

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER **(13) A515221**

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
15 18 02

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 94 - 3299
28 29 30 31 32 33 34 35 36 37

OWNER McElwaine Mike
STREET OR RFD Upton Road TOWN Ellicott City
SUBDIVISION Spickard Property 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		check if water bearing
	FROM	TO	
Brown Shale	0	10	
Granite	10	120	
White rock	120	121	✓
Granite	121	220	
white rock	220	221	✓
Granite	221	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **(CM)** BENTONITE CLAY **(BC)**
NO. OF BAGS 21 NO. OF POUNDS 1974
GALLONS OF WATER 126
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 57 ft.
(enter 0 if from surface)

CASING RECORD

main casing TYPE ST Nominal diameter top (main) casing (nearest inch) 0.6 Total depth of main casing (nearest foot) 163
(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole **(ST)** **(BR)** **(HO)**
insert appropriate code below
STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)
(C 2)
1 HO 57 300
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SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

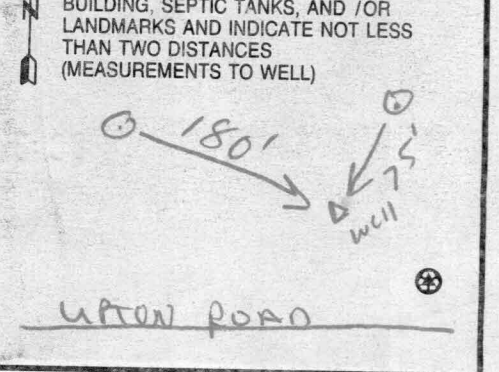
PUMPING TEST

HOURS PUMPED (nearest hour) 03
PUMPING RATE (gal. per min.) 8
METHOD USED TO MEASURE PUMPING RATE 1964
WATER LEVEL (distance from land surface)
BEFORE PUMPING 52 ft.
WHEN PUMPING 118 ft.
TYPE OF PUMP USED (for test)
(A) air **(P)** piston **(T)** turbine
(C) centrifugal **(R)** rotary **(O)** other (describe below)
(J) jet **(S)** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES **(NO)**
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. 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) **(+)** above } LAND SURFACE
(-) below } 01 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **(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. M 5 D 009
DRILLERS SIGNATURE Allen Compton
LIC. NO. M D

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

B 1 9648

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

516414 please print or type

HO -94 -3299 fill in this form completely

Date Received (APA)

11/13/2001

OWNER INFORMATION

McElwaine Mike

506 Kingstow Rd.

Baltimore MD 21229

LOCATION OF WELL

Howard

SECTION LOT

ELLIOTT CITY

MILES FROM TOWN (enter 0 if in town) 4

DRILLER INFORMATION

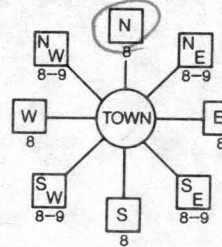
Allen Compton MS D 009

Fogles Well Drilling

580 Obrecht Rd.

Allen Compton 11-8-01

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



UPTON Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 300 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 24 BLK: 5 PARCEL 455

WELL INFORMATION APPROX. PUMPING RATE 5

AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D)
Farming (Livestock Watering & Agricultural Irrigation) (F)
Industrial, Commercial, Dewatering (I)
Public Water Supply Well (P)
Test, Observation, Monitoring (T)
Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A515221

STATE SIGNATURE DATE ISSUED

12/18/2001 Brian Baber 12/18/2002

NORTH GRID 526 000 EAST GRID 850 000

APPROXIMATE DEPTH OF WELL 300 FEET

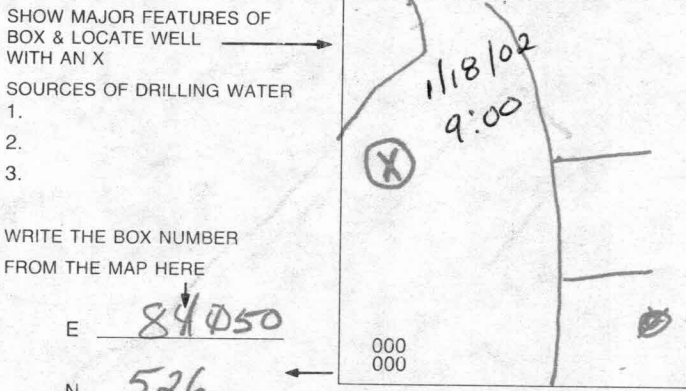
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

