

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER A 531370 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0061

ST/CO USE ONLY DATE Received MM DD YY 10 05 15 DATE WELL COMPLETED MM DD YY 9/23/15 Depth of Well 400 (TO NEAREST FOOT) OK 12/28/15 SC

OWNER Mr. Gathers Chance, LLC WELL SITE ADDRESS Gathers Chance Dr TOWN Clarksuite SUBDIVISION Gathers Chance SECTION 8 LOT 8

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 | | check if water bearing |
|---|------------|------------|-------------------------------------|
| | FROM | TO | |
| <u>Light tan sandstone</u> | <u>0</u> | <u>44</u> | |
| <u>Dark grey shale</u> | <u>44</u> | <u>200</u> | <input checked="" type="checkbox"/> |
| <u>Light tan sandstone</u> | <u>200</u> | <u>301</u> | <input checked="" type="checkbox"/> |
| <u>Dark grey shale</u> | <u>301</u> | <u>349</u> | <input checked="" type="checkbox"/> |
| <u>Light tan sandstone</u> | <u>349</u> | <u>370</u> | <input checked="" type="checkbox"/> |
| <u>Dark grey shale</u> | <u>370</u> | <u>400</u> | <input checked="" type="checkbox"/> |

GROUTING RECORD YES NO
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 18 NO. OF POUNDS 1692
GALLONS OF WATER 765
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 62 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 64

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

SCREEN RECORD
screen type or open hole ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER
DEPTH (nearest ft.) HO 64 400

C 2 DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 11 15 17 21
A 23 24 26 30 32 36
S 38 39 41 45 47 51
R
E
E
N
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
56 _____ 60 _____
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) 3
PUMPING RATE (gal. per min.) 7.5
METHOD USED TO MEASURE PUMPING RATE log
WATER LEVEL (distance from land surface)
BEFORE PUMPING 92' ft.
WHEN PUMPING 28' ft.
TYPE OF PUMP USED (for test)
 S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (YES OR NO) 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 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 } LAND SURFACE
 - below } 62 (nearest foot)

LATITUDE 39.2380562
LONGITUDE 76.4773396
(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.

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES NO
CIRCLE APPROPRIATE LETTER
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, 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 _____
LIC. NO. 1 D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 26503 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL HO - 15 - 0061
5558426 please type fill in this form completely

Date Received (APA) 04/27/15
OWNER INFORMATION
04 MM 27 DD 15 YY 13
Mr B Gaithers Chance LLC
 15 Last Name 34 Owner First Name
Hosle E Gude 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 8
Charksville NEAREST TOWN 71

DRILLER INFORMATION
Allen Compton Driller's Name 76 License No. M S D 009 81
Fogles 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
 2.
 3.
Gaithers Chance Dr STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 350 1400 1400 37
 34 1400 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 0028 BLK 0008 PARCEL 0045

B 2 WELL INFORMATION
 1 2 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

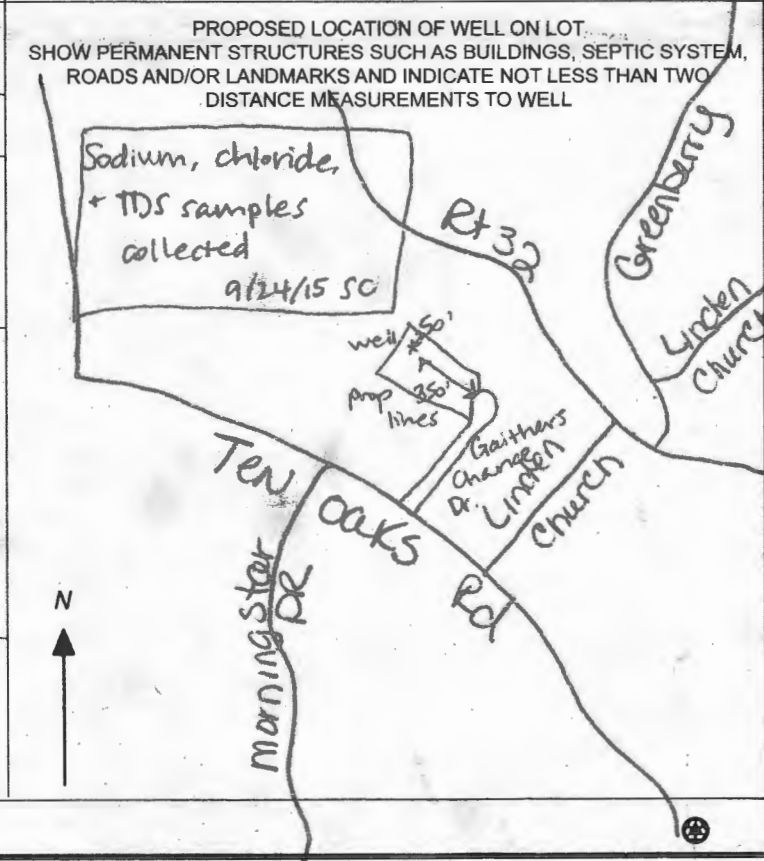
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME 13 COUNTY NO. A 537370
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 5/21/15 W. M. Huff 5/21/15
 43 MM DD YY 66 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTAR 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)
 APPROX. PERMIT NUMBER HO 2014 G 004
 PERMIT No. HO - 15 - 0061
 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)513-1771 FAX: (410)513-2648**

Information Form for the Installation of the Well Pump, Pileless 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: Foogles 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 Foogle License #: M5D226

*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: NMR Inc Telephone #: _____
Subdivision: Gaithers Chance Lot #: 8 Well Tag #: HO-15-0061
Site Address: 5050 Gaithers Chance Dr
Clarksville, MD 21029

| | | |
|--|------------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pileless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Goulds</u> | Make: <u>Campbell II</u> | Two piece watertight cap: <u>YES</u> |
| Model #: <u>74307422</u> | Model #: <u>NA</u> | Screened, vented well cap: <u>YES</u> |
| Pump Capacity: <u>7 GPM</u> | Depth: <u>36" (36" min)</u> | Cap secured to casing: <u>YES</u> |
| Well Yield: <u>7.5 GPM</u> | NSP/WSC approval: <u>YES</u> | Conduit min 1" R.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>400 (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 17.2.4 | | |
| Torque wrench, 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: <u>NA</u> | | |

| | |
|--|--|
| <u>Pipe to house</u> | <u>House Connection</u> |
| Type: <u>1" poly pipe</u> | PVC sleeve to undisturbed soil at wall penetration: <u>YES</u> |
| PST: <u>200 (50 psi)</u> | Length of sleeve: <u>minimum from foundation</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 18 feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewer reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 10/31/19

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

| | | |
|--|----------------------------|------------------|
| Date Insp. Requested: _____ | Date Insp. Approved: _____ | Inspector: _____ |
| Inspection Data: | | |
| Pileless 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 pileless adapter | _____ | _____ |

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)513-3771 FAX: (410)513-2648**

Information Form for the Installation of the Well Pump, Pileless 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 Occurrence approval.

Company Name: Fogles 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 Foote 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: MNR Inc Telephone #: _____
Subdivisor: Gaithers Chance Lot #: 8 Well Tag #: HO-15-00661 (S1)
Site Address: 5050 Gaithers Chance Dr
Clarksville, MD 21029

| <u>Submersible Pump Data</u> | <u>Pileless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|--|------------------------------|---|
| Make: <u>Goulds</u> | Make: <u>Campbell II</u> | Two piece watertight cap: <u>YES</u> |
| Model #: <u>74507422</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>7.5</u> GPM | NSP/WSC approved: <u>YES</u> | Conduit min 1" R.F.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>400</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 17.2.4 | | |
| Torque wrench, Cable guards, or other acceptable method used - <u>Must circle one</u> | | |
| Safety rope, if used, attached to hoist rope adapter or other acceptable method inside of well casing: <u>NA</u> | | |

| <u>Entry to house</u> | <u>House Connection</u> |
|--|--|
| Type: <u>1" poly pipe</u> | PVC sleeve to undisturbed soil at wall penetration: <u>YES</u> |
| PST: <u>2000 PSI</u> | Length of sleeve: <u>5'</u> (minimum 5' from foundation) |
| 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 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: [Signature] Date: 10/31/19

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

Date Insp Requested: 10/31/19 Date Insp Approved: 10/31/19 Inspector: (S1)

| | | |
|---|-------------------------------------|------------|
| Inspection Data: Pileless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> | <u>40"</u> |
| 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"/> | <u>32"</u> |
| Safety rope not outside of well cap/casing | <input checked="" type="checkbox"/> | |
| Concrete well tag attached properly and casing 5" above finished grade | <input checked="" type="checkbox"/> | <u>16"</u> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> | |
| Adequate grout observed below pileless adapter | <input checked="" type="checkbox"/> | |



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 23, 2020

January 23, 2020

Homeowner
5050 Gaithers Chance Drive
Clarksville, MD 21029

**RE: Gaithers Chance, Lot 8
5050 Gaithers Chance Drive
Building Permit: B19002724
Well Permit: HO-15-0061**

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 **1/23/2020**. Final approval of the well line connection to the dwelling was granted on **10/31/2019**. The well construction was completed on **9/23/2015**. Water samples were collected on **1/9/2020, 1/20/2020**.

