

B 1 4121 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER ? HO-73-0062 FILL IN THIS FORM COMPLETELY
DATE RECEIVED (WRA USE ONLY) 5/14/74 2nd	OWNER <u>LINE LARRY</u> A# <u>00797</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD <u>RISON RD</u> COL. 36 COL. 88 POST OFFICE <u>20631</u> COL. 87 COL. 78	
B 1 CONTINUED 1 2 3 (SEQ. NO.) 6 DATE <u>4/5/74</u> LICENSE NUMBER <u>309</u> FIRST NAME <u>HOWARD</u> DRILLER LAST NAME <u>DILLON</u> SIGNATURE <u>Howard Dillon</u>	B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY <u>HAWARD</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>28</u> 42 SECTION <u>44</u> LOT <u>48</u> 60 NEAREST TOWN <u>CLARKSVILLE</u> 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u> 76 77 78	
B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u> 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST MUST HAVE STATE HEALTH DEPT. APPROVAL	B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) 1 2 3 (SEQ. NO.) 6 NORTH EAST NE NORTHEAST SE SOUTHEAST SOUTH WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD <u>RED BERRY</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>N</u> 32 32 32 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>100</u> 34 37 38 39	
APPROXIMATE DEPTH OF WELL <u>50</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> (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 DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) ☒ 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____		
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>68</u> FORCE <u>1</u> WRITE INITIALS IN BOX <u>1</u> CONDITIONS <u>1</u> 67 68 70 71 72 73 74 75 76 77 78 79		
B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 STATE HEALTH (CIRCLE BOX) <u>1</u> COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>10701</u> MD. DAY YR. <u>5</u> <u>14</u> <u>74</u> DATE <u>5/14/74</u> APPROVED BY: <u>Pulver F. Wine, Director</u> 43 46		
B 5 SPECIAL CONDITIONS 5-63 (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6		

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29' grout
 32' casing
 12 bag of cement
 5/14/74 OK. F.S.

HALS SHAD RD
 RED BERRY

743 -7565 HEALTH 5