

C1 34843

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

9/25/15

350 (TO NEAREST FOOT)

OK 12/20/15 sc

170-15-1003

OWNER: MBS Galters Chance LLC, WELL SITE ADDRESS, TOWN: Charlesville, SUBDIVISION, SECTION, LOT: 10

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 entries for Light to Dark brown loamy, Grey schist, White, Grey schist, White, Grey schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (35), NO. OF POUNDS (270), GALLONS OF WATER, DEPTH OF GROUT SEAL (ft. to nearest foot)

CASING RECORD

ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (nearest inch) (6), Total depth of main casing (nearest foot) (118 1/2)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

Table for well depth and casing height with columns for depth (nearest ft.) and casing height.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 7.5, METHOD USED TO MEASURE PUMPING RATE 1 gal, WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft., WHEN PUMPING 66 ft., TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (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, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 41, CASING HEIGHT (circle appropriate box and enter casing height) + above 49, LAND SURFACE 02 (nearest foot)

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

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...

DRILLERS LIC. NO.: M S D 009, DRILLERS SIGNATURE, LIC. NO.: D

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

LATITUDE 39.2309112, LONGITUDE 76.9778595 (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 0695 1 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 555842 I

STATE PERMIT NUMBER

HO-15-0063 fill in this form completely 79

Date Received (APA) 04/27/15

OWNER INFORMATION

8 MM DD YY 13 m B 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

8 COUNTY Howard 21 Gaithers Chance 23 SUBDIVISION SECTION 44 46 LOT 10 48 50 52 NEAREST TOWN Chocksville 71

DRILLER INFORMATION

Allen Compton MS D 009 76 Driller's Name License No. 81 Eagles 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. Well

Gaithers Chance Dr 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



35' 34' 37' 38' 39' DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 0028 BLK: 0008 PARCEL 0045

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

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 13 A 537372 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/21/15 CO SIGNATURE 5/21/16 EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 29 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTARY Drive-POINT other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

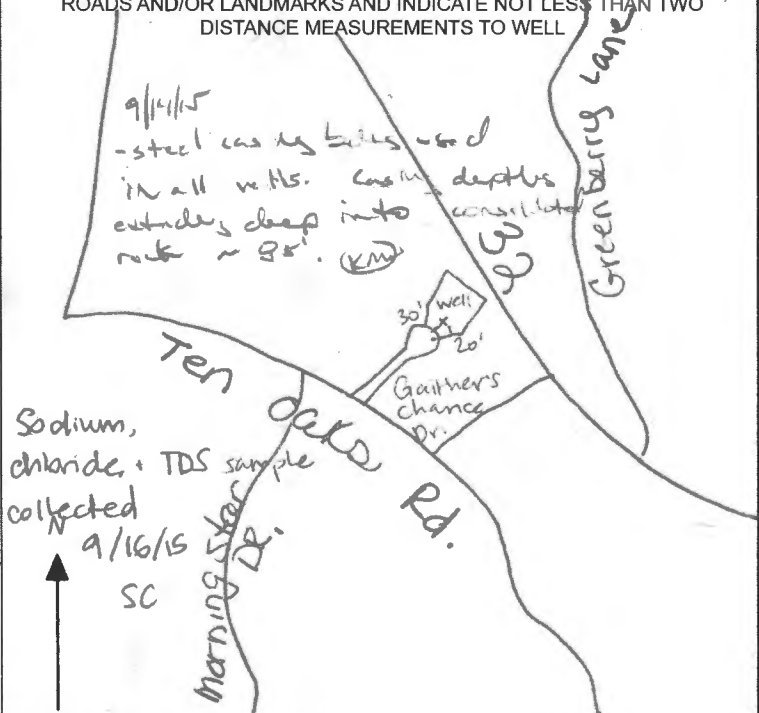
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER HO 2014-G-004

PERMIT No. HO-15-0063 70 71 72 73 74 75 76 77 78 79

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' steel casing or 10' into bedrock



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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: Fogel's 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 Fogel 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 #: 10 Well Tag #: HO-15-0063
 Site Address: 5058 Gaithers Chance Dr
Clarksville, MD 21029

Submersible Pump Data

Make: Grundfos
 Model #: 11507422
 Pump Capacity: 7
 Well Yield: 7.5

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: 350 (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: 200 (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): 6'
 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.

