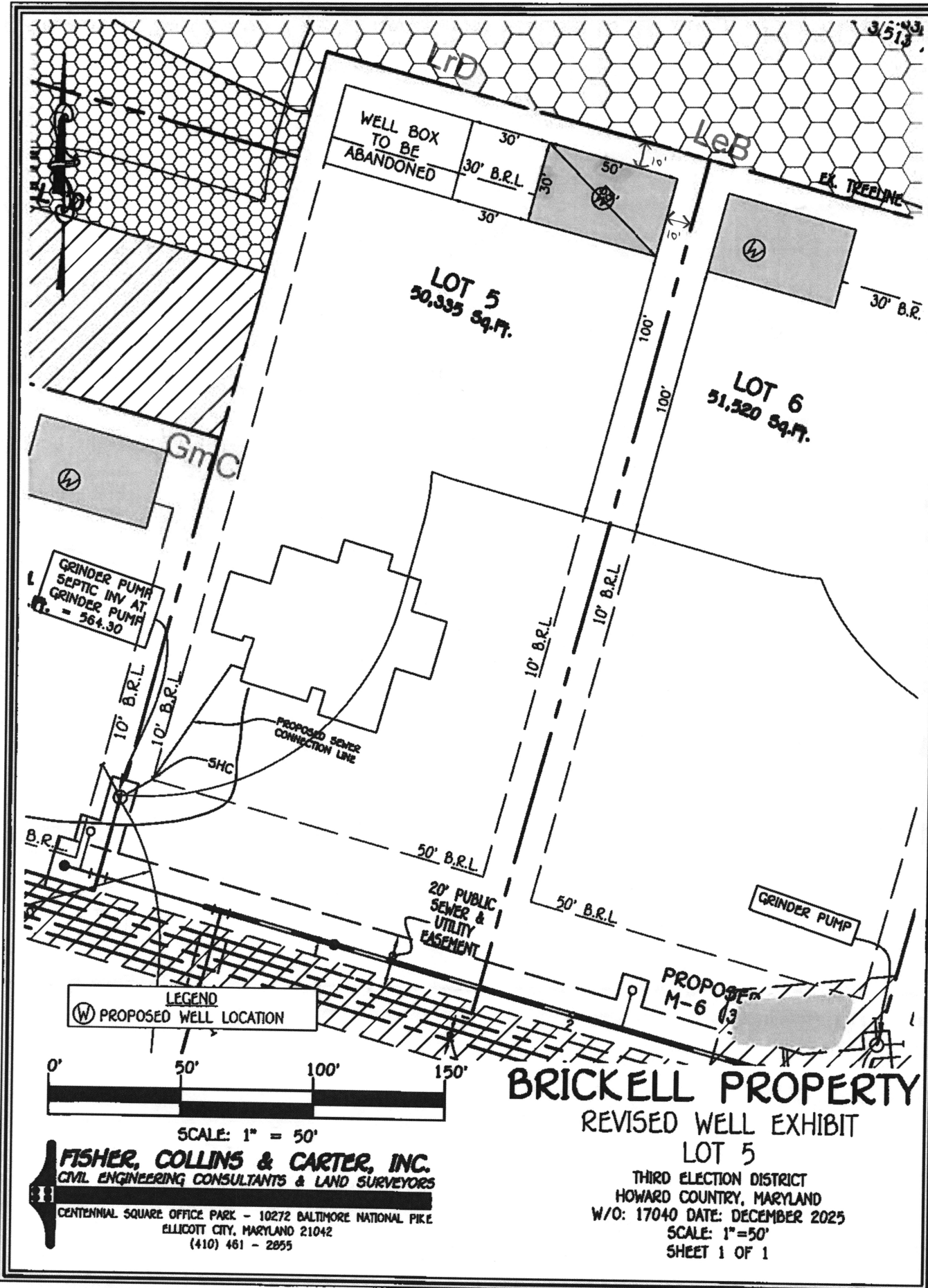
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 9/20/21

