

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	4722	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER  70 _____ 79 <i>fill in this form completely</i>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner		34 First Name
36 Street or RFD		55		
57 Town		70 State	72 Zip	76
DRILLER INFORMATION				
Driller's Name		M 76	D License No.	81
Firm Name				
Address				
Signature _____ Date _____				
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME _____ COUNTY NO. _____				
STATE SIGNATURE _____ INSERT S → 41				
DATE ISSUED _____				
43 MM DD YY 48		CO SIGNATURE		EXP. DATE
NORTH GRID 50 000 55		EAST GRID 57 000 63		
APPROXIMATE DEPTH OF WELL _____ FEET 24 28				
APPROXIMATE DIAMETER OF WELL _____ 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL				
39 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. _____ 70 71 72 73 74 75 76 77 78 79				
LOCATION OF WELL				
B 3 8 COUNTY _____ 21				
23 SUBDIVISION _____ 42				
SECTION _____ 44 46		LOT _____ 48 50		
52 NEAREST TOWN _____ 71				
MILES FROM TOWN (enter 0 if in town) _____ M I J 73 76 77 78				
B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
11 NEAR WHAT ROAD _____ 30				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
34 37 DISTANCE FROM ROAD _____ 38 39				
ENTER FT OR MI				
TAX MAP: _____ BLK: _____ PARCEL _____				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. _____				
2. _____				
3. _____				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E _____		000 000		
N _____				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
N ↑				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				