

B 1 **9399** 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
HO-81-2429
 fill in this form completely

Date Received
 11/10/87

OWNER INFORMATION

15 Last Name: **WHITMAN** Owner: **RICHARD** First Name: **ALAN**

36 Street or RFD: **15 SAINT PAUL ST**

57 Town: **PRINCE GEORGES** 70 State: **MD** Zip: **21151**

LOCATION OF WELL

8 COUNTY: **HOWARD**

23 SUBDIVISION: **RICHARD MADON**

SECTION: **2** LOT: **32**

52 NEAREST TOWN: **PRINCE GEORGES CITY**

MILES FROM TOWN (enter 0 if in town): **3 1/2** MI

DRILLER INFORMATION

Driller's Name: **Joseph L. Maguire** 77 License No. **80**

Firm Name: **Joseph L. Maguire Well Drilling**

Address: **5512 Ridge Rd. Mt Airy, MD 21771**

Signature: **Joseph L. Maguire** Date: **10/29/87**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: **Castlefield Street**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**

DISTANCE FROM ROAD: **20** FT

ENTER FT or MI: **FT**

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

COUNTY NAME: **HOWARD** COUNTY NO.: **A 29829**

OEP SIGNATURE: **R. W. Nolan** STATE HEALTH INSERT S:

DATE ISSUED: **05/18/88** EXP. DATE: **05/18/88**

NORTH GRID: **522000** EAST GRID: **0836000**

APPROXIMATE DEPTH OF WELL: **240** FEET

APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST

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

836

522

12/23/87

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

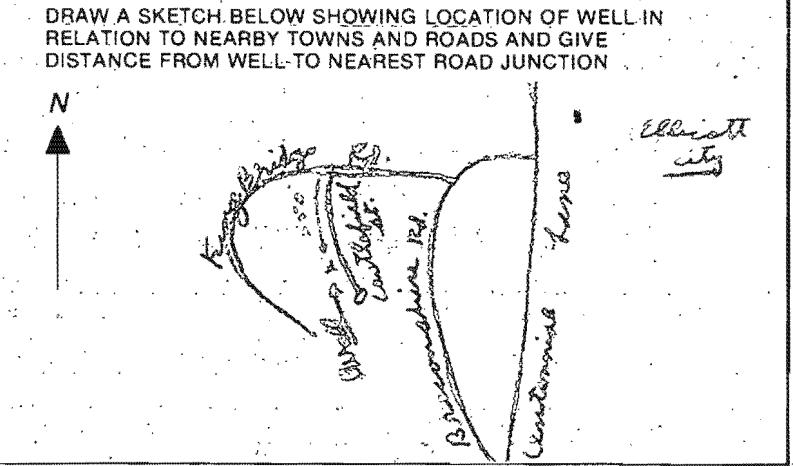
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

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



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER: **G A P**

FORCE **80** WRITE INITIALS IN BOX: **RM** PERMIT No. **HO-81-2429**

SPECIAL CONDITIONS: **NEEDED FOR PRELIMINARY PLAT APPROVAL**