

B 1 **5895** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 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
H-0-73-3169
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER Placiekus Visvaldis
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 13005 Washington Phwy
 COL 36 COL. 55

POST OFFICE Northville Md.
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE 2/13/79 **LICENSE NUMBER** 403
 77 80

FIRST NAME W. F. Carter **DRILLER** **LAST NAME**

SIGNATURE W. F. Carter

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6 Howard
 COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION Tridellphian Rd. 42

SECTION 46 **LOT** 2 50

NEAREST TOWN Bladys 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 78 77 78

B 2 **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

B 4 **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**

1 2 3 (SEQ. NO.) 6

N NORTH **E** EAST **NE** NORTHEAST **SE** SOUTHEAST

S SOUTH **W** WEST **NW** NORTHWEST **SW** SOUTHWEST

NEAR WHAT ROAD Tridellphian Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **N** **S** **E** **W**

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 (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 DEEPEINED 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

D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED: (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 **ENGINEER REVIEW DISTRICT NO.** 65

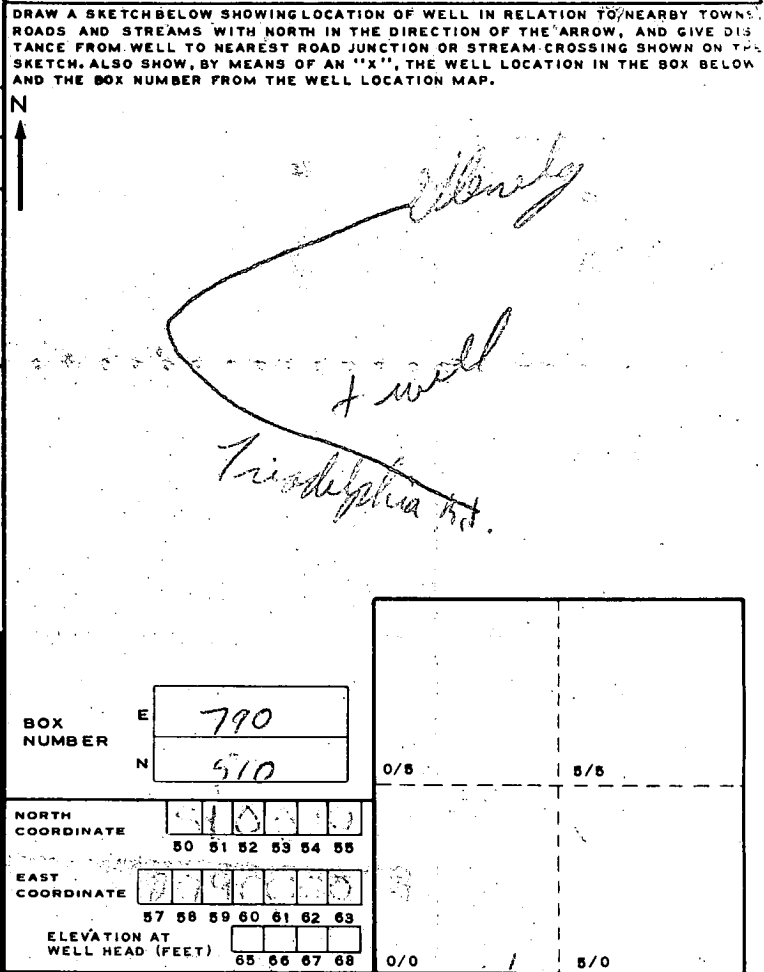
FORCE **WRITE INITIALS IN BOX** **CONDITIONS** AW

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6 Howard **W29516**

41 **STATE HEALTH (CIRCLE BOX)** COUNTY NAME COUNTY NO.

DATE 02 21 79 **APPROVED BY** Donald W. Monaghan, Sanitarian



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6