

C1 34814

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)

COUNTY NUMBER A537370

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER MB Gaithers Chance, LLC
WELL SITE ADDRESS Ten Oaks Rd
TOWN Clarksville
SUBDIVISION Gaithers Chance SECTION LOT 5

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 FROM TO check if water bearing

Table with 3 columns: Description, Feet (From/To), and Check if water bearing. Includes handwritten entries: Brown Loam 0-105, Gray Schist 105-130, White 130-131, Gray Schist 131-150.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N)
TYPE OF GROUTING MATERIAL (C) (M) (B) (C)
NO. OF BAGS 40 NO. OF POUNDS 3160
GALLONS OF WATER 240
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 113 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (O) (B) (P) (L) (H) (O)
Nominal diameter top (main) casing (nearest inch) 06
Total depth of main casing (nearest foot) 115

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter (inch) and depth (feet).

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (H) (O)
DEPTH (nearest ft.) 115 150

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- 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. 1 MSD 0091

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 19.6
METHOD USED TO MEASURE PUMPING RATE 1 gal
WATER LEVEL (distance from land surface) BEFORE PUMPING 18 ft. WHEN PUMPING 69 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 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE 02 (nearest foot)

LATITUDE 39.2364006
LONGITUDE 76.9787064
(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 0692

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-15-0058

555842-D please type

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 COUNTY
Gaithers Chance SUBDIVISION
SECTION 44 46 LOT 5
Chorckville NEAREST TOWN

DRILLER INFORMATION

Allen Compton M S D 009
Fogles Well Drilling, LLC
PO Box 202 Woodbine, Md 21797
Allen Compton 4-27-15

B 4

SOURCES OF DRILLING WATER

1.
2.
3.

Ten Oaks RD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
1200
DISTANCE FROM ROAD ENTER FT OR MI
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)

- 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 COUNTY NAME
COUNTY NO. 13 A 53737P
STATE SIGNATURE
DATE ISSUED 5/21/15
CO SIGNATURE
EXP. DATE 5/21/16

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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

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 DEEPEM AN EXISTING WELL

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

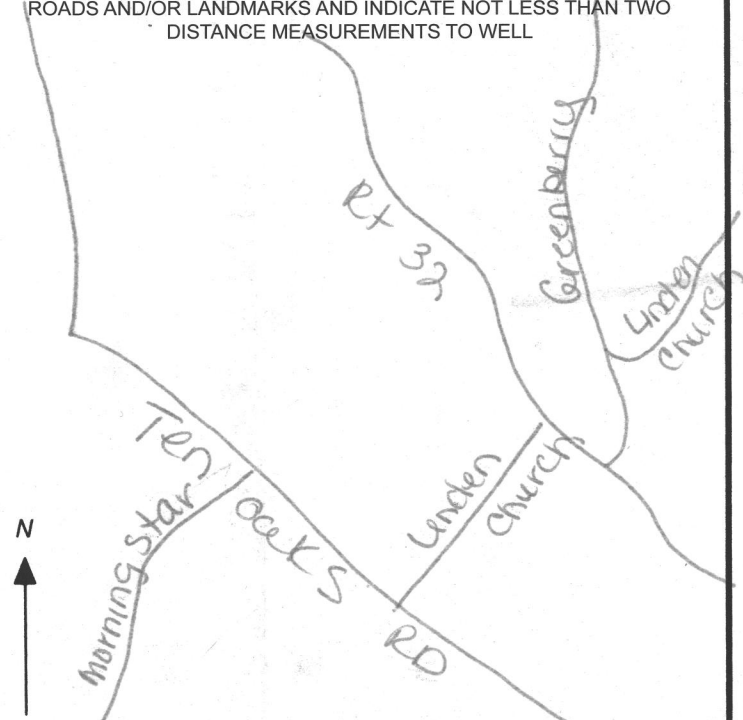
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 2014G 004

PERMIT No. HO-15-0058

SPECIAL CONDITIONS Must have 50' casing or 10' into bedrock.

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





**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 15 - 0058  
Site Address: \_\_\_\_\_

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, 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

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

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

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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 7/31/2019 Date Insp. Approved: 07/31/2019 Inspector: (Signature)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 38" 7/31/2019 (Signature)  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 36" 7/31/2019 (Signature)  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 22" 7/31/2019 (Signature)  
Water supply line sleeved adequately at house connection ✓ 10' 7/31/2019 (Signature)  
Adequate grout observed below pitless adapter ✓

EX HOUSE (Signature)  
07/31/2019

24'  
10'

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

**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – APRIL 11, 2020**

October 11, 2019

Homeowner  
5038 Gaithers Chance Drive  
Clarksville, MD 21029

**RE: Gaithers Chance, Lot 5**  
**5038 Gaithers Chance Drive**  
**Building Permit: B19001402**  
**Well Permit: HO-15-0058**

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 **10/4/2019**. Final approval of the well line connection to the dwelling was granted on **7/31/2019**. The well construction was completed on **8/7/2015**. Water samples were collected on **9/30/2019, 10/7/2019**.

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-15-0058. 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.**

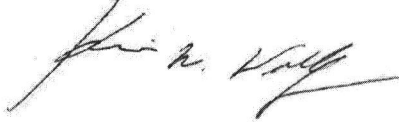
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

---

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,



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

# FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
8/3/15	On site during drilling. Andy is currently at 150' and hitting
	some water. They'll set 105' steel casing. Drilling site #3. (SC)
8/6/15	On site during yield test. 6.5 gpm, already grouted. (SC)

# 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 #:	133327	Account #:	1933
Reference:	Gaithers Chance Lot 5	Company:	Fogles Well Pump & Treatment
Location:	5038 Gaithers Chance Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	10/7/2019 0735	Source:	Well Water
Date/Time Rec'd:	10/7/2019 1110	Site:	Laundry Room Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Iron Handler Softener/Acid Neutralizer
Collected By:	B. Wilkerson 9315BW	pH:	7.6
		Well #:	HO-15-0058

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	4.64	NTU	<10	SM20 2130B	10/8/2019 / 0910 / RER
Iron	0.34	mg/L	0.3*	FR, 45 (126)	10/7/2019 / 1640 / RER

### NOTES

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 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 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : 1900142

Date Reported: 10/8/2019

# 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 #: 133156 Account #: 1933  
Reference: Gaithers Chance Lot 5 Company: Fogles Well Pump & Treatment  
Location: 5038 Gaithers Chance Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 9/30/2019 0906 Site: Pressure Tank  
Date/Time Rec'd: 9/30/2019 1120 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: B. Wilkerson 9315BW Well #: HO-15-0058

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/1/2019 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/1/2019 / 0830 / CRS
Nitrate	<1.0	mg/L	10	601	10/1/2019 / 0900 / RER
Turbidity	30.2	NTU	<10	SM20 2130B	10/1/2019 / 0920 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	10/1/2019 / 0920 / RER
Iron	4.80	mg/L	0.3*	FR, 45 (126)	10/1/2019 / 1030 / 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 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 # : 1900142

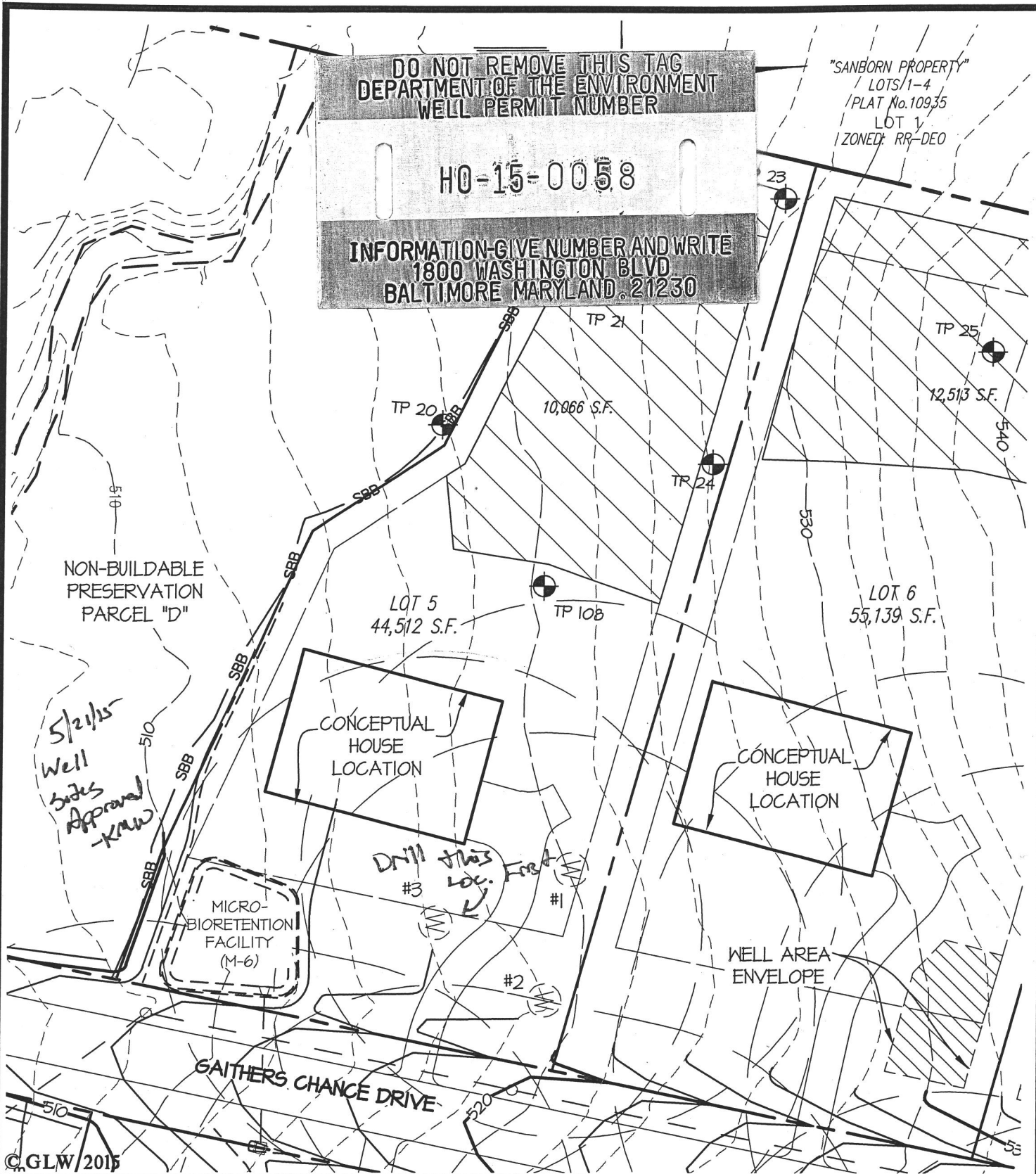
Date Reported: 10/1/2019

DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER

HO-15-0058

INFORMATION-GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD.  
 BALTIMORE MARYLAND, 21230

"SANBORN PROPERTY"  
 LOTS 1-4  
 PLAT No. 109.35  
 LOT 1  
 ZONED: RR-DEO



© GLW/2015

**WELL SITE PLAN**

**GAITHER'S CHANCE  
 LOT 5**

**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  
 L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg

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

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg  
 PLOTTED 5/8 2015 7:51 AM. LAST SAVED 5/8 2015 7:46 AM. PLOTTED BY: Dan Swearingen