

C1 07777

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER  
WELL IS COMPLETED. OKSRK

COUNTY  
NUMBER

P 47924 9/19

ST/CO USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
6 17 00

Depth of Well

22 300 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"  
H0 - 94 - 2691

OWNER Philips Helen  
STREET OR RFD 13160 Triadelphia Road TOWN West Friendship  
SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use  
additional sheets if needed)

FEET

FROM TO

check  
if water  
bearing

Brown shale

0 75

Gray-white

95 175

Brown rock

175 176 ✓

Gray-white

176 300

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 15 NO. OF POUNDS 48 110

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 48 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHER

MAIN  
CASING  
TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

ST 06 80  
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING  
diameter depth (feet)  
inch from to

screen type  
or open hole  
insert  
appropriate  
code  
below

SCREEN RECORD

ST BR HO  
STEEL BRASS OPEN  
PL BRONZE HOLE  
PLASTIC OTHER

C 2

DEPTH (nearest ft.)

1 2  
H0 48 300  
E 1 8 9 11 15 17 21  
A 2 23 24 26 30 32 36  
C 3 38 39 41 45 47 51  
S  
R  
E  
E  
N  
SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN (NEAREST  
INCH)  
56 60  
from to

GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68 68

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

PUMPING TEST

HOURS PUMPED (nearest hour) 01  
8 9

PUMPING RATE (gal. per min.) 5  
11

METHOD USED TO  
MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft.  
17 20

WHEN PUMPING 290 ft.  
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine  
27 27 27  
C centrifugal R rotary O other (described below)  
27 27 27  
J jet S submersible  
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29 S  
29

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 7  
31

PUMP HORSE POWER 1/2  
37

PUMP COLUMN LENGTH  
(nearest ft.) 280  
43

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above LAND SURFACE  
49  
- below 02 (nearest foot)  
49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES  
AND INDICATE NOT LESS THAN  
TWO DISTANCES  
(MEASUREMENTS TO WELL)

OKSRK 110' →  
Triadelphia rd.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED yes no  
Y N

CIRCLE APPROPRIATE LETTER

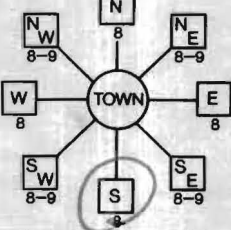
A A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION  
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND  
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE  
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED  
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE.

DRILLERS LIC. NO. 1 M 5 D 0 09  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

13899		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER <u>HO - 94 - 2691</u> fill in this form completely	
Date Received (APA) <u>5/5/2000</u>			B 3 <u>Howard</u> LOCATION OF WELL			
8 MM DD YY 13 <u>Phillips</u> <u>Helen</u>			8 COUNTY 21			
15 Last Name Owner First Name 34			23 SUBDIVISION <u>13160 Tridelphia rd.</u>		42	
36 Street or RFD 55			SECTION 44 46 LOT 48 50			
57 Town 70 State 72 Zip 76			52 NEAREST TOWN <u>West Friendship</u>		71	
DRILLER INFORMATION			MILES FROM TOWN (enter 0 if in town) <u>5</u> M I		73 76 77 78	
Driller's Name <u>Allen Compton</u> M S D 009			B 4			
Firm Name <u>Fogle's Well Drilling</u>			1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		11 NEAR WHAT ROAD <u>Triadelphia rd.</u>	
Address <u>580 Obrecht rd. Sykesville md 21784</u>					ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
Signature <u>Allen Compton</u> Date <u>5-5-00</u>					34 165 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39	
2 WELL INFORMATION					TAX MAP: <u>22</u> BLK: <u>9</u> PARCEL <u>139</u>	
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>						
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>						
USE FOR WATER (CIRCLE APPROPRIATE BOX)						
<input checked="" 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"/> GEO-THERMAL						
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL						
COUNTY NAME <u>Howard</u> COUNTY NO. <u>P47924</u>						
STATE SIGNATURE _____ INSERT S → 41						
DATE ISSUED <u>5/19/2000</u> CO SIGNATURE <u>Brian Baker</u> EXP. DATE <u>5/19/2005</u>						
NORTH GRID <u>523</u> 0 0 0 EAST GRID <u>818</u> 0 0 0						
50 55 57 63						
APPROXIMATE DEPTH OF WELL <u>300</u> FEET						
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH						
METHOD OF DRILLING (circle one)						
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN						
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary)						
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT						
other _____						
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)						
<input checked="" 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						
<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 DEEPMEN 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 54 _____ 63						
PERMIT No. <u>HO - 94 - 2691</u>						
20 71 72 73 74 75 76 77 78 79						
SPECIAL CONDITIONS						
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =						
NV-Permit 97						

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Triadelphia rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 165 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 9 PARCEL 139

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. P47924

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 5/19/2000 CO SIGNATURE Brian Baker EXP. DATE 5/19/2005

