

B 1 **3471** SEQUENCE NO. (FOR USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 2-6 ON ALL CARDS)

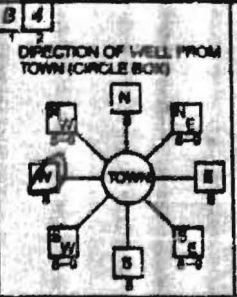
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type *lost*

STATE PERMIT NUMBER  
**40-28-11627**  
fill in this form completely

Date Received (APA) **10/26/90**  
OWNER INFORMATION  
**DEANNA E. HICK**  
**14034 BRIGHTON DAM RD**  
**CHARLESVILLE MARYLAND**

B 3 NEW OR EXISTING LOCATION OF WELL **A 07637**  
**HOWARD**  
COUNTY  
SECTION **41** LOT **40**  
**CHARLESVILLE**  
MILES FROM TOWN (enter 0 if in town) **4 1/2** MI

DRILLER INFORMATION  
~~**Ralph E. Mayne** License No. **273**~~  
~~**5512 Ridge Rd. Mt Airy MD 21771**~~  
~~**9/26/90**~~



**14034 Brighton Dam Rd**  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
DISTANCE FROM ROAD **60** FT  
ENTER FT or M **FT**

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) **3**  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **200**

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
**HOWARD**  
COUNTY  
DATE ISSUED **4/16/91**  
NORTH GRID **177000** EAST GRID **4349000**

- 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)

APPROXIMATE DEPTH OF WELL **300** FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. WELL  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
**7909**  
**4908**  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD OR TOWN

APPROXIMATE DIAMETER OF WELL **6** INCHES

METHOD OF DRILLING (circle one)  
ROPER (or Augered)  JETTER  JETTED & DRIVEN   
CABLE  ROTARY (Hydraulic Rotary)  OTHER

REPLACEMENT OF DEEPENED 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 DEEPEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (FOR USE ONLY)  
APPROX. PERMIT NUMBER **GAP**  
FORCE **N** WRITE INITIALS IN BOX PERMIT NO. **40-28-11627**

SPECIAL CONDITIONS **TRANSFERS TO RALPH MAYNE LICENSE 273 OCT 90**  
COUNTY