

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

REGULANCE NO. (WRA USE ONLY): **7910**
 WRA PERMIT NUMBER: **0798**
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): **8/20/74 2PM**

OWNER: **ASHBURN MARION**
 COL 10 LAST NAME: **ASHBURN** COL 11 FIRST NAME: **MARION**

STREET OR RFD: **10387 CAVEY RD**
 COL 20: **CAVEY** COL 21: **RD**

POST OFFICE: **WOODSTOCK MD 21153**
 COL 27: **WOODSTOCK** COL 28: **MD** COL 29: **21153**

B 1 CONTINUED

DATE: **7/30/74** LICENSE NUMBER: **209**

DRILLER: **HOWARD DILLON**
 FIRST NAME: **HOWARD** LAST NAME: **DILLON**

DRILLER SIGNATURE: *Howard Dillon*

B 3 LOCATION OF WELL

COUNTY: **HOWARD**
 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION: **42**

SECTION: **44** LOT: **46**

NEAREST TOWN: **WOODSTOCK**

MILES FROM TOWN (ENTER 0 IF IN TOWN): **1**

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): **5**

AVERAGE QUANTITY NEEDED (GALLONS PER DAY): **300**

USE FOR WATER (CIRCLE APPROPRIATE BOX):
 HOME USE (DOUBLE HOUSEHOLD UNIT ONLY)
 FISH CULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 OTHER WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)

NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEARBY ROAD: **CAVEY RD**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):
 NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): **50**

APPROXIMATE DEPTH OF WELL: **150** FEET

APPROXIMATE DIAMETER OF WELL: **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD):
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY ~~AMPHIBIOUS~~ ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT

OTHER DESCRIBE: _____

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): _____

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

APPROPRIATION PERMIT NUMBER: _____ ENGINEER REVIEW DISTRICT NO.: _____

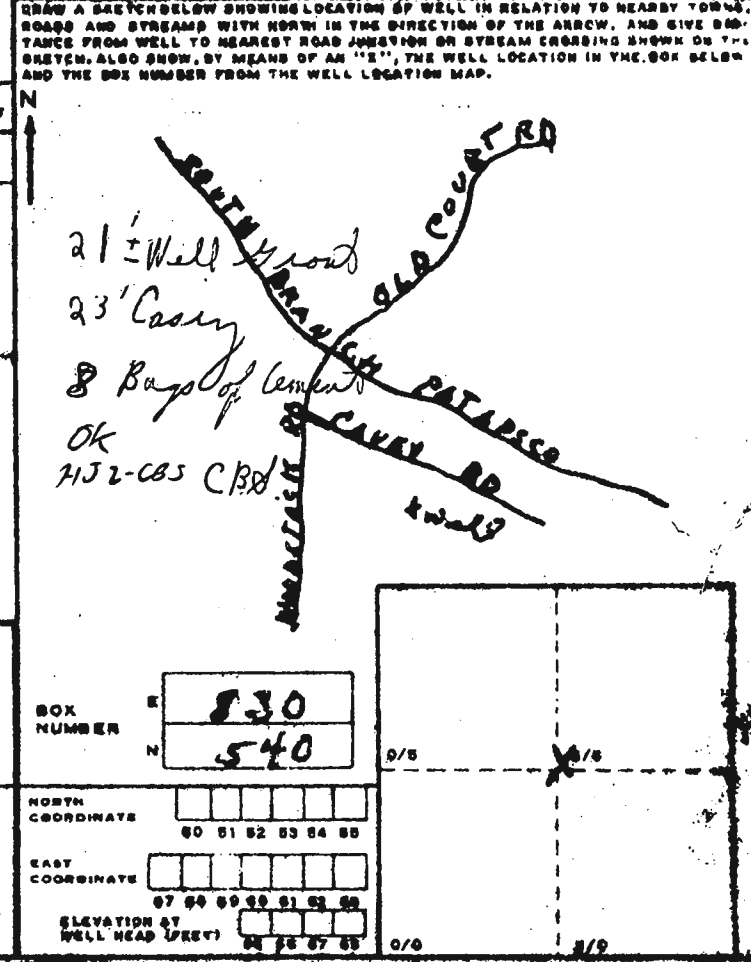
FORCE: _____ CONDITIONS: _____

B 4 HEALTH DEPARTMENT APPROVAL

COUNTY NAME: **HOWARD** COUNTY NO.: **W20448**

DATE: **8 17 74**

APPROVED BY: *Donald W. Monaghan*
Donald Monaghan, Sanitarian



B 5 SPECIAL CONDITIONS 8-93

1 2 3 (SEQ. NO.) 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

B 1	7910	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER
<small>1 2 3 (SEQ. NO.) 6</small> <small>(THIS NUMBER IS TO BE PUNCHED IN COES. 3-6 ON ALL CARDS)</small>		FILL IN THIS FORM COMPLETELY		