David C Fogel Signature of company representative responsible for installation
8/9/19 date

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

Date Insp. Requested: 08/09/2019 Date Insp. Approved: 08/09/2019 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" 08/09/2019
33" 08/09/2019
13" 08/09/2019
17" 08/09/2019

(Revised form 10/24/2018)

ex House
 08/09/2019

at
 11
 P.R.

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 30, 2020

October 30, 2019

Homeowner
5058 Gaithers Chance Drive
Clarksville, MD 21029

**RE: Gaithers Chance, Lot 10
5058 Gaithers Chance Drive
Building Permit: B19001464
Well Permit: HO-15-0063**

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 **9/3/2019**. Final approval of the well line connection to the dwelling was granted on **8/9/2019**. The well construction was completed on **9/25/2015**. Water samples were collected on **10/14/2019, 10/28/2019**.

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-15-0063. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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

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 #: 133460 Account #: 1933
Reference: Gaithers Chance Lot 10 Company: Fogles Well Pump & Treatment
Location: 5058 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 10/14/2019 0915 Site: Kitchen Sink Tap
Date/Time Rec'd: 10/14/2019 1355 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: B. Wilkerson 9315BW Well #: HO-15-0063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	59.1	MPN/ 100 ml	<1.0	SM20 9223B	10/15/2019 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/15/2019 / 0830 / RER
Nitrate	<1.0	mg/L	10	601	10/15/2019 / 0900 / CRS
Turbidity	22.3	NTU	<10	SM20 2130B	10/15/2019 / 0950 / CRS
Iron	2.20	mg/L	0.3*	FR, 45 (126)	10/15/2019 / 1330 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	10/15/2019 / 0950 / CRS

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 Sample collected by client, analyzed as received
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 19001464

Date Reported: 10/15/2019

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 #: 133734 Account #: 1933
Reference: Gaithers Chance Lot 10 Company: Fogles Well Pump & Treatment
Location: 5058 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 10/28/2019 0940 Site: Kitchen Sink Tap
Date/Time Rec'd: 10/28/2019 1122 Treatment: Iron Handler Softener/Neutralizer
Chlorine ppm: Free: ND Total: ND pH: 7.8
Collected By: J. Evans 0309JE Well #: HO-15-0063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/29/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/29/2019 / 1000 / RER
Turbidity	1.26	NTU	<10	SM20 2130B	10/29/2019 / 0930 / CRS
Iron	0.31	mg/L	0.3*	FR, 45 (126)	10/29/2019 / 1300 / 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 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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 19001464

Date Reported: 10/29/2019

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

March 5, 2018

Homeowner
5058 Gaither's Chance Drive
Clarksville, MD 21029

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on this lot.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 8.43 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 369 mg/L.**

Levels of contaminants in groundwater may change over time due to construction activities or seasonal variations in weather. Given the intermediate levels of TDS in the water at the time of sample collection, you should consider future testing.

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

MD DHMH Laboratories Administration
1770 Ashland Avenue
Baltimore City, MD 21205

Lab No. Date Received



E16001155001

Received: 09/17/2015

Metals

HO-15-0063

Do not write above this line

Send Report To: Bert Nixon

Howard Co Health Dept.

Bureau of Environmental Health ~~W. Preston Street, Baltimore, Maryland 21201~~

8930 Stanford Blvd.

Columbia, MD 21045

Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
Robert A. Myers Ph.D. Director

9/17/15

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-15-0063 Site Name: Gaither's Chance Lot 10 County: Howard

Sample Source: Gaither's Chance Dr. Dayton Collector: S. Collins
Street Town or City Name

Date Collected: 9/16/2015 Time Collected: 10:30 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ pH < 2, SHS, 9/17/15

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample taken during yield test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>2</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: _____

Date Reported: 9/17/15

•Phone: (410) 767 - 6186

•Fax: (410) 333 - 5122

DMH 4432 (4/13)

SUBMITTER'S COPY



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E16001155 Date Coll.: 09/16/2015 Date Received 09/17/2015 Submitted By: Collins

Field ID: HO-15-0063
Lab No.: E16001155001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	8.43	ppm	09/28/2015

Comments:

Approved by: Radia Muneer

Approval date: 09/30/2015

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE16001150 Date Coll. 09/16/2015 Date Received 09/17/2015 Submitted By: S. Collins

Field ID: HO-15-0063
Lab No.: E16001150001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	09/21/2015
Total Dissolved Solids	SM 2540C	369	mg/L	09/16/2015

Comments:

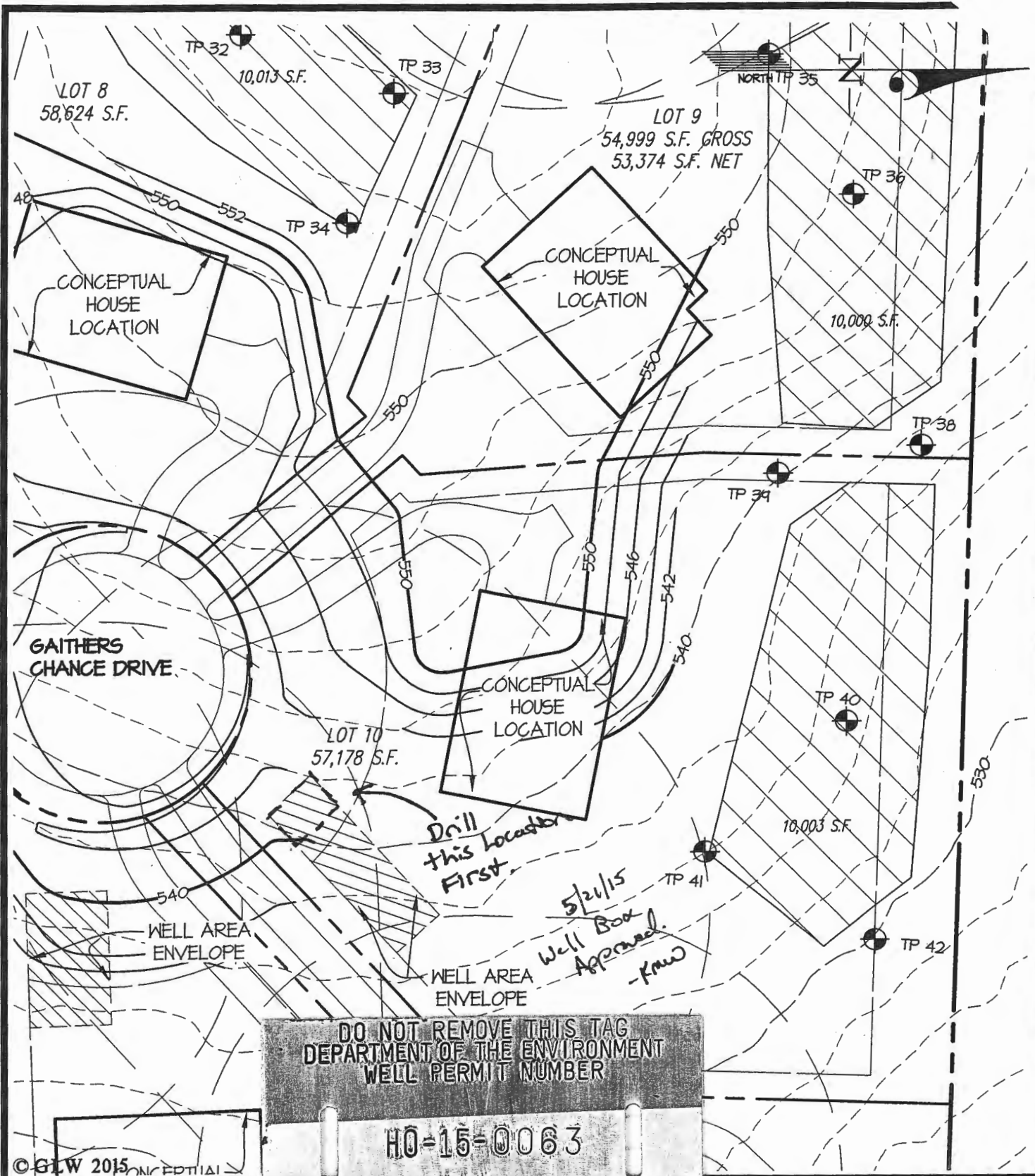
Approved by: _____

Shahin Aneli

Approval date: 09/22/2015

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0063

WELL SITE INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230
GATHER'S CHANCE LOT 10

GLW GUTSCHICK LITTLE & WEBER, P.A. CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS 3009 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	DES. dds	PREPARED FOR:	G. L. W. No. 13070
	DRN. dds	CHM, LLC 5027 TEN OAKS ROAD CLARKSVILLE, MD 21029 JANET MARSHALL 410-531-1460	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'
			SHEET 1 OF 1

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg
 PLOTTED: 5/8/2015 8:04 AM, LAST SAVED: 5/7/2015 8:04 AM, PLOTTED BY: Don Swedone