

**C 1** **34818** 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 MM DD YY 01 09 15 DATE WELL COMPLETED MM DD YY 8/11/15 Depth of Well 22 350' 26 9/16/15 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0069

OWNER MB Gaithers Chance LLC WELL SITE ADDRESS Gaithers Chance DR TOWN Clarksville SUBDIVISION SECTION LOT 16

**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 Loamy	0	40	
Gray Schist	40	140	
White	140	141	✓
Gray Schist (very soft)	141	250	
White	250	252	✓
Gray Schist	252	350	

**GROUTING RECORD** (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS <sup>45</sup> 20 <sup>46</sup> NO. OF POUNDS <sup>45</sup> 1800 <sup>46</sup>

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 31 BOTTOM 58 ft. (enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** **CO**  
STEEL CONCRETE

**PL** **OT**  
PLASTIC OTHER

**MAIN CASING TYPE** **ST** Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 52.5

60 61 63 64 66 70

**OTHER CASING (if used)**

EACH CASING	diameter inch	depth (feet) from	to
ST	05	145	250

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

**ST** **BR** **HO**  
STEEL BRASS OPEN HOLE

**PL** **OT**  
PLASTIC OTHER

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3.3

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 12 ft.

WHEN PUMPING 180 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)

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. 1 MSD 009 1

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

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

**C 2** DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
8	9	11	15	17	21																
23	24	26	30	32	36																
38	39	41	45	47	51																

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.2360649

LONGITUDE 76.9781299

(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 1 2 3 4 5 6 0700	SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 555842-D	STATE PERMIT NUMBER 70 14-15-0069 79 fill in this form completely
Date Received (APA) 04 21 05 8 MM DD YY 13 OWNER INFORMATION MB Gaithers Chance LLC 15 Last Name Owner First Name 34 1686 E Gude Dr 36 Street or RFD 55 Rockville MD 20850 57 Town 70 State 72 Zip 76	B 3 LOCATION OF WELL Howard 8 COUNTY 21 Gaithers Chance 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Choksville 52 NEAREST TOWN 71	
DRILLER INFORMATION Allen Compton 76 Driller's Name 81 License No. Foaks Well Drilling, LLC Firm Name P.O. Box 202 Woodbine, Md 21797 Address Allen Compton 4-27-15 Signature Date	B 4 SOURCES OF DRILLING WATER 1. Gaithers Chance Dr 11 STREET ADDRESS 30 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 1200 34 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 0028 BLK: 0008 PARCEL 0045	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME (13) A 537370 COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 5/21/15 43 MM DD YY 48 CO SIGNATURE EXP. DATE 5/21/18	
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <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"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL	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 	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		
METHOD OF DRILLING (circle one) 30 BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 39 <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 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) APPROP. PERMIT NUMBER H0 2014 G 004 PERMIT No. H0-15-0069 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		

**FIELD DATE SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-15-0069Location of Property: Gaithers Chance Dr Clarksville, MdSubdivision: Gaithers Chance Lot: 16 Block      Plot      Sec.     Well Driller: Fogles Allen Compton Owner: MB Gaithers Chance, LLCDepth of Well: 350'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 10'

High rate pumping –reservoir Drawdown

Time pump started: 8:30 Pumping rate: 12Total time 45 mins to reach pumping water level 180 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	12'	5 Seconds		12 gpm
8:45	49'	5		12 gpm
9:00	119'	5		12 gpm
9:15	180	10		6 gpm
9:30	180'	15		4 gpm
9:45	180'	15		4 gpm
10:00	180'	18		3.3 gpm
10:15	180'	18		3.3 gpm
10:30	180'	18		3.3 gpm
10:45	179'	18		3.3 gpm
11:00	175'	18		3.3 gpm
11:15	173'	18		3.3 gpm
11:30	170'	18		3.3 gpm
11:45	169'	18		3.3 gpm
12:00	168'	18		3.3 gpm
12:15	167'	18		3.3 gpm
12:30	166'	18		3.3 gpm
12:45	165'	18		3.3 gpm
1:00	164'	18		3.3 gpm
1:15	164'	18		3.3 gpm
1:30	164'	18		3.3 gpm
1:45	164'	18		3.3 gpm
2:00	164'	18		3.3 gpm
2:15	163'	18		3.3 gpm
2:30	163'	18		3.3 gpm
2:45	163'	18		3.3 gpm
3:00	163'	18		3.3 gpm
3:15	163'	18		3.3 gpm
3:30	163'	18		3.3 gpm

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)513-1771 FAX: (410)513-2648**

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 & Well Treatment, LLC Telephone #: 410 795 5670  
Address: 5580 Abrecht Rd.  
Sykesville, 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): David C. Fogle License #: MSD226

\* 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 #: 16 Well Tag #: HO-15-0069  
Site Address: 5039 Gaithers Chance Dr  
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Camorell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>T4505422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>1</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>3.3</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1 1/2" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>350</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 wrenches, cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to hoist rope adaptor or other acceptable method inside of well casing: <u>N/A</u>		

<u>Piping 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>2000</u> psi min	Length of sleeve (5" 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.

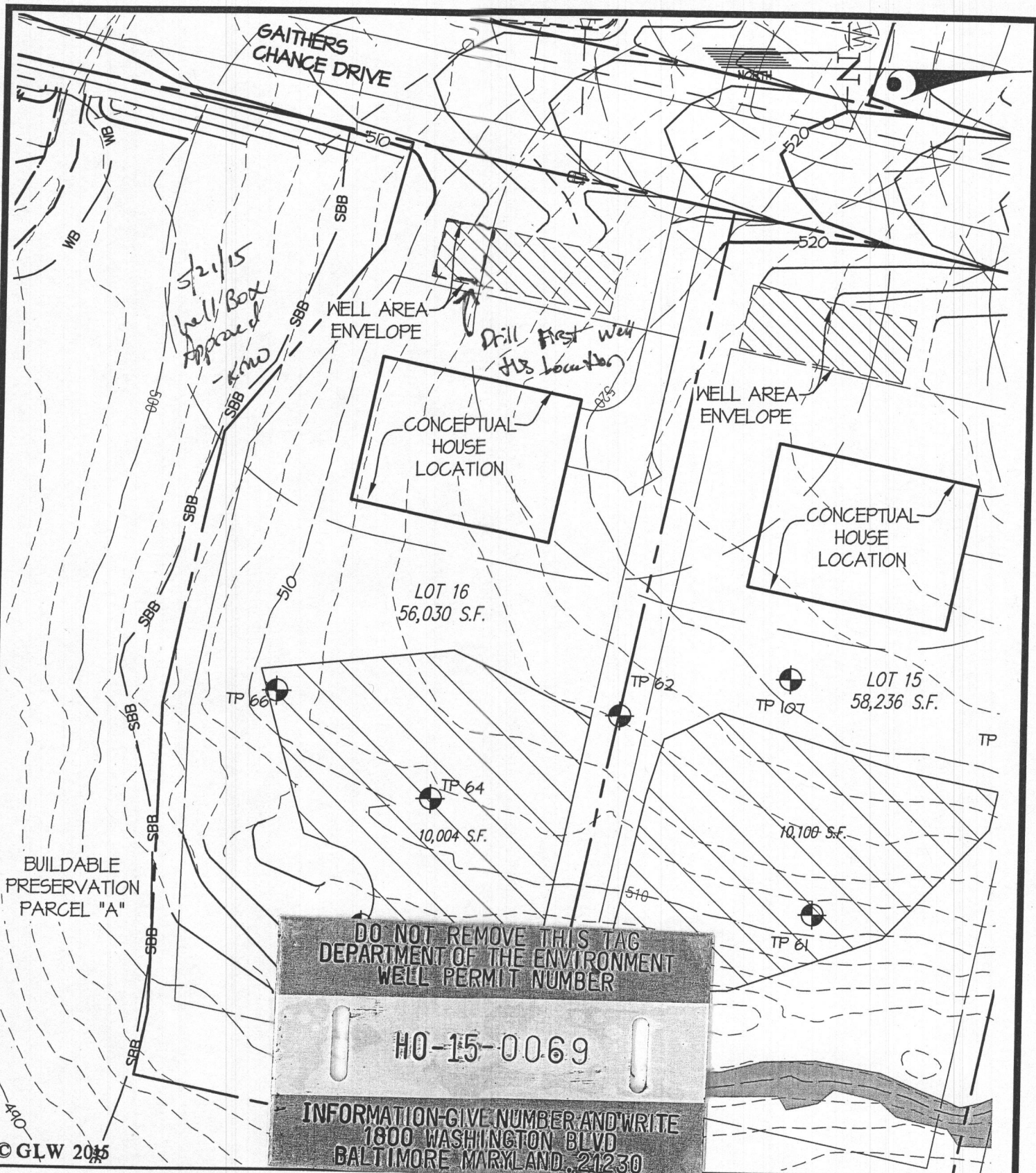
Signature of company representative responsible for installation: David C. Fogle date: 4/22/19

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

Date Insp. Requested: 4/22/2019 Date Insp. Approved: 4/22/2019 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>41"</u>	<u>4/22/2019</u> (Signature)
Two piece cap installed and attached to casing securely	<u>35"</u>	<u>4/22/2019</u> (Signature)
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>16"</u>	<u>4/22/2019</u> (Signature)
Safety rope not 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		

EX HOUSE 4'  
4/22/2019



<b>WELL SITE PLAN</b>		<b>GAITHERS CHANCE LOT 16</b>		
<b>GLW</b> <b>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: 301-421-4186	DES. dds	PREPARED FOR : CHM, LLC 5027 TEN OAKS ROAD CLARKSVILLE, MD 21029 JANET MARSHALL 410-531-1460		
	DRN. dds			G. L. W. No. 13070
	CHK.			ZONING RR-DEO
L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg		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 5/16/2015 8:12 AM. LAST SAVED: 5/6/2015 8:04 AM. PLOTTED BY: Don Sweeney

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – January 8, 2020**

July 8, 2019

Homeowner  
5039 Gaithers Chance Drive  
Clarksville, MD 21029

**RE: Gaithers Chance, Lot 16**  
**5039 Gaithers Chance Drive**  
**Building Permit: B19000236**  
**Well Permit: HO-15-0069**

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 **7/3/2019**. Final approval of the well line connection to the dwelling was granted on **4/22/2019**. The well construction was completed on **8/11/2015**. Water samples were collected on **6/27/2019**.

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-15-0069. 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>

**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 website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Hank Oswald, LEHS  
Well & Septic Program

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

# 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 #: 131108 Account #: 1933  
Reference: Gaithers Chance Lot 16 Company: Fogles Well Pump & Treatment  
Location: 5039 Gaithers Chance Drive Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 6/27/2019 1000 Site: Kitchen Sink Tap  
Date/Time Rec'd: 6/28/2019 0830 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.3  
Collected By: B. Wilkerson 9315BW Well #: HO-15-0069

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/29/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/29/2019 / 1000 / RER
Nitrate	<1.0	mg/L	10	601	6/28/2019 / 1530 / RER
Turbidity	4.27	NTU	<10	SM20 2130B	6/28/2019 / 1540 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	6/28/2019 / 1540 / 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 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 19000236

Date Reported: 7/1/2019

