

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) - *Mr. Skene's has paperwork.*

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

6212

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 No 73-2581 *put on*

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 4/4/78
 1:30 P.M.

OWNER
 COL 15 LAST NAME MULLAHY
 COL 34 FIRST NAME MICHAEL

STREET OR RFD
 COL 36 23 BURN. WAY CT.
 COL 55

POST OFFICE
 COL 57 BALTIMORE, MD
 COL 76

CONTINUED

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6
 DATE 3/20/78 LICENSE NUMBER 217
 COL 77 COL 80

C. A. CROMWELL
 FIRST NAME DRILLER LAST NAME

SIGNATURE C. A. Cromwell

LOCATION OF WELL

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

SUBDIVISION 23 COL 42

SECTION 44 LOT 48 COL 50

NEAREST TOWN FLORENCE COL 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 MI
 COL 73 COL 76 COL 77 COL 78

WELL INFORMATION

1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 COL 8 COL 12

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

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 RT 94

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 N NORTH S SOUTH E EAST W WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 300 MI
 COL 34 COL 37 COL 38 COL 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

APPROXIMATE DEPTH OF WELL 200 FEET
 COL 24 COL 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL. PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER 84 ENGINEER REVIEW DISTRICT NO. 65

FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
 DATE 3 27 78

STATE HEALTH COUNTY NAME Howard COUNTY NO. W27690

APPROVED BY Donald W. Monaghan
 Donald W. Monaghan, Sanitarian

