

0410. 05-412587

EMERGENCY/TEMP NO. IF ANY

B 1 2038 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531066 please type STATE PERMIT NUMBER 140-95-1789 fill in this form completely

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13. 14343 Howard Dayton Ind 21036

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION R & P Stables Revision 42

SECTION 2 LOT 2

44 46 48 50

52 NEAREST TOWN Blensly 71

MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78

DRILLER INFORMATION

Marshall Wrenette M SD106

Driller's Name 76 License No. 81

Called Environmental Services

Firm Name

PO Box 1242, Mollersville Md 21108

Address

Marshall Wrenette 7/2/09

Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

1 2

TOWN

8 N 8 NE 8 E 8 SE 8 S 8 SW 8 W 8 NW 8-9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 14343 Howard Pl 30

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 23 PARCEL 206

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL 3 Closed Loops

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. 13

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 7/2/09 Marshall Wrenette 7/2/09

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 516 000 EAST GRID 0790 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 400 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. 140-95-1789

70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Driller Well

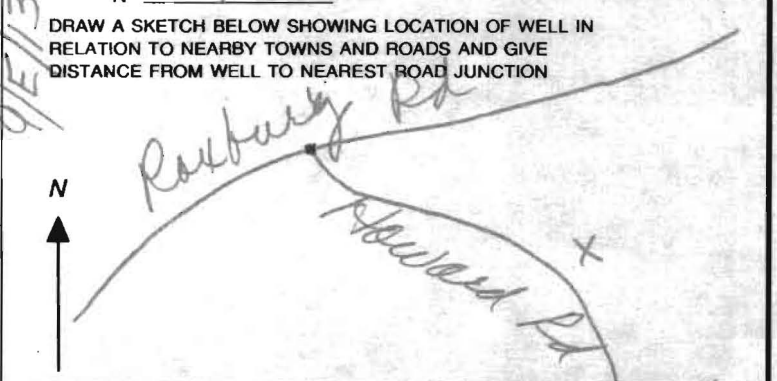
2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

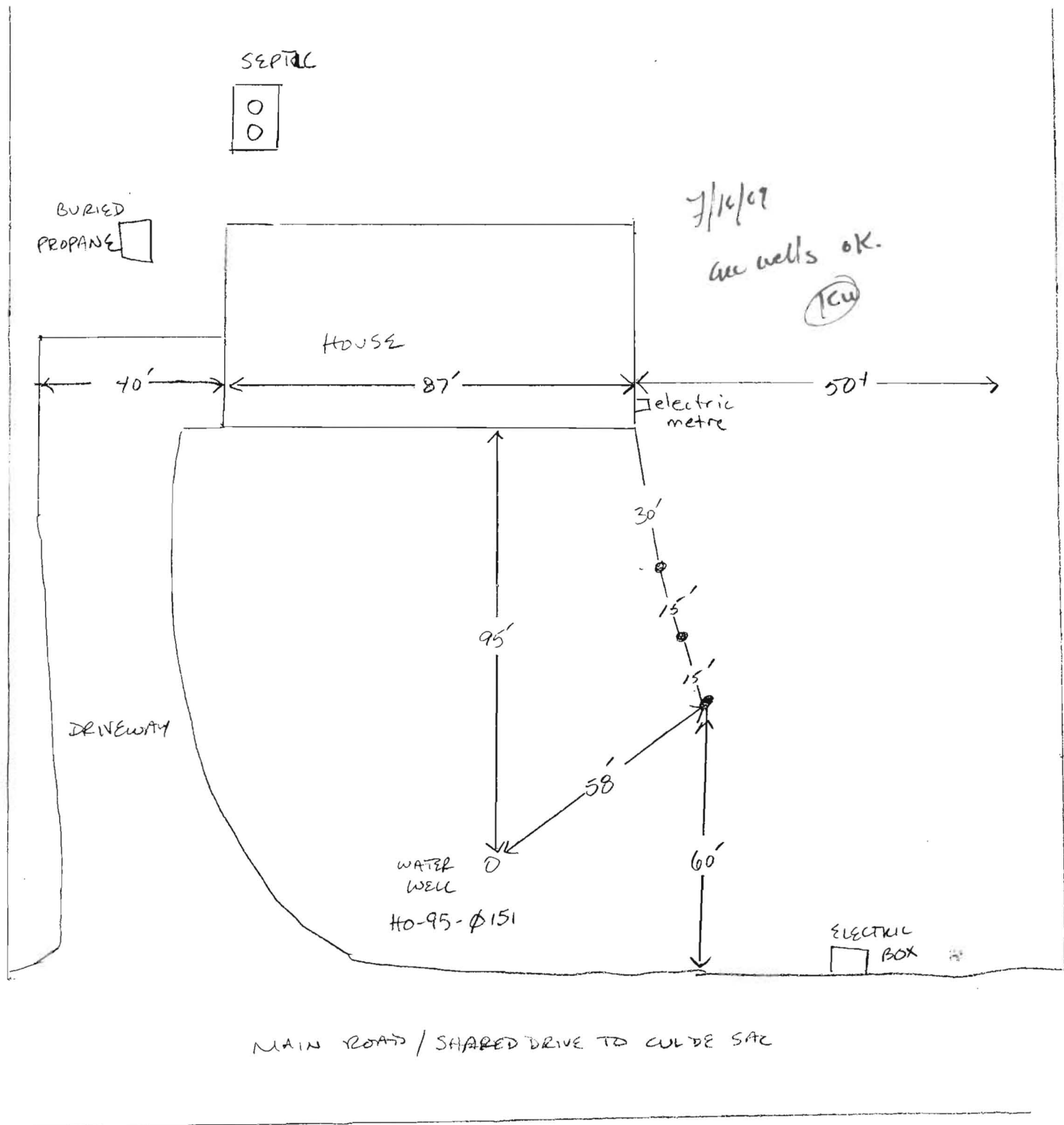
E 790 000

N 516 000



SPECIAL CONDITIONS Crust from bottom to top. Completion Report for each well.

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



14343 HOWARD ROAD

5
14343 HOWARD ROAD
DARTON MD

Geothermal
Approved ~~Plan~~ Plan
Howard County Health Department

Kibby
Signature

8-5-09
Date

Vertical Bores OK
(KW)

