DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 .5801 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 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 H0-73-3072
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER Jane Lawrence (COL 15 LAST NAME / FIRST NAME COL. 34)
STREET OR RFD 13649 Westland rd. (COL 36 / COL. 55)
POST OFFICE Ellicott City Md. (COL 57 / COL. 76)
8-13

B 1 CONTINUED (1 2 3 SEQ. NO. 6)

DRILLER INFORMATION

DATE 4/13/78 LICENSE NUMBER 40 (77 80)
W. F. Porter (FIRST NAME / DRILLER / LAST NAME)
SIGNATURE W. F. Porter

B 2 (1 2 3 SEQ. NO. 6)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8 12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 (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.
22
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

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 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
39
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)
(41 52)

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

APPROPRIATION PERMIT NUMBER G A P (54 63) ENGINEER REVIEW DISTRICT NO. (65)
FORCE (67 68) WRITE INITIALS IN BOX
CONDITIONS A E N S G W Q C L U (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (1 2 3 SEQ. NO. 6)

HEALTH DEPARTMENT APPROVAL

41 S STATE HEALTH (CIRCLE BOX)
Howard (COUNTY NAME) H29235 (COUNTY NO.)
DATE (MO. DAY YR.) 11 15 78 (43 48)
APPROVED BY Donald W. Monaghan, Sanitarian

B 3 (1 2 3 SEQ. NO. 6)

LOCATION OF WELL

COUNTY Howard (8 / DO NOT ABBREVIATE COUNTY NAME / 21)
SUBDIVISION Dawson Estates (23 / 42)
SECTION (44 46) LOT 1 (48 50)
NEAREST TOWN Glenelg (52 / 71)
MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 (73 / 76 77 78 M I)

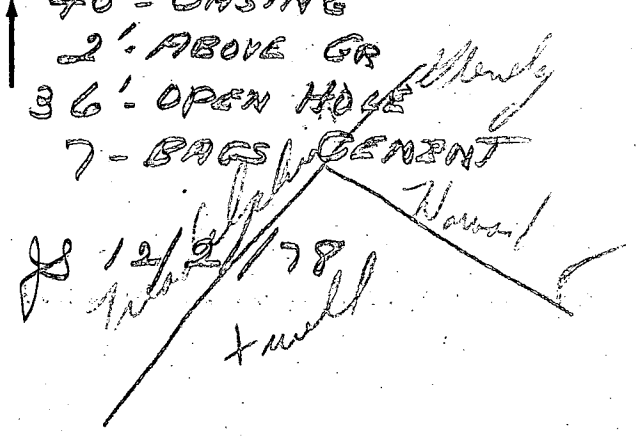
B 4 (1 2 3 SEQ. NO. 6)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

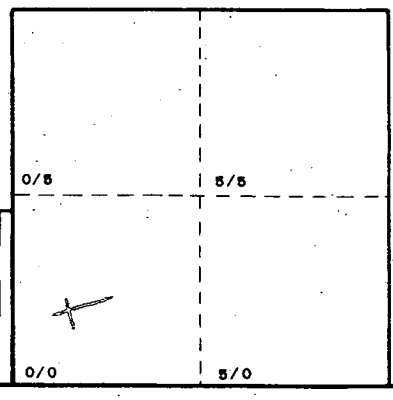
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST (SW) SOUTHWEST
(8 / 8 / 8 9 / 8 9)

NEAR WHAT ROAD Trusdelphia Rd. (11 / 30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) SOUTH EAST (E) WEST (32 / 32 / 32 / 32)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) ≤ 200 (F T) (M I) (34 / 37 / 38 39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 790 N 510



NORTH COORDINATE 510000 (50 51 52 53 54 55)
EAST COORDINATE 0790000 (57 58 59 60 61 62 63)
ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

B 5 (1 2 3 SEQ. NO. 6)
SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
(8 / 63)

A27988

HEALTH