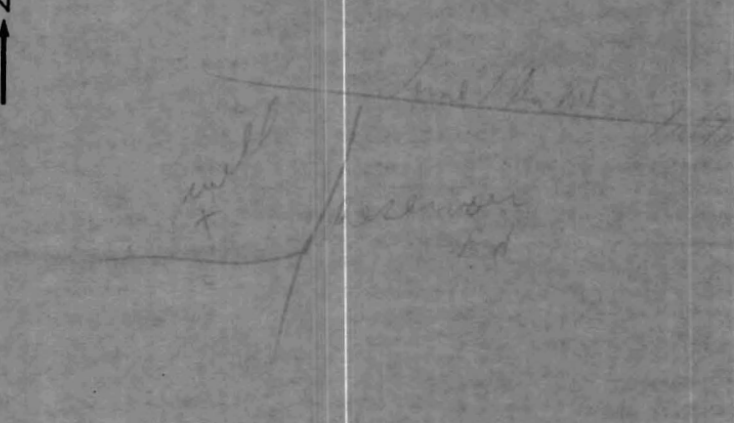


STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER  H-73-5497
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 1</div><div style="border: 1px solid black; padding: 2px;">3713</div><div style="border: 1px solid black; padding: 2px;">SEQUENCE NO. (WRA USE ONLY)</div></div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</div></div>		FILL IN THIS FORM COMPLETELY
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">DATE RECEIVED (WRA USE ONLY)</div><div style="border: 1px solid black; padding: 2px;">OWNER COL 15 LAST NAME <u>Dickens</u></div><div style="border: 1px solid black; padding: 2px;">STREET OR RFD COL 36 <u>8496</u></div><div style="border: 1px solid black; padding: 2px;">POST OFFICE COL 57 <u>2100</u></div></div><div style="border: 1px solid black; padding: 2px;">FIRST NAME COL. 34 <u>Ad</u></div><div style="border: 1px solid black; padding: 2px;">COL. 55 <u>2100</u></div><div style="border: 1px solid black; padding: 2px;">COL. 76 <u>2100</u></div></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 1</div><div style="border: 1px solid black; padding: 2px;">CONTINUED</div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div></div><div style="border: 1px solid black; padding: 2px;">DRILLER INFORMATION</div></div> <div style="border: 1px solid black; padding: 2px;">DATE <u>10/1/79</u> LICENSE NUMBER <u>40</u> COL 77 COL 80 <u>8496</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>[Signature]</u></div>		<div style="border: 1px solid black; padding: 2px;">B 3</div> <div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div> <div style="border: 1px solid black; padding: 2px;">COUNTY <u>8</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>23</u> 42 SECTION <u>44</u> <u>46</u> LOT <u>48</u> 50 NEAREST TOWN <u>52</u> 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>73</u> <u>76</u> <u>77</u> <u>78</u></div>
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 2</div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div></div><div style="border: 1px solid black; padding: 2px;">WELL INFORMATION</div></div> <div style="border: 1px solid black; padding: 2px;">MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>8</u> 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>14</u> <u>500</u> 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST</div>		<div style="border: 1px solid black; padding: 2px;">B 4</div> <div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div> <div style="border: 1px solid black; padding: 2px;">DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N NORTH <input type="checkbox"/> E EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input type="checkbox"/> S SOUTH <input type="checkbox"/> W WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST NEAR WHAT ROAD <u>11</u> NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>34</u> <u>37</u> <u>38</u> <u>39</u></div>
<div style="border: 1px solid black; padding: 2px;">APPROXIMATE DEPTH OF WELL <u>24</u> <u>150</u> FEET 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 30-37 <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT OTHER (DESCRIBE) _____ REPLACEMENT OR DEEPENED 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 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) <u>41</u> <u>62</u></div>		<div style="display: flex; align-items: center; justify-content: center;"><div style="writing-mode: vertical-rl; transform: rotate(180deg);">N</div><div style="text-align: center;"></div></div>
<div style="border: 1px solid black; padding: 2px;">NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> <u>63</u> <u>65</u> ENGINEER REVIEW DISTRICT NO. <u>65</u> FORCE <u>67</u> <u>68</u> WRITE INITIALS IN BOX CONDITIONS <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 4</div><div style="border: 1px solid black; padding: 2px;">CONTINUED</div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div></div><div style="border: 1px solid black; padding: 2px;">HEALTH DEPARTMENT APPROVAL</div></div> <div style="border: 1px solid black; padding: 2px;">41 <input checked="" type="checkbox"/> STATE HEALTH (CIRCLE HEALTH) MO. DAY YR. COUNTY NAME COUNTY NO. DATE <u>43</u> <u>48</u> APPROVED BY _____ NORTH COORDINATE <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> EAST COORDINATE <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> ELEVATION AT WELL HEAD (FEET) <u>65</u> <u>66</u> <u>67</u> <u>68</u></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 5</div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div></div><div style="border: 1px solid black; padding: 2px;">SPECIAL CONDITIONS 8-63 (WRA USE ONLY)</div></div> <div style="border: 1px solid black; padding: 2px;">HEALTH</div>		0/5 5/5 0/0 5/0



