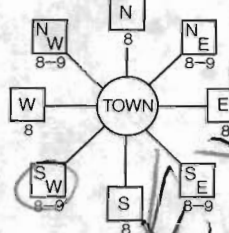
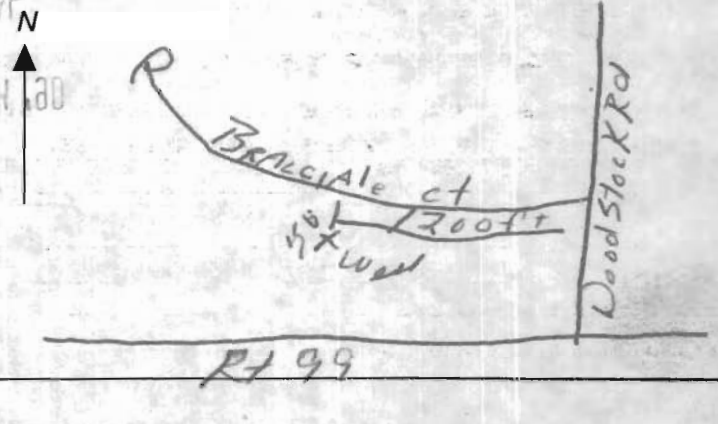


B 1		00228		SEQUENCE NO. (DP USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER H0-92-0282 fill in this form completely	
Date Received (APA)		12/16/92		OWNER INFORMATION		LOCATION OF WELL		B 3	
15 Last Name		BRACCIALE		Owner First Name		8 COUNTY		1	
36 Street or RFD		WOODSTOCK RD		23 SUBDIVISION		PARKSIDE		2	
57 Town		WOODSTOCK		70 State 72 Zip 76		SECTION 44 46 LOT 48 50		3	
DRILLER INFORMATION		Ralph Mayne		77 License No. 80		62 NEAREST TOWN		4	
Driller's Name		Ralph Mayne		Firm Name		MILES FROM TOWN (enter 0 if in town)		5	
Address		5120 Brown Church Rd. Mt. Airy		Date		1 73 76 77 78		6	
Signature		Ralph Mayne		WELL INFORMATION		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		7	
APPROX. PUMPING RATE (GAL. PER MIN.)		5		AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		8	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)		9	
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)		T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		COUNTY NAME		COUNTY NO.		10	
APPROXIMATE DEPTH OF WELL		150		FEET		STATE SIGNATURE		11	
APPROXIMATE DIAMETER OF WELL		6"		NEAREST INCH		DATE ISSUED		12	
METHOD OF DRILLING (circle one)		BORED (or Augered)		JETTED		Jettied & DRIVEN		13	
AIR-ROTARY		AIR-PERCussion		ROTARY (Hydraulic Rotary)		Drive-POINT		14	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		N THIS WELL WILL NOT REPLACE AN EXISTING WELL		Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY		15	
D THIS WELL WILL DEEPEN AN EXISTING WELL		PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		41		EXP. DATE		16	
Not to be filled in by driller (OEP USE ONLY)		APPROP. PERMIT NUMBER		G A P		WRITE INITIALS IN BOX		17	
FORCE		MIR		PERMIT No.		H0-92-0282		18	
SPECIAL CONDITIONS		465-5867		COUNTY		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		19	
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		SOURCES OF DRILLING WATER		WRITE THE BOX NUMBER FROM THE MAP HERE		E 8303		20	
N 5403		000 000		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		N 5403		21	
Sketch showing location of well in relation to nearby towns and roads. Includes labels: Summer Horse Dr, Woodstock Rd, 1/4 mile, well, 25 DEC 12 6N 1:13, OWN. Road. RD.								22	

<b>B 1</b> 1 2 3 4 5 6 <b>6388</b> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> 70 fill in this form completely 79
<b>OWNER INFORMATION</b> Date Received (APA) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> 15 Last Name Owner First Name <b>BRACCIALE VINCENT</b> 36 Street or RFD <b>WOODSTOCK</b> 57 Town 70 State 72 Zip 76		<b>B 3</b> <b>LOCATION OF WELL</b> 1 2 <b>WOODWARD</b> 8 COUNTY 21 <b>BRACCIALE PLACE</b> 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <b>WOODSTOCK</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 3 76 77 78 <b>M I</b>	
<b>DRILLER INFORMATION</b> Driller's Name <b>FRANK DELPH</b> 453 77 License No. 80 Firm Name <b>FRANK DELPH WELL DRILLERS INC</b> Address <b>18234 PENN SHOP RD MT AIRY</b> Signature <b>Frank Delph</b> 8-27-90 Date		<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>BRACCIALE CT</b> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <b>W 32 E</b> WEST SOUTH DISTANCE FROM ROAD <b>50</b> 37 ENTER FT. or MI <b>0 4</b> 38 39 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		COUNTY NAME _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 41 DATE ISSUED <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> NORTH GRID 50 48 CO SIGNATURE EAST GRID 57 63 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>WELL</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">E <b>833</b></div> <div style="position: absolute; bottom: 5px; left: 5px;">N <b>543</b></div> </div> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		APPROXIMATE DEPTH OF WELL <b>200</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH <b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____	
<b>REPLACEMENT OR DEEPEENED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" 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 type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> 54 63 FORCE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			