

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

3010

DATE RECEIVED (OWN USE ONLY)

OWNER (COL. 18 LAST NAME) _____ (COL. 24 FIRST NAME) **A H 224**

STREET OR RFD (COL. 26) _____ (COL. 30)

POST OFFICE (COL. 32) _____ (COL. 36)

B 1 CONTINUED DRILLER INFORMATION

DATE (1960. NO.) _____

LICENSE NUMBER _____ 77 _____ 80

FIRST NAME _____ DRILLER _____ LAST NAME _____

SIGNATURE _____

B 3 LOCATION OF WELL

COUNTY _____ (USE ABBREVIATE COUNTY NAME)

SUBDIVISION _____

SECTION _____ LOT _____

NEAREST TOWN _____

MILES FROM TOWN (ENTER 0 IF IN TOWN) _____ (M) _____ (I) _____

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) _____

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) _____

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

-OBT

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NORTH EAST NE NORTH-EAST SE SOUTH-EAST

SOUTH WEST NW NORTH-WEST SW SOUTH-WEST

ROAD WHAT _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) _____ (M) _____ (I) _____

APPROXIMATE DEPTH OF WELL _____ FEET

APPROXIMATE DIAMETER OF WELL _____ (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY HYDRAULIC ROTARY

CABLE REVERSE ROTARY DRIVE-POINT

OTHER (SPECIFY) _____

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

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEM AN EXISTING WELL

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

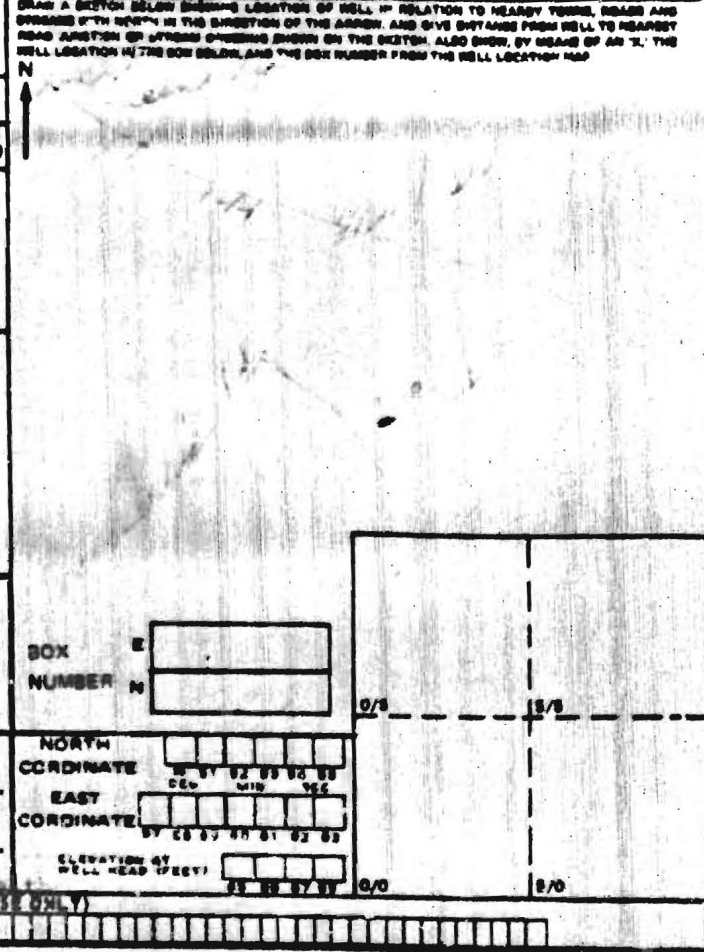
NOT TO BE FILLED IN BY DRILLER (OWN USE ONLY)

