

C1 34840

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Loamy, Gray Schist, White, Gray Schist.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form with fields: diameter inch, depth (feet) from, to.

SCREEN RECORD form with fields: screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED form.

CIRCLE APPROPRIATE LETTER form with options: A, E, P.

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...

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO. form.

DEPTH (nearest ft.) table with columns 1-21, SLOT SIZE, DIAMETER OF SCREEN.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields: T, W Q.

LATITUDE 39.2368622, LONGITUDE 76.9785080 (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	0693	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555842 K please type	STATE PERMIT NUMBER HO-15-0059 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 04/27/15

8 MM DD YY 13

15 Last Name Garthers Owner Chance First Name UC 34

36 Street or RFD 1686 E Gude Dr 55

57 Town Rockville 70 State MD 72 Zip 20850 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Garther's Chance 42

SECTION 44 46 LOT 6 48 50

52 NEAREST TOWN Charksville 71

DRILLER INFORMATION

Driller's Name Allen Compton M SD009 License No. 81

Firm Name Eagles Well Drilling, LLC

Address P.O. Box 202 Woodbine, Md 21797

Signature Allen Compton Date 4-27-15

SOURCES OF DRILLING WATER

11 STREET ADDRESS Garthers Chance Dr. 30

12 Ten Oaks Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 DISTANCE FROM ROAD 1300 37 FT

ENTER FT OR MI FT 38 39

TAX MAP: 0028 BLK: 0008 PARCEL 0045

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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

COUNTY NAME Howard (13) COUNTY NO. A537379

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 5/21/15 CO SIGNATURE John M. Wolf EXP. DATE 5/21/16

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 24 28

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary

JETTED AIR-PERcussion

Jetted & DRIVEN ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary

DRive-POINT other _____

REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL

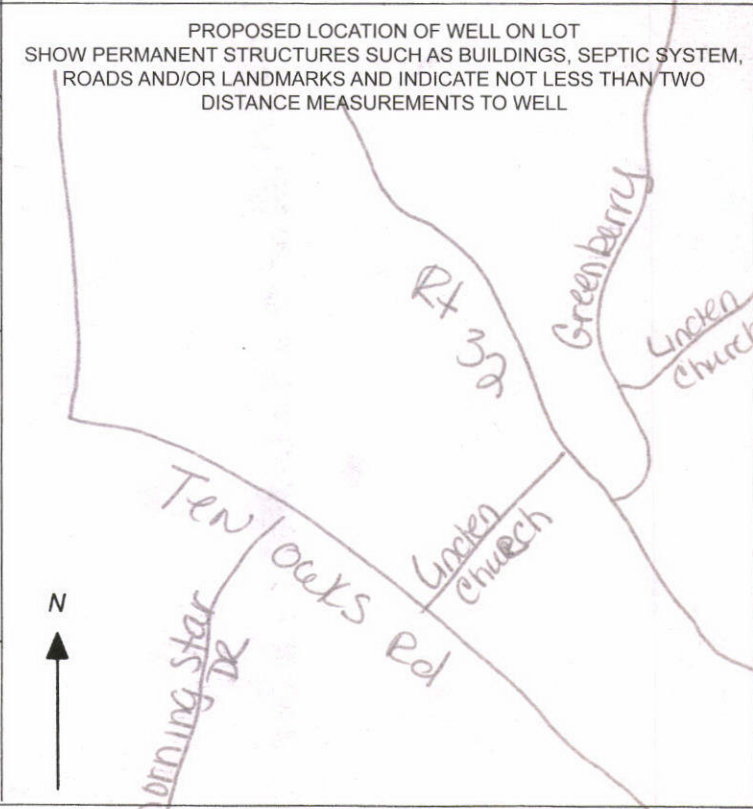
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER HO2014G004

PERMIT No. HO-15-0059

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

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 Fitting

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 approval 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: Ames 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 #: 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 in field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: NRV Inc Telephone #: _____
 Subdivision: Gaithers Chance Lot #: 10 Well Tag #: HO-15-0059 ✓
 Site Address: 5042 Gaithers Chance Dr Clarksville, MD 21029