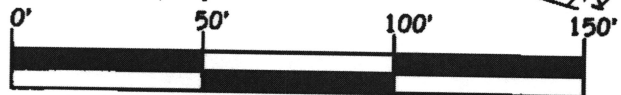
Website: [www.hchealth.org](http://www.hchealth.org) Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth) Twitter: @HoCoHealth

3/5/13



I:\2017\17040\Engineering\Dwgs\Well Exhibits\17040 Brickell Well Exhibits.dwg

**LEGEND**  
 (W) PROPOSED WELL LOCATION



SCALE: 1" = 50'

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855

# BRICKELL PROPERTY

## REVISED WELL EXHIBIT

### LOT 5

THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 W/O: 17040 DATE: DECEMBER 2025  
 SCALE: 1"=50'  
 SHEET 1 OF 1

1731 Br... (Lot 5)



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

## TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

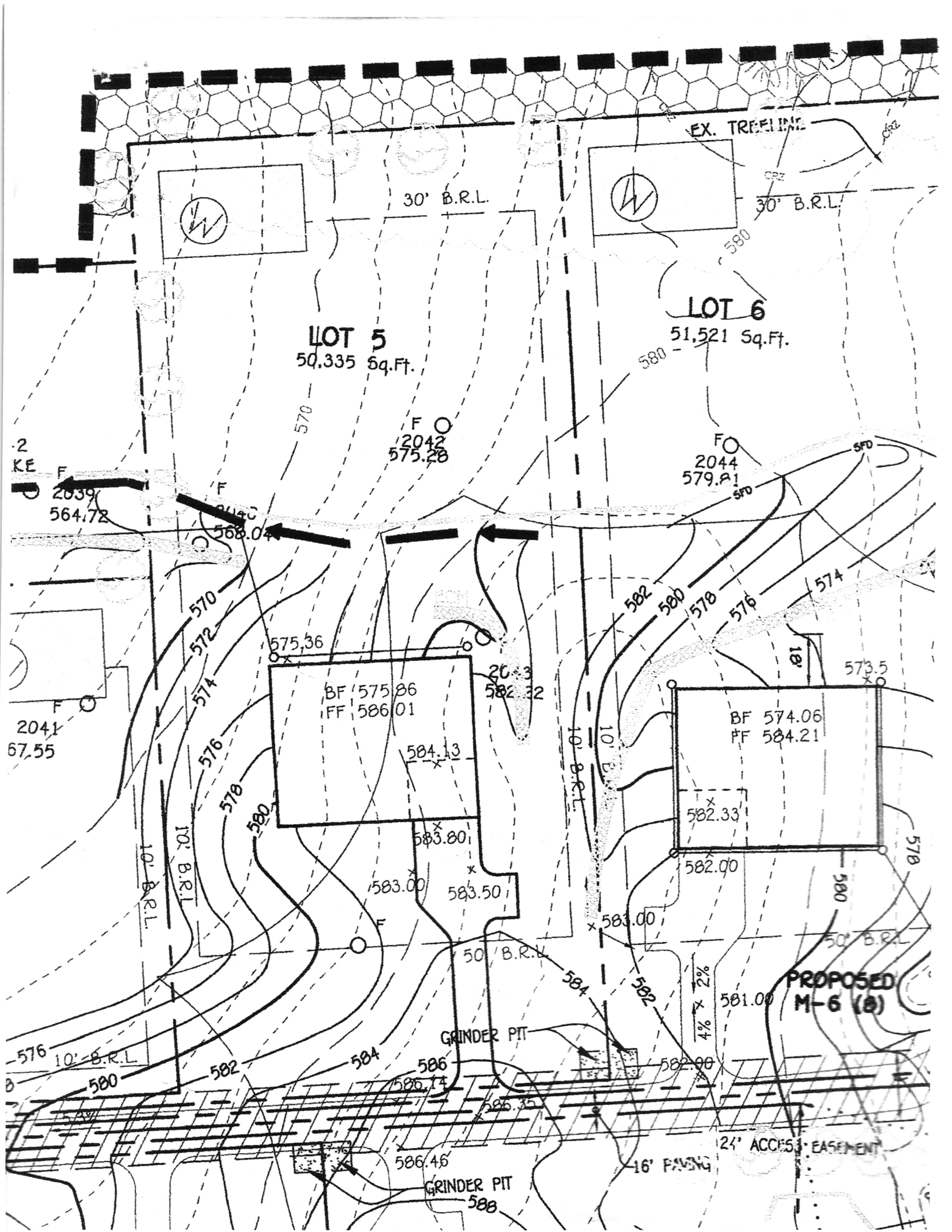
Well Site Location:

