

COUNTY

B 1 <u>0699</u> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>555842 N</u>	STATE PERMIT NUMBER <u>HO - 15 - 0068</u> fill in this form completely
Date Received (APA) <u>04-27-15</u> 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <u>mB Gaithers</u> Owner First Name <u>chance</u> 34 36 <u>1686 E Gude DR</u> Street or RFD 55 57 <u>Rockville MD 20856</u> Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Gaithers Chance</u> 42 SECTION <u>44</u> 46 LOT <u>15</u> 48 50 52 NEAREST TOWN <u>Charksville</u> 71	
DRILLER INFORMATION Driller's Name <u>Allen Compton</u> M <u>S D 009</u> License No. 81 Firm Name <u>Eagles Well Drilling, LLC</u> Address <u>P.O. Box 202 Woodbine, Md 21797</u> Signature <u>Allen Compton</u> Date <u>4-27-15</u>		B 4 SOURCES OF DRILLING WATER 1. <u>Gaithers Chance Dr</u> 11 STREET ADDRESS 30 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W 34 <u>1300</u> 37 <u>110</u> DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>0028</u> BLK: <u>0008</u> PARCEL <u>0045</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>5/2/15</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>5/2/16</u> 43 MM DD YY 48	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30 AIR-ROTary <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> 37 CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> DRive-POINT <input type="radio"/> other _____		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 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>HO 2014G 004</u> PERMIT No. <u>HO-15-0068</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

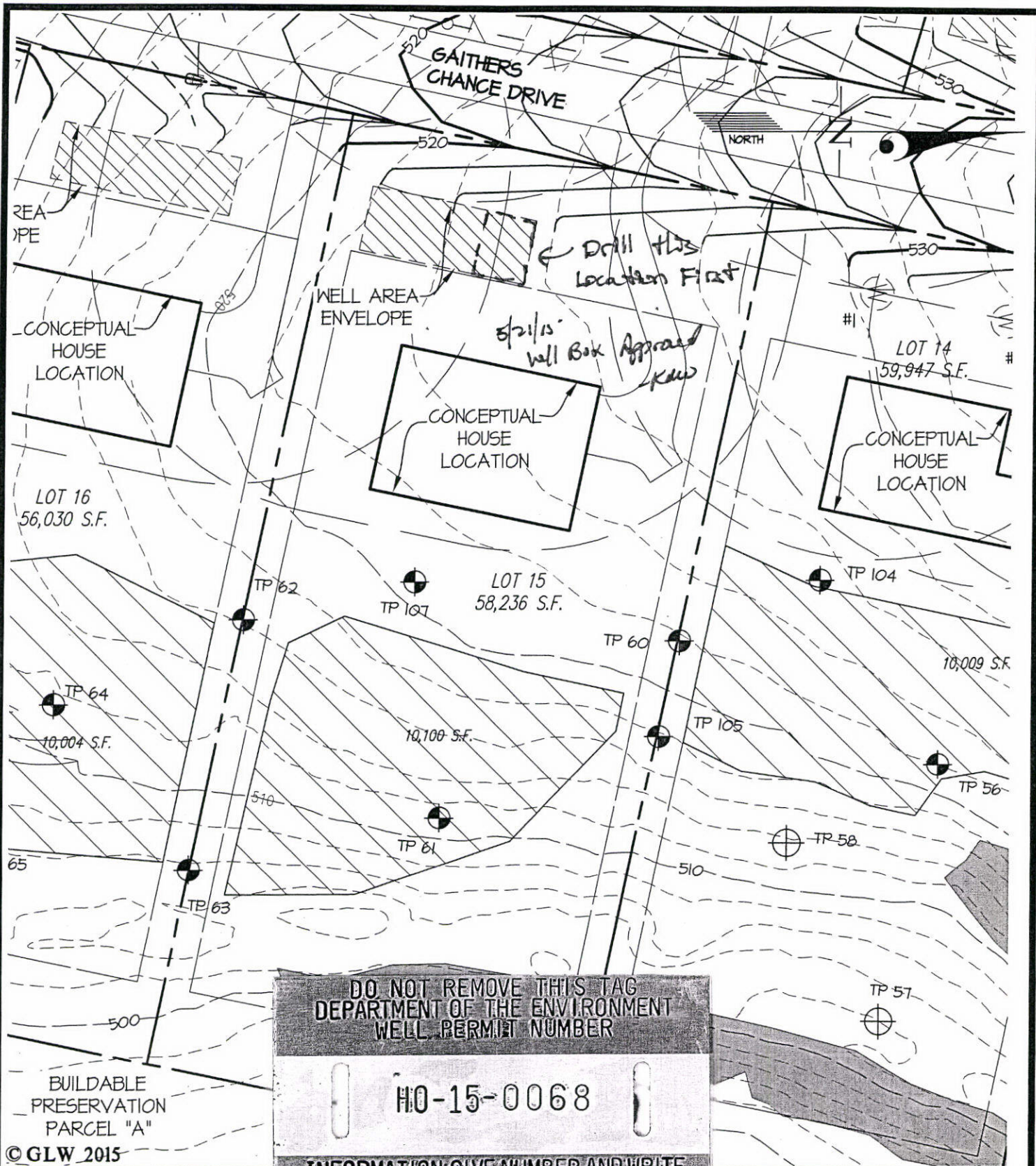
Well Permit No. HO-15-0068Location of Property: Ten Oaks Rd Clarksville, MdSubdivision: Gaithers Chance Lot: 15 Block _____ Plot _____ Sec. _____Well Driller: Fogles Allen Compton Owner: MB Gaithers Chance, LLCDepth of Well: 300'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 28'

High rate pumping –reservoir Drawdown

Time pump started: 8:00 Pumping rate: 12Total time 30 mins to reach pumping water level 150 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	28.5'	5 Seconds		12 gpm
8:15	128.4	5		12 gpm
8:30	150	18 Seconds		3.3 gpm
8:45	150'	20 Seconds		3 gpm
9:00	150'	20		3 gpm
9:15	150'	20		3 gpm
9:30	150'	20		3 gpm
9:45	150'	20		3 gpm
10:00	150'	20		3 gpm
10:15	150'	20		3 gpm
10:30	150'	20		3 gpm
10:45	150'	20		3 gpm
11:00	150'	20		3 gpm
11:15	150'	20		3 gpm
11:30	150'	20		3 gpm
11:45	150'	20		3 gpm
12:00	150'	20		3 gpm
12:15	150'	20		3 gpm
12:30	150'	20		3 gpm
12:45	150'	20		3 gpm
1:00	150'	20		3 gpm
1:15	150'	20		3 gpm
1:30	150'	20		3 gpm
1:45	150'	20		3 gpm
2:00	150'	20		3 gpm
2:15	150'	20		3 gpm
2:30	150'	20		3 gpm
2:45	150'	20		3 gpm
3:00	150'	20		3 gpm



WELL SITE

GAITHER'S CHANCE
LOT 15

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

L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg

DES. dds

DRN. dds

CHK.

PREPARED FOR :
CHM, LLC
5027 TEN OAKS ROAD
CLARKSVILLE, MD 21029
JANET MARSHALL
410-531-1460

G. L. W. No.	13070
ZONING	RR-DEO
TAX MAP/GRID	28-8
DATE	MAY, 2015
SCALE	1"=50'
SHEET	1 OF 1



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

Inspection 6/17/19 PM

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: Fogale Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 5400 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 Fogale License# MSD2226

*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 #: 15 Well Tag #: HO-15-0060
Site Address: 5043 Gaithers Chance Dr
Clarksburg, MD 21029

Submersible Pump Data

Make: EQUIUS
Model #: TH505422
Pump Capacity: 7
Well Yield: 3

Depth of well encountered at time of pump installation: 300 (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

Pitless Adapter

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

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

Piping to house

Type: 1" poly pipe
PSI: 200 (160 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): 6'
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: 6/17/2019

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

Date Insp. Requested: 07/20/2019 Date Insp. Approved: 07/20/2019 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" 07/20/2019 [Signature]
38" 07/20/2019 [Signature]
8" 07/20/2019 [Signature]
19" 07/20/2019 [Signature]

(Revised form 10/24/2018)

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

Ex House
08/19/2019
12'

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 19, 2020

August 19, 2019

Homeowner
5043 Gaithers Chance Drive
Clarksville, MD 21029

**RE: Gaithers Chance, Lot 15
5043 Gaithers Chance Drive
Building Permit: B19000636
Well Permit: HO-15-0068**

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 **6/7/2019**. Final approval of the well line connection to the dwelling was granted on **7/20/2019**. The well construction was completed on **8/6/2015**. Water samples were collected on **8/12/2019 & 8/15/2019**.

