

B 1 **1157** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 Please print or type

STATE PERMIT NUMBER
110-88-0493
 fill in this form completely

Date Received (APA) **030289**
 OWNER INFORMATION
KOREN DEVELOPMENT
1 CENTRE PARK TR
COLUMBIA

LOCATION OF WELL **R-43207**
HOWARD COUNTY
ELLERSLIE SUBDIVISION
 SECTION **6** LOT **6**
CLEMWOOD NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9205 Brown Church Rd., Mt. Airy, NC. 21771
George F. Easterday Signature

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **ELLERSLIE CT**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **210** ENTER FT or MI **FT**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL (OTHER REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A-31121 COUNTY NO.
 DATE ISSUED **031589**
 CO SIGNATURE **Sidney Abel** EXP. DATE **09-14-89**
 NORTH GRID **528000** EAST GRID **0799000**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 WRITE THE BOX NUMBER FROM THE MAP HERE

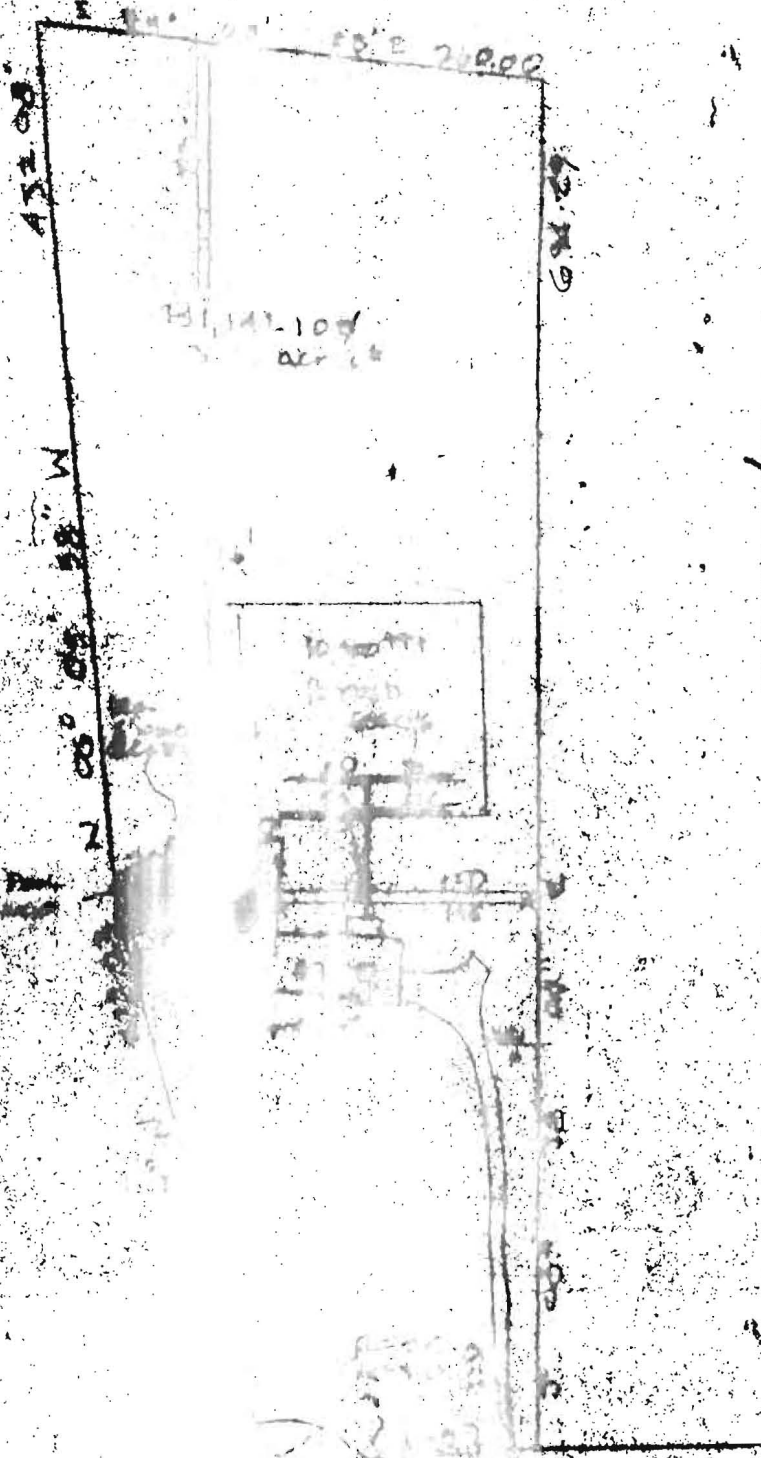
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED AIR-DRIVEN
 AIR-ROTARY AIR-PERCUSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY OTHER POINT

REPLACEMENT OR DEEPEMED WELL (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT IS ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WAS USED AS A STANDBY
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): **41**

6-12-89 12:30 pm
 Location **Ok**
 27 ft casing
 24 ft open hole
 1 ft above grade
 10 bags cement
denadean
HEALTH DEPARTMENT
HOWARD COUNTY
RECEIVED
3-5-89

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **110-88-0493**
 WRITE INITIALS IN BOX **SA** PERMIT No. **110-88-0493**
 SPECIAL CONDITIONS



ERSWIE
COURT