Saturable Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grounds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7HS05422</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>6</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1 1/2" E.G.: <u>YES</u>
Depth of well considered at time of pump installation: <u>250'</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 17.24
 Torque wrenches, 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: NA

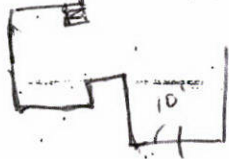
Frame to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least 12 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: 5/17/09

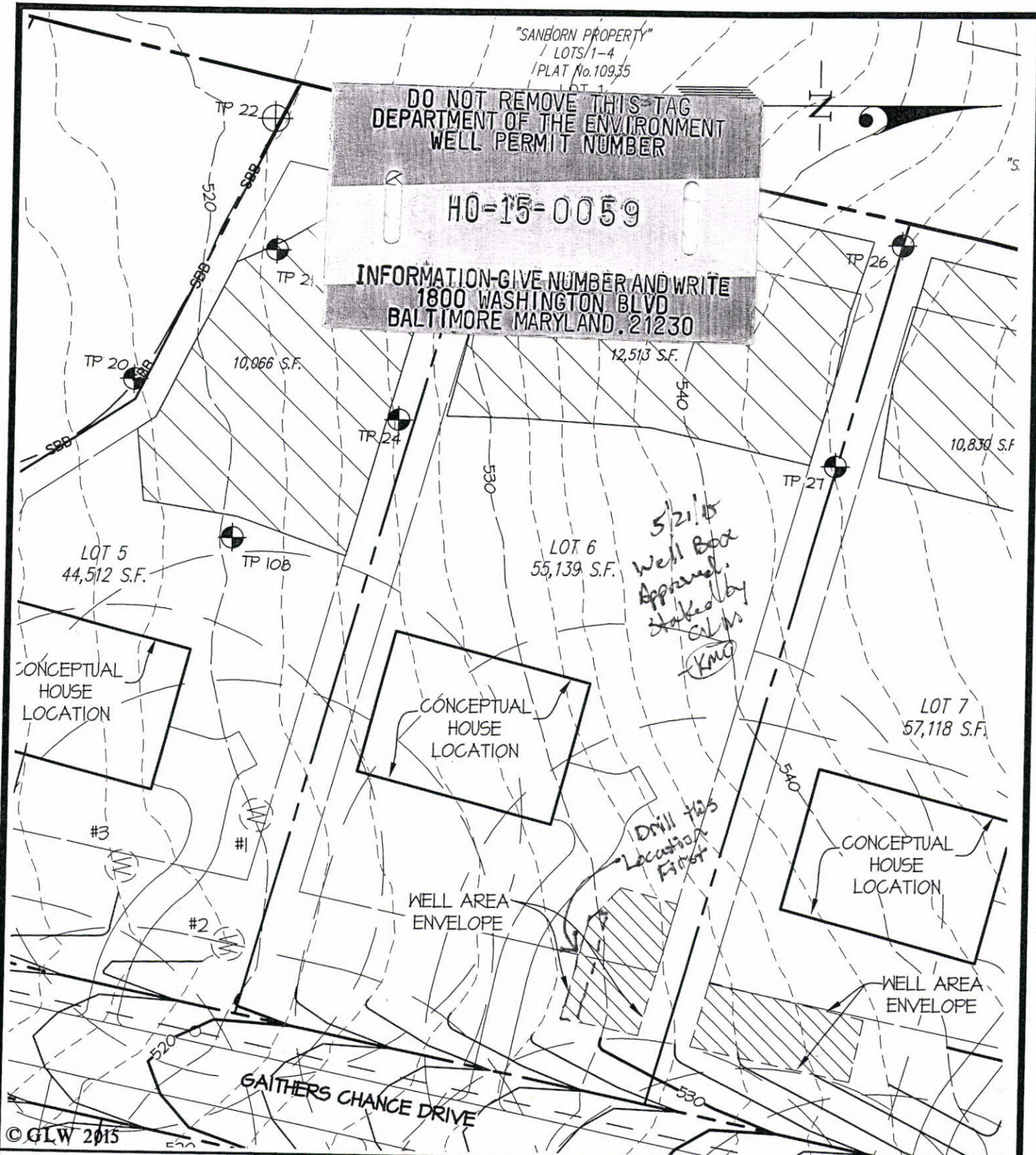
For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: <u>5/17/09</u>	Date Insp. Approved: <u>5/17/09</u>	Inspector: <u>(Signature)</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>39"</u>	<u>5/17/09</u>
Two piece cap installed and attached to casing securely	<u>34"</u>	<u>5/17/09</u>
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<u>30"</u>	<u>5/17/09</u>
Safety rope not outside of well casing	<u>10'</u>	<u>5/17/09</u>
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		



