

C1 34844

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER MB Galters Chance LLC WELL SITE ADDRESS Galters Chance Dr TOWN Clarksville SUBDIVISION Galters Chance SECTION LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Laminar Shale, Gray Schist, White, Gray Schist.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) BENTONITE CLAY (B) NO. OF BAGS 30 NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 105

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

SCREEN RECORD screen type or open hole insert appropriate code below (S) STEEL (BR) BRASS (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

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

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 M S D 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)

DEPTH (nearest ft.) table with columns: T, E, A, C, H, S, C, R, E, E, N. Includes handwritten entries: HO 105 350.

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

PUMPING TEST C 3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.2 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 184 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31. PUMP HORSE POWER 37. PUMP COLUMN LENGTH (nearest ft.) 43. CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE 02 (nearest foot)

LATITUDE 39.237573 LONGITUDE 76.977859 (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 1 2 3 4 5 6 <u>0697</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>555842-L</u>	STATE PERMIT NUMBER <u>Ho-15-0066</u> <small>fill in this form completely</small>
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Date Received (APA) 04 27 15

OWNER INFORMATION

8 MM DD YY 13
MB Gaithers Chance DRC
 15 Last Name Owner First Name 34
1686 E. Gude Dr
 36 Street or RFD 55
Rockville MD 20850
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard
 8 COUNTY 21
Gaithers Chance
 23 SUBDIVISION 42
 SECTION 44 46 LOT 13 50
Choksville
 52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M SD 009
 76 Driller's Name License No. 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. Gaithers Chance Dr
 11 STREET ADDRESS 30
 2.
 3.

ON WHICH SIDE OF ROAD
 (CIRCLE APPROPRIATE BOX)

NORTH
 N
 W 32 E
 WEST 3 EAST
 S
 SOUTH

1300
 34 DISTANCE FROM ROAD 37
 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
500
 AVERAGE DAILY QUANTITY NEEDED 14 20
 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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) 537370
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
5/21/15 / John W. King 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 INCH
 NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 DEEPEIN AN EXISTING WELL

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

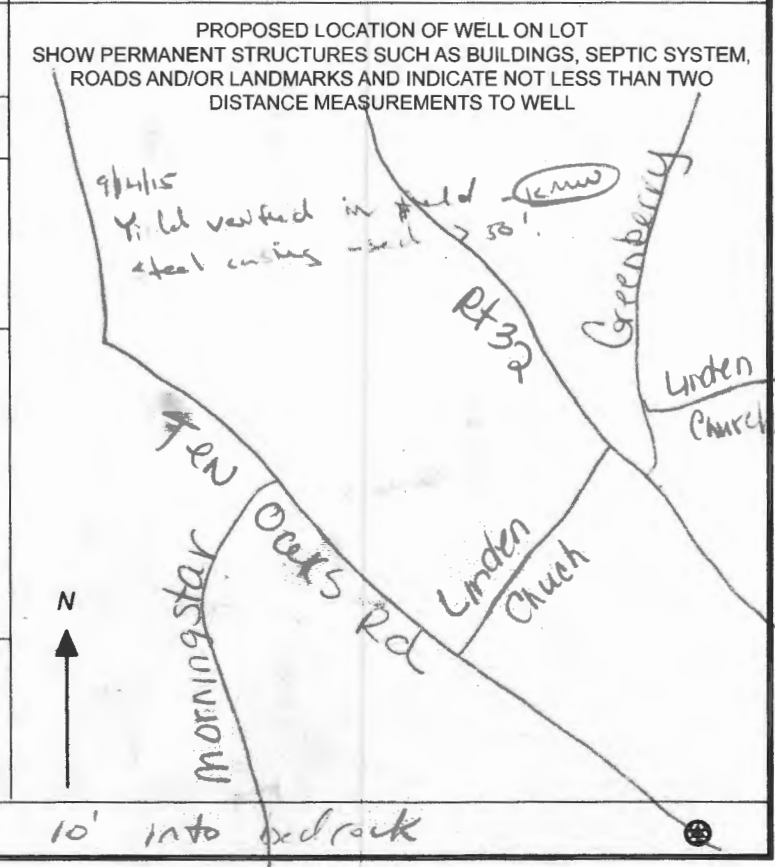
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER Ho 2014G 004

PERMIT No. Ho-15-0066
 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.



