

B 1 06701

SEQUENCE NO. (DWR USE ONLY)

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 12/14/71 2PM

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 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) D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 (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 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 D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

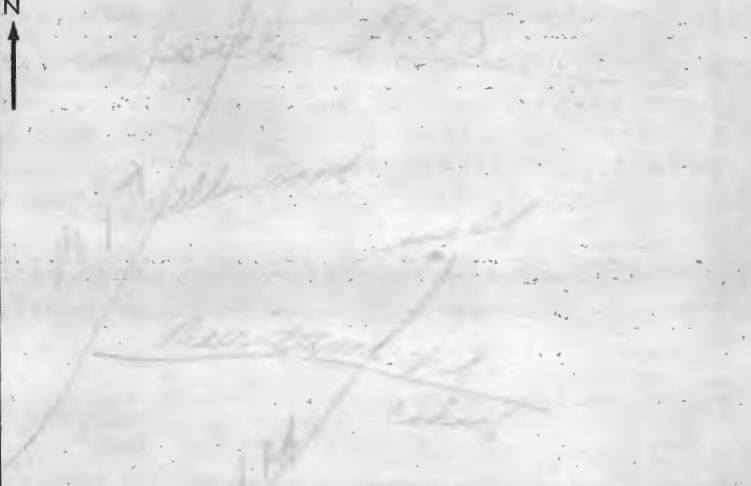
NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63 FORCE WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO. DATE APPROVED BY

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN 'X', THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 700 N 520 NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

RECEIVED

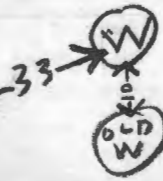
DEC 8 8 45 AM '71

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

SWIM
POOL

HOUSE

SEPTIC
SYSTEM



Old well which
had to be
replaced
because
it pumped
sand

SHARP RD.

ROAD
END

12/13/71

- ① Standard size well about 50 FT casing
& 120 FT deep
- ② 37 FT of open space around well
- ③ 10 bags of cement used

R. Hodges