C 1 2052 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (WRA USE ONLY)		<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> JAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 <b>WELL COMPLETION REPORT</b>		THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION <b>FILL IN THIS FORM COMPLETELY</b> COUNTY NUMBER	
DATE RECEIVED (WRA USE ONLY)		DATE WELL COMPLETED 11/9/79		DEPTH OF WELL 160 (TO NEAREST FOOT) 22 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37	
8-13 15 20				DRILLERS IDENTIFICATION NO. 40			
OWNER: Ickes LAST NAME		George FIRST NAME		STREET OR RFD: 8496 Reservoir Rd		POST OFFICE: Fulton	
WELL LOG				WELL DESCRIPTION			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				GROUTING RECORD			
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET		WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)		YES NO	
		FROM TO		Y 44 N 44			
				TYPE OF GROUTING MATERIAL (CIRCLE BOX)			
				CEMENT C M BENTONITE CLAY B C			
				45 46 45 46			
				NO. OF BAGS NO. OF POUNDS			
				6 1000			
				GALLONS OF WATER			
				30			
				DEPTH OF GROUT SEAL (TO NEAREST FOOT)			
				FROM 0 FT. TO 53 FT.			
				(ENTER 0 IF FROM SURFACE)			
				CASING RECORD			
				Casing Types (S T C O) STEEL CONCRETE			
				(P L O T) PLASTIC OTHER			
				MAIN CASING TYPE			
				S T 6 27			
				NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)			
				60 61 63 64 66 70			
				TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)			
				60 61 63 64 66 70			
				OTHER CASING (IF USED)			
				Diameter (inch) Depth (feet) FROM TO			
				SCREEN RECORD			
				Screen Type or Open Hole (S T B R H O) STEEL BRASS OR BRONZE OPEN HOLE			
				(P L O T) PLASTIC OTHER			
				C 2 (SEQ. NO.) 6			
				DEPTH (NEAREST WHOLE FOOT) FROM TO			
				1 8 9 11 15 17 21			
				2 23 24 26 30 32 36			
				3 38 39 41 45 47 51			
				SLOT SIZE 1. 2. 3.			
				Diameter of Screen 56 60 (NEAREST INCH) FROM TO			
				GRAVEL PACK			
				IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F			
				WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
				T (E.R.O.S.) W Q			
				70 72 74 75 76			
				TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE			
CIRCLE APPROPRIATE BOXES				LOCATION OF WELL ON LOT			
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED				N SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).			
E ELECTRIC LOG OBTAINED				15' Rear lot line			
P TEST WELL CONVERTED TO PRODUCTION WELL				10' Well			
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.				Left lot line			
DRILLERS NAME				House			
(PLEASE PRINT) George F. Eastman				House			
SIGNATURE George F. Eastman				House			

HO-79-E-19

HEALTH