

C1-34815

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A537370

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

ST/CO USE ONLY DATE RECEIVED MM DD YY 09 29 15

DATE WELL COMPLETED MM DD YY 8/6/15

Depth of Well 22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0056

OWNER mB Gaithers Chance, LLC TOWN Clarksville

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown loamy, Grey Schist, White, Grey Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 17 NO. OF POUNDS 1578

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing 06 Total depth of main casing 53

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) DEPTH (nearest ft.) 70 53 500

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3.5 WATER LEVEL (distance from land surface) BEFORE PUMPING 26 WHEN PUMPING 222 TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 M SD 009 DRILLERS SIGNATURE LIC. NO. 1 D

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

Table with columns: SLOTTED 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

LATITUDE 39.2353172 LONGITUDE 76.9299118 (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.

B 1 0690

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

555842-B please type

Ho-15-0056 fill in this form completely

Date Received (APA)

04 27 15

OWNER INFORMATION

MB Gaithers Chance LLC
1686 E Gude Dr
Rockville, Md 20850

B 3

LOCATION OF WELL

Howard
Gaithers' Chance
Clarksville

DRILLER INFORMATION

Allen Compton MS D 009
Forks Well Drilling, LLC
Allen Compton 4-27-15

B 4

SOURCES OF DRILLING WATER

- 1. Ten Oaks Rd
2.
3.

Ten Oaks Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 300 FT
TAX MAP: 0028 BLK: 0008 PARCEL 0045

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (3) 4532370
STATE SIGNATURE
DATE ISSUED 5/20/15
CO SIGNATURE Wray 5/20/15 EXP. DATE

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)

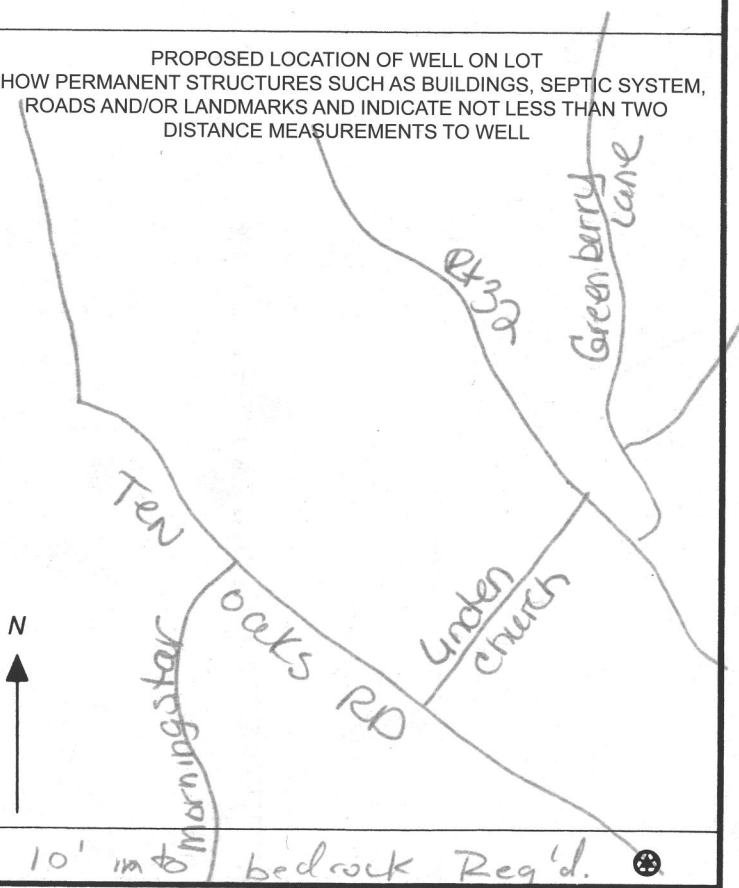
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER H02014G004
PERMIT No. H0-15-0056

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



SPECIAL CONDITIONS * 50' min. casing or 10' min. bedrock Req'd.

Yield Test Data Sheet

Maryland State Well Permit: _____

Date of Yield Test: 7-27-15

Subdivision Name: Gathers Chance

Section: _____ Lot: 3

Street Address: Top Oaks Rd

Well Data

Measuring Point (MP): _____
(e.g., "Top of casing")

Distance from MP to ground surface: 2 ft.

Well Depth: 500 ft.

