

CT 34882

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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A537370

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 12/28/15 SC HO-15-0073

OWNER MB Gaithers Chance LLC WELL SITE ADDRESS Ten Oaks RD TOWN Clarksville SUBDIVISION Gaithers Chance SECTION LOT Parcel A

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries like 'Brown Loam', 'Gravel', 'white IR', 'Gravel', 'Schist'.

GROUTING RECORD form with fields for GROUTING MATERIAL (CM, BC), NO. OF BAGS (18), NO. OF POUNDS (108), GALLONS OF WATER, and DEPTH OF GROUT SEAL (56).

CASING RECORD form with fields for casing types (ST, CO, PL, OT) and MAIN CASING TYPE (ST) with diameters and depths.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, PL, HO, OT) and DEPTH (60, 200).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (8.5), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (27 ft before, 55 ft when pumping), and TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY (31-35 GPM), PUMP HORSE POWER (37-41), and PUMP COLUMN LENGTH (43-47).

NUMBER OF UNSUCCESSFUL WELLS (2) and WELL HYDROFRACTURED (YES).

CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

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 5 D 009 and DRILLERS SIGNATURE.

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

Table with columns for casing depth (1-21 ft) and slot size (1-3).

Table with columns for casing height (49-47 ft) and land surface (13 ft).

DIAMETER OF SCREEN (56-60 INCH) and GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields for T, W, Q, and TELESCOPE CASING LOG INDICATOR.

LATITUDE 39.2348022 LONGITUDE 79.9285062 (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.

B 1 20729

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

No - 15 - 0073 fill in this form completely

555842-R please type

Date Received (APA) 04 21 15

OWNER INFORMATION

M B Gaithers Chance, LLC
1686 E Gude Dr.
Rockville, Md 20850

LOCATION OF WELL

Howard Gaithers Chance
Clarksville

DRILLER INFORMATION

Allen Compton M SD 009
Fogles Well Drilling, LLC
P.O. Box 202 Woodbine, Md 21797
Allen Compton 4-27-15

SOURCES OF DRILLING WATER

1. Well
2.
3.

Ten oaks rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
300
DISTANCE FROM ROAD
ENTER FT OR MI

WELL INFORMATION
APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

TAX MAP: 0028 BLK: 0008 PARCEL 0045

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 A53737D
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 5/21/15
CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

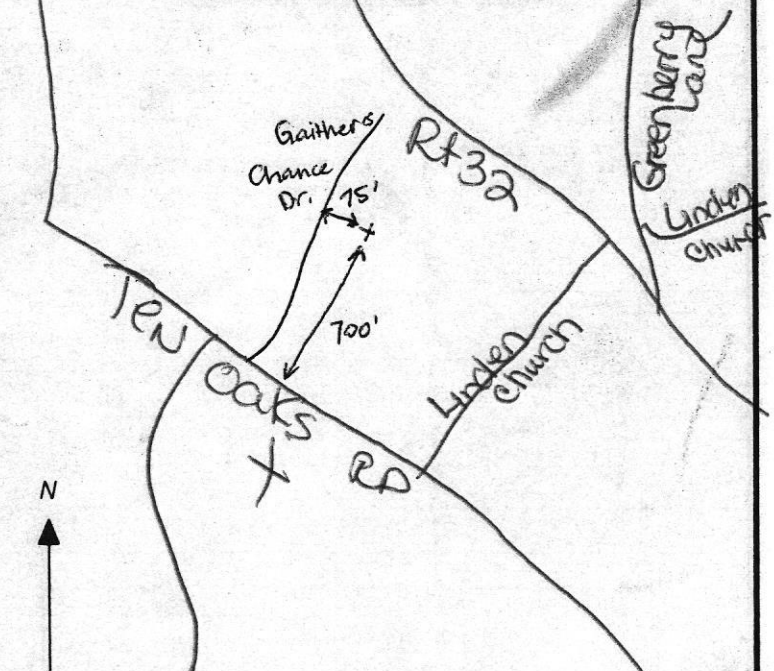
METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary
JETTED AIR-PERcussion
Jetted & DRIVEN 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

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



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

APPROP. PERMIT NUMBER No 2014G004
PERMIT No. No - 15 - 0073

SPECIAL CONDITIONS 50' steel casing or 10' into bedrock

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
 12/28/15 SC

DATE WELL ABANDONED: 10-22-15 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-15-0073

* PERMIT NUMBER OF REPLACEMENT WELL:

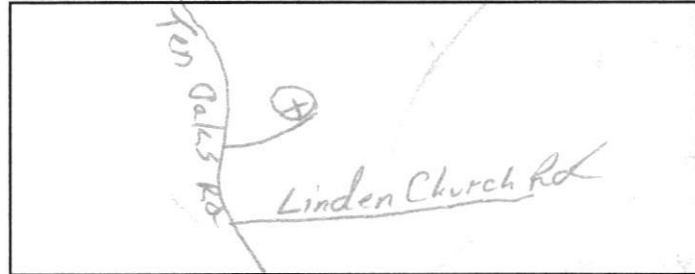
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: MB Gaithers Chance, LLC

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksuite
 TAX MAP: 0028 BLOCK 0008 PARCEL 0045
 SUBDIVISION: Gaithers Chance
 SECTION: _____ LOT: Parcel A
 STREET ADDRESS: 5027 Ten Oaks Rd



LATITUDE 3 9.234625
 LONGITUDE 7 6.9783478

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Stone	35	5
Cement	5	1
VOLUME OF MATERIAL USED		
<u>7 yds of Stone + 3 yds of Cement</u>		

* TYPE OF WELL BEING ABANDONED:
 _____ DRILLED _____ JETTED
 _____ BORED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:
 _____ STEEL _____ PLASTIC
 _____ CONCRETE N/A _____ OTHER (specify) _____

SIZE OF CASING: N/A INCHES IN DIAMETER

DEPTH OF WELL: 35 FEET DEEP

WAS ANY CASING REMOVED? _____ YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#
Andrew Houseman 224

MWD / MSD / MGS
 CIRCLE ONE

10-22-15 DATE

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.

4/1/16-

Fogler Septic
Kurt (410) 984-5211

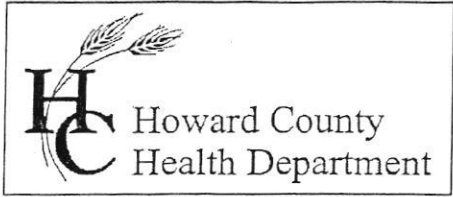
Mitchell - Builder

Ralph Mobley

301. 762, 9511

Ext. 305

4/1/16 Lett message w/ R.M
re Septic BAT Plan
& floor plans.



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: _____ **ONSITE SEWAGE DISPOSAL SYSTEM** P _____

APPROVAL DATE: _____ **PERMIT: CONSTRUCTION** A _____

PROPERTY ADDRESS: 5077 Gathers Chance Ten Oaks Rd

SUBDIVISION: Gathers Chance LOT: Per A TAX ID: 05-359066

CONTRACTOR: Fogles EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: _____

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: _____ EMAIL: _____

OWNER ADDRESS: _____ PHONE: _____

BAT UNIT MODEL: _____ PUMP SIZE: _____ PUMP TANK CAPACITY: _____

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: _____ DATE RECORDED: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: _____ APPLICATION RATE: 1.2

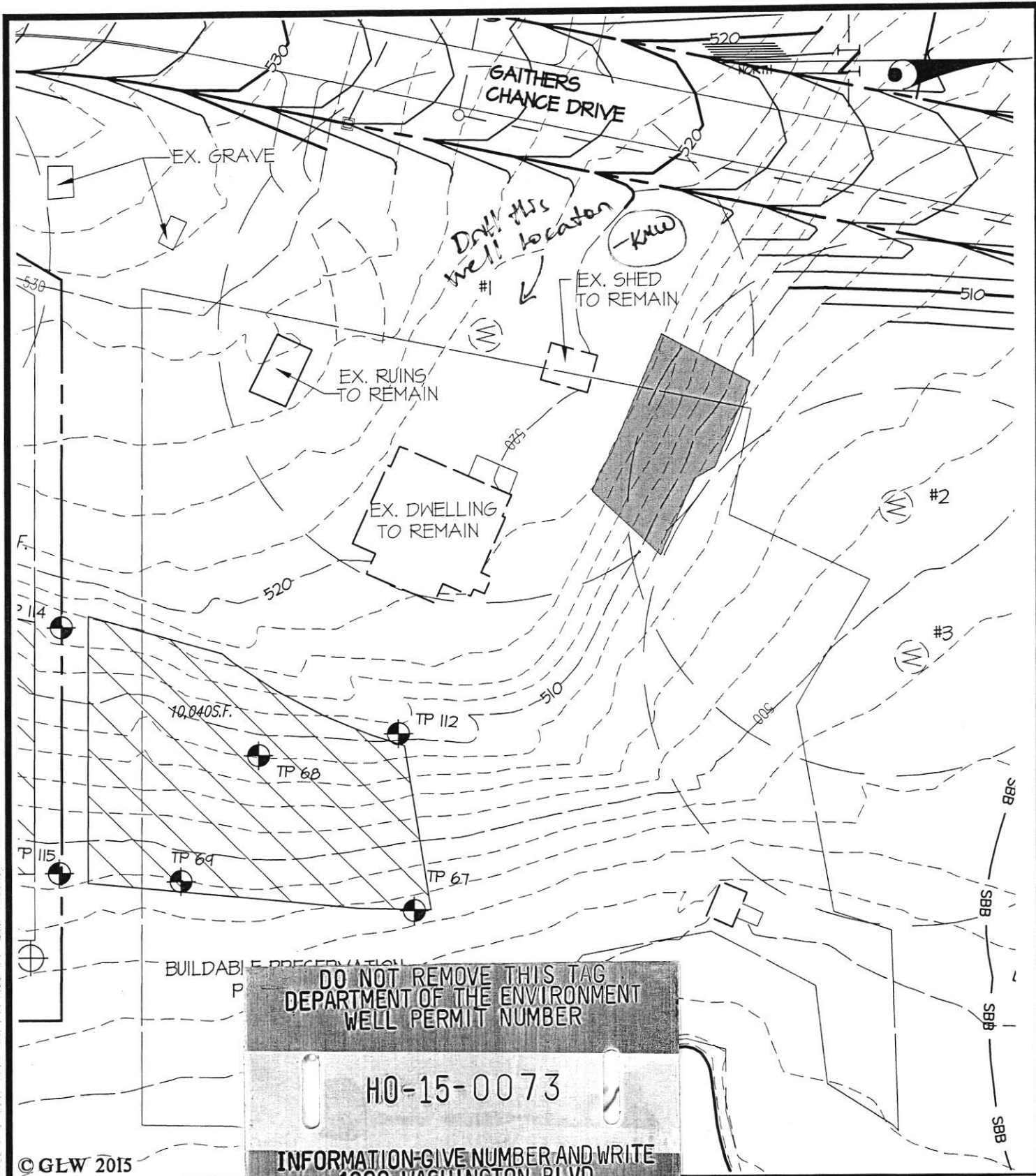
TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: <u>6..</u>
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: <u>2.</u>

LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.

NOTES:

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- ELECTRICAL PERMIT ISSUED E _____
- INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES BAT INSTALLATION.
- RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA
- HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- CONTRACTOR IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
- CALL 410-313-1771 TO SCHEDULE INSPECTIONS.



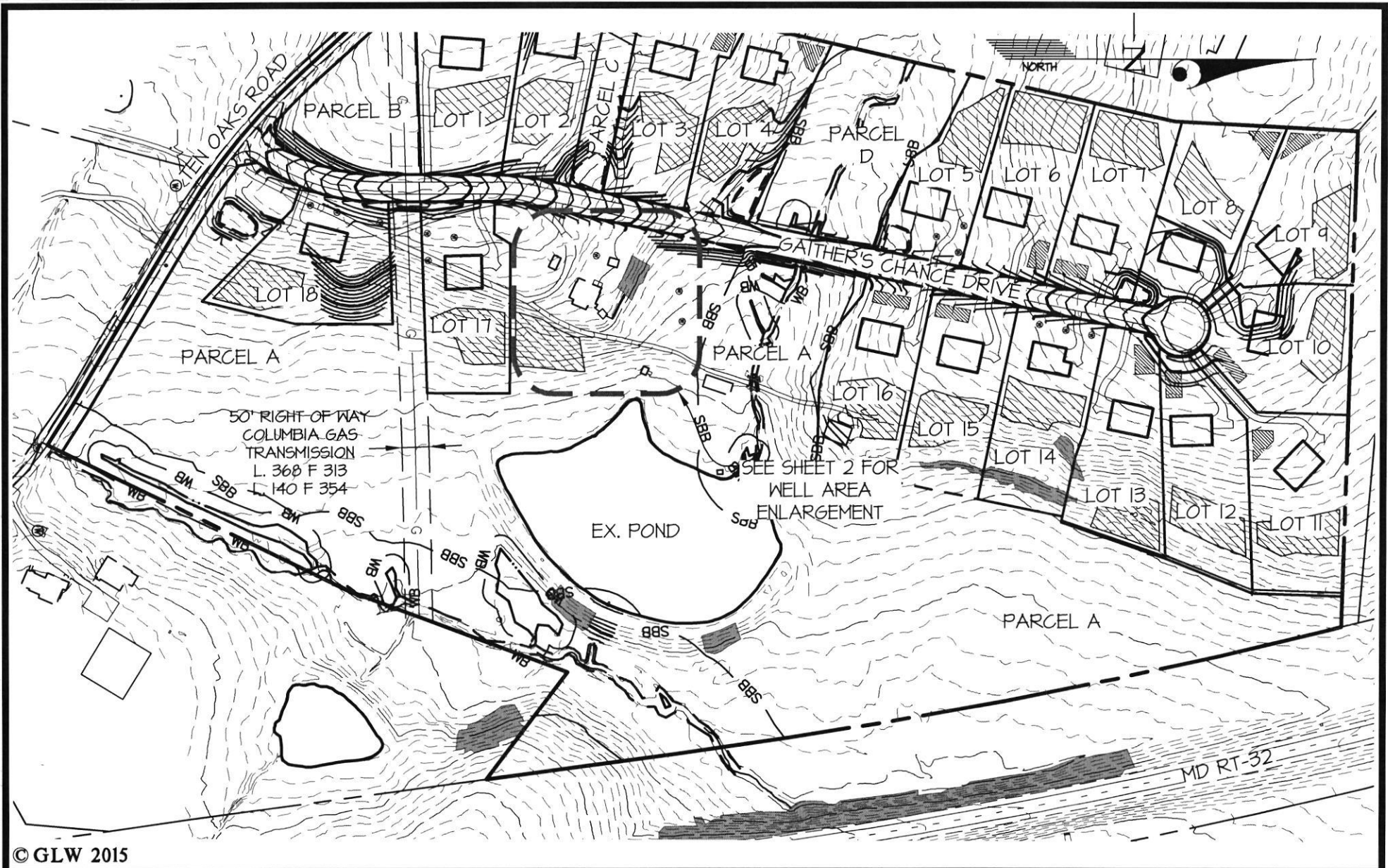
DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 H0-15-0073
 INFORMATION-GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND. 21230

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WELL : GAITHER'S CHANCE BUILDABLE PRESERVATION PARCEL A

<p>GLW GUTSCHICK LITTLE & WEBER, P.A. CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK BURTONSVILLE, MARYLAND 20866 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186</p>	DES. dds	<p>PREPARED FOR : CHM, LLC 5027 TEN OAKS ROAD CLARKSVILLE, MD 21029 JANET MARSHALL 410-531-1460</p>	G. L. W. No. 13070
	DRN. dds		ZONING RR-DEO
	CHK.		TAX MAP/GRID 28-8
<p>L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg</p>		<p>DATE MAY, 2015 SCALE 1"=50' SHEET 2 OF 2</p>	

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg
 PLOTTED BY: JAMES B. BROWN, DATE: 05/15/2015, TIME: 10:00 AM, PLOTTER: HP DesignJet 2400

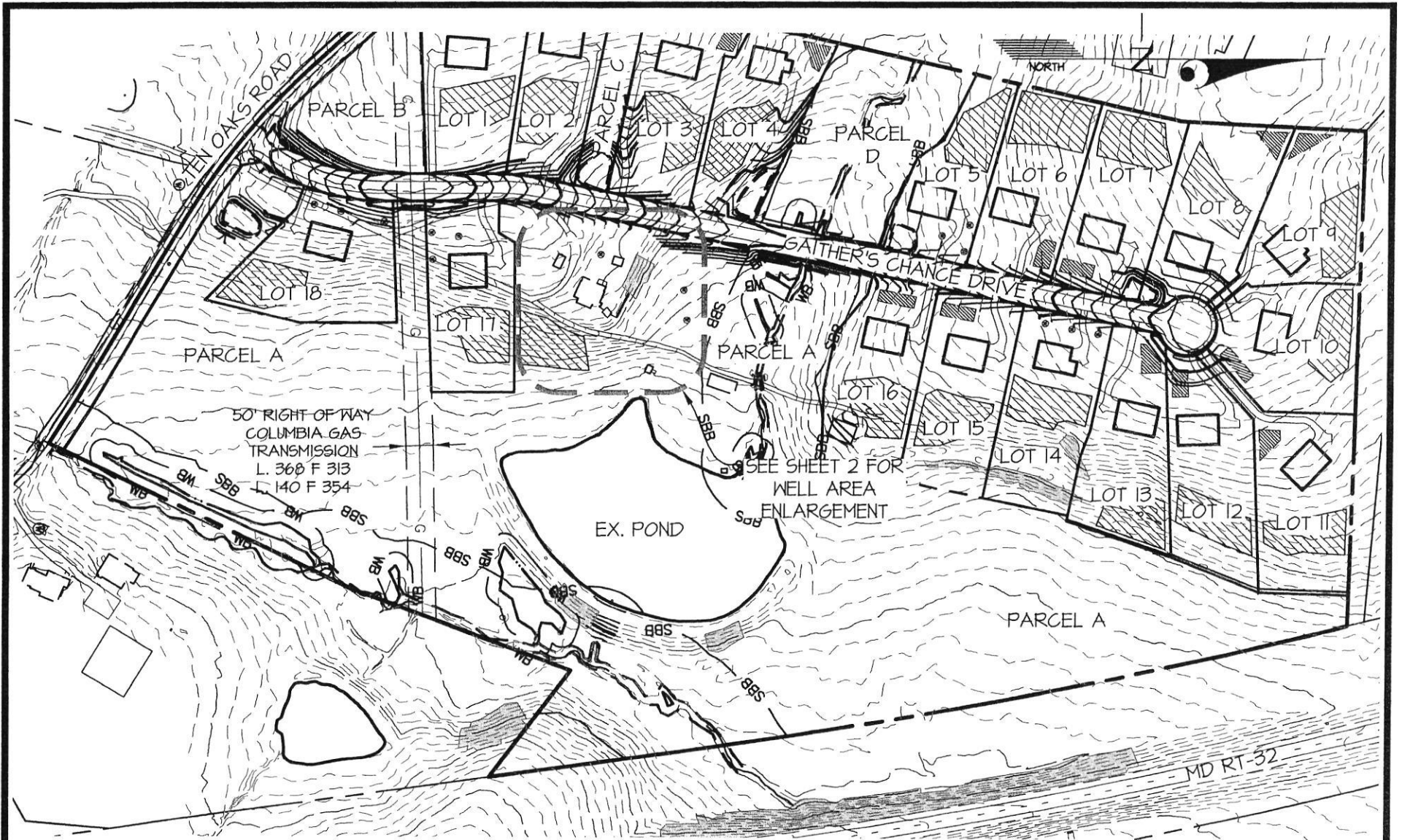


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WELL SITE PLAN - OVERALL

GLW GUTSCHICK LITTLE & WEBER, P.A. CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK BURTONSVILLE, MARYLAND 20866 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186	DES. dds	PREPARED FOR :	GAITHER'S CHANCE BUILDABLE PRESERVATION PARCEL A	G. L. W. No. 13070
	DRN. dds	CHM, LLC		ZONING RR-DEO
	CHK.	5027 TEN OAKS ROAD		TAX MAP/GRID 28-8
		CLARKSVILLE, MD 21029		DATE MAY, 2015
		410-531-1460	SCALE 1"=250'	SHEET 1 OF 2

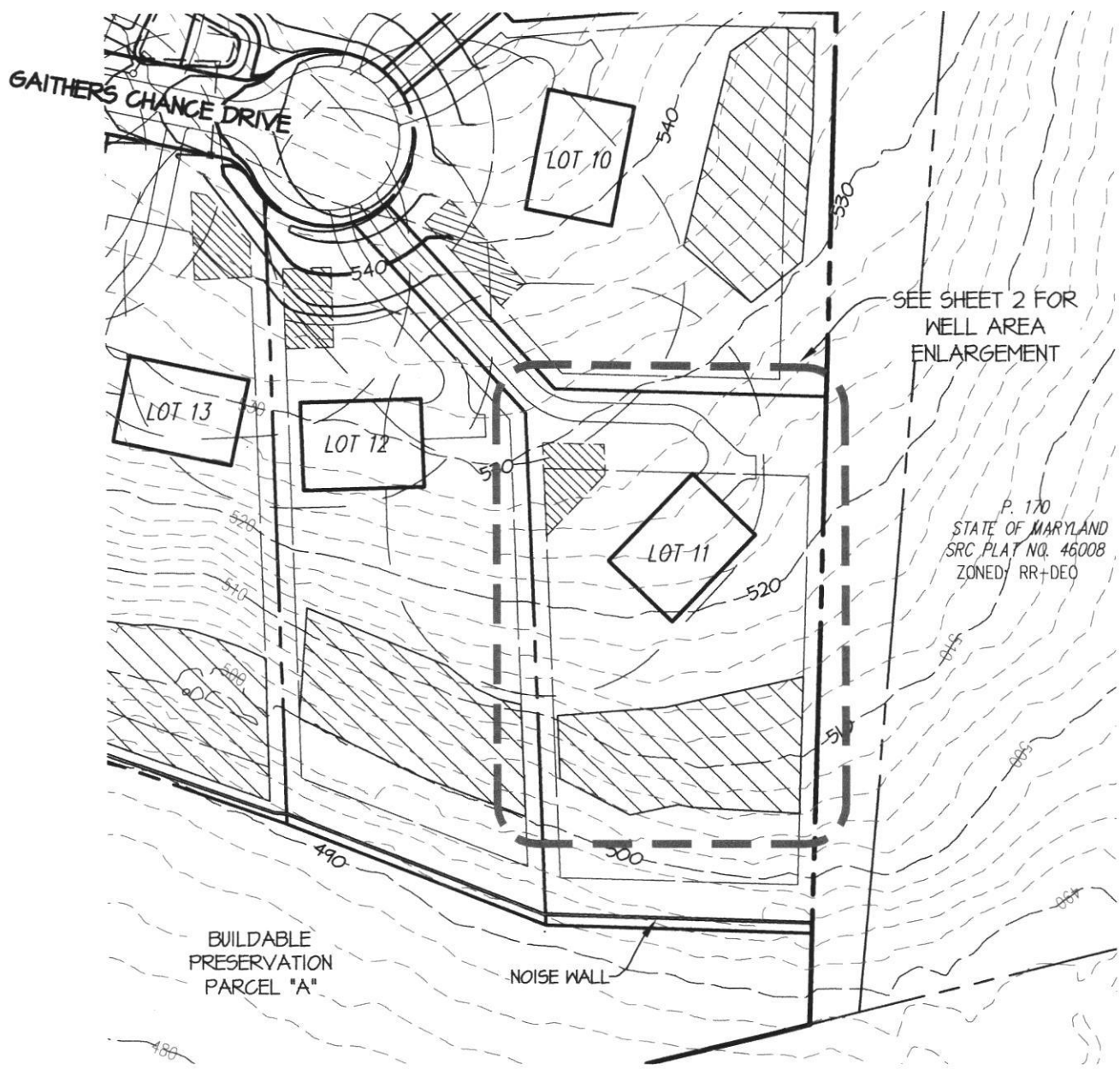
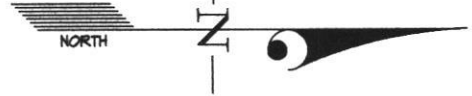
L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04) Par A Well Plan (250 Scale).dwg



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WELL SITE PLAN - OVERALL

GLW GUTSCHICK LITTLE & WEBER, P.A. CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK BURTONSVILLE, MARYLAND 20866 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4188	DES. dds	PREPARED FOR : CHM, LLC 5027 TEN OAKS ROAD CLARKSVILLE, MD 21029 JANET MARSHALL 410-531-1460	GAITHER'S CHANCE BUILDABLE PRESERVATION PARCEL A	G. L. W. No. 13070
	DRN. dds			ZONING RR-DEO
	CHK.			TAX MAP/GRID 28-8
				DATE APRIL, 2015
L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04\Par A Well Plan (250 Scale).dwg			SCALE 1"=250'	
			SHEET 1 OF 2	



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WELL SITE PLAN

**GAIHER'S CHANCE
LOT II (OVERALL)**

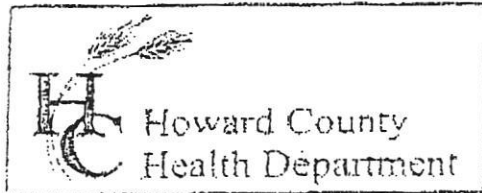
GLW GUTSCHICK LITTLE & WEBER, P.A.
 CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

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	APRIL, 2015
SCALE	1"=50'
SHEET	1 OF 2

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04\ Lot 11 Well Plan (100 Scale).dwg



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by GLW Gutschick Little & Weber, PA
(professional land surveyor or company employing professional land surveyors)
on 4-9-15 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 531370-T

AGENCY REVIEW: _____

DATE 6-28-12

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH UNKNOWN PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) JANET MARSHALL (CHM, LLC.)

DAYTIME PHONE (410) 531-1460 CELL N/A FAX N/A

MAILING ADDRESS 5027 TEN OAKS ROAD CLARKSVILLE, MD 21029

APPLICANT JEREMY RUTTER

DAYTIME PHONE N/A CELL (410) 982-2882 FAX N/A

MAILING ADDRESS P.O. Box 126 LISBON, MD 21765

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME MARSHALL PROPERTY LOT NO. PRES. PARCEL

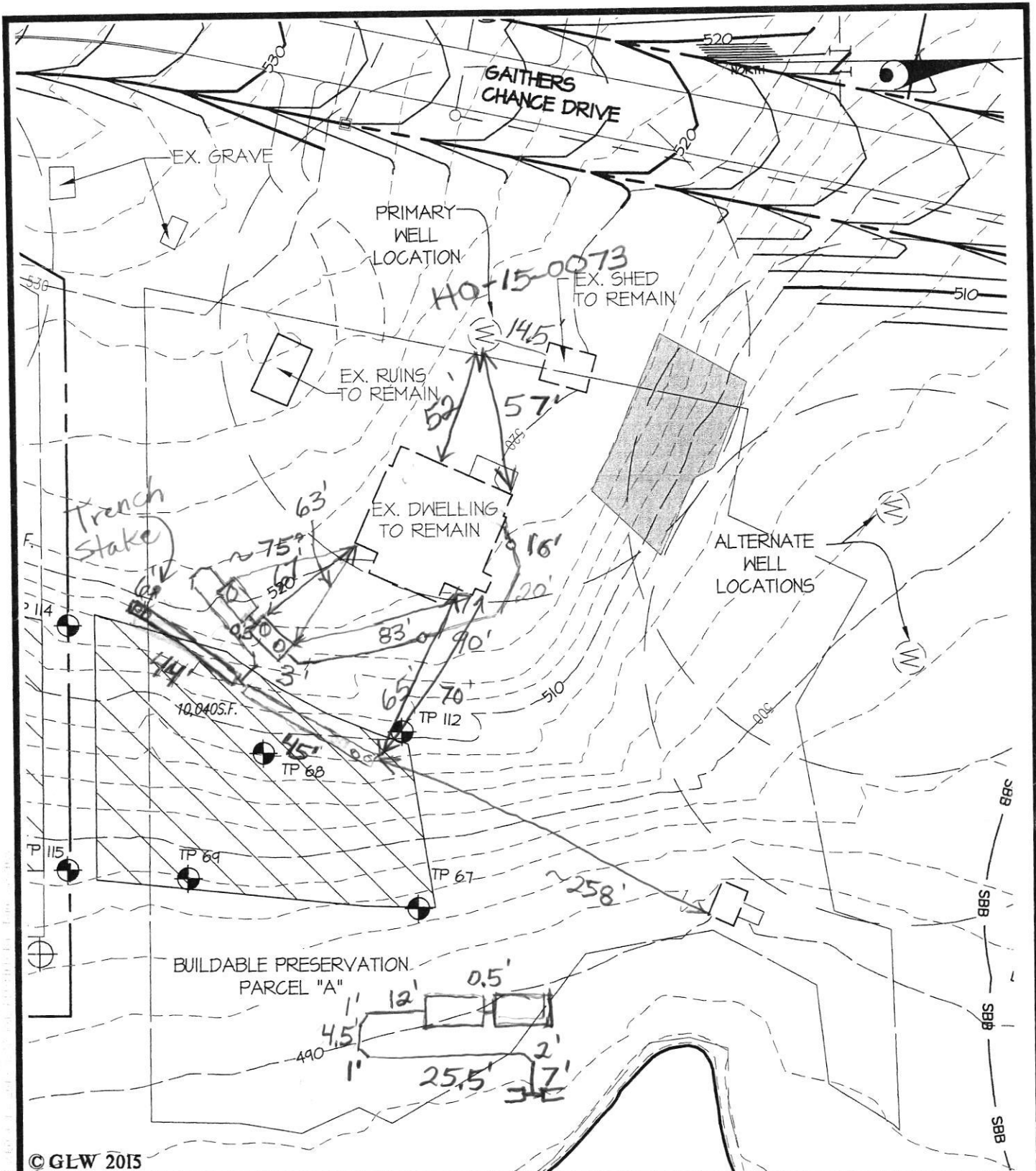
PROPERTY ADDRESS 5027 TEN OAKS ROAD CLARKSVILLE MD 21029

TAX MAP PAGE(S) 28 GRID 9 PARCEL(S) 45 PROPOSED LOT SIZE PRES. PARCEL

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A DEPC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. Jeremy Rutter SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



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WELL SITE PLAN

**GAITHER'S CHANCE
BUILDABLE PRESERVATION PARCEL A**

GLW GUTSCHICK LITTLE & WEBER, P.A.
 CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

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	APRIL, 2015
SCALE	1"=50'
SHEET	2 OF 2

PROJECT: 13070 - Gaither's Chance - Well Site Plan
 DATE: 04/01/15
 DRAWN BY: dds
 CHECKED BY: dds
 PLOTTED BY: dds
 PLOT DATE: 04/01/15

Fogle's Septic Clean Inc.

Fogle's Portable Toilets • Fogle's Well Drilling LLC • Fogle's Excavating, LLC



October 29, 2015

Howard Co Dept of Environmental Health
8930 Stanford Blvd
Columbia, Md 21045

To Whom it may concern,

On October the 28th Fogle's Septic Clean Inc, has abandoned the septic tank located at 5027 Ten Oaks Rd in Clarksville, "Gaither's Chance" for Mitchell & Best. There was no drywell located on this property. If you have any questions please call me at the office 410-795-5670.

Sincerely,

A handwritten signature in cursive script that reads "Kurt Cassell".

Kurt Cassell

Fogle's Septic Clean, Inc.

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: Allied Well Drilling Telephone #: 301-776-8370
 Address: P.O. Box 129
Ponape Junction, Mo 20701

Must circle one: Licensed Plumber Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
 Name (Print): Andy Capella License# JWP413

***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: Zambidis Telephone #: 301-776-8370
 Subdivision: _____ Lot #: A Well Tag #: HO-15-0073
 Site Address: 5027 Gaithers Chance

Submersible Pump Data

Make: Goilds
 Model #: 705164220
 Pump Capacity: 15
 Well Yield: 20*

Pitless Adapter (2016)

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

Well Cap and Electric Conduit

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

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

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

Piping to house

Type: HID PE
 PSI: 200 (160 psi min)
 Depth of supply line: 36 (36" min)

House Connection

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

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

Signature of company representative responsible for installation: [Signature] date: 12/21/21

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

Date Insp. Requested: 12/21/21 Date Insp. Approved: 12/23/21 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

12/23/21
Photo REC
For new House
12/23/21
Replaced well cap w/ metal for st casing
PITLESS APPROVED
2016

(Revised form 10/24/2018)

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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

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

Company Name: Fogles Well Drilling LLC Telephone #: 410 795 5376
Address: PO Box 202
Woodbine, MD 21797

(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# MSPD226

*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: Mitchell + Best Telephone #: 301 762 9511
Subdivision: Gaithers Chance Lot#: _____ Well Tag#: HO-15-0073
Site Address: 5027 Fern Oaks Rd Gaithers Chance Dr.
Clarksville, MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Crowds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>14505422C</u>	Model #: <u>N/A</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>3.5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>30"</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.

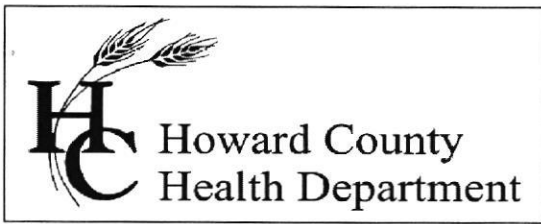
Signature of company representative responsible for installation: David Fogle date: 6/11/16

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

Date Insp. Requested: _____ Date Insp. Approved: 6/13/2016 Inspector: BB

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

12/20/21
* Never called in for tie in to new house (BT)



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 23rd, 2022

December 23rd, 2021

Homeowner
5027 Gaithers Chance Drive
Clarksville, MD 21029

RE: Gaithers Chance, Parcel A
5027 Gaithers Chance
Building Permit: B20000196
Well Permit: HO-15-0073

[Handwritten signature]
12/23/2021

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 **December 22nd, 2021**. Final approval of the well line connection to the dwelling was granted on **December 23rd, 2021**. The well construction was completed on **October 22nd, 2015**. Water samples were collected on **August 5th, 2021 and August 20th, 2021**.

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-15-0073. 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>

Approving Authority,

Joseph Cabahug
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

HOME LAND

L A B S

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 8/6/2021

Client: Phelps Edgewater Works
Property Address: 5027 Gaithers Chance Dr
Clarksville, MD

Report No: 208231
Sample Time: 08/05/21 07:45
Date & Time Received: 08/05/21 11:16
Sampled By: R.Kiehne
Preservation: Ice
Sample Point(s): PT
Water Conditioning Appears to be: No

Chlorine Residual: 0.0
Field pH: 6.0
Well Type: Drilled
Well Height: 2'
Cap Type: Not noted
Casing: Steel 6"
Conduit: Yes
Clarity: Clear
Sand: None Observed
Well Tag Number: HO-15-0073

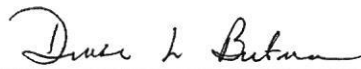
Primary Contaminants

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	Per/100ml	Present	1	ARP-106	08/06/2021
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	Per/100ml	Present	1	ARP-106	08/06/2021
Nitrate + Nitrite as N	EPA 353.2	6.0	Pass	mg/l	10	0.5	DLB-139	08/06/2021

Secondary Contaminants

Parameter	Method	Result	Acceptable /High	Units	SMCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	Not Detected	Acceptable	NTU	10	0.5	ARP-106	08/05/2021

Approved By



Denise Butera, Lab Director

HOME LAND

L A B S

Understanding the Results

This narrative is intended to help the recipient to understand the results. The results listed below are only for tests commonly sampled or analyzed by Home Land Environmental Health Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Standards, go to: https://www.epa.gov/sites/production/files/201606/documents/npwdr_complete_table.pdf

Definitions and Acronyms

Analyst: Refers to the individual whom conducted the test.

Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered not safe for human consumption.

Method: The type of analysis used to determine the results.

Not Detected (ND): Any level below the reporting limit.

Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered to unsafe for human consumption.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

*Parameter analyzed by **MSS:** Maryland Spectral Services, **FRC:** Florida Radiochemistry, **ECL:** Enviro-Chem Laboratories

This table is for informational purposes only. See page 1 for your results

Parameter	MCL	Type	Effects	Source	Treatment
Total Coliform	Present	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
E. coli	Present	Primary	Stomach illness	Human and Animal Fecal Waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Nitrites	1.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Lead	0.015 mg/L	Primary	Slowed Mental Development, Kidney Problems, High Blood Pressure	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Chemical Feeder (soda ash), Pipe Replacement
Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Radium 226 & 228	5.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Volatile Organic Compounds (VOC)	Varies	Primary	Increased risk of cancer	Gas and Chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, Circulatory Problems, Cancer	Natural Deposits, Orchards, Industrial Waste	Reverse Osmosis
Cadmium	0.005 mg/L	Primary	Kidney Damage	Pipes, Natural Deposits, Industrial Waste	Reverse Osmosis
Copper	1.3 mg/L	Primary	Gastrointestinal distress, Liver or Kidney Damage	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Reverse Osmosis, Pipe Replacement
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
Turbidity	10.0 NTU	Secondary	Interferes with filtration	Naturally Occurring	Sediment Filter
pH	6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, Corrosion High pH: Slippery feel; Soda taste; Deposits	Naturally Occurring	Acid Neutralizer

Chain of Custody Form

HOME LAND LABS



208231 Date Due: 8/9/202
Client: Phelps Edgewater Works
Project:

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
(410) 508-8375

108 Old Solomons Island Road, Suite L2
Annapolis, MD 21401
(410) 224-4304

3430 Rockefeller Court
Waldorf, MD 20602
(410) 224-4304

J. Robert Kiehne
President

MD Lab # 106

MD Lab # 139



Property Address:
5027 Gaithers Chance Dr
Clarksville, MD

PHILIPS WATER CO.
P.O. Box 117, 180 Mayo Rd
Edgewater, MD 21037

Tel: 410-956-2522
Fax: 410-798-6758
phelpswaterco@aol.com
www.phelpswater.com

Field Collection Information

Sampler Name:	R. KIEHNE	Field pH:	6.0
Sampler ID #:	0855JK	Field Chlorine (mg/L):	0
Date and Time Sampled:	8/5/21 7:45am	Sand:	clear/no
Well Tag Number:	H0-15-0073	Clarity:	clear

Well Casing and Cap Condition

Height Above Grade:	2'	Cap Type:		Casing:	steel 6"	Conduit:	Yes
Sample Point:	PT	Water Conditioning:	NO				

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrates, pH, Turbidity)
- HA/VA (Bacteria, Nitrates, Nitrites, pH, Turbidity, Lead and Iron)
- Bacteria
- Lead
- Nitrates
- Iron
- Gross Alpha
- Saltwater Intrusion
- Arsenic
- Cadmium
- Fluoride
- Pesticides
- VOC
- Hardness
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

List rush samples below

Refer to table for rush turnaround times and fees

Release Signatures

Released By: [Signature] Date/Time: 8/5/21 11:06 AM

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: a. phelps Date/Time: 8/5/21 11:16 AM

HOME LAND

LABS

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite 12
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 08/23/2021

Phelps Edgewater Works
PO Box 117
Edgewater, MD 21037

Date & Time Received: 08/20/2021 12:20
Well Permit No: HO-15-0073

This report is the sole property of Phelps Edgewater Works. Any questions about the report MUST be directed to Phelps Edgewater Works at (410) 956-2522.

Home Land Labs is not at liberty to discuss this report without written consent from Phelps Edgewater Works.

Sample Number: 209048-01 Sample Time: 08/20/21 09:08 Preservation: Ice
Location: 5027 Gaithers Chance Road Chlorine Residual: 0.0 Sampler: R.Kiehne 0855JK
Clarksville, MD Field pH: 6.0 Sample Point: Pressure Tank

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	08/21/2021	ARP-106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	08/21/2021	ARP-106

Approved By


Lab Director

HOME LAND

L A B S

Understanding the Results

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Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered not safe for human consumption.

Method: The type of analysis used to determine the results.

Not Detected (ND): Any level below the reporting limit.

Primary Drinking Water Standard Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered to unsafe for human consumption.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.


*Parameter analyzed by **MSS:** Maryland Spectral Services, **FRC:** Florida Radiochemistry, **ECL:** Enviro-Chem Laboratories

This table is for informational purposes only. See page 1 for your results

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Total Coliform	Present	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
E. coli	Present	Primary	Stomach illness	Human and Animal Fecal Waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Nitrites	1.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Lead	0.015 mg/L	Primary	Slowed Mental Development, Kidney Problems, High Blood Pressure	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Chemical Feeder (soda ash), Pipe Replacement
Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Radium 226 & 228	5.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Volatile Organic Compounds (VOC)	Varies	Primary	Increased risk of cancer	Gas and Chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, Circulatory Problems, Cancer	Natural Deposits, Orchards, Industrial Waste	Reverse Osmosis
Cadmium	0.005 mg/L	Primary	Kidney Damage	Pipes, Natural Deposits, Industrial Waste	Reverse Osmosis
Copper	1.3 mg/L	Primary	Gastrointestinal distress, Liver or Kidney Damage	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Reverse Osmosis, Pipe Replacement
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
Turbidity	10.0 NTU	Secondary	Interferes with filtration	Naturally Occurring	Sediment Filter
pH	6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, Corrosion High pH: Slippery feel; Soda taste; Deposits	Naturally Occurring	Acid Neutralizer

Chain of Custody Form

HOME LAND LABS



209048 Date Due: 8/23/20
Client: Phelps Edgewater Works
Project:

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
(410) 506-9375

108 Old Solomons Island Road, Suite L2
Annapolis, MD 21401
(410) 224-4304

3430 Rockefeller Court
Waldorf, MD 20602
(410) 224-4304

J. Robert Kiehne
President

MD Lab # 106

MD Lab # 139



Property Address:
5027 Grathers Chance Rd
Chicksville, MD

PHILIPS WATER CO
P.O. Box 117, 180 Mayo Rd.
Edgewater, MD 21037

Tel: 410-956-2522
Fax: 410-738-8758
phelpswaterco@aol.com
www.phelpswater.com

Field Collection Information

Sampler Name:	R. KIEHNE	Field pH:	6.0
Sampler ID #:	0855 JK	Field Chlorine (mg/L):	0
Date and Time Sampled:	8/20/21 9:08 AM	Sand:	#P NO
Well Tag Number:	HO-15-0073	Clarity:	Clear

Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	6"	Conduit:	Yes
Sample Point:	Pressure tank		Water Conditioning:	NO	

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrates, pH, Turbidity)
- FHA/VA (Bacteria, Nitrates, Nitrites, pH, Turbidity, Lead and Iron)
- Bacteria
- Lead
- Nitrates
- Iron
- Gross Alpha
- Saltwater Intrusion
- Arsenic
- Cadmium
- Fluoride
- Pesticides
- VOC
- Hardness
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By: [Signature] Date/Time: 8/20/21 12:15 pm

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 8/20/2021 12:20 pm