

B 1	SEQUENCE NO. (MDE USE ONLY) 52332	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER H0-17-0362 <small>70 fill in this form completely 79</small>
------------	--	--	---

OWNER INFORMATION

Date Received (APA) **10/17/18** **13477**

8 MM DD Yr 13

HASSAN BILAL

15 Last Name Owner First Name 34

13331 TRIADELPHIA MILL ROAD

36 Street or RFD 65

CLARKSVILLE MD 21029

57 Town 70 State 72 Zip 76

LOCATION OF WELL CC#

Howard

8 COUNTY 21

20 SUBDIVISION 42

SECTION 24 46 LOT 48 50

Clarksville

52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday **M W 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 **10/17/2018**

Signature Date

SOURCES OF DRILLING WATER

1. **wells**

2.

3.

13331 Triadelphia Mill Road

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **650** 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: **34** BLK: **3** PARCEL **395**

WELL INFORMATION

1 2

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 **500** 12

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 **I** INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **(13)**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **10/17/18** **Sh. LLC** **10/17/19**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

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)

37 CABLE REVerse-ROTary DRive-POINT

other _____

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

39 **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

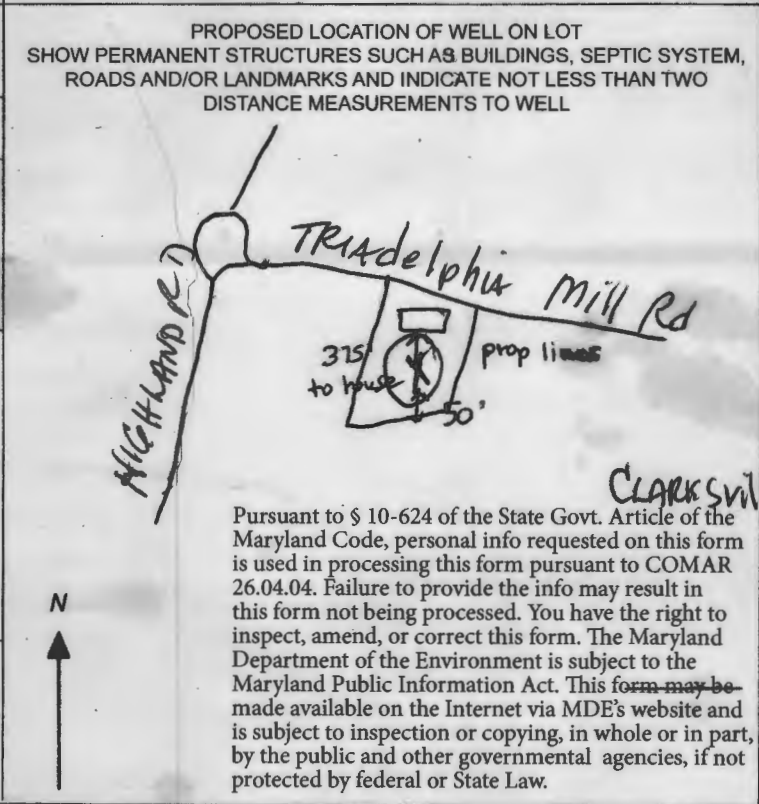
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **H0-17-0362**

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield test required. Na. Cl. + TDS samples req'd at yield.

GPS old well

(they may
keep it)