

C114487

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.

COUNTY
NUMBER13

ST/CO USE ONLY
DATE Received
MM DO YY
813

DATE WELL COMPLETED
MM DO YY
62702

Depth of Well
2260026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-3418

OWNER
Jones

STREET OR RFD
11800 Tridelphia Road

TOWN
West Friendship

SUBDIVISION

SECTION

LOT
1

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	35	
Gray Limestone	35	570	
Brown Sandstone	570	571	✓
Gray Limestone	571	600	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED
yes Y no 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. MS D 009
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D

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

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 14 NO. OF POUNDS 134
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER
MAIN CASING TYPE
ST 06 40
Nominal diameter
top (main) casing
(nearest inch)!
Total depth
of main casing
(nearest foot)

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

SCREEN RECORD
screen type
or open hole
insert
appropriate
code
below
ST STEEL BR BRASS
PL PLASTIC HO OPEN
HOLE
OT OTHER

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
H0 40 600

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

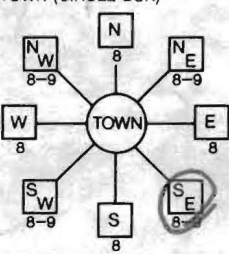
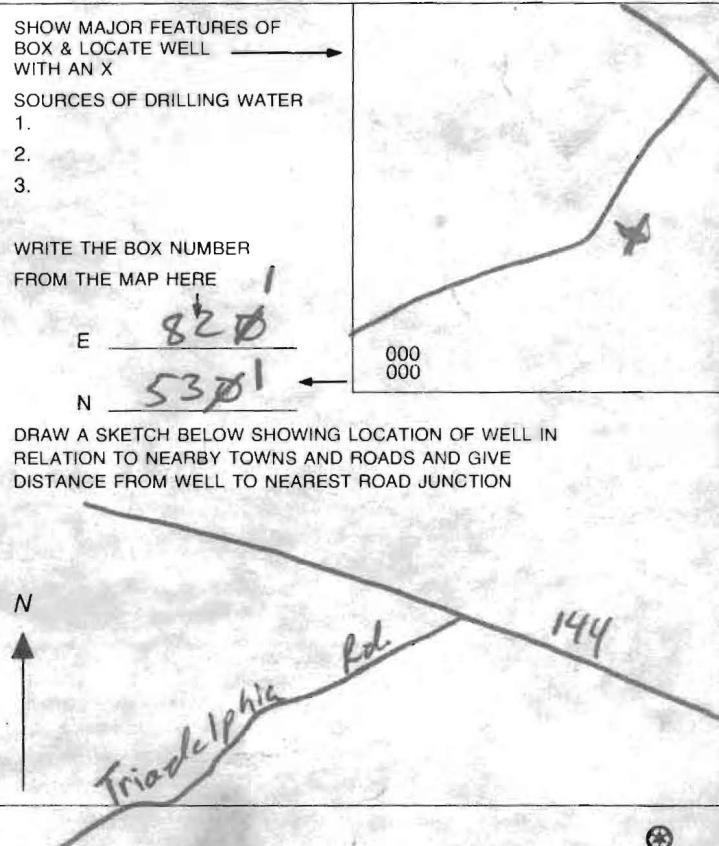
C3
PUMPING TEST
HOURS PUMPED (nearest hour) 01
PUMPING RATE (gal. per min.) 20
METHOD USED TO
MEASURE PUMPING RATE 19AL
WATER LEVEL (distance from land surface)
BEFORE PUMPING 70 ft.
WHEN PUMPING 590 ft.
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other
(describe below)
J jet S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP 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.
CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 5
PUMP HORSE POWER 1
PUMP COLUMN LENGTH
(nearest ft.) 500
CASING HEIGHT (circle appropriate box
and enter casing height)
+ above - below
LAND SURFACE 01 (nearest foot)
LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)
House 42' 125' Septic
Well 29'

DENV-CR00

COUNTY

B 1	9357	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W 517331 please print or type	STATE PERMIT NUMBER H0-94-3418 fill in this form completely
Date Received (APA) <u>06 03 02</u> 8 MM DD YY 13				
OWNER INFORMATION				
15 Last Name <u>Jones, Harry</u> Owner First Name <u>Harry</u> 34 36 Street or RFD <u>11800 Triadelphia Rd</u> 55 57 Town <u>Ellicott City md.</u> 70 State <u>md.</u> 72 Zip <u>21042</u> 76				
DRILLER INFORMATION				
Driller's Name <u>Allen Compton</u> MS D 009 Firm Name <u>Eagles Well Drilling</u> Address <u>580 Obrecht Rd</u> Signature <u>Allen Compton</u> Date <u>5-22-02</u>				
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20				
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				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST				
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 checked="" 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)				
APPROX. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-94-3418</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL
8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>OKSRU</u> 42 SECTION <u>1</u> LOT <u>1</u> 44 46 48 50 52 NEAREST TOWN <u>West Friendship</u> 71 MILES FROM TOWN (enter 0 if in town) <u>3</u> M I 73 76 77 78	
B 4	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Triadelphia Rd.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 100 37 DISTANCE FROM ROAD <u>100</u> FT ENTER FT OR MI 38 39 TAX MAP: <u>16</u> BLK: <u>20</u> PARCEL <u>32</u>
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <u>6/03/02</u> CO SIGNATURE <u>Karen Noonan</u> EXP. DATE <u>6/03/03</u> 43 MM DD YY 48 NORTH GRID <u>531</u> 0 0 0 EAST GRID <u>821</u> 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 <u>820</u> N <u>530</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	

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 21.04.04 (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: 550 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: Larry Jones Telephone #: 410-531-5895
Subdivision: N/A Lot #: N/A Well Tag #: HO 94-3418
Site Address: 11800 Tridelphia Rd
Ellicott City, Md 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>55B10</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>100</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 17.8.4
Torque arrestors, 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 N/A

Piping to house
Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5'
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

8-1-02
date

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

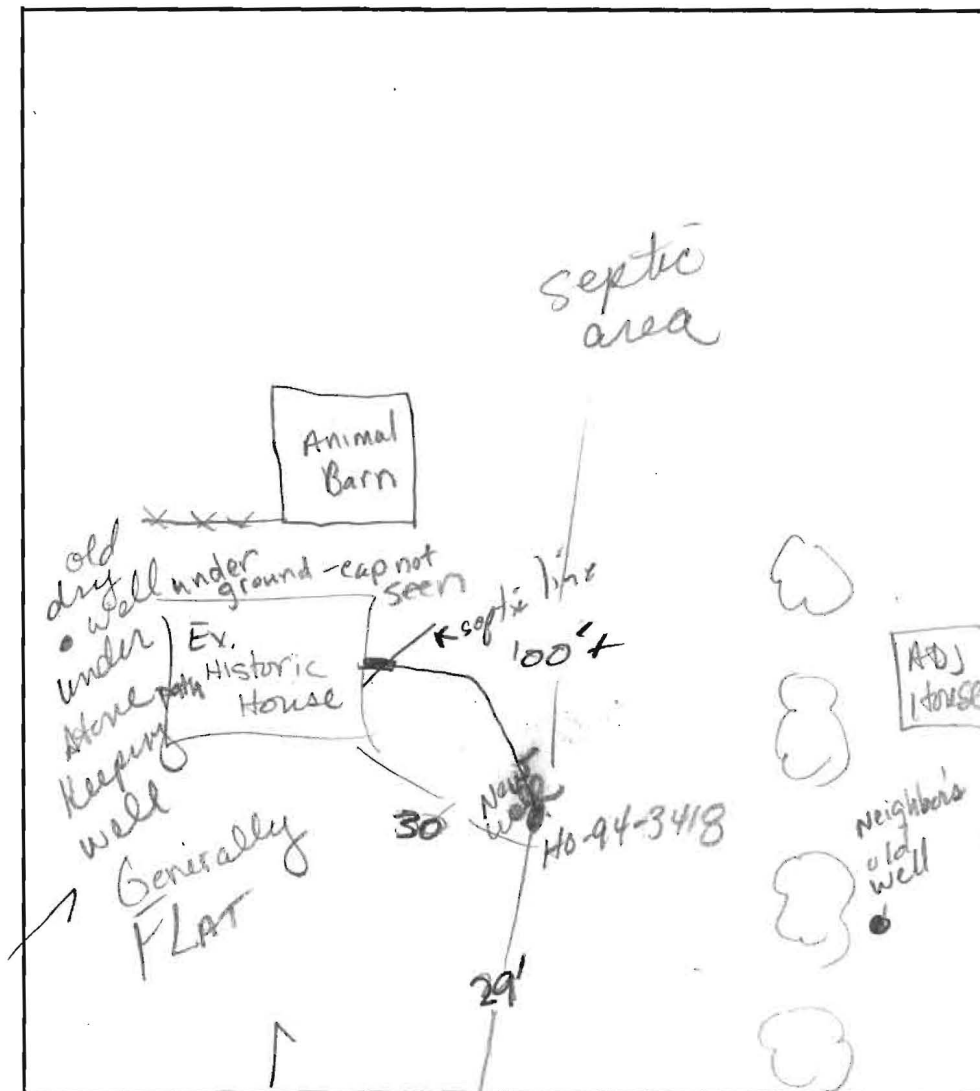
Date Insp. Requested: 7/1/02 Date Insp. Approved: 7/9/02 Inspector: SO SRK
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety 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 ✓

SITE INSPECTION SHEET

OWNER: Smith, Mrs.
Jones, Larry
 ADDRESS: 11800 Tridelphia Rd.
Ellicott City
 TAX & PARCEL: 16, 32
 PROPOSAL: Drill second well; use first as a
standby

DATE REQUESTED: 6/26/02
 DRILLER/CONTRACTOR: Allen Compton
 WELL TAG NUMBER: HO-94-3418
 COUNTY: Howard

