

B 1 **5607** 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
40-88-0924
 fill in this form completely

Date Received (APA) **06/16/89**
OWNER INFORMATION
 15 Last Name **Joseph L. Mayes** Owner First Name
 36 Street or RFD
 57 Town **Chapel Woods** 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Chapel Woods II** 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN **Chilmark** 71
 MILES FROM TOWN (enter 0 if in town) **MI** 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayes** 77 License No. 80 **233**
 Firm Name
 Address
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Chapel Woods II** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 DISTANCE FROM ROAD **750** 37
 ENTER FT or MI **FT** 38 39

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **8** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **50** 14 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-37503**
 STATE SIGNATURE **Joseph L. Mayes** INSERT S **7/20/90** 41
 DATE ISSUED **7/21/89** CO SIGNATURE **Sally Ann** EXP. DATE **EXTENDED**
 NORTH GRID **509000** EAST GRID **0821000**

APPROXIMATE DEPTH OF WELL **300** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 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
 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** 83
 FORCE **5A** WRITE INITIALS IN BOX PERMIT No. **40-88-0924** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Well**
 2. **Well abandoned**
 3. **Bags of cement**
 - **Casing**
 - **Grout open**
 - **Casing above**
 - **Grout**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **9241**
 N **57009**
 000 000