"SANBORN PROPERTY"
 LOTS 1-4
 PLAT No. 109.35

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0059
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230



© GLW 2015

WELL SITE PLAN

**GAITHER'S CHANCE
 LOT 6**

GLW GUTSCHICK LITTLE & WEBER, P.A.
 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
 DRN. dds
 CHK.

PREPARED FOR :
 CHM, LLC
 5027 TEN OAKS ROAD
 CLARKSVILLE, MD 21029
 JANET MARSHALL
 410-531-1460

G. L. W. No.	13070
ZONING	RR-DEO
TAX MAP/GRID	28-8
DATE	MAY, 2015
SCALE	1"=50'
SHEET	1 OF 1

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 12, 2020

August 12, 2019

Homeowner
5042 Gaithers Chance Drive
Clarksville, MD 21029

RE: Gaithers Chance, Lot 6
5042 Gaithers Chance Drive
Building Permit: B19000497
Well Permit: HO-15-0059

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 **8/12/2019**. Final approval of the well line connection to the dwelling was granted on **5/17/2019**. The well construction was completed on **8/18/2015**. Water samples were collected on **8/5/2019 & 8/9/2019**.

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-15-0059. 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

Oswald, Hank

From: Oswald, Hank
Sent: Monday, August 12, 2019 1:48 PM
To: Anest, Cathy; DeMarco, Rebecca; Frey, Thomas; Huskins, Thomas; 'Kelly, Sean'; Reger, Linda; Sauerwein, Sandra; Schmidt, Heather; Wingo, Judy; Cagle, Clint (ccagle@nvrinc.com); Anastasia, James (janastas@nvrinc.com)
Cc: Wolf, Kevin; Martin, Sharhonda
Subject: ICOP_5042 Gaithers Chance Drive
Attachments: ICOP_5042 Gaithers Chance Drive.pdf

Hello All:

Good afternoon. Attached, please find the ICOP letter for 5042 Gaithers Chance Drive. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

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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 #:	131933	Account #:	1933
Reference:	Gaithers Chance Lot 6	Company:	Fogles Well Pump & Treatment
Location:	5042 Gaithers Chance Drive	Requested By:	Dave Fogle
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	8/9/2019 0830	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/9/2019 1340	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.1
Collected By:	J. Evans 7411JE	Well #:	HO-15-0059

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/10/2019 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/10/2019 / 1000 / BCD
Turbidity	4.53	NTU	<10	SM20 2130B	8/9/2019 / 1430 / CRS

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 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy**Building Permit # :** B19000497Date Reported: 8/12/2019

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 #: 131844 Account #: 1933
Reference: Gaithers Chance Lot 6 Company: Fogles Well Pump & Treatment
Location: 5046 Gaithers Chance Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 8/5/2019 1045 Site: Pressure Tank
Date/Time Rec'd: 8/5/2019 1410 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: B. Wilkerson 9315BW Well #: HO-15-0059

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/6/2019 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/6/2019 / 0830 / RER
Nitrate	<1.0	mg/L	10	601	8/6/2019 / 0900 / CRS
Turbidity	26.2	NTU	<10	SM20 2130B	8/6/2019 / 0930 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/6/2019 / 0930 / CRS

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 # : B19000497

Date Reported: 8/6/2019

