

**B 1** 4418 (SEQUENCE NO. WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

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

WRA PERMIT NUMBER  
 HO-73-3442  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
 10/19/79  
 2:30 p.m.

**OWNER** Hamilton, Martin  
 COL 15 LAST NAME FIRST NAME COL. 34

**STREET OR RFD** 1702 1/2 Bushy Park Rd.  
 COL 36 COL. 55

**POST OFFICE** Woodbine, Md. 21797  
 COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**

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**DATE** July 29, 1979  
**LICENSE NUMBER** 77  
 77 80

**KEYTEX SERVICE INC.**  
 FIRST NAME DRILLER LAST NAME

**SIGNATURE** [Signature]

**B 3 LOCATION OF WELL**

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**COUNTY** [Blank] (DO NOT ABBREVIATE COUNTY NAME) 21

**SUBDIVISION** Lower Hall Moon 23 42

**SECTION** 44 48 50  
**LOT** 5

**NEAREST TOWN** Lisbon 52 71

**MILES FROM TOWN (ENTER 0 IF IN TOWN)** 73 76 77 78

**B 2 WELL INFORMATION**

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**MAXIMUM PUMPING RATE (GALLONS PER MINUTE)** 3  
 8 12

**AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)** 800  
 14 20

**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**

**P PRIVATE WATER COMPANY** } MUST HAVE STATE HEALTH DEPT. APPROVAL

**T TEST**

**B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**

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**N NORTH**  **E EAST**  **NE NORTHEAST**  **SE SOUTHEAST**

**S SOUTH**  **W WEST**  **NW NORTHWEST**  **SW SOUTHWEST**

**NEAR WHAT ROAD** [Blank]

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  **N**  **S**  **E**  **W**

**DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)** 34 37 38 39

**APPROXIMATE DEPTH OF WELL** 200  
 24 28 FEET

**APPROXIMATE DIAMETER OF WELL** 6 (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** [Blank] **ENGINEER REVIEW DISTRICT NO.** [Blank]

**FORCE** [Blank] **WRITE INITIALS IN BOX** [Blank] **CONDITIONS** [Blank]

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**

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**STATE HEALTH (CIRCLE BOX)**  **S** COUNTY NAME: [Blank] COUNTY NO. [Blank]

**DATE** [Blank] MO. DAY YR. APPROVED BY: [Signature] Sanitarians

**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.**

**N** 10/19/79  
 WELL OK SEE OTHER SIDE

**BOX NUMBER** [Blank]

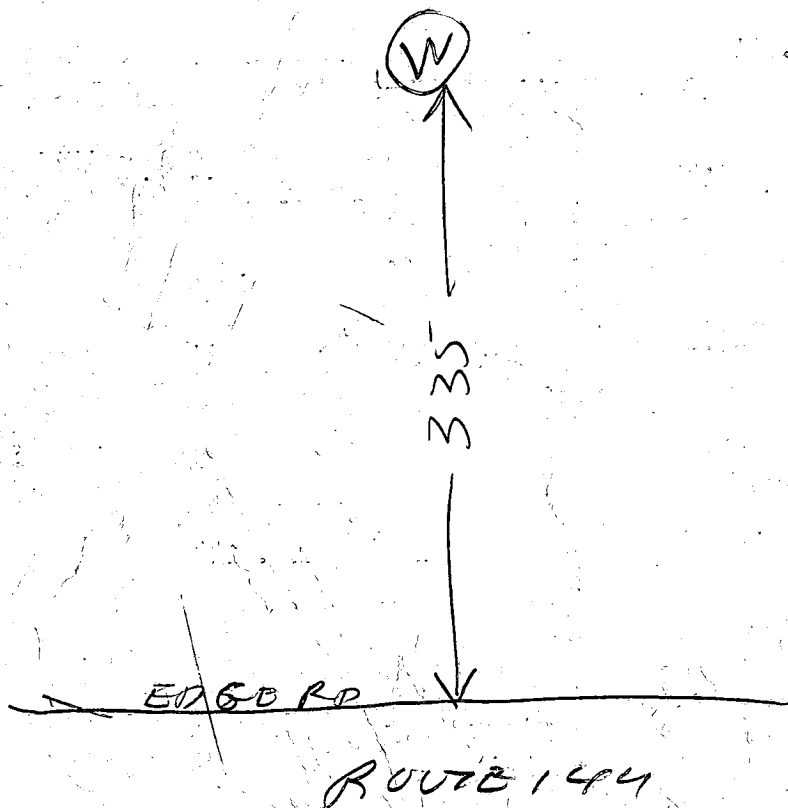
**NORTH COORDINATE** [Blank] 50 51 52 53 54 55

**EAST COORDINATE** [Blank] 57 58 59 60 61 62 63

**ELEVATION AT WELL HEAD (FEET)** [Blank] 65 66 67 68

**B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)**

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RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELICOTT CITY, MD.  
SEP 21 10 02 AM '79

- ① LOCATION OK
- ② 62 FT CASING 2 FT OUT OF GROUND
- ③ 41 FT OPEN HOLE MEASURED WITH A STRING
- ④ 57 FT PLASTIC PIPE JETTED DOWN WELL
- ⑤ 20 BAGS

10/19/79  
Raymond Hodges