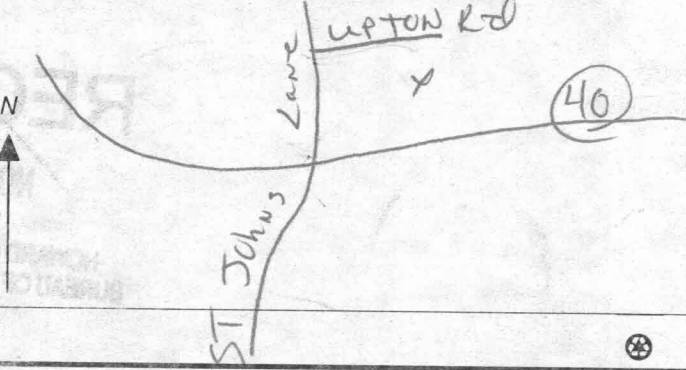
- Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (N)
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y)
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (S)
THIS WELL WILL DEEPEM AN EXISTING WELL (D)



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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G PERMIT No. HO-94-3299

SPECIAL CONDITIONS

oked
7/30/02
reboxed
1-28-03

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville Md 21784

(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#: MSD009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Miss McElwain Telephone #: 410-955-3702 (W)
Subdivision: _____ Lot #: _____ Well Tag #: HO 94-3299
Site Address: UPTON RD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 75B07 Model #: N/A Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 5 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque armstors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing: NA

Piping to house House Connection
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) 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 7-30-02
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/3/02 Date Insp. Approved: 7/3/02 Inspector: 50
Inspection Data: Pitless adapter watertight & 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 ✓
Safety rope not seen outside of well cap/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 ✓

TO THE PRIVATE SEWAGE
EASEMENT SHALL NOT BE
RESTRICTION ON THE

FROM TITLE DEED L.259, F. 265

FINED FOR DRAFTING PURPOSES

BASEMENT IS

A

ST. JOHNS LANE

EX. SAN. MH
FROM AVAILABLE
PLANS OF RECORD

EX. 8" SEWER
FROM AVAILABLE PLANS
OF RECORD

EX. 6" GAS
FROM AVAIL.
PLANS OF
RECORD

EXISTING
HOUSE

EX. WELL Δ

EX. 8" WATER
FROM AVAILABLE
PLANS OF RECORD

STONE
WALL

503'10"00"W 148.93

415.2' COR/HSE

415.9' COR/HSE

N87°28'58"W
120.19

503'27'55"W
59.99

S86°40'46"E
50.02

ENTATION TO BE DETERMINED BY HEALTH
EM LAYOUT INSPECTION.

FOR TO FILL *

12/18/01
Well site Staked
By Shanabarger and
Lane as Per Owner
Mike McElwaine

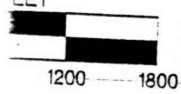
AN PROP.
WELL





PROPERTY MAPPING SECTION
 MARYLAND OFFICE OF PLANNING
 DATE _____
 SCALE 1"=400' (IF 17200)
 THIS INFORMATION HAS BEEN COMPILED FROM AERIAL PHOTOGRAPHS AND FIELD SURVEYS. IT SHOULD NOT BE USED FOR ANY OTHER PURPOSE. THE PROPERTY MAPPING SECTION IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS. THE USER MUST BE ADVISED THAT THIS INFORMATION IS NOT A GUARANTEE OF ACCURACY. THE USER MUST BE ADVISED THAT THIS INFORMATION IS NOT A GUARANTEE OF ACCURACY. THE USER MUST BE ADVISED THAT THIS INFORMATION IS NOT A GUARANTEE OF ACCURACY.





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OFFICE OF PLANNING
 MARYLAND COUNTY OF PLANNING
 PROPERTY MAPPING SECTION

THE INFORMATION SHOWN HEREON HAS BEEN COMPILED FROM DEED DESCRIPTIONS AND IS NOT AN ACTUAL SURVEY. IT SHOULD NOT BE USED FOR LEGAL DESCRIPTIONS. LEGAL NOTING ERRORS ARE USED TO NOTIFY THE PROPERTY MAPPING SECTION, 301 W. PRESTON ST., BALTIMORE, MD 21201.

PROPERTY LINE
 SUBDIVISION BOUNDARY
 CONTINGENT OWNERSHIP
 PARCEL NUMBERING - P-999 (ASSIGNED TO IDENTIFY AND INDEX OWNERSHIP)
 MUST BE PRECEDED BY A MAP NUMBER