NORTH GRID 523 0 0 0 EAST GRID 818 0 0 0

50 55 57 63

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 818

N 523

000 000

6/13/00 4 PM GROUT

NO (NSP) (signature) 6/13/00

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

ATTN: DAVE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fagle's Well Drilling Telephone #: 410-795-5670  
Address: 280 Brecht Rd.  
2Kessville, Md. 21781

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License # MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Helen Phillips Telephone #: \_\_\_\_\_  
Subdivision: 1 Lot #: \_\_\_\_\_ Well Tag #: HO-99-2691  
Site Address: 13160 Tridelphia Rd.  
West Friendship, Md. 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Red Jacket</u>	Make: <u>Cummins</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>50F311-8S12</u>	Model #: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>11</u> GPM	Depth: <u>4'</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)	Conduit secured to well cap: <u>yes</u>	

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt No

Piping to house  
Type: 1" Black Plastic 160'  
PSI: 160 (160 psi min)  
Depth of supply line: 4' (36" min)

House Connection  
PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 7'  
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton  
Signature of company representative responsible for installation

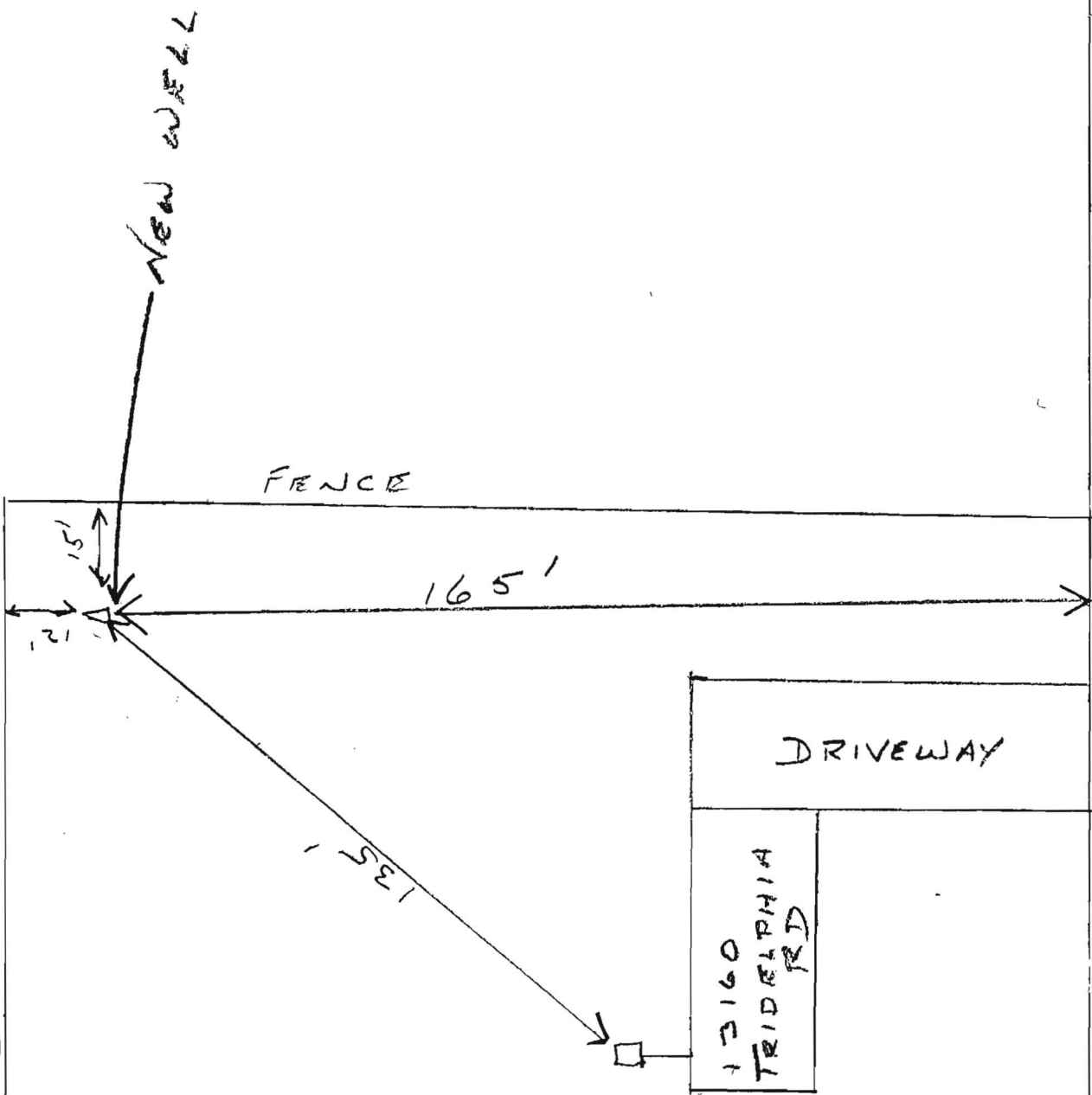
6-17-00  
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 6/20/00 Date Insp. Approved: 2/2/01  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly No-But Accepted  
Safety rope installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