Well Driller: Fogles

*This form must be submitted with the
State of Maryland Well Completion Report*

Submit to: **Carroll County Health Department**
Bureau of Environmental Health
290 S. Center Street
Westminster, MD 21157

Phone: **410-876-1884**
410-857-5009
410-875-3385

Pump Start Time:	Static Water Level:	Rate method:		Calculated flow in gallons per minute (gpm)
		() Time to fill	() Flow meter reading (if used)	
8:45	226 ft.	+ gal. bucket		12
<i>Water level and pumping rate must be recorded every 15 minutes</i>				
Time	Water level below M.P.	Time to fill bucket	Pumping rate:	
1 8:45	226 ft.	5	12 gpm	
2 9:00	229 ft.	5	12 gpm	
3 9:15	222 ft.	5	12 gpm	
4	ft.		gpm	
5 9:30	222 ft.	17	3.5 gpm	
6 9:45	221 ft.	17	3.5 gpm	
7 10:00	220 ft.	17	3.5 gpm	
8 10:15	219 ft.	17	3.5 gpm	
9 10:30	218 ft.	17	3.5 gpm	
10 10:45	217 ft.	17	3.5 gpm	
11 11:00	216 ft.	17	3.5 gpm	
12 11:15	215 ft.	17	3.5 gpm	
13 11:30	214 ft.	17	3.5 gpm	
14 11:45	213 ft.	17	3.5 gpm	
15 12:00	212 ft.	17	3.5 gpm	
16 12:15	211 ft.	17	3.5 gpm	
17 12:30	210 ft.	17	3.5 gpm	
18 12:45	209 ft.	17	3.5 gpm	
19 1:00	208 ft.	17	3.5 gpm	
20 1:15	207 ft.	17	3.5 gpm	
21 1:30	206 ft.	17	3.5 gpm	
22 1:45	205 ft.	17	3.5 gpm	
23 2:00	204 ft.	17	3.5 gpm	
24 2:15	203 ft.	17	3.5 gpm	
25 2:30	202 ft.	17	3.5 gpm	
26 2:45	201 ft.	17	3.5 gpm	
27 3:00	200 ft.	17	3.5 gpm	
28 3:15	199 ft.	17	3.5 gpm	
29 3:30	198 ft.	17	3.5 gpm	
30	ft.		gpm	

NOTES:

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

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: Foote's Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 5300 Oprecht 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 Foote 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: MUR INC Telephone #: _____
Subdivision: Gaithers Chance Lot #: 3 Well Tag #: HO-15-0056 7/11/2019
Site Address: 5022 Gaithers Chance Dr
Carysville, MD 21029

Submersible Pump Data

Make: Grundfos
Model #: 7H510422
Pump Capacity: 7
Well Yield: 3.5

Pitless Adapter

Make: Campbell
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 500 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" poly pipe
PSI: 2000 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): YES
Sleeve sealed properly: YES

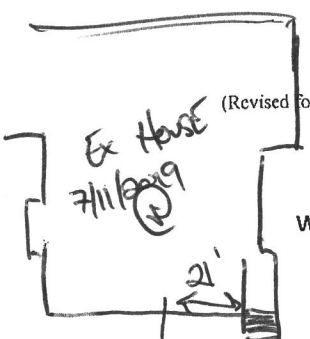
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Foote date: 7/19/19

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

Date Insp. Requested: 7/11/2019 Date Insp. Approved: 7/11/2019 Inspector: [Signature]
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 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

- 36" 7/11/2019 [Signature]
- 31" 7/11/2019 [Signature]
- 13" 7/11/2019 [Signature]
- 19" 7/11/2019 [Signature]



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 5, 2019

September 5, 2019

Homeowner
5022 Gaithers Chance Drive
Clarksville, MD 21029

RE: Gaithers Chance, Lot 3
5022 Gaithers Chance Drive
Building Permit: B19000900
Well Permit: HO-15-0056

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 **9/5/2019**. Final approval of the well line connection to the dwelling was granted on **7/11/2019**. The well construction was completed on **8/6/2015**. Water samples were collected on **8/23/2019, 9/3/2019**.

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-15-0056. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

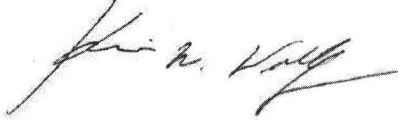
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