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-15-0068. 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,



Hank Oswald, LEHS
Well & Septic Program

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

Oswald, Hank

From: Oswald, Hank
Sent: Monday, August 19, 2019 9:20 AM
To: Anest, Cathy; DeMarco, Rebecca; Frey, Thomas; Huskins, Thomas; Reger, Linda; Sauerwein, Sandra; Schmidt, Heather; Wingo, Judy; Anastasia, James; Cyphert, Brayden; mbertoni@nvrinc.com; Duckworth, Todd; Lieberman, Jake
Cc: Wolf, Kevin; Martin, Sharhonda
Subject: ICOP_5043 Gaithers Chance Drive
Attachments: ICOP_5043 Gaithers Chance Drive.pdf

Hello All:

Good morning. Attached, please find the ICOP letter for 5043 Gaithers Chance Drive. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

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Oswald, Hank

From: Anastasia, James <janastas@nvrinc.com>
Sent: Friday, August 16, 2019 2:12 PM
To: Oswald, Hank
Cc: Lieberman, Jake; Duckworth, Todd
Subject: Fwd: 5043 Gaithers Chance Drive - Bacteria Results - PASSING
Attachments: Gaithers Chance Lot 15-Well Line Form.pdf

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

Please see attached

Regards,
Jimmy Anastasia
NV Homes
Project Manager
240-712-0528

From: Carrie Condon <Carrie@foglesinc.com>
Sent: Friday, August 16, 2019 2:09 PM
To: Anastasia, James
Subject: [Ext] RE: 5043 Gaithers Chance Drive - Bacteria Results - PASSING

See the attached. I'm wondering why they are not getting these?? I always send them the same day I make the inspection!

Carrie Condon

Fogle's Well Pump & Water Treatment, LLC

24 HR EMERGENCY SERVICE! 410-795-5670

www.fogleswellpump.com

"LIKE" us on Facebook!!

From: Anastasia, James <janastas@nvrinc.com>
Sent: Friday, August 16, 2019 2:07 PM

To: Carrie Condon <Carrie@foglesinc.com>

Subject: Fwd: 5043 Gaithers Chance Drive - Bacteria Results - PASSING

Hi Carrie

Please help

Jimmy Anastasia

NV Homes

Project Manager

240-712-0528

From: Oswald, Hank <hoswald@howardcountymd.gov>

Sent: Friday, August 16, 2019 2:05 PM

To: Anastasia, James

Cc: Lieberman, Jake; Duckworth, Todd; Cabahug, Joseph

Subject: [Ext] RE: 5043 Gaithers Chance Drive - Bacteria Results - PASSING

Hi Jimmy:

Please have your plumber complete the well pump inspection form attached.

Thanks,

Hank

From: Anastasia, James <janastas@nvrinc.com>

Sent: Friday, August 16, 2019 11:50 AM

To: Oswald, Hank <hoswald@howardcountymd.gov>

Cc: Lieberman, Jake <jlieberm@nvrinc.com>; Duckworth, Todd <tduckwor@nvrinc.com>

Subject: Fwd: 5043 Gaithers Chance Drive - Bacteria Results - PASSING

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

Good Afternoon sir

Can you please provide the ICOP letter at your availability. I can also forward you the initial results. Please let me know if you need anything else.

Regards,

Jimmy Anastasia
NV Homes
Project Manager
240-712-0528

From: Carrie Condon <Carrie@foglesinc.com>

Sent: Friday, August 16, 2019 11:32 AM

To: Anastasia, James

Subject: [Ext] 5043 Gaithers Chance Drive - Bacteria Results - PASSING

Carrie Condon

Fogle's Well Pump & Water Treatment, LLC

24 HR EMERGENCY SERVICE! 410-795-5670

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Oswald, Hank

From: Oswald, Hank
Sent: Friday, August 16, 2019 2:00 PM
To: Anastasia, James
Cc: Lieberman, Jake; Duckworth, Todd; Cabahug, Joseph
Subject: RE: 5043 Gaithers Chance Drive - Bacteria Results - PASSING
Attachments: 23 Well Pump Pitless Adapter and Supply Piping Installation Form 10-24-...pdf

Hi Jimmy:

Please have your plumber complete the well pump inspection form attached.

