

**B 1** SEQUENCE NO. (WRA USE ONLY) **STATE OF MARYLAND** WRA PERMIT NUMBER

**WATER RESOURCES ADMINISTRATION**

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

**APPLICATION FOR PERMIT TO DRILL WELL** FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) *1/23/80 9:30 A.M. 1st*

OWNER COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD COL 36 COL. 55

POST OFFICE COL 57 COL. 76

**B 1** CONTINUED **DRILLER INFORMATION**

DATE LICENSE NUMBER 77 80

FIRST NAME DRILLER LAST NAME

SIGNATURE

**B 3** **LOCATION OF WELL**

COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 48 50

NEAREST TOWN 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

**B 2** **WELL INFORMATION**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, ABRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY

TEST

**B 4** **DIRECTION FROM TOWN** (CIRCLE APPROPRIATE BOX)

NORTH  EAST  NE NORTHEAST  SE SOUTHEAST

SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST

NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN

AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE)

**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 (WRA USE ONLY)**

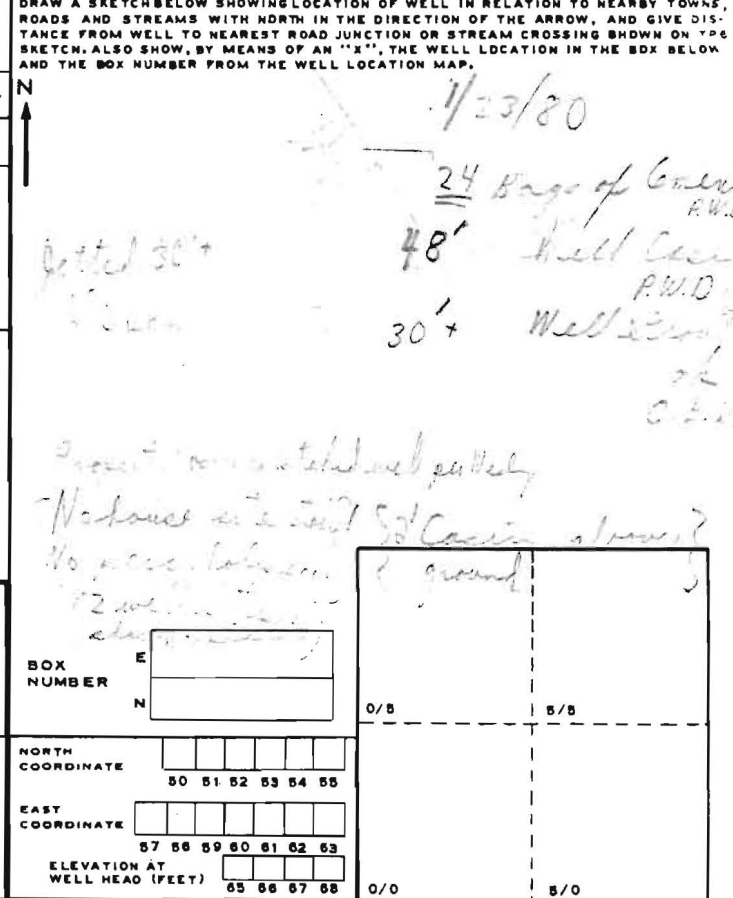
PROPRIATION PERMIT NUMBER ENGINEER REVIEW DISTRICT NO.

FORCE WRITE INITIALS IN BOX CONDITIONS

**4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.

DATE MO. DAY YR. APPROVED BY



**5** SPECIAL CONDITIONS 8-83 (WRA USE ONLY)

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELLCOTT CITY MD

JAN 16 9 54 AM '80

5/27/80

- ① GROUT HAS SUNK TO 6 FT BELOW GRADE
- ② PITLESS ADAPTER CONNECTED 3 1/2 FT BELOW GRADE