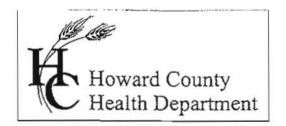
B1 6273	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND		STATE PERM	T NUMBER	
1 2 3 6	(MDE USE ONLY)		ERMIT TO DRILL WELL	40-94	- 7619	
12/4/2002		518015 pleas	se type	70 fill in this form	completely 79	
Date Received (APA)			B 3	LOCATION OF WELL		
8 MM DD YY 13	OWNER INFO	RMATION Donnie	8 COUNTY	LCO 21		
Timbol Pidal Form Clements			, 0000111			
15 Last Name	Owner	First Name 34	23 SUBDIVISION	Kata Kata Indian	42	
1 P.O. Box 293			SECTION L	LOT		
36 Street or RFD 55			44 46	48 50		
int Ary Md 21771			52 NEAREST TOWN 71			
57 Town DRILLER INFORI	70 State	72 Zip 76	3			
All 1 A 2) 1 C - 200			MILES FROM TOWN (enter 0 if in town)			
Driller's Name	Driller's Name 76 License No. 81			B 4		
Frale's Well Drilling			DIRECTION OF WELL FROM KIDGE KO (951)			
Firm Name			TOWN (CIRCLE BOX)	11 NEAR WHAT	FROAD 30	
580 Obrecht RD			NW 8 NE (CIRCLE APPROPRIATE BOX)			
Address 17-1/- D 7			8-9 (CINCLE APPROPRIATE BOX) WISIE			
Signature Date			W TOWN E	34 55	WEST SEAST	
B 2 WELL INFORMATION 5			7 7	DISTANCE FI		
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12			ENTER FT OR MI 38 39			
AVERAGE DAILY QUANTITY NEEDED			SW S S S S S S S S S S S S S S S S S S	TAX MAP: Le BLK:	2 PARCEL LOG	
(GAL, PER DAY)	OR WATER (CIRCLE AF	20 PPROPRIATE BOX)	NOT TO	BE FILLED IN BY DR	ILLER	
The second of th				DEPARTMENT APPR		
DIRRIGATION	OTABLE SUPPLY & RESIDE	NHAL	Lowerd 19			
	ESTOCK WATERING & AGE	RICULTURAL	COUNTY NAME COUNTY NO.			
IRRIGATION	COMMEDICIAL DEMATERI	NC CONTRACTOR	STATE SIGNATURE INSERT S			
U COOMING,	COMMERICIAL, DEWATERII		DATE ISSUED 100 & MODEL AT 1/4/1/3			
	A SUPPLY WELL		43 MM DD VV 48 CO SIGNATURE EXPLOATE			
T TEST, OBSERVATION, MONITORING			NORTH 55 / 000 EAST 75 / 000			
G GEO-THERMAL			50 50	55 57	63	
1000 数 1000	201		SHOW MAJOR FEATURES	OF	/	
APPROXIMATE DEPTH	OF WELL L 300	28 FEET	BOX & LOCATE WELL			
		(NEAREST	SOURCES OF DRILLING V	VATER		
APPROXIMATE DIAMETER OF WELL (NEAREST INCH			1.		/	
METHOD OF DRILLING (circle one)			3,			
BORED (or Augered) JETTED Jetted & DRIVEN				The same	10	
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)			WRITE THE BOX NUMBER			
CABLE	REVerse-ROTary	DRive-POINT	FROM THE MAP HERE			
other		THE WELL	F 379	50 1		
REPL	ACEMENT OR DEEPE (CIRCLE APPROPRIATE		4.4506	000		
N THIS WELL WILL	NOT REPLACE AN EXIST	ING WELL	N _ S S (9 10 10 10 10 10 10 10 10 10 10 10 10 10		
THIS WELL WILL REPLACE A WELL THAT WILL BE			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE			
ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED				O NEAREST ROAD JUNCTIO	Contract of the second	
S INIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS			n dectar			
THIS WELL WILL DEEPEN AN EXISTING WELL				1827		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED			N O			
(IF AVAILABLE) 41		52	1 (2)		,	
Not to be filled	in by driller (MDE OR C	COUNTY USE ONLY)	1	WINT	SOF FERST	
APPROP. PERMIT NUM	MBER	G			201 /	
	" "	01/1/10			TEPST	
	PERMIT No. 20 71 7	2 73 74 75 76 77 78 79				
SPECIAL CONDITION	NS , , , ,	00 .0 ./ 10 .0		100	•	
ASSTE AMERICA CALL ASSESSED.	COUNTRIES SEPARATE SHEET IS NEEDED .				(49	



3525 H Ellicott Mills Drive • (410) 313-2640 Fa TDD (410) 313-2323 To

Ellicott City, MD 21043
 Fax (410) 313-2648
 Toll Free 1-866-313-6300

website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

	The well site has bee	n staked by
	on	and is ready for site inspection.
		will call the Health Department
	for a time to meet in	the field to verify a well location.
V	Site plan for new wel	I is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

12-23-02 Anytine

SITE INSPECTION SHEET
OWNER: Donnie Clements PHONE #:
ADDRESS: (R+27) 951 Ridge Rd CONTRACTOR:
(Near Montg. HoCo line) WELL TAG#:
SUBDIVISION:LOT:COUNTY #:
PROPOSAL: Verify Staked well isn't in conflict with
SDA Shown on plan.
LOCATION DIAGRAM
COMMENTS: 12/23/02 Coald not find applie system(SO)
DATE: INSPECTOR:

Awaiting well Completion Som

7 5.

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