

B 1 **2297** 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  
**40-81-2543**  
fill in this form completely

Date Received **7/22/88 12:10 Noon**  
OWNER INFORMATION  
**SPRING HILL ASSOC.**  
Last Name Owner First Name  
**1432 RT 32**  
Street or RFD  
**W ERIENT SHIP MD 21794**  
Town State Zip

B 3 LOCATION OF WELL **R 396 45**  
**HOWARD** COUNTY  
**MEADOWOOD** SUBDIVISION  
SECTION **1** LOT **17**  
**SYRACUSEVILLE** NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION  
**George F. Easterday** License No. **40**  
**L. Franklin Easterday, Inc.**  
Firm Name  
**9265 Br. Ch. Rd., Mt. Airy, Md. 21771**  
Address  
**George F. Easterday** **7/2/87**  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
**MAY APPLE DRIVS** NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
DISTANCE FROM ROAD **400** FT or MI  
ENTER FT or MI

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  
**A 38125** COUNTY NO.  
OEP SIGNATURE  
STATE HEALTH INSERT S  
DATE ISSUED **021088**  
CO SIGNATURE **A Nifon** EXP. DATE **08/10/88**  
NORTH GRID **548000** EAST GRID **0819000**

APPROXIMATE DEPTH OF WELL **200** FEET  
APPROXIMATE DIAMETER OF WELL **6** INCH

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  
**810 9**  
**MEADOWOOD**  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**7/22/88**  
**1240** - no show location per stake  
 **casing (12-21)**  
 **open**  
 **appear open**  
 **most of way**  
**ways around**  
**SLACKS CORNER**  
**H. NEWTON RD**  
**TUNNEL RD**  
**RT 99**

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-PERCUSION 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)  
APPROX. PERMIT NUMBER **G A P**  
FORCE INITIALS PERMIT NO. **40-81-**

SPECIAL CONDITIONS