

C1 5/2-1

PERMIT 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 STL

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY 05 21 19

DATE WELL COMPLETED MM DD YY 3-22-19

Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. 140 18 0005

OWNER Dosa Chalkville LLC WELL SITE ADDRESS DOSA Rd TOWN Chalkville Md SUBDIVISION SECTION LOT 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 450

GALLONS OF WATER 225

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 83 ft.

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) 6 Total depth of main casing (nearest foot) 83

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

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

DEPTH (nearest ft.)

1 10 2 83 3 600

DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 5

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE ATR

WATER LEVEL (distance from land surface)

BEFORE PUMPING 11 ft.

WHEN PUMPING 92 ft.

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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

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 (nearest foot) - below

LATITUDE 39.220030 LONGITUDE 76.954580 (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: 10

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 106

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 64346

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-18-0005 fill in this form completely 79

1 2 3 6

Date Received (APA) 01/10/19

OWNER INFORMATION

8 MM DD YY 13 Dosa Clarksville LLC
15 Last Name Owner First Name 34
36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard
23 SUBDIVISION The Woodlands
SECTION 44 46 LOT 48 50 3
52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

Driller's Name Marshal Amett M S D 106
76 License No. 81
Firm Name Allied Well Drilling
Address 10 Box 129 Annapolis Junction MD 20701
Signature Date 01/10/19

B 4

SOURCES OF DRILLING WATER

1. Public
2. H.C.P.D. setting up ris on hole #2. (later pm)
3.

11 STREET ADDRESS Dosa 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 68 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 28 BLK 0005 PARCEL 15

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 16
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(I) INDUSTRIAL, COMMERCIAL, DEWATERING
(P) PUBLIC WATER SUPPLY WELL
(T) TEST, OBSERVATION, MONITORING
(O) OPEN LOOP GEOTHERMAL
(C) CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
COUNTY NO.
STATE SIGNATURE
DATE ISSUED 02/01/19
43 MM DD YY 48 CO SIGNATURE EXP. DATE 02/01/20

APPROXIMATE DEPTH OF WELL 400 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

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

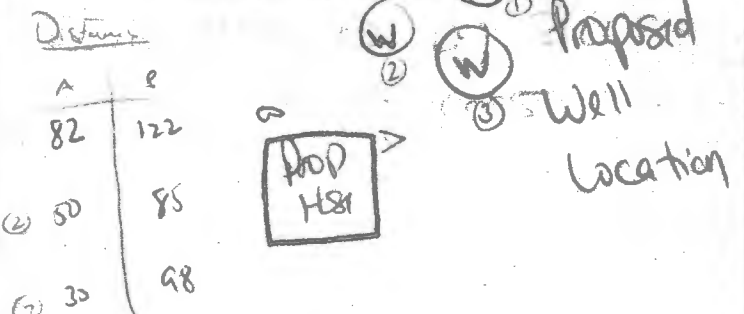
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
(S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
(D) 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 G
PERMIT No. HO-18-0005
70 71 72 73 74 75 76 77 78 79

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



2/22/2019 one day hole(s)
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.

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SEE ATT MEMO

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: Eagles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 3580 Abrecht Rd
Anklesville, MD 21784

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:

Name (Print): David C Foale License# 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: Williamsburg Group Telephone #:
 Subdivision: The Woodlands Lot #: 3 Well Tag #: HO-18-0005 (ST)
 Site Address: 5678 Rosa Ct
Clarksville, MD 21029

Submersible Pump Data

Make: Grundfos
 Model #: SS0415-240
 Pump Capacity: 15
 Well Yield: 12 gpm
 Depth of well encountered at time of pump installation: 600 (feet)

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

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: 2000 (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: 10/14/2020

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

Date Insp. Requested: 10/15/20 Date Insp. Approved: 10/15/20 Inspector: (ST)
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 42"
 Two piece cap installed and attached to casing securely YES
 Elec. conduit extends at least 18" below grade/attached to cap properly 36"
 Safety rope not outside of well cap/casing YES
 Correct well tag attached properly and casing 8" above finished grade 12"
 Water supply line sleeved adequately at house connection 9"
 Adequate grout observed below pitless adapter YES

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 17, 2020

December 17, 2020

Homeowner
5628 Dosa Court
Clarksville, MD 21029

RE: The Woodlands, Lot 3
5628 Dosa Ct
Building Permit: B20001101
Well Permit: HO-18-0005

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 **12/20/2020**. Final approval of the well line connection to the dwelling was granted on **10/15/2020**. The well construction was completed on **3/21/2019**. Water samples were collected on **12/1/2020**.

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-18-0005. 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>



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

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 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

REPORT OF ANALYSIS

Laboratory ID #: 141515 Account #: 4470
Reference: The Woodlands Lot 3 Company: Williamsburg Homes LLC
Location: 5628 Dosa Court Requested By: Bill McBride
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 12/1/2020 1159 Site: Pressure Tank
Date/Time Rec'd: 12/1/2020 1453 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: R. Ott 0266RO Well #: HO-18-0005

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/2/2020 / 1015 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/2/2020 / 1015 / CRS
Nitrate	2.12	mg/L	10	601	12/1/2020 / 1630 / BCD
Sand	ND	mg/L	5	Visual/Gravimetric	12/1/2020 / 1615 / BCD
Turbidity	1.10	NTU	<10	SM20 2130B	12/1/2020 / 1620 / BCD

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20001101

Date Reported: 12/2/2020

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

MEMORANDUM

TO: Allied Well Drilling
Attn: Marshal Arnette MSD 106
PO Box 129
Annapolis Junction, MD 20701

FROM: Joseph Cabahug *(e) 02/01/2019*
Licensed Environmental Health Specialist **001997**
Howard County Health Department
Well & Septic Program

RE: The Woodlands Lots 1-9(Par A) – Well Permit Special Conditions

DATE: 02/01/2019

This memorandum serves to inform the driller serving The Woodlands Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 08/31/2018), the following conditions apply.

