DNR-131 (7-77)

EMERGENCY NO. (If any) –

B 1 4444 — SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 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-13-2065

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): 1:30 P.M. 1/30/80

OWNER: Hugo Aumann G (COL 15 LAST NAME — FIRST NAME — COL. 34)

STREET OR RFD: 4474 Hunt Valley Rd (COL 36 — COL. 55)

POST OFFICE: Ronkin Md 20850 (COL 57 — COL. 76)

8-13

B 1 CONTINUED — DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: 10/31/79 — LICENSE NUMBER: 144 (77 — 80)

Kirby Gunter Inc (FIRST NAME — DRILLER — LAST NAME)

SIGNATURE: Austin A Miller

B 2 — WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 2 (8 — 12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 (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
- T TEST

} MUST HAVE STATE HEALTH DEPT. APPROVAL

22

APPROXIMATE DEPTH OF WELL: 300 FEET (24 — 28)

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 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)

39

(41 — 52)

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

APPROPRIATION PERMIT NUMBER (G A P) (54 — 63) — ENGINEER REVIEW DISTRICT NO. (65)

FORCE (57 68) — WRITE INITIALS IN BOX — CONDITIONS (A E N S G W Q C L U) (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 S STATE HEALTH (CIRCLE BOX) — Howard (COUNTY NAME) — 23346 (COUNTY NO.)

DATE: MO. 10 DAY 29 YR. 79 (43)

APPROVED BY: Donald W. Monaghan Sanitarian (48)

B 3 — LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: Howard (8 — 21) (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION: (23 — 42)

SECTION: (44 — 46) — LOT: 53 (48 — 50)

NEAREST TOWN: Daisy (52 — 71)

MILES FROM TOWN (ENTER 0 IF IN TOWN): 0 (73 — 76) M I (77 78)

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH — E EAST — NE NORTHEAST — SE SOUTHEAST

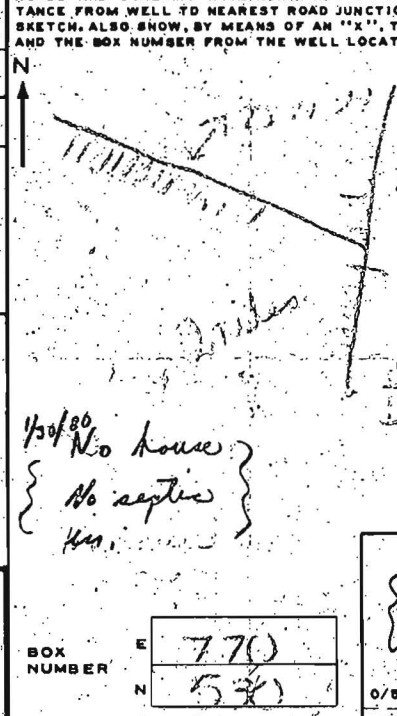
S SOUTH — W WEST — NW NORTHWEST — SW SOUTHWEST

NEAR WHAT ROAD: Murray (11 — 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N 32 — SOUTH S 32 — EAST E 32 — WEST W 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 765 (34 — 37) FT MI (38 39)

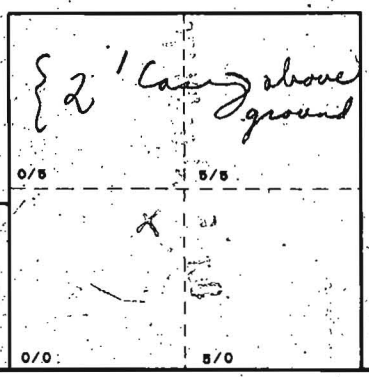
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE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



per microfiche
285' 20 GPM
1/30/80
18 Bags of cement P.W.D
62' Well Casing P.W.D.
Dust 2' Well Shroud ok C.B.
1/30/80 No house
{ No septic }

BOX NUMBER: E 770 — N 530

{ 2' Casing above ground }



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)

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

1 2 3 (SEQ. NO.) 6

HEALTH