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-15-0061. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

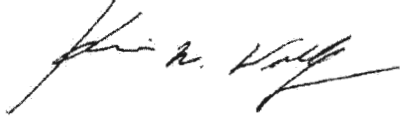
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 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 #: 135044 Account #: 1933
 Reference: Gaithers Chance Lot 8 Company: Fogles Well Pump & Treatment
 Location: 5050 Gaithers Chance Drive Requested By: Dave Fogle
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 1/9/2020 1330 Site: Kitchen Sink Tap
 Date/Time Rec'd: 1/9/2020 1410 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.4
 Collected By: B. Wilkerson 9315BW Well #: HO-15-0061

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | 1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/10/2020 / 1000 / CRS |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/10/2020 / 1000 / CRS |
| Iron | 3.58 | mg/L | 0.3* | FR, 45 (126) | 1/9/2020 / 1520 / RER |
| Nitrate | 2.70 | mg/L | 10 | 601 | 1/10/2020 / 0820 / CRS |
| Turbidity | 26.2 | NTU | <10 | SM20 2130B | 1/9/2020 / 1530 / RER |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 1/9/2020 / 1530 / 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 # : 19002724

Date Reported: 1/10/2020

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 #: | 135205 | Account #: | 1933 |
| Reference: | Gaithers Chance Lot 8 | Company: | Fogles Well Pump & Treatment |
| Location: | 5050 Gaithers Chance Drive Clarksville, MD 21029 | Requested By: | Dave Fogle |
| Date/ Time Collected: | 1/20/2020 1220 | Source: | Well Water |
| Date/Time Rec'd: | 1/20/2020 1345 | Site: | Kitchen Sink Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | Softener |
| Collected By: | J. Evans 0309JE | pH: | 6.9 |
| | | Well #: | HO-15-0061 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/21/2020 / 0800 / RER |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/21/2020 / 0800 / RER |
| Turbidity | 0.83 | NTU | <10 | SM20 2130B | 1/21/2020 / 0950 / CRS |
| Iron | 0.05 | mg/L | 0.3* | FR, 45 (126) | 1/22/2020 / 0930 / CRS |

*OK - Softener
treats the excessive
Iron. Resulting in
low Turbidity.
-Kerr*

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 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 # : 19002724

Date Reported: 1/22/2020

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

March 5, 2018

Homeowner
5050 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 11.22 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 104 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 sodium 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*

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

March 5, 2018

Homeowner
5050 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 11.22 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 104 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 sodium in the water at the time of sample collection, you should consider future testing.

Feel free to 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:



E16001332001

Received: 09/25/2015

Metals

HO-15-0061

Send Report To: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health
3930 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

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

9-25-15
Bx

D

Sample ID No: HO-15-0061 Site Name: Gaither's Chance - Lot B County: Howard

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

Date Collected: 9 / 24 / 20 15 Time Collected: 11:45 a.m. _____ p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ pH < 2 PS- 09-25-15

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

| ✓ | 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>es</u> | | | Potassium (K) | |
| | Thallium (Tl) | | | Uranium (U) | |

Lab Supervisor: _____

Date Reported: / /

•Phone: (410) 767-6186

•Fax: (410) 333-5122

DHMH 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: E16001332 Date Coll.: 09/24/2015 Date Received 09/25/2015 Submitted By: Collins

Field ID: HO-15-0061
Lab No.: E16001332001

| <u>Method</u> | <u>Element</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|---------------|----------------|---------------|--------------|----------------------|
| EPA 200.7 | Sodium | 11.22 | ppm | 10/06/2015 |

Comments:

Approved by: *Sadia Alameen*

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.



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 NoE16001331 Date Coll. 09/24/2015 Date Received 09/25/2015 Submitted By: S. Collins

Field ID: HO-15-0061
Lab No.: E16001331001

| <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 | 104 | mg/L | 09/28/2015 |

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.

