EMERGENCY/TEMP NO. IF ANY

B 1 | 4025 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-2284

fill in this form completely

Date Received (APA): 042799

OWNER INFORMATION

Zimmerman, Fraley

Last Name, Owner, First Name

7020 Guilford Rd.

Street or RFD

Clarksville Md. 21029

Town, State, Zip

DRILLER INFORMATION

Joseph L. Mayne, MSD24

Driller's Name, License No.

Joseph L. Mayne Well Drilling

Firm Name

5512 Ridge Rd. Mt. Airy Md. 21771

Address

Joseph L. Mayne 4/26/99

Signature, Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

REPLACEMENT OR DEEPENED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D 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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

PERMIT No. HO-94-2284

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Zimmerman Prop.

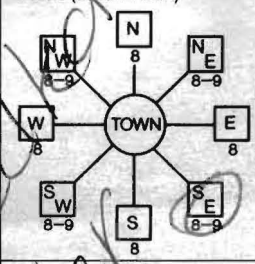
SECTION | LOT: Parcel B.

NEAREST TOWN: Clarksville

MILES FROM TOWN (enter 0 if in town): 4 MI

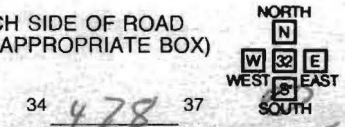
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Guilford Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 478 FT

ENTER FT OR MI

TAX MAP: 35 BLK: 20 PARCEL 72

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard | COUNTY NO.: A510090

STATE SIGNATURE | INSERT S

DATE ISSUED: 060799 | CO SIGNATURE: Jack E. Filkins | EXP. DATE: 6/3/00

NORTH GRID: 4993 000 | EAST GRID: 8224 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

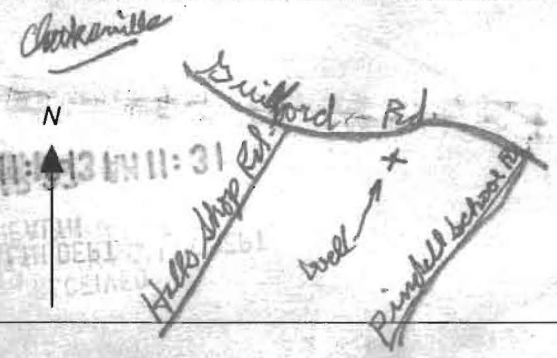
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8224

N 4993

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

Permit cancelled by driller

DENV-Permit 97

② COUNTY