

M12000959

B 1	18602	SEQUENCE NO (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-95-2398</u> fill in this form completely
Date Received (APA) <u>9/13/12</u>		OWNER INFORMATION		
8 MM DD YY 13 <u>09 13 12</u>				
15 Last Name <u>Scott</u>		Owner First Name <u>Charles</u>		
36 Street or RFD <u>5312 Acree Ct</u>		55		
57 Town <u>Chilmark</u>		70 State <u>MD</u>		72 Zip <u>21029</u>
DRILLER INFORMATION				
Driller's Name <u>Michael Barrios</u>		76 License No. <u>MWD355</u>		
Firm Name <u>Barrios Well Drilling</u>				
Address <u>522 Underwood Lane</u>		<u>21044</u>		
Signature <u>[Signature]</u>		Date <u>9/19/12</u>		
LOCATION OF WELL				
8 COUNTY <u>Howard</u>		21		
23 SUBDIVISION <u>Eagle Point Landing</u>		42		
SECTION <u>44</u>		46		LOT <u>6</u>
52-NEAREST TOWN <u>Daguerre</u>		71		
WELL INFORMATION				
B 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
1 2		8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
☐ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ OPEN LOOP GEOTHERMAL ☒ CLOSED LOOP GEOTHERMAL <u>6 bores x 320</u>				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE <u>[Signature]</u> INSERT S <u>41</u> DATE ISSUED <u>9/26/2012</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>9/26/2013</u>				
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				
APPROXIMATE DEPTH OF WELL <u>320</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> <u>Jettied & DRIVEN</u> 30 AIR-ROTARY <u>AIR-PERCussion</u> <u>ROTARY (Hydraulic Rotary)</u> 37 CABLE <u>REverse-ROTARY</u> <u>DRIVE POINT</u> other _____				
REPLACEMENT OR DEEPENEED WELLS (CIRCLE APPROPRIATE BOX)				
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 _____ 52 _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G _____ PERMIT NO. <u>HO-95-2398</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE: ATTENDING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