LOCATION DIAGRAM



Tridelphia Road

COMMENTS: 6-26-02 Houses across street have wells
drilled in front. \$80⁰⁰ check. 1st attempt
successful. 575' water drilled to 1000'. Well
driller predicts \approx 20 gpm

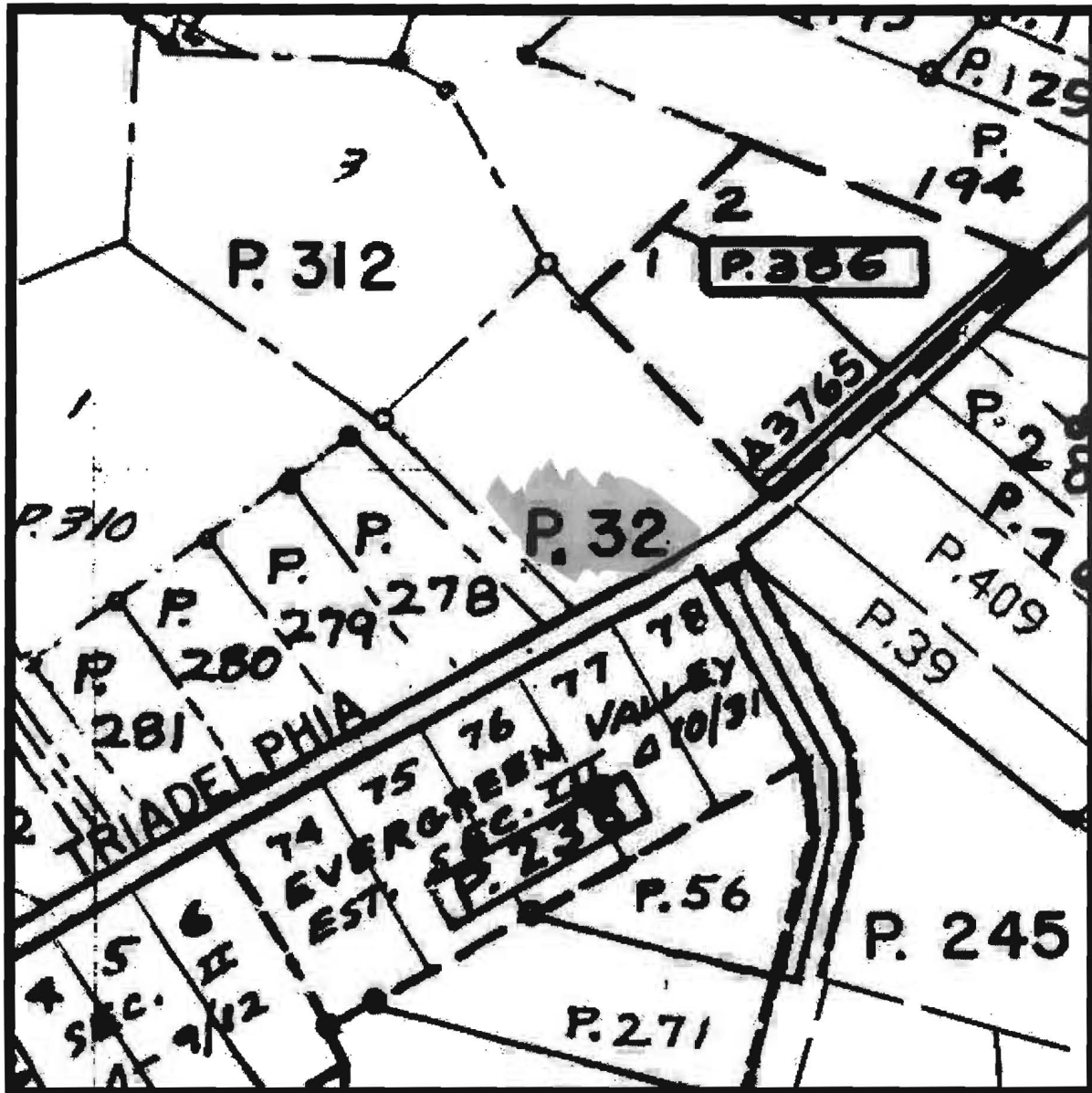
DATE: 6-26-02 INSPECTOR: Kacri



Maryland Department of Assessments and Taxation
HOWARD COUNTY
Real Property Data Search

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District - 03 Account Number - 280292



Property maps provided courtesy of the Maryland Department of Planning ©2001.
 For more information on electronic mapping applications, visit the Maryland Department of Planning
 web site at www.mdp.state.md.us

*Tax Map & Parcel Number Correct
 But depicted location not correct
 MR 7/12/02*



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

A517427-B

Penny E. Borenstein, M.D., M.P.H., Howard County Health Officer

August 8, 2002

Larry Jones & Susan Smith
11800 Triadelphia Road
Ellicott City, MD 21042

RE: **Replacement Well Issues**
11800 Triadelphia Road
Well Permit # HO-94-3418

Dear Mr. Jones and Mrs. Smith:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

We have also noted in your file that your old well will not be abandoned & seal, as you plan to use it for non-potable irrigation. If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Kacie Noonan
Kacie Noonan, Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File

