

24 05-593799

EMERGENCY/TEMP NO. IF ANY

B 1	21273	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 545100 please type	STATE PERMIT NUMBER 110 - 95 - 2569 70 <u>fill in this form completely</u> 79
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OWNER INFORMATION

Date Received (APA) **072313**

8 MA DD YY 13

15 Last Name **Nichols** Owner **Matthews** First Name **J** **34**

36 Street or RFD **6263 Old Washington Rd** **65**

57 Town **Elkridge** **70** State **Md** **72** Zip **21075** **76**

B 3 LOCATION OF WELL

8 COUNTY **Howard** **21**

23 SUBDIVISION **Studdard Property** **42**

SECTION **4** LOT **4**

52 NEAREST TOWN **Dayton** **71**

DRILLER INFORMATION

76 Driller's Name **C. John West** **MWD 553** **81** License No.

76 Firm Name **Allied Environmental Svcs**

76 Address **PO Box 129 Annap June 20701**

76 Signature **C. John West** **7/19/13** **81** Date

B 4 SOURCES OF DRILLING WATER

11 STREET ADDRESS **14148 Howard Rd** **30**

1 Public

34 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **37**

38 DISTANCE FROM ROAD **39**

38 ENTER FT OR MI **39**

38 TAX MAP **0027** **39** BLK **0006** **39** PARCEL **0031**

B 2 WELL INFORMATION

1 APPROX. PUMPING RATE (GAL. PER MIN.) **8** **12**

14 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **20**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL **3 loops**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO.

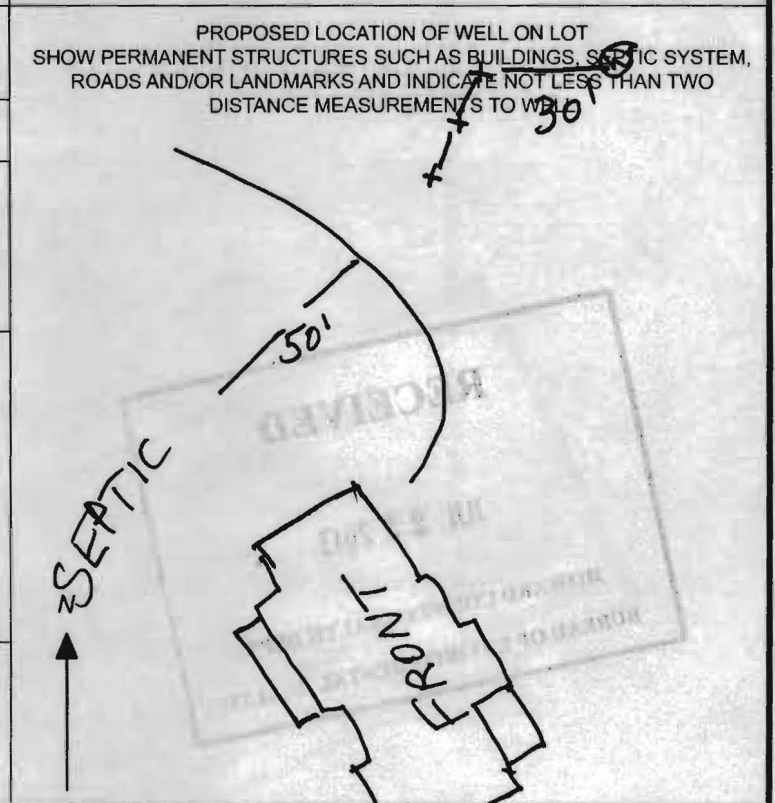
STATE SIGNATURE _____ INSERT S →

DATE ISSUED **08 05 13** **8/5/14**

43 MM DD YY **46** CO SIGNATURE **81** EXP/DATE

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH



METHOD OF DRILLING (circle one)

30 BORED (or Augered) **JETTED** **Jetted & DRIVEN**

37 **AIR-ROtary** **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)

37 **CABLE** **REVerse-ROtary** **DRive-POINT**

other _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** _____ **52**

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. **110 - 95 - 2569**

70 **71** **72** **73** **74** **75** **76** **77** **78** **79**

SPECIAL CONDITIONS Grout boreholes bottom to top maintain 30' from well box - see

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED