

1 **5604** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

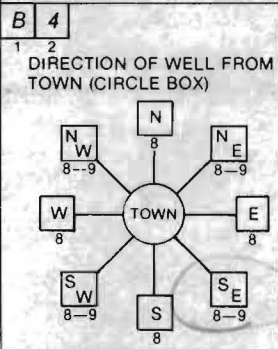
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0356
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **12/07/88**
 15 Last Name **FEAGY** 13 **BARRY** 34
 36 **ROBERS** 55 **AVE**
 57 **ELLICOTT CITY** 70 **MARYLAND** 72 **21043** 76

LOCATION OF WELL
 8 COUNTY **4004ED** 21
 23 SUBDIVISION **STINGS EIGHT** 42
 SECTION **44** 46 LOT **76** 50
 52 NEAREST TOWN **DEPT FRIENDSHIP** 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 **M** 76 **1** 77 **8** 78

DRILLER INFORMATION
 Driller's Name **Ronald L. Kyker** 77 License No. **876** 80
 Firm Name **Westminster Rotary Well Drilling, Inc.**
 Address **P.O. Box #861., Westminster, Md. 21157**
 Signature **Ronald L. Kyker** 11/28/88 Date



NEAR WHAT ROAD **FREDERICK** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **5/100** 37 **FT** 38 39
 DISTANCE FROM ROAD ENTER FT or MI

WELL INFORMATION
 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 **0** 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **560** 14 **0** 20

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# 41420**
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **12/19/88** 43 **Charles Surgen** 48 **6/19/89** EXP. DATE
 NORTH GRID **534000** 50 55 EAST GRID **0822000** 57 63

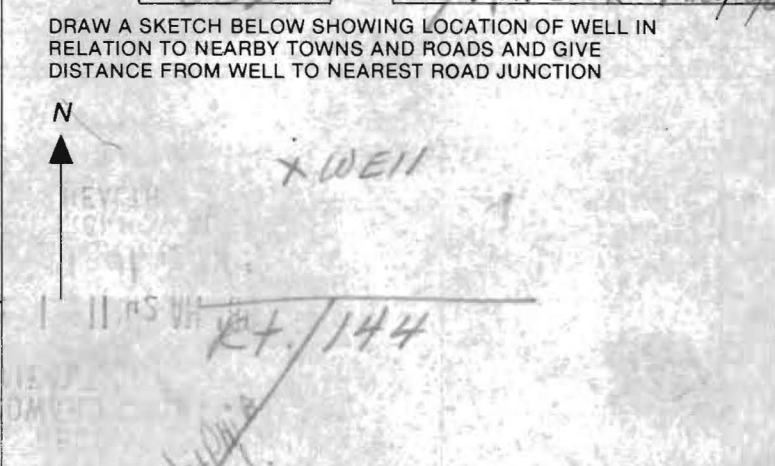
APPROXIMATE DEPTH OF WELL **300** 24 **0** 28 FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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
 39 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) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 **G A P** 63
 FORCE WRITE INITIALS IN BOX PERMIT No. **40-88-0356** 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **CITY**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8209**
 N **5309**
 11/18/89 11:00
16 BAGS
15 FT CASING A.C.
32 FT OPEN
33 FT CASING
GROUTING OBSERVED
WYAGOK MR. 1/8/89



SPECIAL CONDITIONS
40-461-5163 CAP 370-7501