Thanks,

Hank

From: Anastasia, James <janastas@nvrinc.com>
Sent: Friday, August 16, 2019 11:50 AM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Cc: Lieberman, Jake <jlieberm@nvrinc.com>; Duckworth, Todd <tduckwor@nvrinc.com>
Subject: Fwd: 5043 Gaithers Chance Drive - Bacteria Results - PASSING

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Good Afternoon sir

Can you please provide the ICOP letter at your availability. I can also forward you the initial results. Please let me know if you need anything else.

Regards,

Jimmy Anastasia
NV Homes
Project Manager
240-712-0528

From: Carrie Condon <Carrie@foglesinc.com>
Sent: Friday, August 16, 2019 11:32 AM

To: Anastasia, James

Subject: [Ext] 5043 Gaithers Chance Drive - Bacteria Results - PASSING

Carrie Condon

Fogle's Well Pump & Water Treatment, LLC

24 HR EMERGENCY SERVICE! 410-795-5670

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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 #: 132096 Account #: 1933
Reference: Gaithers Chance Lot 15 Company: Fogles Well Pump & Treatment
Location: 5043 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 8/15/2019 1330 Site: Kitchen Sink Tap
Date/Time Rec'd: 8/15/2019 1535 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: B. Wilkerson 9315BW Well #: HO-15-0068

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/16/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/16/2019 / 1000 / RER

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 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy**Building Permit # :** 19000636Date Reported: 8/16/2019

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 #: 131961 Account #: 1933
Reference: Gaithers Chance Lot 15 Company: Fogles Well Pump & Treatment
Location: 5043 Gaithers Chance Drive Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 8/12/2019 1000 Site: Kitchen Sink Tap
Date/Time Rec'd: 8/12/2019 1310 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: B. Wilkerson 9315BW Well #: HO-15-0068

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	8/13/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/13/2019 / 0900 / CRS
Nitrate	<1.0	mg/L	10	601	8/13/2019 / 0930 / CRS
Turbidity	4.26	NTU	<10	SM20 2130B	8/13/2019 / 1010 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/13/2019 / 1010 / CRS

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.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 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 # : 19000636

Date Reported: 8/13/2019

Oswald, Hank

From: Anastasia, James <janastas@nvrinc.com>
Sent: Friday, August 16, 2019 11:50 AM
To: Oswald, Hank
Cc: Lieberman, Jake; Duckworth, Todd
Subject: Fwd: 5043 Gaithers Chance Drive - Bacteria Results - PASSING
Attachments: Analysis Report.pdf

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

Good Afternoon sir

Can you please provide the ICOP letter at your availability. I can also forward you the initial results. Please let me know if you need anything else.

Regards,

Jimmy Anastasia
NV Homes
Project Manager
240-712-0528

From: Carrie Condon <Carrie@foglesinc.com>
Sent: Friday, August 16, 2019 11:32 AM
To: Anastasia, James
Subject: [Ext] 5043 Gaithers Chance Drive - Bacteria Results - PASSING

