EMERGENCY NO. (If any) -DNR-131 (7/73) WRA PERMIT NUMBER SEQUENCE NO. OF MARYLAND A B WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS; MARYLAND 21401 1. 2 3 (SEQ. NO.) 6 THIS NUMBER IS TO BE PUNCHED IN COES. 3-6 ON.ALL CARDS) FILL IN THIS FORM COMPLETELY APPLICATION FOR PERMIT TO DRILL WELL DATE RECEIVED COL. 34 FIRST NAME COL. 55 POST COL. 76 3 DRILLER INFORMATION CONTINUED (SEQ. NO.) COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21 NUMBER SUBDIVISION 42 50 DRILLER LAST NAME NEAREST TOWN 71 SIGNATURE L MI MILES FROM TOWN (ENTER O IF IN TOWN) 76 77 78 B 2 WELL INFORMATION B 4 DIRECTION FROM TOWN (SEQ. NO.) MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 12 E EAST N E NORTHEAST S E SOUTHEAST N NORTH VERAGE DAILY QUANTITY NEEDED (GALLONS PERDAY) USE FOR WATER (CIRCLE APPROPRIATE BOX ) W S NORTHWEST D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) NEAR WHAT FARMING, AGRICULTURE, IRRIGATION NORTH SOUTH WEST OE ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) s 32 E 32 W 32 N INDUSTRIAL , COMMERCIAL, STATE AND FEDERAL GOVERNMENT. FT DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) M MUNICIPAL WATER SUPPLY MI 3839 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN BRAW A SHETCHBELOW SHOWING LOCATION OF WELL IN RELATION TO MEMBER TOWN PROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP. APPROXIMATE DEPTH OF WELL APPROXIMATE DIAMETER OF WELL I (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) DRIVEN 80-87 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE) REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) N 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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER 790 BOX NUMBER INITIALS FORCE CONDITIONS 0/5 B 4 HEALTH DEPARTMENT APPROVAL CONTINUED NORTH COORDINATE (SEQ. NO.) CIRCLE BOX 3 COUNTY NAME COORDINATE 57 58 59 60 61 62 63 DATE APPROVED BY ELEVATION AT WELL HEAD (FEET) 48 5/0 (WRA USE ONLY) SPECIAL CONDITIONS 8-63 B 5 (SEQ. NO.) 63

EMERGENCY NO. (If any) -DNR-131 (7/73) WRA PERMIT NUMBER SEQUENCE NO. STATE OF MARYLAND B 4 WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS; MARYLAND 21401 (SEQ. NO.) THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) APPLICATION FOR PERMIT TO DRILL WELL FILL IN THIS FORM COMPLETELY DATE RECEIVED OWNER COL 15 LAST NAME FIRST NAME COL. 34 COL. 55 OFFICE COL 87 COL. 76 B 1 DRILLER INFORMATION B 3 LOCATION OF WELL CONTINUED (SEQ. NO.) COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 42 SECTION LOT L LAST NAME 50 NEAREST TOWN 71 SIGNATURE L MI MILES FROM TOWN (ENTER O IF IN TOWN) 76 77 78 B 2 WELL INFORMATION DIRECTION FROM TOWN (SEQ. NO.) MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 12 N E EAST NORTH N E NORTHEAST S E SOUTHEAST AVERAGE DAILY QUANTITY NEEDED (GALLONS PERDAY) USE FOR WATER (CIRCLE APPROPRIATE BOX ) 5 SOUTHWEST SOUTH HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) NEAR WHAT FARMING, AGRICULTURE, IRRIGATION WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) E. W 32 S INDUSTRIAL , COMMERCIAL, STATE AND FEDERAL GOVERNMENT. FT DISTANCE FROM ROAD MUNICIPAL WATER SUPPLY (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) MI 3839 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN PRIVATE WATER COMPANY ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP. T TEST APPROXIMATE DEPTH OF WELL 28 FEET APPROXIMATE DIAMETER OF WELL (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE) REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 5 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) BOX NUMBER FORCE CONDITIONS 0/5 67 68 B 4 HEALTH DEPARTMENT APPROVAL NORTH COORDINATE CONTINUED (SEQ. NO.) 50 51 52 53 54 55 STATE HEALTH 5 COUNTY NAME COUNTY NO. 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 APPROVED BY 48 0/0 8/0 WRA USE ONLY 5 SPECIAL CONDITIONS 8-63

