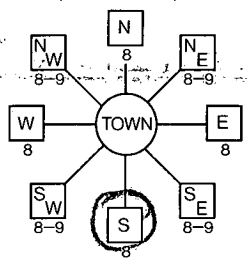


B 1 8595 <small>(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-1696 <small>fill in this form completely</small>
Date Received (APA) 050991		B 3 LOCATION OF WELL	
OWNER INFORMATION 8 HULL JAY 15 Last Name Owner First Name 36 15 GLENWOOD AVENUE Street or RFD 57 BALTIMORE 70 State 72 MD 21228 Town Zip 76		1 HOWARD 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78 MI	
DRILLER INFORMATION Driller's Name Donald L. Kiker 77 License No. 296 Firm Name Westminster Rotary Well Drilling Address PO Box 861 Westminster MD 21157 Signature Donald L. Kiker Date 5/8/91		B 4 TRIAD DELPHIA ROAD 12745 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 550 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 3 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary Drive-POINT other _____			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP 63 FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-88-1696 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS Phone: Jay 0-788-4989 40-788-7426 COUNTY			

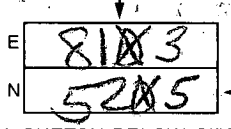
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A36512**
 COUNTY NAME COUNTY NO.

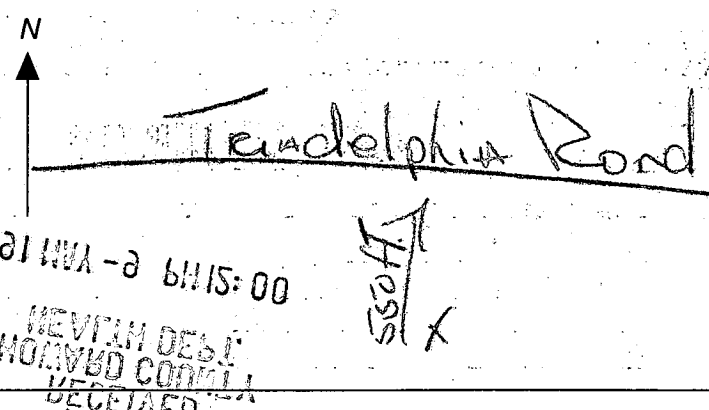
STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **05/13/91** Mark E. Riffin 11/13/91
 43 48 CO SIGNATURE EXP. DATE

NORTH GRID **525000** EAST GRID **0813000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **CITY**
 2. **SEE OVER**
 3. **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



01 MAY - 2 6:15:00
 KEVIN DEB
 MONROE COUNTY
 RECEIVED
 Hoss X

Well Permit No. HO - 88-1696
Location of property (road) Triadelphia Rd
Subdivision WAYSIDE MANOR Lot 2 Block Plat Sec.
Well Driller R. Kyker Owner Hall, Say

HD-224

tho coming in above grout seal,
DRY BAG put in, then normal grout,
pumping water turned grey; left
for another insp.; per driller, grout
worked out OK (from T/C in P.M.) MR
5/16/91

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
91 MAY -9 PM 12:00