

C1 34867

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 A530290

ST/CO USE ONLY DATE Received MM 10 DD 05 YY 15

DATE WELL COMPLETED

Depth of Well

22 150' 26 (TO NEAREST FOOT)

OK 12/28/15

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0071

OWNER MS Golfers Choice, LLC WELL SITE ADDRESS Ten Oaks RD TOWN Clarksville SUBDIVISION Golfers Choice SECTION LOT 17

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries like 'Light tan', 'dark brown', 'grey', 'white', 'grey', 'white'.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 31, NO. OF POUNDS 150, DEPTH OF GROUT SEAL 0 to 103 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing (06), Total depth of main casing (105).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

DEPTH (nearest ft.) table with columns for depth intervals and slot size.

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (33 ft. before, 76 ft. when pumping), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (+), LAND SURFACE (02).

LATITUDE 39.2339884 LONGITUDE 76.928682 (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.

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. MSD-009, DRILLERS SIGNATURE, LIC. NO. D

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

B 1 **33886**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

555842-P please type

HO-15-0071

fill in this form completely

Date Received (APA)  
04/27/15

OWNER INFORMATION

M.B. Gaithers Chance LLC  
1686 E Gude Dr  
Rockville, Md 20850

B 3 LOCATION OF WELL

Howard  
Gaithers Chance  
Clarksville

DRILLER INFORMATION

Allen Compton MS D009  
Eagles Well Drilling, LLC  
P.O. Box 202 Woodbine, Md 21797  
Allen Compton 4-77-95

B 4 SOURCES OF DRILLING WATER

1 Well  
Ten Oaks Rd  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD  
ENTER FT OR MI  
TAX MAP: 0028 BLK: 0008 PARCEL 0045

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A537370  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 5/21/15  
CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

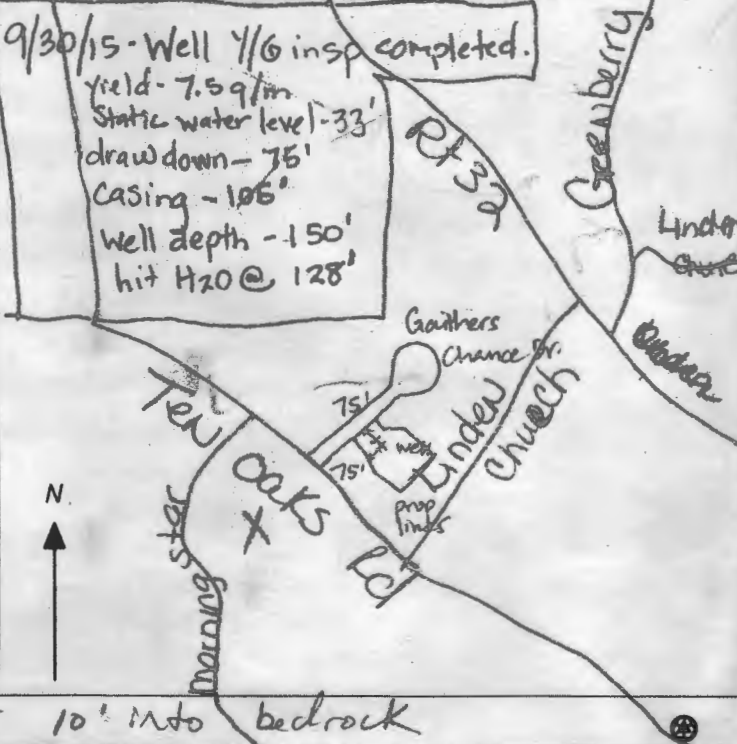
METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEIN AN EXISTING WELL

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



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

APPROX. PERMIT NUMBER HO 7 014 G 004  
PERMIT No. HO-15-0071

SPECIAL CONDITIONS 50' steel casing or 10' into bedrock



HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 WELL & SEPTIC PROGRAM  
 TEL: (410)313-1771 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 Pump & Water Treatment, LLC 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): David C Fogle License # MSP2226

\*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: NVR Inc Telephone #: \_\_\_\_\_  
 Subdivision: Gaithers Chance Lot #: 17 Well Tag #: HO-15-0071  
 Site Address: 5011 Gaithers Chance Dr  
Clarksville, MD 21024

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Cummins</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>71505422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>15</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1.8" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>150</u> (feet)	Conduit secured to well cap: <u>YES</u>	
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4		
Torque wrench, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to brass rope adaptor or other acceptable method inside of well casing: <u>NA</u>		

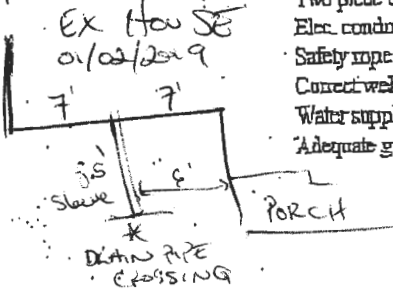
<u>Pipe to house</u>	<u>House Connection</u>
TYPE: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (150 psi min)	Length of sleeve (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

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: David C Fogle date: 11/2/19

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

Date Insp Requested: 01/02/2019 Date Insp Approved: 01/02/2019 Inspector: [Signature]  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 62" 01/02/2019 [Signature]  
 Two piece cap installed and attached to casing securely [Signature]  
 Elec. conduit extends at least 1.8" below grade/attached to cap properly 41" 01/02/2019 [Signature]  
 Safety rope not outside of well cap/casing [Signature]  
 Correct well tag attached properly and casing 8" above finished grade 9" 01/02/2019 [Signature]  
 Water supply line sleeved adequately at house connection [Signature]  
 Adequate grout observed below pitless adapter [Signature]



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – AUGUST 14, 2019**

February 14, 2019

Homeowner  
5011 Gaithers Chance Drive  
Clarksville, MD 21029

**RE: Gaithers Chance, Lot 17  
5011 Gaithers Chance Drive  
Building Permit: B18003382  
Well Permit: HO-15-0071**

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 **1/4/2019**. Final approval of the well line connection to the dwelling was granted on **1/2/2019**. The well construction was completed on **9/30/2015**. Water samples were collected on **1/30/2019, 2/5/2019, 2/12/2019**.

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-15-0071. 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.**

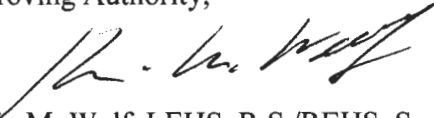
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

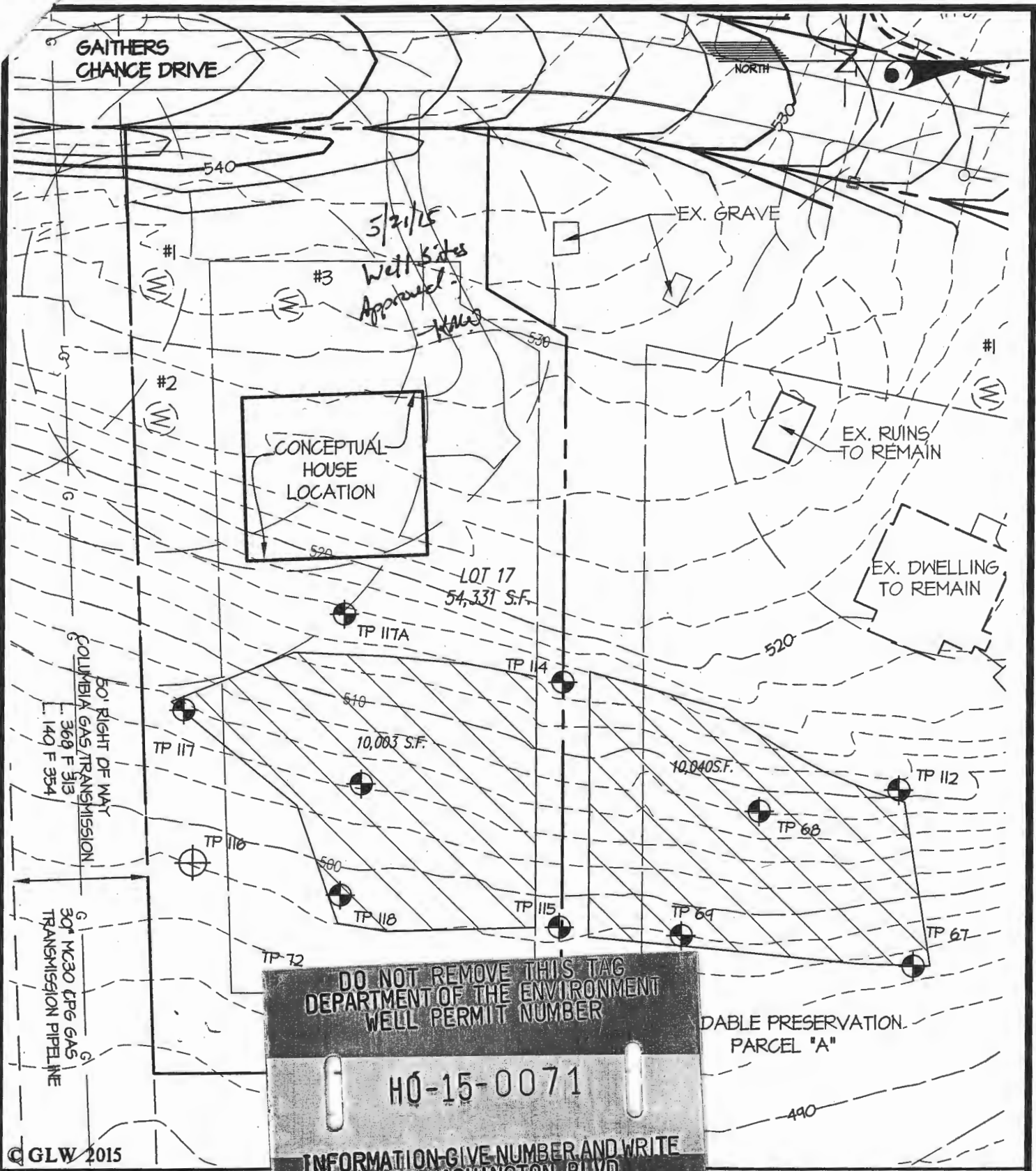
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your septic system. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your BAT.

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



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WELL SITE

GAITHER'S CHANCE  
LOT 17

<b>GLW GUTSCHICK LITTLE &amp; WEBER, P.A.</b> CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK BURTONSVILLE, MARYLAND 20866 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4188 L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04\ Well Plan.dwg	DES. dds	PREPARED FOR : CHM, LLC 5027 TEN OAKS ROAD CLARKSVILLE, MD 21029 JANET MARSHALL 410-531-1460	G. L. W. No. 13070
	DRN. dds		ZONING RR-DEO
	CHK.		TAX MAP/GRID 28-8
			DATE MAY, 2015
			SCALE 1"=50'
		SHEET 1 OF 1	

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04\ Well Plan.dwg  
 PLOTTED: 5/27/2015 8:14 AM, LAST SAVED: 5/26/2015 3:04 AM, PLOTTED BY: Dan Swenbery

# 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 #: 128255 Account #: 1933  
Reference: Gaithers Chance Lot 17 Company: Fogles Well Pump & Treatment  
Location: 5011 Gaithers Chance Drive Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 1/30/2019 1325 Site: 1st Floor Bath  
Date/Time Rec'd: 1/30/2019 1530 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: B. Wilkerson 9315BW Well #: HO-15-0071

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN		MPN/ 100 ml	<1.0	SM20 9223B	1/31/2019 / 1200 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/31/2019 / 1200 / CRS
Nitrate	5.34	mg/L	10	601	1/30/2019 / 1555 / RER
Turbidity		NTU	<10	SM20 2130B	1/30/2019 / 1600 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	1/30/2019 / 1600 / RER

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B18003382


Date Reported: 1/31/2019

# 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 #: 128339 Account #: 1933  
Reference: Gaithers Chance Lot 17 Company: Fogles Well Pump & Treatment  
Location: 5011 Gaithers Chance Drive Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 2/5/2019 1355 Site: 1st Floor Bath  
Date/Time Rec'd: 2/5/2019 1508 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: B. Wilkerson 9315BW Well #: HO-15-0071

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/6/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/6/2019 / 1000 / RER
Turbidity		NTU	<1.0	SM20 2130B	2/5/2019 / 1605 / RER

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B18003382

Date Reported: 2/6/2019

# 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 #:	128445	Account #:	1933
Reference:	Gaithers Chance Lot 17	Company:	Fogles Well Pump & Treatment
Location:	5011 Gaithers Chance Drive Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	2/12/2019 0905	Source:	Well Water
Date/Time Rec'd:	2/12/2019 1330	Site:	1st Floor Bath
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Wilkerson 9315BW	pH:	6.2
		Well #:	HO-15-0071

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	5.01	NTU	<10	SM20 2130B	2/12/2019 / 1500 / RER

✓  
Builder  
ran well  
off to clear  
up turbidity.

### NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B18003382

Date Reported: 2/13/2019