<u>BRICKELL PROPERTY</u>	<u>5</u>	<u>BRICKELL WAY</u>
Subdivision/Property Name	Lot #	Road Name

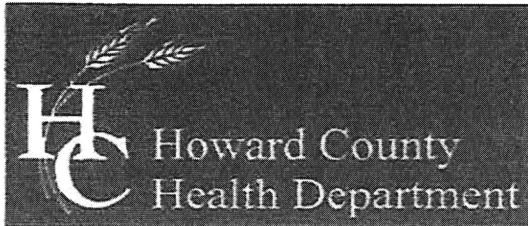
- The well site has been staked by FISHER, COLLINS & CARTER, INC.  
(professional land surveyor or company employing professional land surveyors)  
on 12/30/2025 (date)
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 9/20/21







**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Bridcell Properties      1-10      Mayapple  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by FCC Engineering  
(professional land surveyor or company employing professional land surveyors)  
on 11/27/23 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

## Page, Shepsura

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**From:** Page, Shepsura  
**Sent:** Monday, December 11, 2023 9:41 AM  
**To:** Wes Wolfe; Andy Capelle  
**Cc:** Wolf, Kevin  
**Subject:** Brickell Property- Well Permit Status

Good Morning Wes,

I'm currently reviewing your permit for Brickell property. The well site plan you sent in is not to scale, for new houses we require a to scale site plan. You also did not send in a well stake form. Please send a scaled site plan and a well stake form.

Thanks,

Shepsura Page, EH Specialist  
Well & Septic Program  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-1789 (Office)  
410-313-2648 (Fax)  
[www.hchealth.org](http://www.hchealth.org)  
[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)



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## Silvast, Zackary

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**From:** Silvast, Zackary  
**Sent:** Monday, December 29, 2025 11:48 AM  
**To:** Paul Cavanaugh; Jennifer Wellen; Frank Manalansan II  
**Cc:** Wilson Darren E. (EWW); Easterday Sara V. (EWLF); Page, Shepsura; Wolf, Kevin  
**Subject:** regarding 1731 Brickell Way collapsed well (Brickell Property - lot 5) [Howard Lodge Drive]