APPROPRIATION PERMIT NUMBER _____

ENGINEER REVIEW DISTRICT NO. _____

FORCE _____

CONDITIONS _____



B 4 HEALTH DEPARTMENT APPROVAL

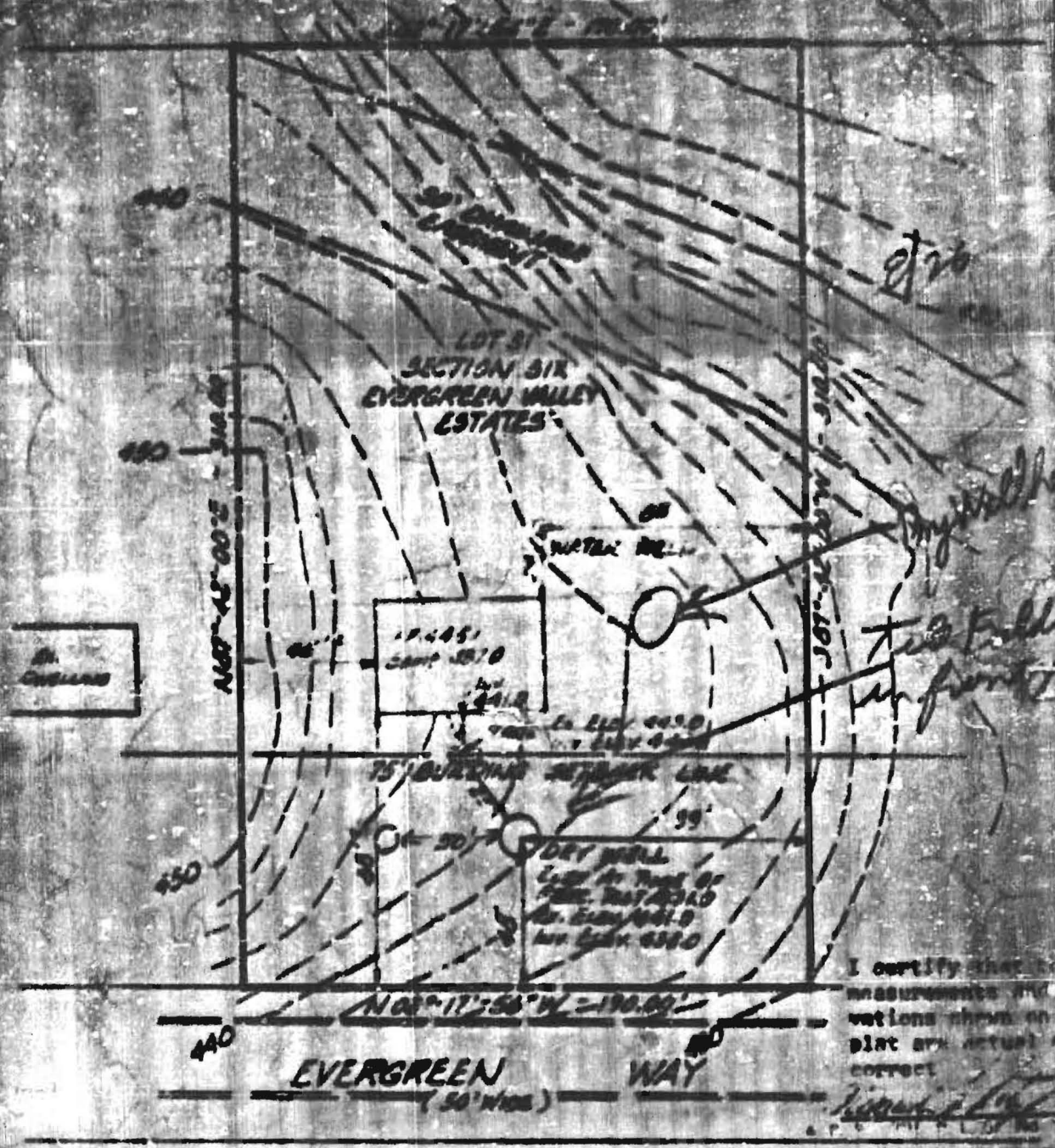
STATE HEALTH DEPT. _____

COUNTY NAME _____ COUNTY NO. _____

DATE _____

APPROVED BY _____

B 6 SPECIAL CONDITIONS (OWN USE ONLY)



et al
 [Handwritten signature]
 [Handwritten signature]
 [Handwritten signature]

I certify that the
 measurements and
 elevations shown on the
 plat are actual and
 correct.
 [Handwritten signature]

APR ASSOCIATES
 LAND SURVEYORS

204 208
 E. MAIN ST.
 ELKTON, MD.
 21921
 410-398-1146

1730
 ROSALE AVE.
 BALTIMORE, MD.
 21204
 410-582-1121

PLAT TO ACCOMPANY
 APPLICATION FOR
 BUILDING PERMIT
 FOR
 HUDSON CONSTRUCTION CO.
 8957 CHAPEL AVENUE
 ELLICOTT CITY, MARYLAND