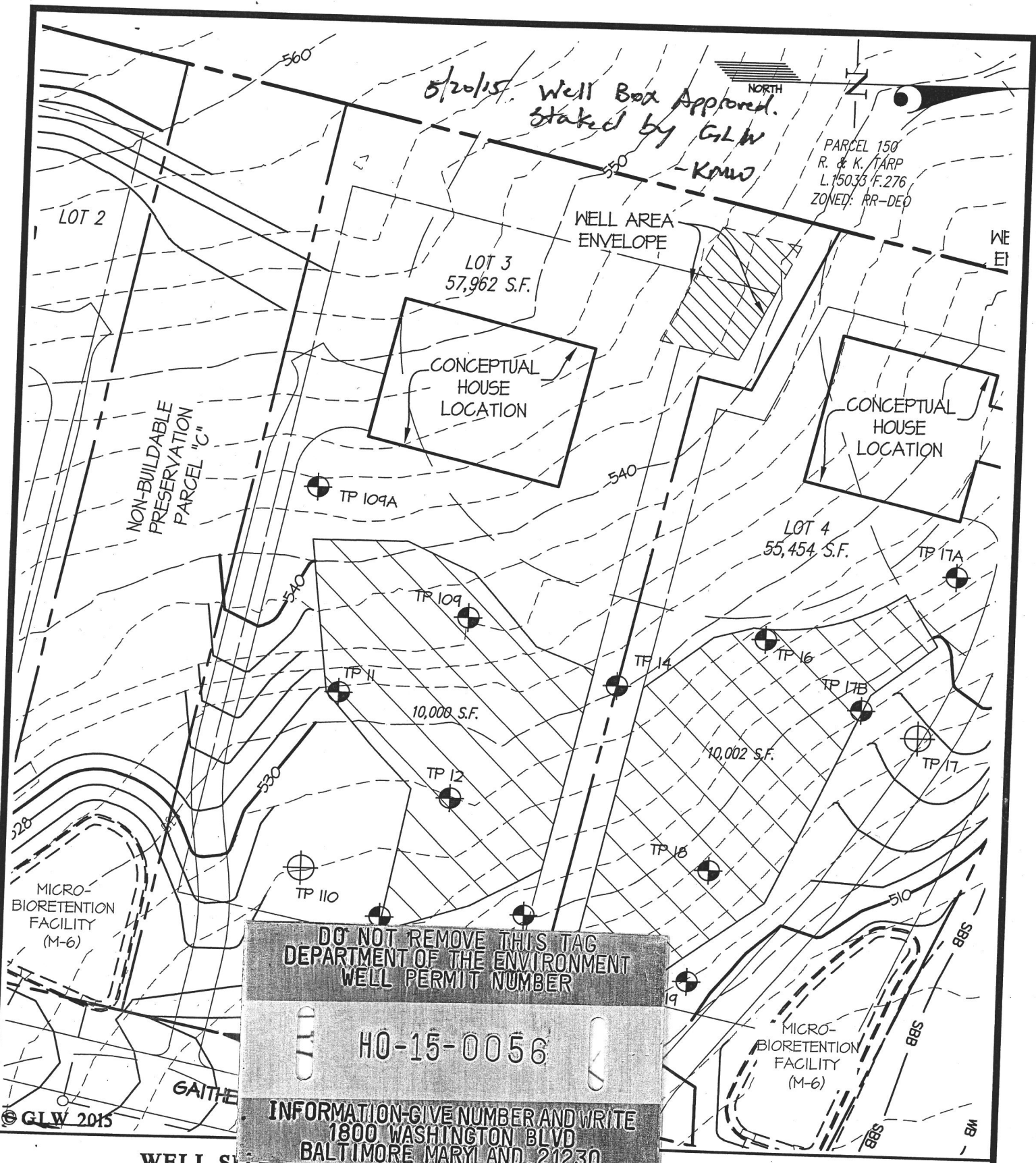


Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

5/20/15 Well Box Approved.
Staked by GLW
KMW

PARCEL 150
R. & K. TARP
L. 150.33 F. 276
ZONED: RR-DEO



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0056
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230

WELL SITE PLAN GAITHER'S CHANCE LOT 3

GLWGUTSCHICK LITTLE & WEBER, PA. 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	G. L. W. No. 13070
	DRN. dds		ZONING RR-DEO
	CHK.		TAX MAP/GRID 28-8
L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg		DATE MAY, 2015	SCALE 1"=50'
		410-531-1460	SHEET 1 OF 1

150715-04 Well Site Plans (2015-04) Well Plan.dwg
 LAST SAVE: 5/20/15 1:48 AM, PLOTTED BY: Don Sweezy

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 #: 132569 Account #: 1933
Reference: Gaithers Chance Lot 3 Company: Fogles Well Pump & Treatment
Location: 5022 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 9/3/2019 1145 Site: Pressure Tank
Date/Time Rec'd: 9/3/2019 1320 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Evans 7411JE Well #: HO-15-0056

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/4/2019 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/4/2019 / 1000 / CRS
Turbidity	1.72	NTU	<10	SM20 2130B	9/4/2019 / 0950 / RER
Iron	0.02	mg/L	0.3*	FR, 45 (126)	9/4/2019 / 1345 / RER

** well ran off to clear up Turbidity*

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 19000900

Date Reported: 9/4/2019

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 #: 132300 Account #: 1933
Reference: Gaithers Chance Lot 3 Company: Fogles Well Pump & Treatment
Location: 5022 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 8/23/2019 1215 Site: Pressure Tank
Date/Time Rec'd: 8/23/2019 1352 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Evans 7411JE Well #: HO-15-0056

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM20 9223B	8/24/2019 / 0910 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/24/2019 / 0910 / CCH
Nitrate	2.52	mg/L	10	601	8/23/2019 / 1600 / RER
Turbidity	29.8	NTU	<10	SM20 2130B	8/23/2019 / 1705 / RR/LO
Sand	NS	mg/L	5	Visual/Gravimetric	8/23/2019 / 1705 / RER
Iron	4.40	mg/L	0.3*	FR, 45 (126)	8/23/2019 / 1410 / RER

NOTES

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

Reason for Test : Use & Occupancy
Building Permit # : 19000900

Date Reported: 8/26/2019

