

B 1 7245 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2082
 fill in this form completely

Date Received
 OWNER INFORMATION
 8 HARRIDAY 13 HERBERT
 15 Last Name Owner First Name 34
 36 1205 RUATAW 55 SK
 Street or RFD
 57 SILVER SPRING 70 MD 72 20903 76
 Town State Zip

B 3 LOCATION OF WELL
 1 HOWARD 2
 8 COUNTY 21
 23 SUBDIVISION DARCEL 47 (HARRIDAY) 42
 SECTION 44 46 LOT 48 50
LISBON 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 1/2 M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name Joseph L. Mayne 77 License No. 80 238
 Firm Name Joseph L. Mayne Well Drilling
 Address 5512 Ridge Rd. Mt. Airy Md. 21771
 Signature Joseph L. Mayne Date 3/10/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N W 8-9 N 8 N E 8-9
 W 8 TOWN E 8
 S W 8-9 S 8 S E 8-9
 NEAR WHAT ROAD Daisy Road 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W 32 EAST E SOUTH S
 DISTANCE FROM ROAD 200 34 37
 ENTER FT or MI FT 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

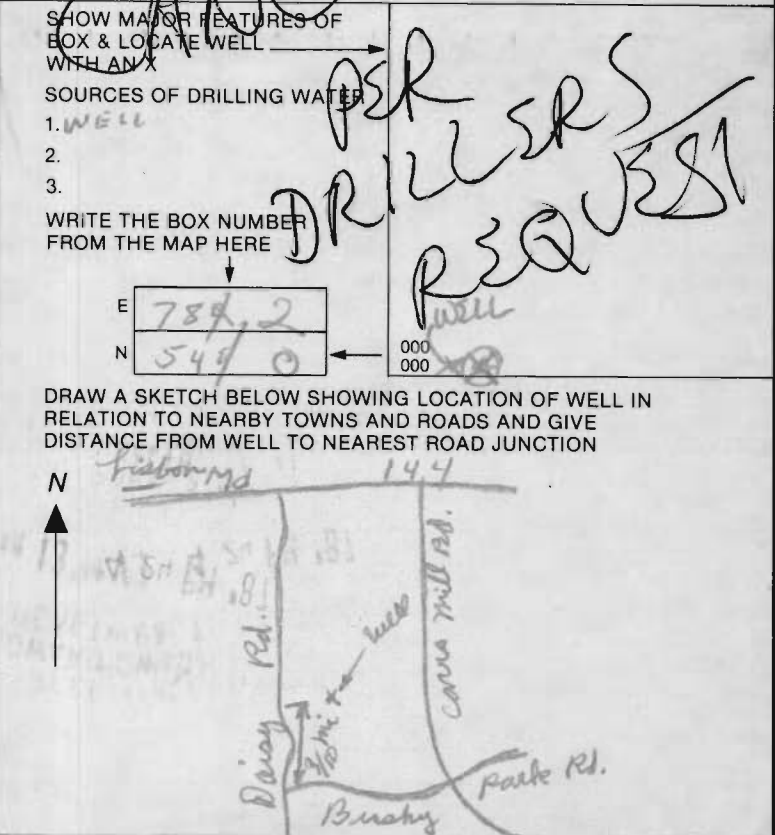
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. 435586
 OEP SIGNATURE 5/20/87 STATE HEALTH INSERT S 41
 DATE ISSUED 051987 CO SIGNATURE 5/20/87 EXP. DATE 051988
 NORTH GRID 540 50 55 EAST GRID 000 57 63

APPROXIMATE DEPTH OF WELL 140 24 28 FEET
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 G A P 63
 FORCE 55 WRITE INITIALS IN BOX PERMIT No. 40-81-2082
 67 68 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS