

C1 34824 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Mobley last name Ten Oaks rd first name Ralph TOWN Clarksville

WELL LOG Not required for driven wells GROUING RECORD yes no

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown Loamy	0	36	
Gray SANDST	36	99	
White	99	100	✓
Gray Schist	100	600	

WELL HAS BEEN GROUING (Circle Appropriate Box) Y N  
 TYPE OF GROUING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC  
 NO. OF BAGS 24 NO. OF POUNDS 2250  
 GALLONS OF WATER 144  
 DEPTH OF GROIT SEAL (to nearest foot) from 0 ft. to 39 ft.

CASING RECORD casing types insert appropriate code below  
 ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 ST 06 63

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
 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 MSD 009  
 DRILLERS SIGNATURE  
 LIC. NO. 1 D

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

DEPTH (nearest ft.)  
 H0 63 600

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60  
 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

C 3

PUMPING TEST  
 HOURS PUMPED (nearest hour) 03  
 PUMPING RATE (gal. per min.) 6  
 METHOD USED TO MEASURE PUMPING RATE 190L  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 116 ft.  
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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  
 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 - below LAND SURFACE 02 (nearest foot)

LATITUDE 39.234146  
 LONGITUDE 76.980247  
 (DEFAULT COORD. WGS 84)  
 Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1	25477	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555842-1 please type	STATE PERMIT NUMBER HO-15-0055 <small>fill in this form completely</small>								
Date Received (APA) 04-27-15 <small>8 MM DD YY 13</small>		<b>OWNER INFORMATION</b>										
15 Last Name MB Gaithers		34 First Name Chance		36 Street or RFD 1686 E. Guile DR								
57 Town Rockville, Md.		72 State 20850		76 Zip								
<b>DRILLER INFORMATION</b>		<b>LOCATION OF WELL</b>										
76 Driller's Name Allen Compton		8 COUNTY Howard										
81 License No. M SD 009		21 Gaither's Chance										
Firm Name Fogles Well Drilling, LLC		23 SUBDIVISION 42										
Address P.O. Box 202 Woodbine, Md 21797		SECTION 44 46 LOT 2 48 50										
Signature Allen Compton		52 NEAREST TOWN 71 Cheskoville										
Date 4-27-15												
B 2	<b>WELL INFORMATION</b>		<b>SOURCES OF DRILLING WATER</b>									
1	2	APPROX. PUMPING RATE (GAL. PER MIN.)	11	30								
		8 500 12	STREET ADDRESS Ten Oaks Rd									
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)		14 500 20	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)									
			<table border="1" style="margin-left:auto; margin-right:auto;"> <tr><td>N</td><td>NORTH</td></tr> <tr><td>W</td><td>WEST</td></tr> <tr><td>E</td><td>EAST</td></tr> <tr><td>S</td><td>SOUTH</td></tr> </table>		N	NORTH	W	WEST	E	EAST	S	SOUTH
N	NORTH											
W	WEST											
E	EAST											
S	SOUTH											
			34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39									
			TAX MAP: 0028 BLK: 0008 PARCEL 0045									
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL										
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME Howard										
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		(13) COUNTY NO. A 537370										
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		STATE SIGNATURE _____ INSERT S →										
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		DATE ISSUED 5/20/15										
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		43 MM DD YY 46 CO SIGNATURE _____ EXP. DATE 5/20/16										
<input type="checkbox"/> OPEN LOOP GEOTHERMAL												
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL												
APPROXIMATE DEPTH OF WELL		PROPOSED LOCATION OF WELL ON LOT										
24 300 28 FEET		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL										
APPROXIMATE DIAMETER OF WELL												
6 INCH												
<b>METHOD OF DRILLING</b> (circle one)												
<input checked="" type="checkbox"/> BORED (or Augered)		<input type="checkbox"/> JETTED		<input type="checkbox"/> Jetted & DRIVEN								
30 AIR-ROTARY		AIR-PERCussion		ROTARY (Hydraulic Rotary)								
37 CABLE		REVerse-ROTary		DRive-POINT								
other _____												
<b>REPLACEMENT OR DEEPEMED WELLS</b> (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												
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												
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>												
APPROP. PERMIT NUMBER HO 2014G 004												
PERMIT No. HO-15-0055 <small>70 71 72 73 74 75 76 77 78 79</small>												
<b>SPECIAL CONDITIONS</b> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-</small>												





**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: NATIONAL WATER SERVICE Telephone #: 301-854-1333  
Address: P.O. Box 138  
ASHTON MD 20861

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID RYCKE License# PI 0145

\*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: MITCHELL & BEST Telephone #: 240-263-1327  
Subdivision: SAITHERS CHARGE Lot #: 2 Well Tag #: HO-15-0055 ✓  
Site Address: TEN OAKS RD  
CLARKSVILLE 09/27/2017

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: ✓
Model #: <u>1HP 250/2W</u>	Model#: <u>PA 800</u>	Screened, vented well cap: ✓
Pump Capacity <u>10</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>6</u> GPM	NSF approved: <u>N/A</u>	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>100</u> feet		Conduit secured to well cap: ✓
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required - Must circle one <u>N/A</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

**Piping to house**  
Type: Poly  
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: 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.

Signature of company representative responsible for installation

date 7-25-17

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

Date Insp. Requested: <u>09/27/2017</u>	Date Insp. Approved: <u>09/27/2017</u> ⊙
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>✓</u> 49" 09/27/2017 ⊙
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u> 44" 09/27/2017 ⊙
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u> 22" ⊙ 09/27/2017
Water supply line sleeved adequately at house connection	<u>✓</u> # connection under
Adequate grout observed below pitless adapter	<u>✓</u> footer 09/27/2017 ⊙

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JULY 22, 2018**

January 22, 2018

Homeowner  
5014 Gaithers Chance Drive  
Clarksville, MD 21029

**RE: Gaithers Chance, Lot 2**  
**5014 Gaithers Chance Drive**  
**Building Permit: B17002343**  
**Well Permit: HO-15-0055**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/22/2018**. Final approval of the well line connection to the dwelling was granted on **9/27/2018**. The well construction was completed on **12/1/2015**. Water samples were collected on **12/27/2017**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0055. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

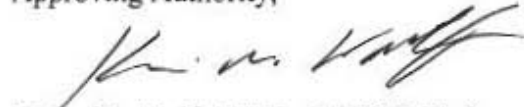
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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**Maura J. Rossman, M.D., Health Officer**

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Well Water Solutions  
P. O. Box 67  
Highland, MD 20777

Reporting Date: 1/3/2018  
Report #: WWS1712-04

Submitted Sample Address: Lot 2, 5014 Gaithers Chance Drive  
Clarksville, MD 21036  
Submitted Sample Source: Bathroom sink; first test - no treatment  
Date / Time Collected: 12/27/2017 11:00 AM  
Sampler/Company: Janet Walker 9006JW, Well Water Solutions  
Sample Type: Drinking Water  
Field Record: Chlorine residual: Absent pH: 6.6  
Well Tag #: HO-15-0055

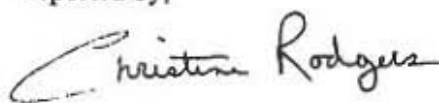
## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	5.3	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	1.1	NTU	0.5	< 10 NTU*	MD Well Reg.

### Notes:

1. Bacteriological analysis of this sample indicates this water is  safe  for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -  
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.  
EPA Secondary: Non-enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: *SLB*

## **Wolf, Kevin**

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**From:** Ralph Mobley <[rmobley@mitchellbest.com](mailto:rmobley@mitchellbest.com)>  
**Sent:** Tuesday, November 10, 2015 3:24 PM  
**To:** Wolf, Kevin  
**Cc:** 'theresa@foglesinc.com'  
**Subject:** Re: Gaithers Chance Lot 1

Thank you Kevin! Enjoy your time off!

Ralph Mobley, Jr.  
Mitchell & Best Homes

Sent from my iPhone

On Nov 10, 2015, at 3:20 PM, Wolf, Kevin <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)> wrote:

Ralph, I will be back in the office Thursday. If you or Theresa have any questions call me.

Kevin M. Wolf, LEHS

**Groundwater Mgmt. Sec. Supervisor**

**Well & Septic Program**

**Bureau of Environmental Health**

**8930 Stanford Blvd.**

**Columbia, MD 21045**

**[kwolf@howardcounty.gov](mailto:kwolf@howardcounty.gov)**

----- Original message -----

From: Ralph Mobley <[rmobley@mitchellbest.com](mailto:rmobley@mitchellbest.com)>  
Date: 11/10/2015 2:52 PM (GMT-05:00)  
To: "Wolf, Kevin" <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>, Theresa Miller <[Theresa@foglesinc.com](mailto:Theresa@foglesinc.com)>  
Subject: RE: Gaithers Chance Lot 1

Hi Kevin,

I wanted to follow-up with you on my e-mail below from last week regarding the sodium results for the wells on

Lots 1 & 2 to see if we have permission to hydrofrack them. I'm at a point in the overall development review process now where I need to get ready to submit the plat to stay in compliance with the development review timeframes, but I can't do that until I have all the wells certified by the Health Department. I'd greatly appreciate any updates you can provide me.

Thank you,

Ralph Mobley, Jr.  
Vice President of Land  
Mitchell & Best Homes  
O: 301.762.9511 ext. 305  
C: 240.793.9616  
Mitchell & Best | Instagram | Twitter | Facebook

-----Original Message-----

From: Ralph Mobley  
Sent: Wednesday, November 04, 2015 2:38 PM  
To: 'Wolf, Kevin'; Theresa Miller  
Subject: RE: Gaithers Chance Lot 1

Hi Kevin,

I just exchanged e-mails with Theresa and she informed me that you have the sodium results now for the wells on Lot 1 & 2 at Gaithers Chance (reports attached). The results seem low to me. I wanted to check back with you to see what the next step is to gain approval to hydrofrack these wells.

Thank you!

Ralph Mobley, Jr.  
Vice President of Land  
Mitchell & Best Homes  
O: 301.762.9511 ext. 305  
C: 240.793.9616  
Mitchell & Best | Instagram | Twitter | Facebook

-----Original Message-----

From: Wolf, Kevin [<mailto:KWolf@howardcountymd.gov>]  
Sent: Wednesday, October 28, 2015 9:31 AM  
To: Theresa Miller  
Cc: Ralph Mobley  
Subject: RE: Gaithers Chance Lot 1

Thank you. We will wait for all test results.

-----Original Message-----

From: Theresa Miller [<mailto:Theresa@foglesinc.com>]  
Sent: Wednesday, October 28, 2015 9:29 AM  
To: Wolf, Kevin  
Cc: [rmobley@mitchellbest.com](mailto:rmobley@mitchellbest.com)  
Subject: FW: Gaithers Chance Lot 1

Kevin,

Just wanted to make sure you received these water test results from Fountain Valley. I think the lab sent them to

Sharhonda. I will forward Lot #2 next.

I am still waiting on the Sodium results which usually take about 7 working days.

Thanks,  
Theresa

-----Original Message-----

From: Cass Holland [<mailto:ccholland@fval.com>]

Sent: Tuesday, October 27, 2015 2:45 PM

To: Theresa Miller <[Theresa@foglesinc.com](mailto:Theresa@foglesinc.com)>

Cc: 'Martin, Sharhonda' <[smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)>

Subject: Gaithers Chance Lot 1

**FOGLE'S WELL DRILLING**  
P.O. BOX 202  
WOODBINE, MD 21797  
443-609-4195

November 12, 2015

Howard County Health Department  
8930 Stanford Dr  
Columbia, Md 21045

Re: Gaithers Chance Lot #1, #2 & #4

Kevin,

Fogle's & Ralph Mobely are requesting permission to Hydrofrac at Gaithers Chance Lot # 1, #2, and #4. We are requesting to Hydrofrac in hopes to get a well that meets State & County standards for an acceptable well. The reason why we choose to Hydrofrac instead of trying to drill in another location is due to the fact of the required setbacks on the lots and limited space of where we can drill. We believe Hydrofracing is the best option to get the required gallons per minute so that we do not lose the approved lots.

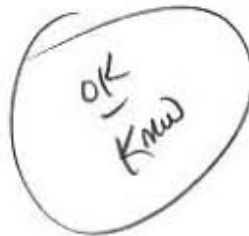
Fogle's called Howard County Health Department on Thursday November 12<sup>th</sup> and scheduled to Hydrofrac on Tuesday November 17, 2015 @ 9:00 a.m.

Please do not hesitate to contact me with any further questions or concerns.

Sincerely,



Allen Compton  
MSD009  
AJC/tlm



WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER H0-15-0055 DATE WORK PERFORMED (mm/dd/yyyy) 11/17/15

WELL SITE ADDRESS Ten Oaks Rd / Gaithers Chance Ln.

TAX MAP 0078 BLK 0008 PARCEL 0045 LATITUDE 3\_\_ - \_\_\_\_ LONGITUDE 7\_\_ - \_\_\_\_

CASING DEPTH 163 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 1000 FT WATER LEVEL BEFORE FRAC 375 FT YIELD BEFORE FRAC 5 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 150 FT

SOURCE OF WATER Well

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	150		1200	600
2	350		550	600
3				
4				
5				

WATER LEVEL AFTER FRAC 50 FT YIELD AFTER FRAC 6 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

**REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.**

This Notice is provided pursuant to 510-024 of the State Government Article of the Maryland code. The Personal Information Requested on this form is intended to be used in processing this form pursuant to COMAR 26.04.04. Failure to provide the information requested may result in the form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE a website and subject to inspection or copying, in whole or in part, by the public and other government agencies. If not protected by Federal or State law.

DRILLER SIGNATURE Frank Phillips LIC # MWD579 11/17/15

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 103886 Account #: 1930  
Reference: Gaithers Chance Lot 2 Company: Fogle's Well Drilling  
Location: Ten Oaks Road Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 10/23/2015 1218 Site: Pumped from Well  
Date/Time Rec'd: 10/23/2015 1450 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: J. Fogle 1974JF Well #: HO-15-0055

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Chloride	42.5	mg/L	250*	SM18 4500-Cl-B.	10/23/2015 / 1730 / CRS
Solids, Total Dissolved	168	mg/L	500*	S2540C-2011	10/23/2015 / 1800 / CRS

*No sample collected  
post - yield.  
(Krow)*

### NOTES

- 1 Revised report: Reference changed from Choice to Chance per client 10/27/15 CCH
- 2 \*SMCL = Secondary Maximum Contaminant Level
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH and Chlorine level tested in lab

Reason for Test : HoCHD New Well

Date Reported: 10/27/2015

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	103887	Account #:	1930
Reference:	Gaithers Chance Lot 2	Company:	Fogle's Well Drilling
Location:	Ten Oaks Road Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	10/23/2015 1218	Source:	Well Water
Date/Time Rec'd:	10/23/2015 1450	Site:	Pumped from Well
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.8
		Well #:	HO-15-0055

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sodium	20.9	mg/L	---	200.7	11/2/2015 / 1215 / TSS

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Sodium Detection Limit: 0.25 mg/L
- 3 Sub-contracted to Reference Lab #128
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH & Chlorine level tested on site

**Reason for Test :** HoCHD New WellDate Reported: 11/3/2015

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	104530	Account #:	1930
Reference:	Gaithers Chance Lot 2	Company:	Fogle's Well Drilling
Location:	Ten Oaks Road Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	12/1/2015 1109	Source:	Well Water
Date/Time Rec'd:	12/1/2015 1330	Site:	Pumped from Well
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.9
		Well #:	HO-15-0055

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sodium	16.3	mg/L	---	200.7	12/8/2015 / 0658 / TSS

*\* Sample collected during 'field'*  
*After Hydro Frack*  
*-KMW*

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Sodium Detection Limit: 0.50 mg/L
- 3 Sub-contracted to Reference Lab #128
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH and Chlorine level tested in lab

Reason for Test : HoCHD New Well

Date Reported: 12/8/2015