Good Afternoon everyone,

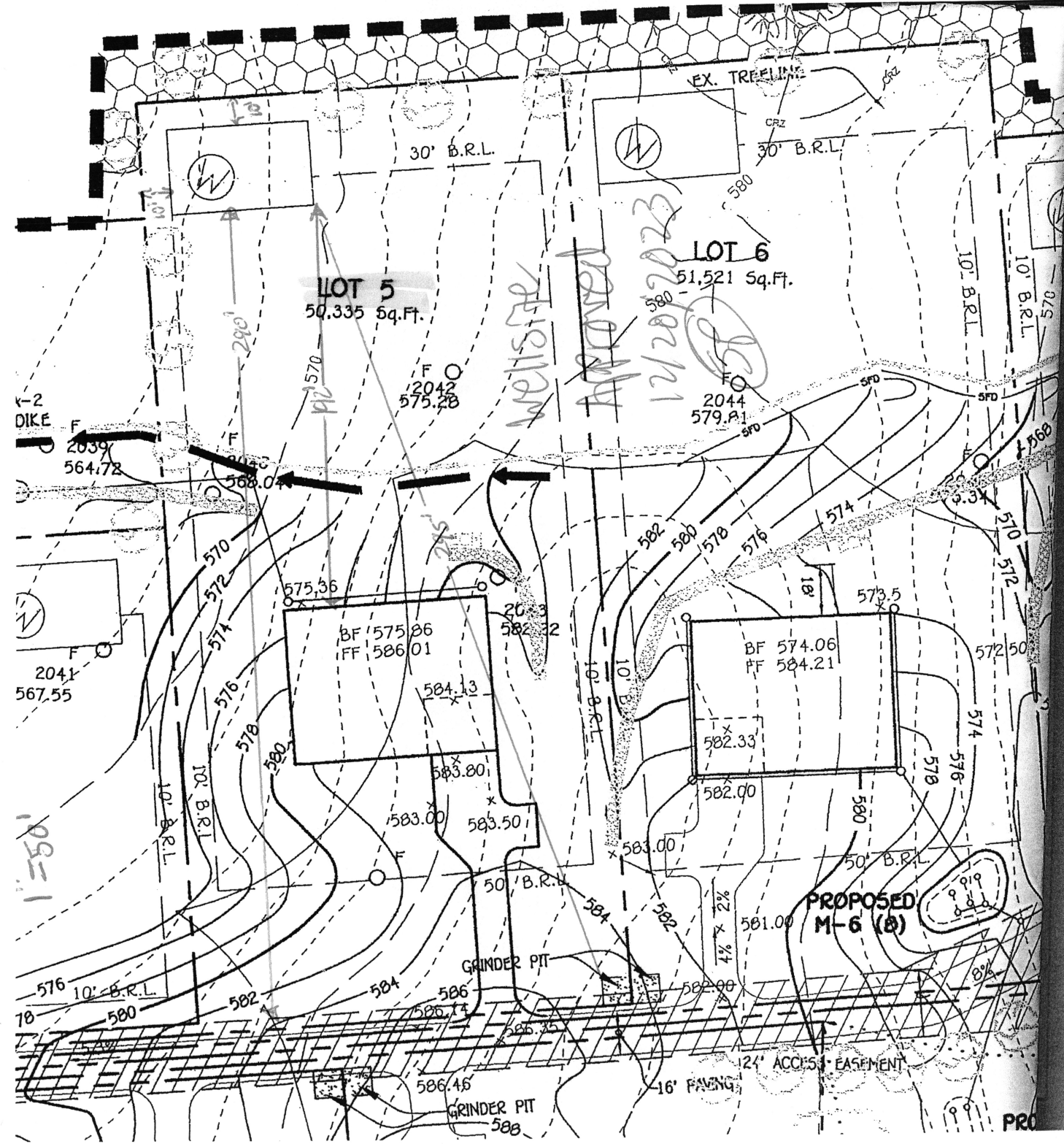
The Health Department was informed of the collapsed well at this property. In an effort to work with all parties involved, the Health Department will accept a scaled well exhibit with a new well box proposal from the engineer. After looking over the file and records, I believe sliding the well box down closer to lot 6 may be the best solution. Just make sure all necessary setbacks are met. Thank you.

- ZS

**Zack Silvast (LEHS)**

*Program Supervisor - Water & Sewer Division*  
410-313-1777

Environmental Health Bureau  
Howard County Health Department



DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
 HO-22-0104  
 INFORMATION - GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

---

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

## MEMORANDUM

*Sent via email to: Cataldo, Anthony [acataldo@howardcountymd.gov](mailto:acataldo@howardcountymd.gov)*

TO: Anthony Cataldo, Chief  
Dept. Planning & Zoning (DPZ)

FROM: Shepsura Page  
Environmental Health Specialist.  
Well & Septic Program

DATE: February 24, 2025

RE: 'All-Wells-Drilled' -- **F-24-006**  
**Brickell Properties Lots 1-10**

---

All wells for *Brickell Properties* subdivision have been drilled and received preliminary approval by the Health Department.

