

C 1 34806

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 300 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0067

OWNER MB Gaitters Chance LLC WELL SITE ADDRESS Gaitters Chance Dr. TOWN Clarksville SUBDIVISION Gaitters Chance SECTION LOT 14

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: Brown Loamy, Gray Schist, White, Gray Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 35 NO. OF POUNDS 3270 GALLONS OF WATER 210 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 82 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 84

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

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT) DEPTH (nearest ft.) 1 2 HO 84 300

DEPTH (nearest ft.)

1 2 HO 84 300 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.8 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 177 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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 39.2369385 LONGITUDE 76.9781494 (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. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1 0698

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

555842 M please type

40-15-0067 fill in this form completely

Date Received (APA) 04/27/13

OWNER INFORMATION

MB Gaithers chance LLC
16810 E Gude Dr
Rockville MD 20850

B 3

LOCATION OF WELL

Howard COUNTY
Gaithers Chance SUBDIVISION
SECTION 44 LOT 14
Clarksville NEAREST TOWN

DRILLER INFORMATION

Allen Compton M S D 009
Eagles Well Drilling, LLC
P.O. Box 202 Woodbine, MD 21797
Allen Compton 4-27-13

B 4

SOURCES OF DRILLING WATER

Gaithers Chance Dr
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1700
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 0028 BLK: 0008 PARCEL 0045

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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
A537370 COUNTY NO.
STATE SIGNATURE
DATE ISSUED 5/2/15
CO SIGNATURE EXP. DATE 5/2/16

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)

- 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)

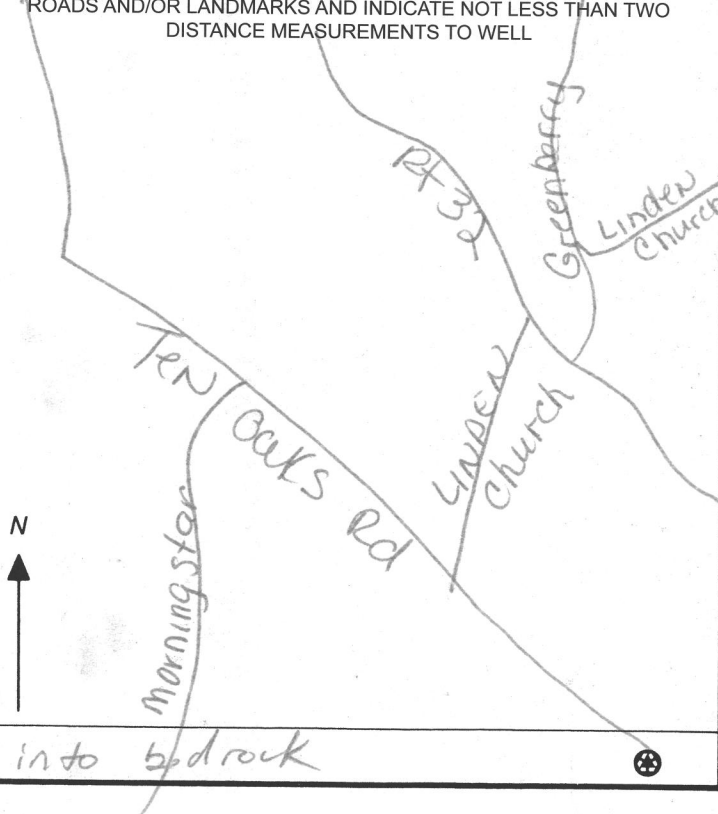
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER H03014G004

PERMIT No. 40-15-0067

SPECIAL CONDITIONS 50' of 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



# Yield Test Data Sheet

Maryland State Well Permit: \_\_\_\_\_

Date of Yield Test: 8-24-15

Subdivision Name: Gaither chance

Section: \_\_\_\_\_ Lot: 14

Street Address: Ten Oaks

**Well Data**

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

Distance from MP to ground surface: 2 ft.

Well Depth: 300 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)
<u>8:00</u>	<u>30</u> ft.	( ) Time to fill <input checked="" type="checkbox"/> gal. bucket	
		( ) Flow meter reading (if used)	

15

*Water level and pumping rate must be recorded every 15 minutes*

Time	Water level below M.P.	Time to fill bucket	Pumping rate:
1 8:00	30 ft.	4	15 gpm
2 8:15	107 ft.	4	15 gpm
3 8:30	177 ft.	6	10 gpm
4 8:45	177 ft.	21	2.8 gpm
5 9:00	177 ft.	21	2.8 gpm
6 9:15	177 ft.	21	2.8 gpm
7 9:30	177 ft.	21	2.8 gpm
8 9:45	177 ft.	21	2.8 gpm
9 10:00	177 ft.	21	2.8 gpm
10 10:15	177 ft.	21	2.8 gpm
11 10:30	177 ft.	21	2.8 gpm
12 10:45	177 ft.	21	2.8 gpm
13 11:00	177 ft.	21	2.8 gpm
14 11:15	177 ft.	21	2.8 gpm
15 11:30	177 ft.	21	2.8 gpm
16 11:45	177 ft.	21	2.8 gpm
17 12:00	177 ft.	21	2.8 gpm
18 12:15	177 ft.	21	2.8 gpm
19 12:30	177 ft.	21	2.8 gpm
20 12:45	177 ft.	21	2.8 gpm
21 1:00	177 ft.	21	2.8 gpm
22 1:15	177 ft.	21	2.8 gpm
23 1:30	177 ft.	21	2.8 gpm
24 1:45	177 ft.	21	2.8 gpm
25 2:00	177 ft.	21	2.8 gpm
26 2:15	177 ft.	21	2.8 gpm
27 2:30	177 ft.	21	2.8 gpm
28 2:45	177 ft.	21	2.8 gpm
29	ft.		gpm
30	ft.		gpm

**NOTES:**

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)513-1771 FAX: (410)513-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Safety Fencing

**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: Foale Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 3580 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. Foale 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 Telephone #: \_\_\_\_\_  
Subdivision: Gaithers Chance Lot #: 14 Well Tag #: HO-15-0067  
Site Address: 5047 Gaithers Chance Dr  
Clarksville, MD 21029

<u>Satisfiable Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7P50542Z</u>	Model #: <u>N/A</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>2.4</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 18" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300 (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  
Torque wrenches, Cable guards, or other acceptable method used - Must circle one  
Safety rope, if used, attached to hoist rope adapter or other acceptable method inside of well casing. N/A

<u>Fencing 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 (5' minimum from foundation): <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 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: [Signature] date: 9/26/19

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

Date Insp Requested: 9/26/19 Date Insp Approved: 9/26/19 Inspector: (ST)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	<u>48"</u>
Two piece cap installed and attached to casing securely	<u>✓</u>	
Elec conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	<u>44"</u>
Safety rope not outside of well cap/casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	<u>16"</u>
Water supply line sleeved adequately at house connection	<u>✓</u>	<u>12"</u>
Adequate gravel observed below pitless adapter	<u>✓</u>	

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

**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – JULY 7, 2020**

January 7, 2020

Homeowner  
5047 Gaithers Chance Drive  
Clarksville, MD 21029

**RE: Gaithers Chance, Lot 14**  
**5047 Gaithers Chance Drive**  
**Building Permit: B19002544**  
**Well Permit: HO-15-0067**

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 **11/4/2019**. Final approval of the well line connection to the dwelling was granted on **9/26/2019**. The well construction was completed on **8/24/2015**. Water samples were collected on **12/12/2019, 1/3/2020**.

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-15-0067. 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>

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**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 Environments 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

# 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 #: 134939 Account #: 1933  
Reference: Gaithers Chance Lot 14 Company: Fogles Well Pump & Treatment  
Location: 5047 Gaithers Chance Drive Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 1/3/2020 1010 Site: Kitchen Sink Tap  
Date/Time Rec'd: 1/3/2020 1445 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.6  
Collected By: B. Wilkerson 9315BW Well #: HO-15-0067

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/4/2020 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/4/2020 / 0900 / CCH

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 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 # :** 19002544

Date Reported: 1/6/2020

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

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Location: 5047 Gaithers Chance Drive Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 12/12/2019 0930 Site: Kitchen Sink Tap  
Date/Time Rec'd: 12/12/2019 1430 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.5  
Collected By: B. Wilkerson 9315BW Well #: HO-15-0067

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	118.4	MPN/ 100 ml	<1.0	SM20 9223B	12/13/2019 / 0900 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/13/2019 / 0900 / RER
Nitrate	<1.0	mg/L	10	601	12/12/2019 / 1620 / RER
Turbidity	3.75	NTU	<10	SM20 2130B	12/12/2019 / 1635 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	12/12/2019 / 1635 / RER

### 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.
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- 4 NTU = Nephelometric Turbidity Units
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Reason for Test : Use & Occupancy

Building Permit # : 19002544

Date Reported: 12/13/2019

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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Date Reported: 1/6/2020

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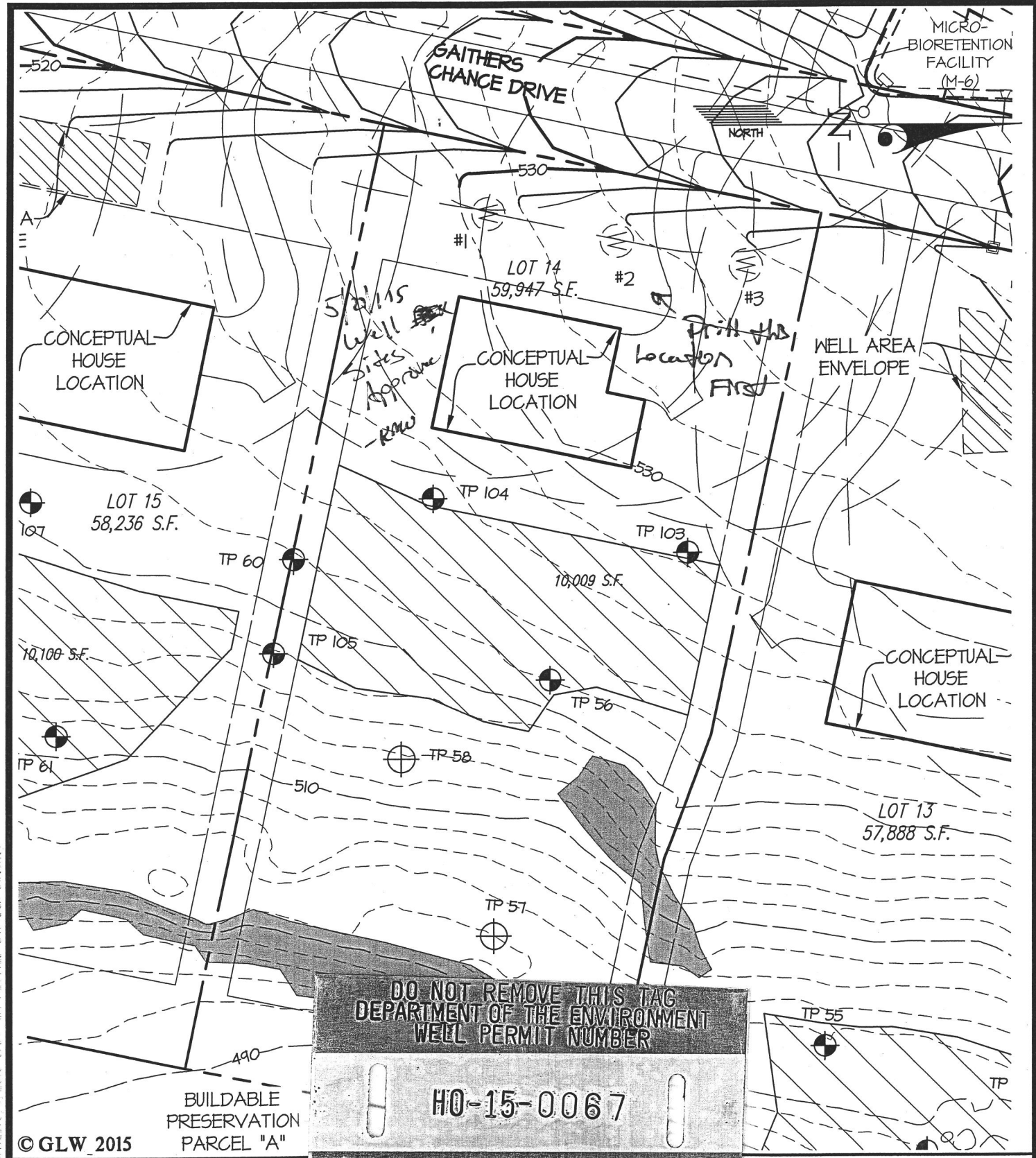
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Reason for Test : Use & Occupancy  
Building Permit # : 19002544

Date Reported: 12/13/2019



DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
**HO-15-0067**  
 INFORMATION-GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND . 21230

© GLW 2015

WELL SITE

ER'S CHANCE  
 LOT 14

<b>GLW</b> 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	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'
			SHEET 1 OF 1

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg  
 PLOTTED: 5/15/2015 3:09 AM. LAST SAVED: 5/15/2015 8:04 AM. PLOTTED BY: Don Sweaney