



B 1 **4526** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

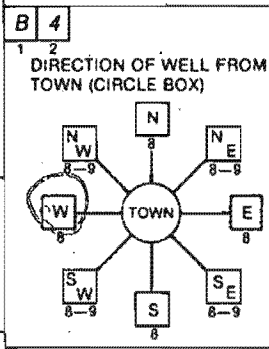
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**40-81-1178**  
 fill in this form completely

Date Received **10/8/85 12:10 NOON**  
 OWNER INFORMATION  
**Boulay Enterprises**  
**12626 Lime Kiln Rd.**  
**Fulton MD 20757**

B 3 LOCATION OF WELL **R-55992**  
**Howard** COUNTY  
**Thomson Property** SUBDIVISION  
 SECTION **5** LOT **5**  
**Fulton** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
**George F. Easterday** Driller's Name  
**L. Franklin Easterday** Firm Name  
**1265 Brown Church Rd. Mt Airy, MD 20701** Address  
**George F. Easterday** Signature **9/17/85** Date



**Brown Bridge Rd.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **100** FT  
 ENTER FT or MI **100**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**426975** COUNTY NO.  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S \_\_\_\_\_  
 DATE ISSUED **09/20/85** CO SIGNATURE **C. W. ...** EXP. DATE **3/20/85**  
 NORTH GRID **480000** EAST GRID **0812000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 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  
 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 (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE  WRITE INITIALS IN BOX PERMIT NO. **40-81-1178**

SPECIAL CONDITIONS

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  
  
 10-8-85 well location OK  
 55' + OPEN ANNULAR SPACE  
 61 FE CASING  
 16 BAGS TYPE II PORTLAND  
 well TAG PRESENT  
 @ H2O STAMP  
 stable  
 xwell

