

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

| | | | | |
|------------|-------------|--------------------------------|--|---|
| B 1 | 7165 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 52 5648 please type | STATE PERMIT NUMBER — — <small>70 fill in this form completely 79</small> |
|------------|-------------|--------------------------------|--|---|

OWNER INFORMATION **10392**

Date Received (APA) 8 MM DD YY 13

Brasher Design

15 Last Name Brasher Owner First Name Design 34

36 **5560 Sterrett Place, Suite 300** Street or RFD 55

Columbia, Md 21044 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard COUNTY **CC#** 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

Columbia NEAREST TOWN 52 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday **WMW D 040**

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc. Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771 Address

George F. Easterday Signature **11/15/2006** Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

9254 Old Annapolis Road (108) NEAR WHAT ROAD 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **1000** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME _____ COUNTY NO. _____

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED _____

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 000 EAST GRID 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

840 ↓

510 ←

N 000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

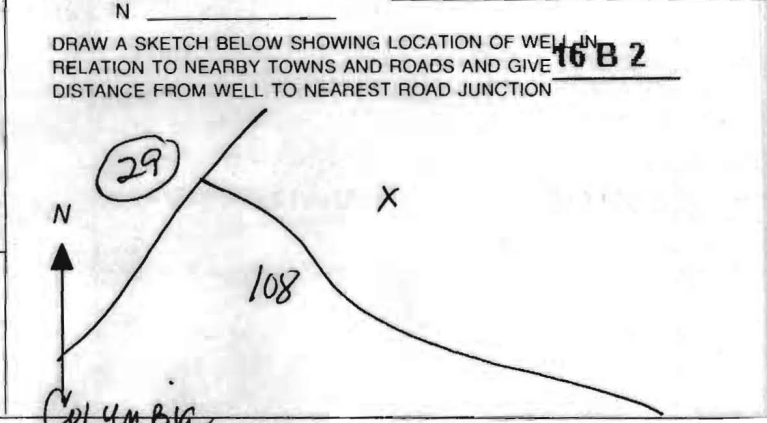
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

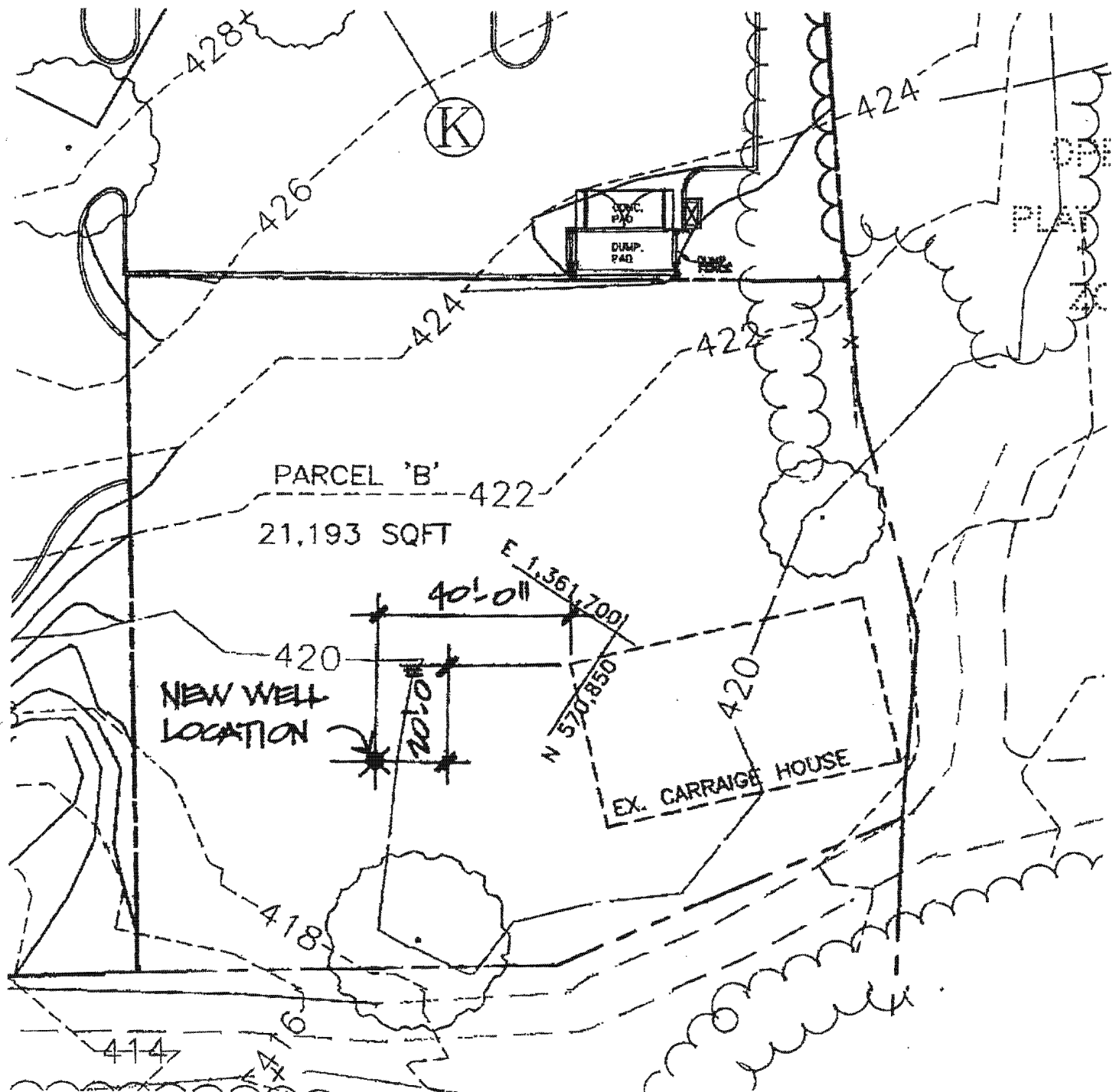
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



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

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. _____ 70 71 72 73 74 75 76 77 78 79



INTELLIGENT DESIGN

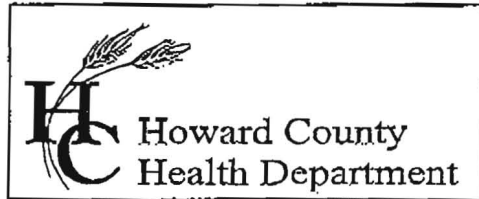
PARCEL 346
 TAX MAP 30
 GRID # 11
 SECOND ELECTION DISTRICT
 SUBDIVIDED PARCEL "B"

NOVEMBER 14, 2006
 SCALE: 1" = 30'-0"

WOODLANDS CARRIAGE HOUSE

COLUMBIA, MARYLAND





7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

| | | |
|---------------------------|------|---------------------------------------|
| <u>BRASHER DESIGN</u> | | <u>9254 OLD ANNAPOLIS (Route 108)</u> |
| Subdivision/Property Name | Lot# | Road Name |

- The well site has been staked by BRASHER DESIGN & EASTENDAYS,
 (professional land surveyor or company employing professional land surveyors)
 on 11-6-06 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05