Carrie Condon

Fogle's Well Pump & Water Treatment, LLC

24 HR EMERGENCY SERVICE! 410-795-5670

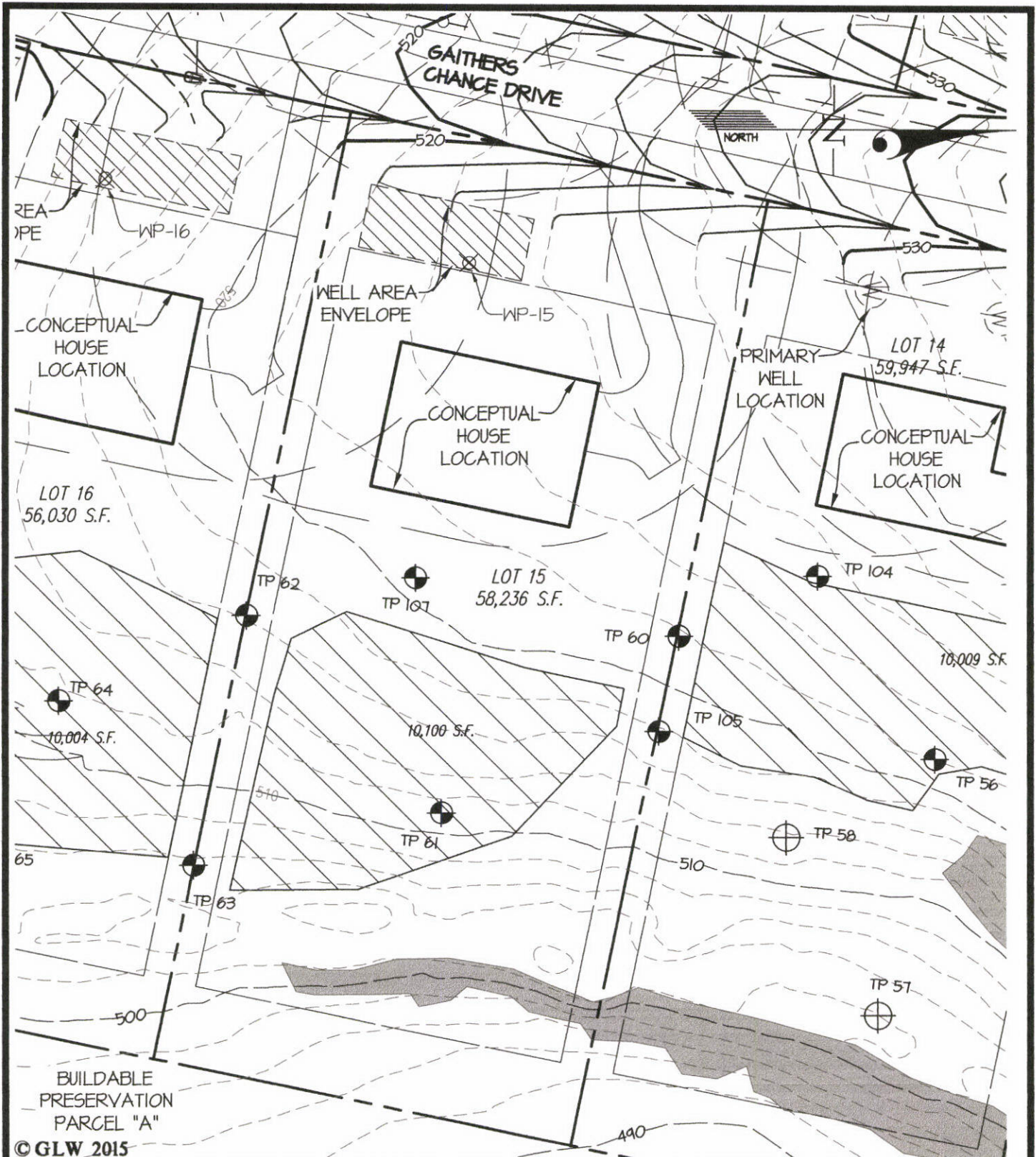
www.fogleswellpump.com

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FILE INQUIRY NOTES

[illegible]



WELL SITE PLAN		GAITHER'S CHANCE LOT 15	
GLWGUTSCHICK LITTLE & WEBER, P.A. CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK BURTONSVILLE, MARYLAND 20866 TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186		PREPARED FOR :	
		CHM, LLC	
		5027 TEN OAKS ROAD	
		CLARKSVILLE, MD 21029	
		JANET MARSHALL	
		410-531-1460	
L:\CADD\DRAWINGS\13070\PLANS BY GLW\Well Site Plans\2015-04 Well Plan.dwg		G. L. W. No. 13070	
		ZONING RR-DEO	
		TAX MAP/GRID 28-8	
		DATE APRIL, 2015	
		SCALE 1"=50'	
		SHEET 1 OF 1	

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 PLOT DATE: 4/13/2015 3:48 PM LAST SAVE: 4/13/2015 3:02 PM PLOTED BY: Don Exenro