DATE RECEIVED (WRA USE ONLY)	OWNER <u>ASHBURN MARION</u>
	COL 15 LAST NAME FIRST NAME COL. 34
	STREET OR RFD <u>10387 CAVEY RD</u>
	COL 36 COL. 55
	POST OFFICE <u>WOODSTOCK MD 21163</u>
	COL 57 COL. 76

B 1	CONTINUED	DRILLER INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>		
DATE <u>7/30/74</u>	LICENSE NUMBER <u>209</u>	<small>77 80</small>
FIRST NAME <u>HOWARD</u> DRILLER LAST NAME <u>D. HOWARD</u>		
SIGNATURE <u>Howard D. How</u>		

B 3	LOCATION OF WELL
<small>1 2 3 (SEQ. NO.) 6</small>	
COUNTY <u>HOWARD</u>	<small>8 (DO NOT ABBREVIATE COUNTY NAME) 21</small>
SUBDIVISION	<small>23 42</small>
SECTION	LOT <small>44 46 48 50</small>
NEAREST TOWN <u>WOODSTOCK</u>	<small>52 71</small>
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u>	<small>73 76 77 78</small>

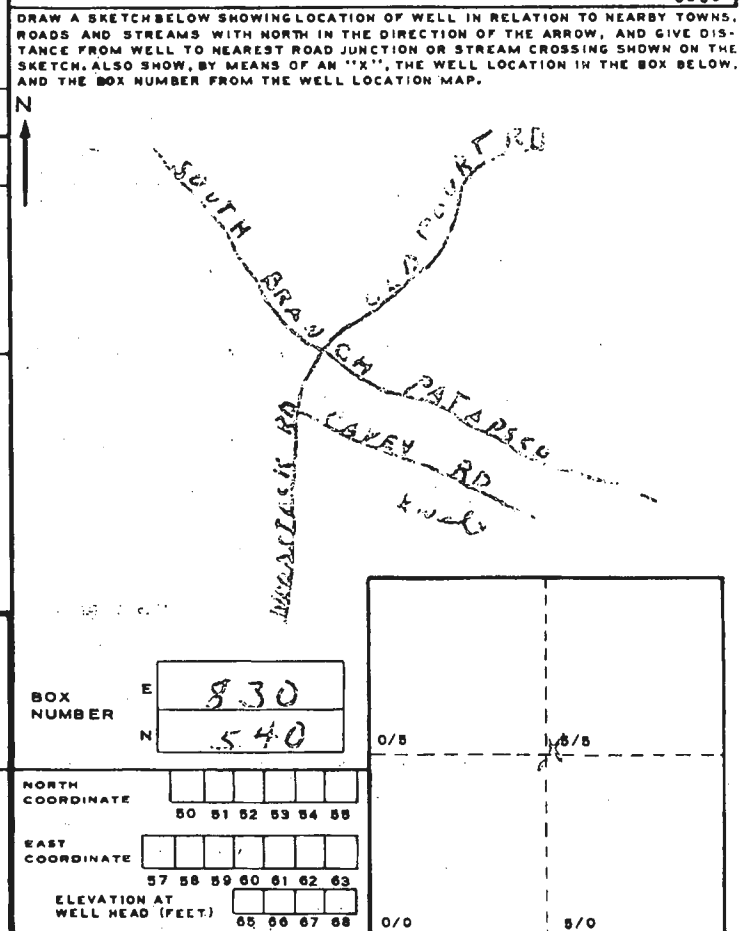
B 2	WELL INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>	<small>8 12</small>
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>300</u>	<small>14 20</small>
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL	
<input type="checkbox"/> T TEST	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
<small>1 2 3 (SEQ. NO.) 6</small>	
<input checked="" type="checkbox"/> N NORTH <input type="checkbox"/> E EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input checked="" type="checkbox"/> S SOUTH <input type="checkbox"/> W WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST	
NEAR WHAT ROAD <u>CAVEY RD</u>	<small>8 9</small>
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<input type="checkbox"/> N NORTH <input checked="" type="checkbox"/> S SOUTH <input type="checkbox"/> E EAST <input type="checkbox"/> W WEST <small>32 32 32 32</small>
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>50</u>	<small>34 37 38 39</small>

APPROXIMATE DEPTH OF WELL <u>150</u> FEET	<small>24 28</small>
APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN	
<small>30-37</small> <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)	
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT	
OTHER (DESCRIBE)	

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> B THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> D 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)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
FORCE	CONDITIONS



B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
<small>1 2 3 (SEQ. NO.) 6</small>		
STATE HEALTH (CIRCLE BOX) <u>5</u> COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>220000</u>		
DATE <u>7/29/74</u> APPROVED BY <u>[Signature]</u>		

BOX NUMBER	E <u>830</u>	N <u>540</u>
NORTH COORDINATE	<small>50 51 52 53 54 55</small>	
EAST COORDINATE	<small>57 58 59 60 61 62 63</small>	
ELEVATION AT WELL HEAD (FEET)	<small>65 66 67 68</small>	

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
<small>1 2 3 (SEQ. NO.) 6</small>	

6-1 HEALTH