The recordation of plat **F-24-006** should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this memorandum, I can be reached at (410) 313 – 1789.

Respectfully,



Shepsura Page  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

\*\*\*\*\*  
 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

1st Dry Well  
 (OK) MB 9/12/24

DATE WELL ABANDONED: 1/8/24 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

HO-22-0104

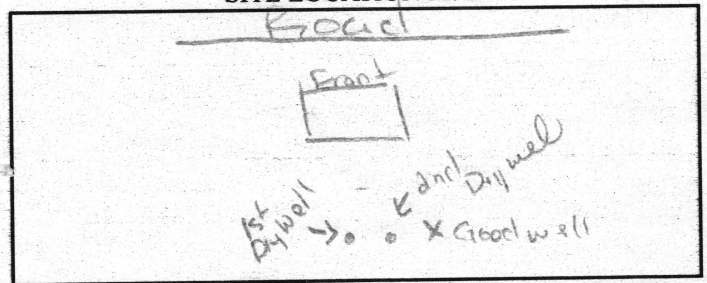
\* PERSON ABANDONING WELL: \_\_\_\_\_ WELL DRILLER'S LICENSE NUMBER: \_\_\_\_\_

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Susan Brickell

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Sylkesville  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: Mayapple Dr



LATITUDE 3 9 . 34095 - - -

LONGITUDE 7 6 . 93305 - - -

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
<u>Bentonite Grout</u>	<u>0</u>	<u>500</u>
VOLUME OF MATERIAL USED		
<u>750 gallons</u>		

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_  
 IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
 TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_  
 CONCRETE \_\_\_\_\_  
 PLASTIC \_\_\_\_\_  
 OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED?  YES \_\_\_\_\_ NO

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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# \_\_\_\_\_

MWD / MSD / MGS

CIRCLE ONE

DATE

COUNTY

\*\*\*\*\*  
 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

*2nd Dry Well*

*OK MB 9/12/24*

DATE WELL ABANDONED: 1/8/24 (month/day/year)  
*1/8/24*

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

HO - 22 - 0104

\* PERSON ABANDONING WELL: Wesley Wake

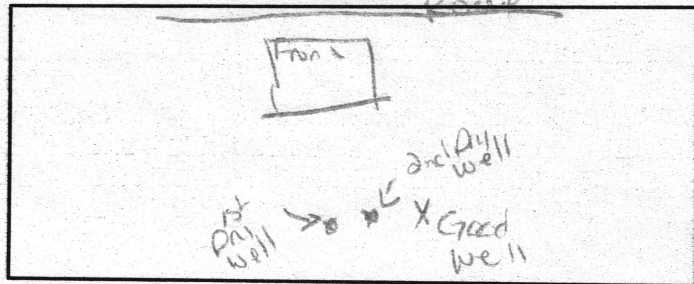
WELL DRILLER'S LICENSE NUMBER: MWD 598

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Susan Brickell

**SITE LOCATION MAP**

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Sylasville  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: 5  
 STREET ADDRESS: Mayapple Rd



LATITUDE 3 9.34093

LONGITUDE 7 6.93301

**LOG OF SEALING MATERIAL**

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

MATERIAL	FEET	
	FROM	TO
<i>Bentonite GROUT</i>	<i>0</i>	<i>495</i>

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_  
 IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
 TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

VOLUME OF MATERIAL USED  
725 gallons

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_  
 PLASTIC \_\_\_\_\_  
 CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 495 FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED?  YES \_\_\_\_\_ NO

Wesley Wake  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# \_\_\_\_\_

MWD 598

MWD / MSD / MGS

CIRCLE ONE

DATE

COUNTY

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