

C1 34868

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 A530300

ST/CO USE ONLY DATE Received MM 10 DD 05 YR 15

DATE WELL COMPLETED MM 09 DD 22 YR 15

Depth of Well 600 (TO NEAREST FOOT)

OK 2/28/15 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 15-0044

OWNER M.D. Galtus Crane, LLC WELL SITE ADDRESS 1000 Galtus Dr TOWN Clarksville SUBDIVISION Galtus Drive SECTION LOT 11

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries for sandstone, shale, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 1700

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 66 Total depth of main casing (nearest foot) 80

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

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT) insert appropriate code below

C2 DEPTH (nearest ft.)

Table with columns: E A C H S C R E E N, 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51. Includes handwritten entries for HO 80 600.

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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE 100 L WATER LEVEL (distance from land surface) BEFORE PUMPING 40' WHEN PUMPING 329'

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES 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 62 (nearest foot)

LATITUDE 3 9.2379608 LONGITUDE 7 6.9275178 (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.

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

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 OPTIONED 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 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 7 0694 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER Ho-15-0064
 1 2 3 4 5 6 please type fill in this form completely

Date Received (APA) 04/21/15 OWNER INFORMATION
 8 MM DD YY 13
MB Gaithers Chance LLC
 15 Last Name Owner First Name 34
1686 E-Bude Dr
 36 Street or RFD 55
Rockville MD 20850
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard COUNTY 21
Gaithers Chance SUBDIVISION 42
 SECTION 44 LOT 11
Clarksville NEAREST TOWN 71

DRILLER INFORMATION
Allen Compton M SD 009
 76 License No. 81
Fogles Well Drilling, LLC
 Firm Name
Po Box 202 Woodbine, Md 21797
 Address
Allen Compton 4-27-15
 Signature Date

B 4 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
Ten Oaks Rd STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 ZOO 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 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)
 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

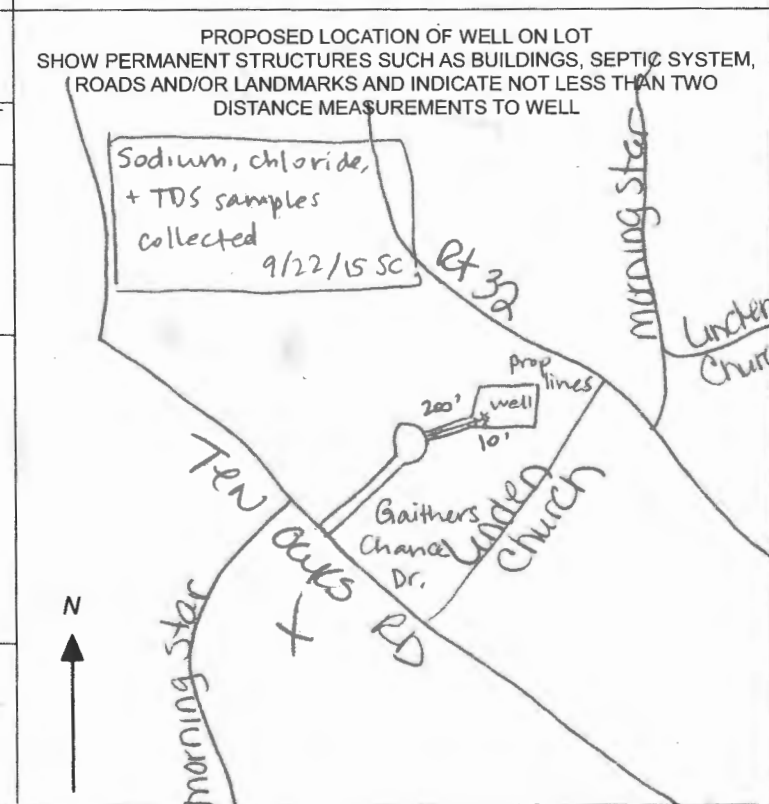
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A537370
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 5/21/15 J.M. Wolf 5/21/16
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 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
 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 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 Ho 2014-G-004
 PERMIT No. Ho-15-0064
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS 50' of casing or 10' into bedrock
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-15-0064

Location of Property: Ten Oaks Rd

Subdivision: Gaithers Chance Lot: 11 Block _____ Plot _____ Sec. _____

Well Driller: Fogles Allen Compton Owner: MB Gaithers Chance, LLC

Depth of Well: 600'

Distance of measuring point (M.P.) above ground: 1.5'

Static water level (S.W.L.) below M.P.: 40'

High rate pumping –reservoir Drawdown

Time pump started: 8:15 Pumping rate: 6.6 gpm

Total time _____ to reach pumping water level _____ 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)
8:15	40'	9 Seconds		6.6 gpm
8:30	63'	9 Seconds		6.6 gpm
8:45	106'	11 Seconds		5.4 gpm
9:00	138'	12 Seconds		5 gpm
9:15	168'	13 Seconds		4.6 gpm
9:30	191'	14 Seconds		4.2 gpm
9:45	219'	11 Seconds		5.4 gpm
10:00	235'	12 Seconds		5 gpm
10:15	236'	34 Seconds		1.7 gpm
10:30	237'	30 Seconds		2 gpm
10:45	235'	30		2 gpm
11:00	234'	30		2 gpm
11:15	234'	30		2 gpm
11:30	233'	30		2 gpm
11:45	232'	30		2 gpm
12:00	232'	30		2 gpm
12:15	231'	30		2 gpm
12:30	230'	30		2 gpm
12:45	230'	30		2 gpm
1:00	230'	30		2 gpm
1:15	229'	30		2 gpm
1:30	229'	30		2 gpm
1:45	229'	30		2 gpm
2:00	229'	30		2 gpm
2:15	229'	30		2 gpm
2:30	229'	30		2 gpm
2:45	229'	30		2 gpm
3:00	229'	30		2 gpm
3:15	229'	30		2 gpm
3:30	229'	30		2 gpm
3:45	229	30		2 gpm
4:00	229'	30		2 gpm
4:15	229'	30		2 gpm
4:30	229'	30		2 gpm

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)513-4771 FAX: (410)513-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Line

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 & Water Treatment, LLC Telephone #: 410 795 5670
Address: J 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 Fogle License #: MSP226

*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 #: 11 Well Tag #: HO-15-0064 **(ST)**
Site Address: 5059 Gaithers Chance Dr
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Simple II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SPS10122</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>2</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1.5" R.G.: <u>YES</u>
Depth of well connected at time of pump installation: <u>600 (feet)</u>		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 17.3.4		
Temperature sensor, 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>NA</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>200 (150 psi min)</u>	Length of sleeve: <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 six 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: [Signature] Date: 10/30/19

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

3.5' ← Date Insp Requested: 10/31/19 Date Insp Approved: 10/31/19 Inspector: (ST)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	51"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	46"
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	9"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – AUGUST 7, 2020

February 7, 2020

Homeowner
5059 Gaithers Chance Drive
Clarksville, MD 21029

RE: Gaithers Chance, Lot 11
5059 Gaithers Chance Drive
Building Permit: B19002441
Well Permit: HO-15-0064

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 **11/13/2019**. Final approval of the well line connection to the dwelling was granted on **10/31/2019**. The well construction was completed on **9/22/2015**. Water samples were collected on **1/15/2020, 1/22/2020, 1/27/2020, 2/6/2020**.

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-15-0064. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

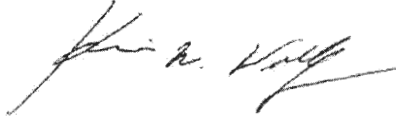
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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

Send Report To: Bert Nixon
 Howard Co. Health Dept.

Bureau of Environmental Health

6930 Stanford Blvd.
 Columbia MD 21045

Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
 201 W. Preston Street, Baltimore, Maryland 21201
 Robert A. Myers Ph.D. Director

9/23/15



E16001246001

Received: 09/23/2015

Metals

HO-15-0064

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Digest

Sample ID No: HO-15-0064 Site Name: Gaither's Chance - lot 11 County: Howard

Sample Source: Ten Oaks Rd Dayton Collector: S. Collins
Street Town or City Name

Date Collected: 9/22/2015 Time Collected: 10 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ 10% \leq 2, SHS, 5/12/15

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>dm</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: _____

Date Reported: / /

• Phone: (410) 767 - 6186

• Fax: (410) 333 - 5122



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: E16001246 Date Coll.: 09/22/2015 Date Received 09/23/2015 Submitted By: Collins

Field ID: HO-15-0064
Lab No.: E16001246001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	7.49	ppm	10/06/2015

Comments:

Approved by: *Sadia Muneer*

Approval date: 10/08/2015

**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.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

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 #: 135141 Account #: 1933
 Reference: Gaithers Chance Lot 11 Company: Fogles Well Pump & Treatment
 Location: 5059 Gaithers Chance Drive Requested By: Dave Fogle
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 1/15/2020 1510 Site: Kitchen Sink Tap
 Date/Time Rec'd: 1/15/2020 1601 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 7.2
 Collected By: B. Wilkerson 9315BW Well #: HO-15-0064

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/16/2020 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/16/2020 / 1030 / CRS
Nitrate	<1.0	mg/L	10	601	1/16/2020 / 0900 / CRS
Turbidity	33.2	NTU	<10	SM20 2130B	1/16/2020 / 0945 / CRS
Sand	Present	mg/L	5	Visual/Gravimetric	1/16/2020 / 1355 / RER
Iron	4.30	mg/L	0.3*	FR, 45 (126)	1/16/2020 / 1320 / 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 Present for sand indicates greater than 5 mg/L
- 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 # : 19002441

Date Reported: 1/17/2020



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 NoE16001243 Date Coll. 09/22/2015 Date Received 09/23/2015 Submitted By: S. Collins

Field ID: HO-15-0064
Lab No.: E16001243001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	10/01/2015
Total Dissolved Solids	SM 2540C	118	mg/L	09/24/2015

Comments:

Approved by:

Approval date: 10/02/2015

*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.

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 #: 135254 Account #: 1933
 Reference: Gaithers Chance Lot 11 Company: Fogles Well Pump & Treatment
 Location: 5059 Gaithers Chance Drive Requested By: Dave Fogle
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 1/22/2020 1100 Site: Laundry Sink
 Date/Time Rec'd: 1/22/2020 1335 Treatment: Softener
 Chlorine ppm: Free: ND Total: ND pH: 7.9
 Collected By: B. Wilkerson 9315BW Well #: HO-15-0064

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	4.34	NTU	<10	SM20 2130B	1/23/2020 / 0935 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	1/23/2020 / 0935 / RER
Iron	0.49	mg/L	0.3*	FR, 45 (126)	1/22/2020 / 1345 / RER

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Sample collected by client, analyzed as received
- 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 # : 19002441

Date Reported: 1/23/2020

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 #: 135330 Account #: 1933
Reference: Gaithers Chance Lot 11 Company: Fogles Well Pump & Treatment
Location: 5059 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 1/27/2020 1030 Site: Laundry Sink
Date/Time Rec'd: 1/27/2020 1323 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: B. Wilkerson 9315BW Well #: HO-15-0064

PARAMETER	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	8.42	NTU	<10	SM20 2130B	1/27/2020 / 1525 / RER
Iron	0.53	mg/L	0.3*	FR, 45 (126)	1/27/2020 / 1535 / RER

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 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 # : 19002441

Date Reported: 1/28/2020

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 #: 135330.1 Account #: 1933
Reference: Gaithers Chance Lot 11 Company: Fogles Well Pump & Treatment
Location: 5059 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 1/27/2020 1030 Site: Laundry Sink
Date/Time Rec'd: 1/27/2020 1323 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: B. Wilkerson 9315BW Well #: HO-15-0064

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Manganese	<0.010	mg/L	0.05*	200.7	2/4/2020 / 1118 / RAS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 Manganese Detection Limit: 0.010 mg/L
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 Sample collected by client, analyzed as received
- 5 Sub-contracted to Reference Lab #192
- 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 # : 19002441

Date Reported: 2/5/2020

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 #: 135563 Account #: 1933
Reference: Gaithers Chance Lot 11 Company: Fogles Well Pump & Treatment
Location: 5059 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 2/6/2020 1210 Site: Laundry Sink
Date/Time Rec'd: 2/6/2020 1258 Treatment: Softener/Filter
Chlorine ppm: Free: ND Total: ND pH: 8.0
Collected By: B. Wilkerson 9315BW Well #: HO-15-0064

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.74	NTU	<10	SM20 2130B	2/6/2020 / 1530 / RER
Iron	0.16	mg/L	0.3*	FR, 45 (126)	2/6/2020 / 1515 / RER

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 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 # : 19002441

Date Reported: 2/7/2020

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

March 5, 2018

Homeowner
5059 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 7.49 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 118 mg/L.**

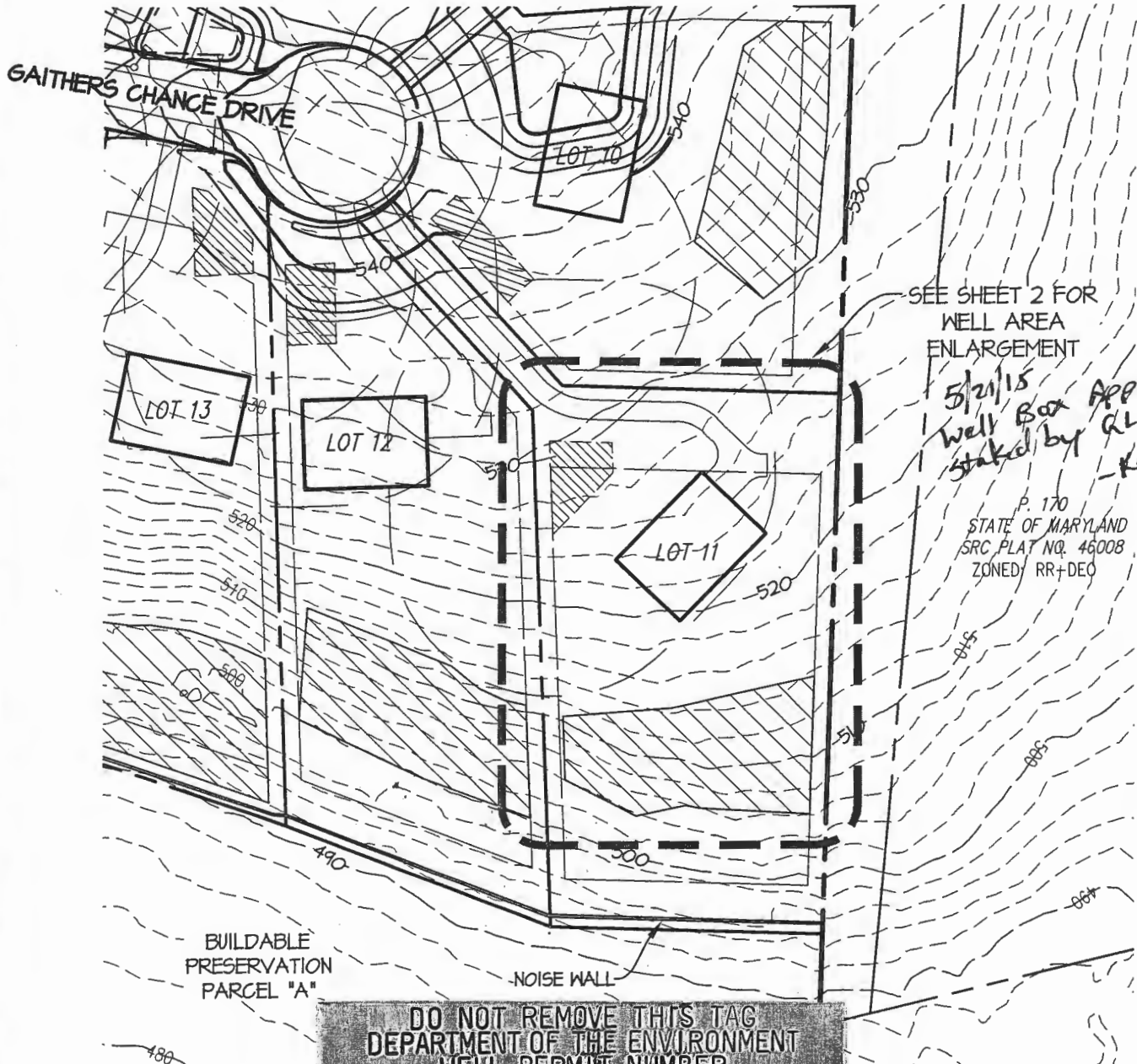
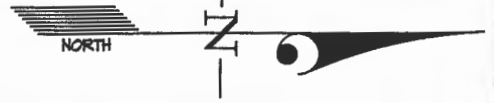
Feel free contact me at the number or email below with any questions regarding the results of water sampling.

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*



SEE SHEET 2 FOR
WELL AREA
ENLARGEMENT

*5/21/15
Well Box Approved.
staked by GLW
-Kme*

P. 170
STATE OF MARYLAND
SRC PLAT NO. 46008
ZONED RR+DEO

BUILDABLE
PRESERVATION
PARCEL "A"

NOISE WALL

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0064

© GLW 2015

WELL SITE

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

HER'S CHANCE
T II (OVERALL)

Scale =
1" = 100'

GLWGUTSCHICK 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 BAL: 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" = 100'
SHEET	1 OF 2

Wolf, Kevin

From: Wolf, Kevin
Sent: Friday, January 24, 2020 11:57 AM
To: Duckworth, Todd
Subject: RE: 5059 Gaithers Chance Dr-Well Results Passing
Attachments: Analysis Report-Fail.pdf; Analysis Report-Pass.pdf

Todd,
In looking at these reports, it is clear that the well has very high Iron issues and with the post softener iron sample, the result is still above the SMCL. We advise to have further treatment (Point-of-use) installed with the softener to treat the excessive iron. You will need to pull another post treated sample for Turbidity including tests for Iron and Manganese. Let me know if you have questions or concerns

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

*2/5/20
Spoke w/ Carrie w/ Eng Lab
will need another sample for
Turbidity + Iron w/ softener
+ another Iron mineral
lower.*

CONFIDENTIALITY NOTICE

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From: Duckworth, Todd <tduckwor@nvrinc.com>
Sent: Thursday, January 23, 2020 12:14 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: 5059 Gaithers Chance Dr-Well Results Passing

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good Morning Sir,