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

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

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Pump & WT 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 Fogle License# MSD226

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: NVR Inc Telephone #: _____
 Subdivision: Gaithers Chance Lot #: 13 Well Tag #: HO-15-0066 (S)
 Site Address: 5051 Gaithers Chance Dr
Clarksville, MD 21029

Submersible Pump Data

Make: Grundfos
 Model #: 7H507422
 Pump Capacity: 7
 Well Yield: 4.2

Pitless Adapter

Make: Campbell
 Model#: NA
 GPM Depth: 36" (36" min)
 GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 350 (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" poly pipe
 PSI: 200 (60 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
 Length of sleeve (5' minimum from foundation): 10'
 Sleeve sealed properly: YES

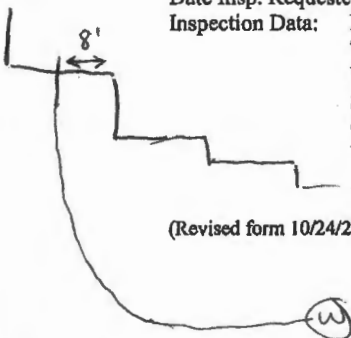
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date 1/23/2020

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

Date Insp. Requested: 1/23/2020 Date Insp. Approved: 1/23/2020 Inspector: [Signature]
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

30
 43"
 38"
 36"



(Revised form 10/24/2018)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 14, 2020

April 14, 2020

Homeowner
5051 Gaithers Chance Drive
Clarksville, MD 21029

RE: Gaithers Chance, Lot 13
5051 Gaithers Chance Drive
Building Permit: B19003577
Well Permit: HO-15-0066

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 **1/29/2020**. Final approval of the well line connection to the dwelling was granted on **1/23/2020**. The well construction was completed on **9/14/2015**. Water samples were collected on **3/19/2020, 4/7/2020**.

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-15-0066. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

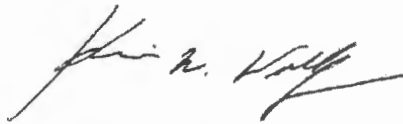
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

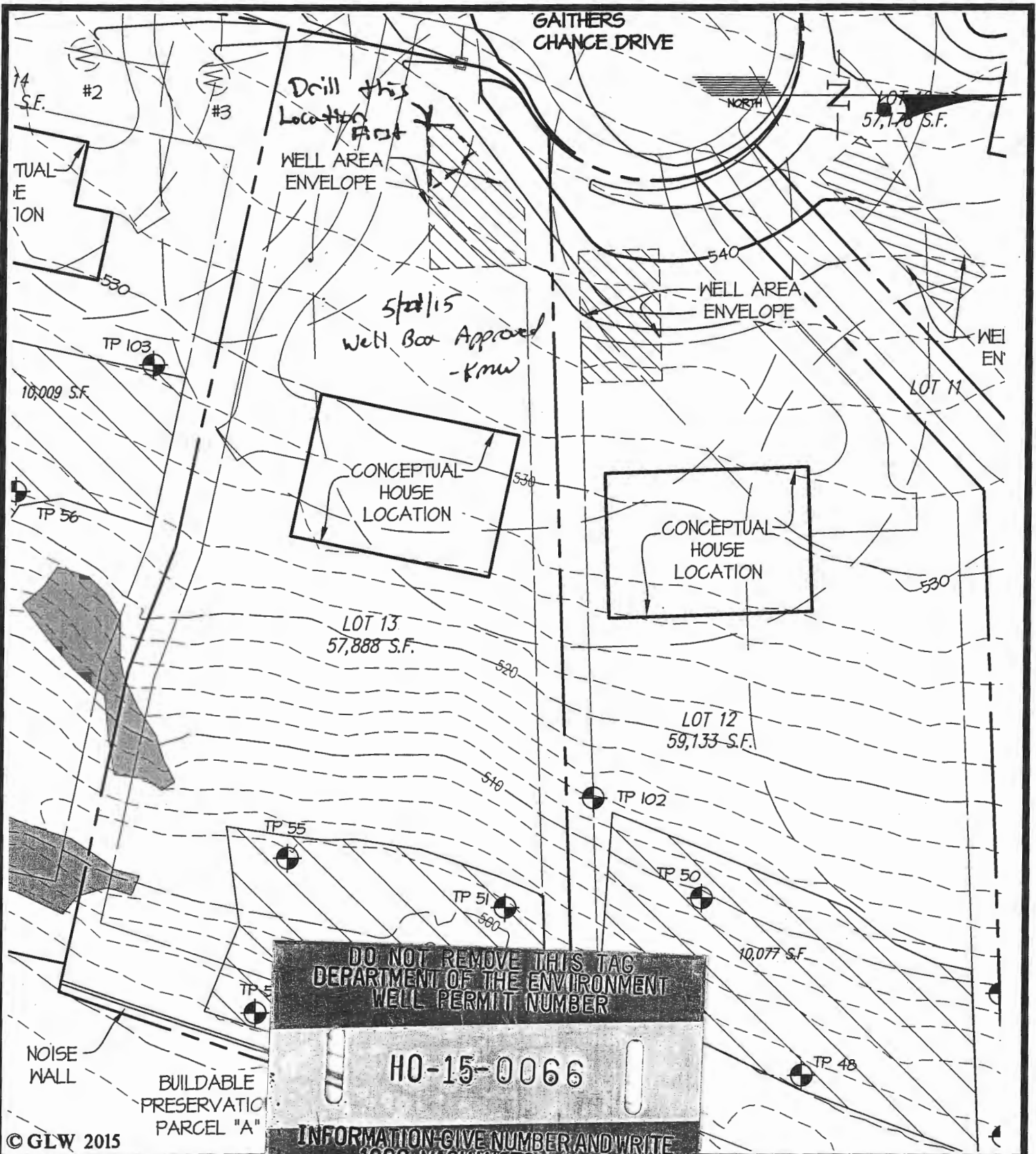
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

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



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
HO-15-0066
 INFORMATION-GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND, 21230

© GLW 2015

WELL SITE GAITHERS CHANCE LOT 13

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 BAL: 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: 5/8/2015 8:09 AM. LAST PLOTTED: 5/8/2015 8:04 AM. PLOTTED BY: Don Sweeney

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 #: 136343 Account #: 1933
Reference: Gaithers Chance Lot 13 Company: Fogles Well Pump & Treatment
Location: 5051 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 3/19/2020 1037 Site: Pressure Tank
Date/Time Rec'd: 3/19/2020 1305 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: B. Wilkerson 9315BW Well #: HO-15-0066

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM20 9223B	3/20/2020 / 0845 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/20/2020 / 0845 / RER
Nitrate	<1.0	mg/L	10	601	3/19/2020 / 1350 / CRS
Turbidity	11.2	NTU	<10	SM20 2130B	3/19/2020 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/19/2020 / 1630 / CRS
Iron	0.98	mg/L	0.3*	FR, 45 (126)	3/20/2020 / 1555 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sample collected by client, analyzed as received
- 8 ND:None Detected
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 10 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 19003577

Date Reported: 3/20/2020

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 #: 136657 Account #: 1933
Reference: Gaithers Chance Lot 13 Company: Fogles Well Pump & Treatment
Location: 5051 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 4/7/2020 0920 Site: Kitchen Sink Tap
Date/Time Rec'd: 4/7/2020 1200 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: B. Wilkerson 9315BW Well #: HO-15-0066

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/8/2020 / 0815 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/8/2020 / 0815 / RER
Iron	0.05	mg/L	0.3*	FR, 45 (126)	4/8/2020 / 0920 / CRS
Turbidity	0.45	NTU	<10	SM20 2130B	4/7/2020 / 1640 / CRS

Ref H₂O to flush system.
no Treatment

NOTES

- *SMCL = Secondary Maximum Contaminant Level
- mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- pH and Chlorine level tested in lab (pH tested after recommended holding time)
- Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 19003577

Date Reported: 4/8/2020