

B 1	5925	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-2847 <small>fill in this form completely</small>
			W513699 please print or type	

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Karfonta Last Name Chuck Owner First Name 34
 36 10 Mellor Ave. Street or RFD 55
 57 Catonsville Md 21228 Town 70 State 72 Zip 76

LOCATION OF WELL

8 COUNTY Howard 21
 23 SUBDIVISION High Forest Estates 42
 SECTION 44 46 LOT 13 48 50
 52 NEAREST TOWN Dayton 71
 MILES FROM TOWN (enter 0 if in town) 4 1/2 M I
 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne M SD 024 License No. 81
 Firm Name Joseph L. Mayne Well Drilling
 Address 5512 Ridge Rd Mt. Airy 21771
 Signature Joseph L. Mayne Date 7/14/00

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Oak Ridge Ct.
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
FT

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8
 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

Permit cancelled
Tag returned & destroyed
8/20/01

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME 56600M COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 9/7/00 41
Joseph L. Mayne CO SIGNATURE 9/7/01 EXP. DATE
 43 MM DD YY 48
 NORTH GRID 000 50 55 EAST GRID 000 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN _____

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 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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)

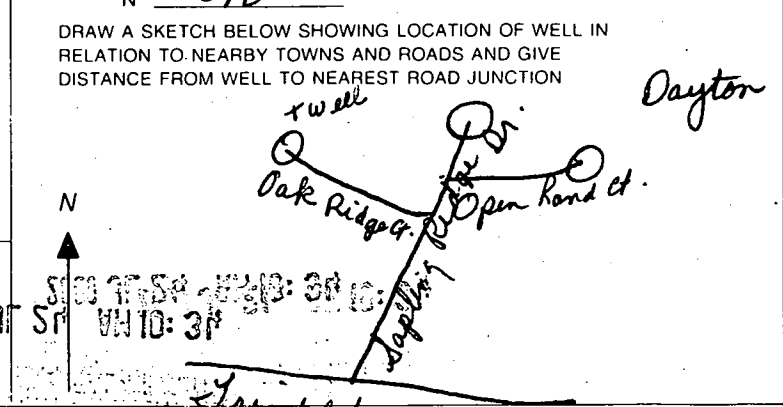
APPROX. PERMIT NUMBER _____ G _____ 5000 71
 PERMIT No. HO-94-2847
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1. Well
 2. _____
 3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 000
 N 510 000



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED