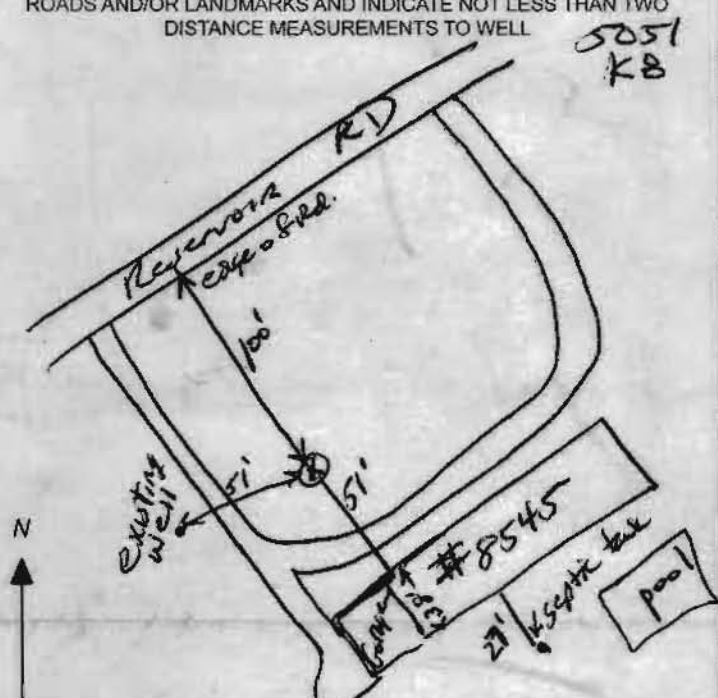
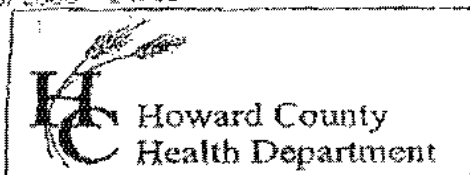


DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1 11366		SEQUENCE NO (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <small>please type</small>		STATE PERMIT NUMBER H0 - 95 - 2462 <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"><div style="width:48%;"><p>Date Received (APA) 8 MM DD YY 13 Stocklin Frank 15 Last Name Owner First Name 34 8545 Reservoir Rd. 36 Street or RFD 55 Fulton MD 20759 57 Town 70 State 72 Zip 76</p><p>OWNER INFORMATION</p><p>Driller's Name DAVID KELLY MW D 304 JONES WELL DRILLING Firm Name 3700 Rush Rd Jarrettsville MD 21084 Address David Kelly 11/29/12 Signature Date</p><p>DRILLER INFORMATION</p><p>B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400</p><p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p><p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL</p></div><div style="width:48%;"><p>B 3 LOCATION OF WELL</p><p>Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Fulton 52 NEAREST TOWN 71</p><p>B 4 SOURCES OF DRILLING WATER</p><p>1. N/A 2. 3.</p><p>8545 Reservoir Rd. 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____</p></div></div>					
<div style="display: flex; justify-content: space-between;"><div style="width:48%;"><p>APPROXIMATE DEPTH OF WELL 350 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH</p><p>METHOD OF DRILLING (circle one)</p><p>BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY <u>AIR-PERCUSSION</u> ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____</p><p>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</p><p><input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52 _____</p><p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p><p>APPROX. PERMIT NUMBER _____ G _____ PERMIT No. H0 - 95 - 2462</p></div><div style="width:48%;"><p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p><p>Howard (13) P 44615 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 1/9/13 Jim M. Nall 1/9/14 49 MM DD YY 48 CO SIGNATURE EXP. DATE</p><p>PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL</p><p>5051 KB</p></div></div>					



7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

8545 Reservoir Rd.
Subdivision/Property Name Lot# Road Name

- ☐ The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

- ☒ The well driller *flagged by the well driller*, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

