

WRA PERMIT NUMBER
A16428

SEQUENCE NO. (WRA USE ONLY)
2586

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
A16428
48-73 1576
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
6/29/77
9:30 A.M.

OWNER COL 18 LAST NAME FIRST NAME COL. 34
STREET OR RFD COL 36 COL. 55
POST OFFICE COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
DATE LICENSE NUMBER 77 80
FIRST NAME DRILLER LAST NAME
SIGNATURE

B 3 LOCATION OF WELL
COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION 23 42
SECTION 44 46 LOT 48 50
NEAREST TOWN 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

B 2 WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH E EAST NE NEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
P PRIVATE WATER COMPANY
T TEST

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

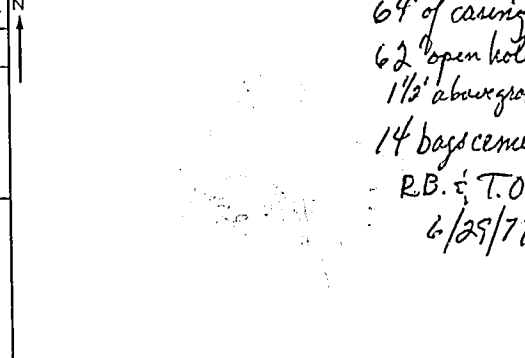
APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63
FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U
87 68 70 71 72 73 74 75 76 77 78 79



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
STATE HEALTH COUNTY NAME COUNTY NO.
DATE APPROVED BY

BOX NUMBER
NORTH COORDINATE 50 51 52 53 54 55
EAST COORDINATE 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6