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|--|-------------------------|---|--|---|
| B 1 | 18401 | 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 D 76 License No. | | 81 |
| Firm Name | | | | |
| Address | | | | |
| Signature _____ Date _____ | | | | |
| B 2 | WELL INFORMATION | | | |
| 1 | 2 | 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"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION | | | | |
| <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) | | | | |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING | | | | |
| <input type="checkbox"/> PUBLIC WATER SUPPLY WELL | | | | |
| <input type="checkbox"/> TEST, OBSERVATION, MONITORING | | | | |
| <input type="checkbox"/> OPEN LOOP GEOTHERMAL | | | | |
| <input type="checkbox"/> CLOSED LOOP GEOTHERMAL | | | | |
| 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 _____ | | | | |
| PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL | | | | |
| APPROXIMATE DEPTH OF WELL _____ FEET 24 28 | | | | |
| APPROXIMATE DIAMETER OF WELL _____ 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"/> 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS | | | | |
| <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL | | | | |
| 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 | | | | |
| SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED= | | | | |