(DKC) BB  
(BB)

FENCE



TRIDELPHIA RD



SITE INSPECTION SHEET

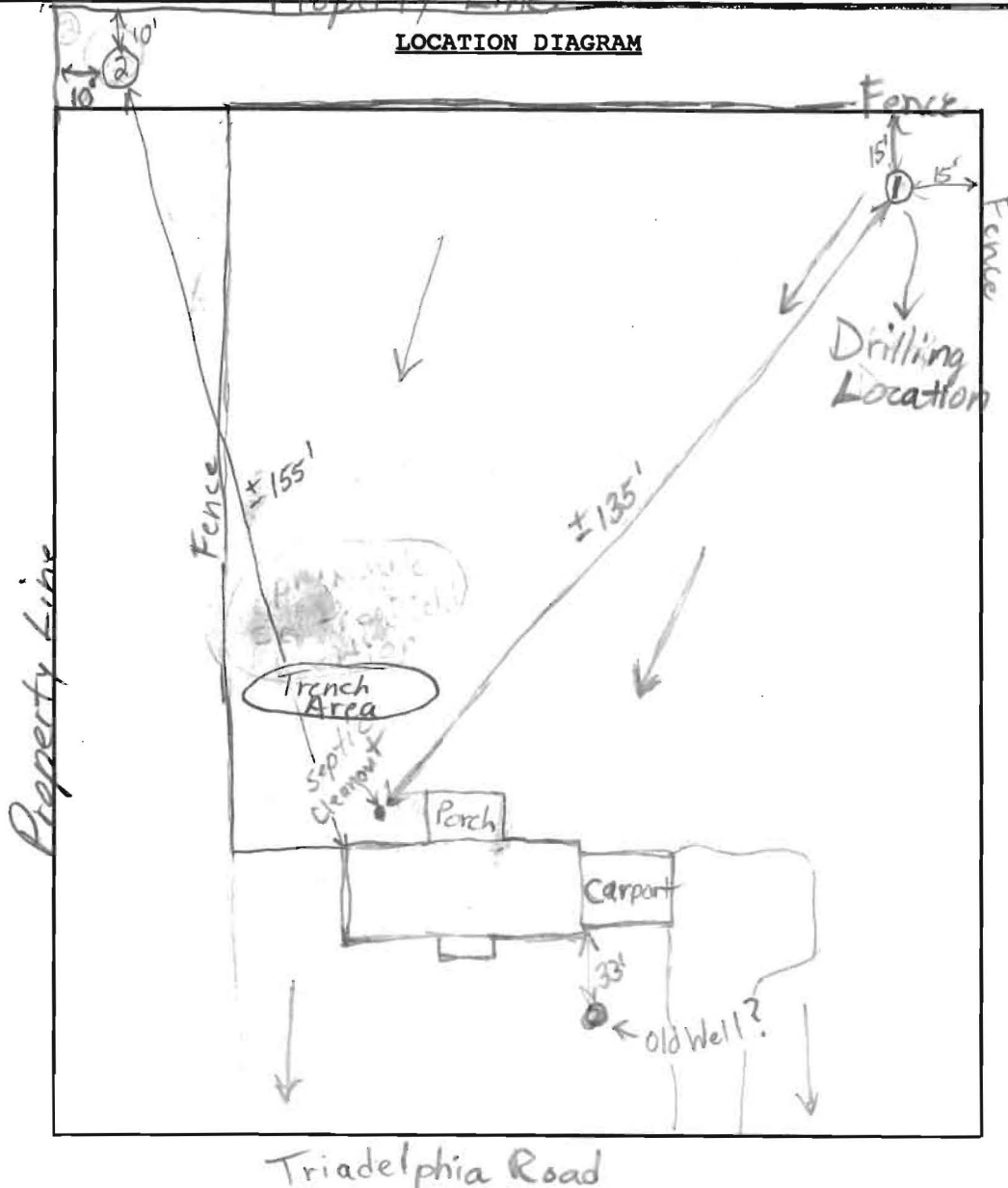
OWNER: Helen Philips  
 ADDRESS: 13160 Triadelphia Rd.

DATE REQUESTED: 5/22/00  
 DRILLER/CONTRACTOR: Compton/Fogles  
 WELL TAG NUMBER: \_\_\_\_\_

TAX & PARCEL: \_\_\_\_\_

COUNTY: Howard

PROPOSAL: Replacement Well - Old Well to be Standby  
Property Line



COMMENTS: Well location at highest area on lot. Best site  
location for septic repairs is front yard (Old well will have  
to be abandoned). 6/2/00 Dry hole at location 1. Location 2  
looks O.K. (BB)

DATE: 5/22/00 INSPECTOR: B. Baker