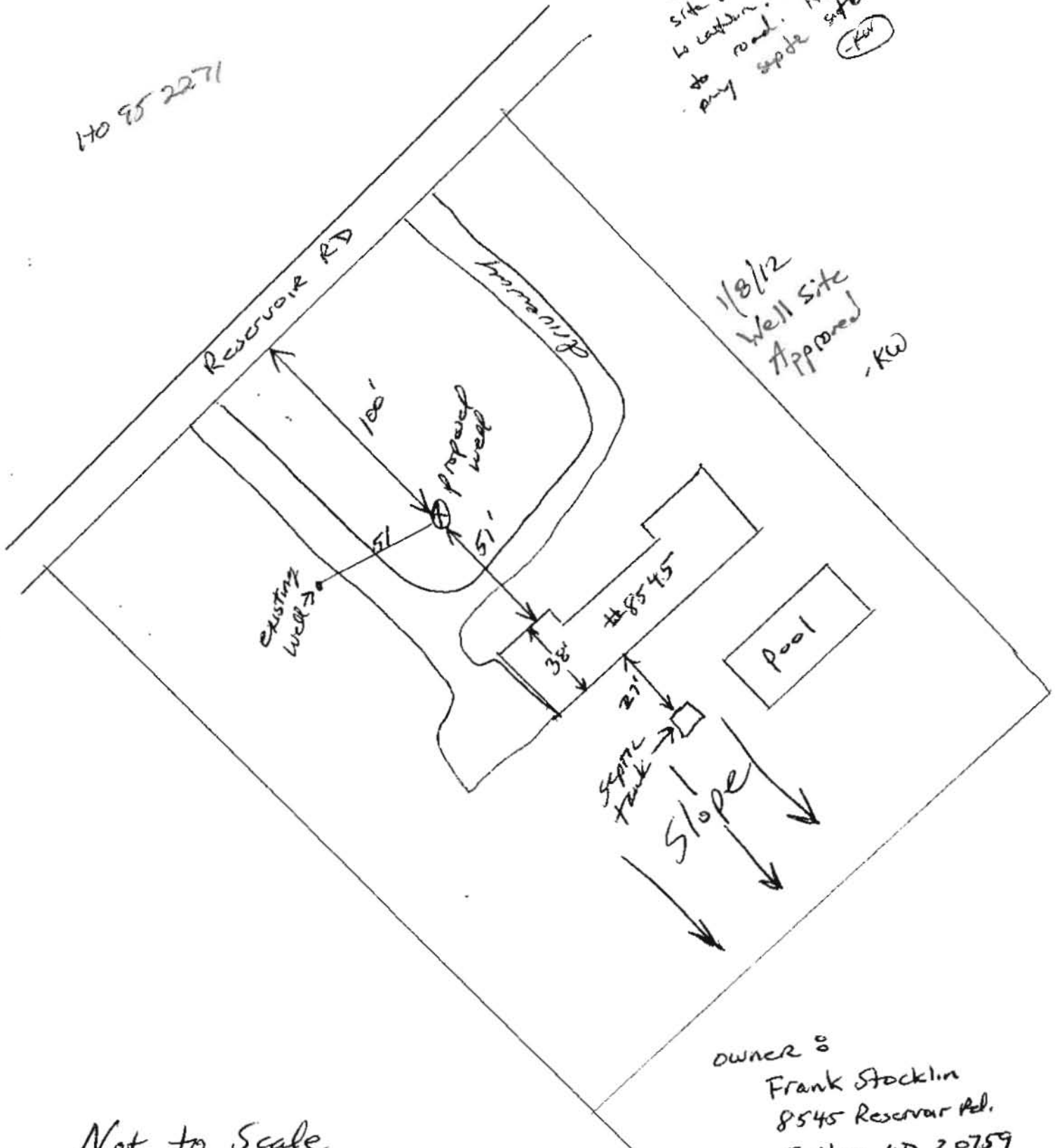
Revised 3/11/05



170 95 2271

1/25/13
Dr1 hole hit
@ proposed loc.
site visit to confirm new
to caption. To move closer
to road. No inference to
any side setbacks nearby.
(KW)

1/8/12
Well Site
Approved
KW



Not to Scale

owner :
Frank Stocklin
8545 Reservoir Rd.
Fulton, MD 20759