

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Case # WS-WA-25-0222
Type EnvHealth/Well and Septic/Abandonment/Application

Status Received

Opened Date 07/18/2025
Single Entry Edit-View Record Form

Application Name WELL ABANDONMENT 9431 LOVAT ROAD
Description

Total Invoiced 0.00
Total Paid 0.00
Balance 0.00

Assigned to Department Current Department Well and Septic Progr
Assigned to Staff Current User Kevin Wolf

Address (This section is not required.)

Table with columns: New, Search, Delete, Set Primary, Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type, U. Row 1: 9431, Lovat, RD, Fulton, MD, 20759.

Parcel \* (This section is required.)

Table with columns: Search, Delete, Get Address & Owner, Set Primary, Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract. Row 1: 055.

Owner (This section is not required.)

Table with columns: Search, Delete, Set Primary, Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone, Country/Region. Row 1: Greykell Dutton, 9431 Lovat Rd., Fulton, MD, 20759, US.

Professionals \* (This section is required.)

Search Reset Clear
License Type \* Well Driller
License # \* MWD 63
Primary Yes
First Name Dillion
Middle Name
Last Name Fahey
Phone 1

Phone 2 \_\_\_\_\_

Business Name \_\_\_\_\_

Fax \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Country/Region  
United States ▼

E-mail \_\_\_\_\_

Business License # \_\_\_\_\_

Custom Fields

**WELL ABANDONMENT INFORMATION**

Well Tag Number of Abandoned Well HO-73-2057 (Text)	Well Tag Number of Replacement Well _____ (Text)
Type of Well Being Abandoned drilled ▼	Well Use domestic ▼
If Other, Describe Use of Well _____ (Text)	Well Casing Type steel ▼
If Other, Describe Casing Type _____ (Text)	Size of Casing in Inches 6 Inches (Number)
Depth of Well in Feet 160 Feet (Number)	Was Any Casing Removed <input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, length removed in feet 4 (Text)	Date Well Abandoned 7/9/2025 <input type="text"/>
Was Casing Ripped or Perforated <input type="radio"/> Yes <input checked="" type="radio"/> No	

**SEALING MATERIAL**

Sealing Material Used _____ (Text)	End Depth _____ Feet (Number)
Start Depth _____ Feet (Number)	

**DATE TRACKING**

Received Date 7/18/2025 <input type="text"/>	Due Date 8/1/2025 <input type="text"/>
30 Day Due Date <input type="text"/>	Dates to Complete 14 (Number)

**AGENCY-SPECIFIC INFORMATION**

Legacy ID Cross Reference  
\_\_\_\_\_  
(Text)

Comments (This section is not required.)

Comment  Standard Comment

**Submit**

**Cancel**