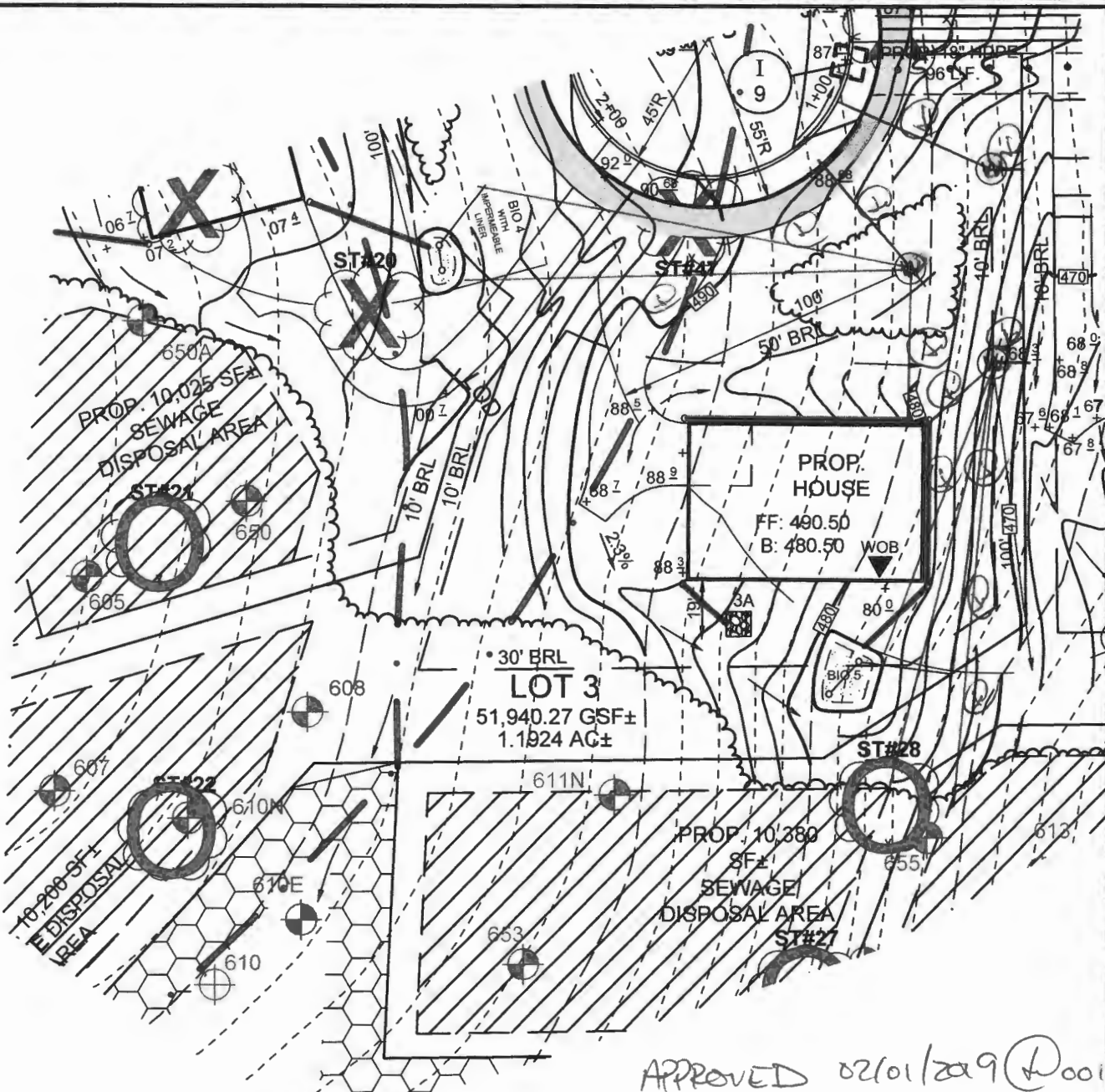
Note 13(a) All wells installed in The Woodlands Subdivision are to have steel casing. The well casings are to extend to fifty (50) feet depth, or Ten (10) feet into competent bedrock, which ever [sic] is deeper.

Note 15 Should the well for Lot 1 be installed at the Well 3 Location, bollards are required to be installed between the well and the driveway.

Due to the location of the subdivision between two radioactive Baltimore Gneiss formations within the county, the Health Department will be requiring **radium samples** to be collected at the yield test.

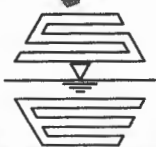
Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.


 MARYLAND STATE GRID
 NAD 83/91



APPROVED 02/01/2019 @ 001997
 SPAKED BY SILL
 Ao-18-0005

11130 Dovedale Court, Suite 200
 Marriottsville, Maryland 21104
 Phone: 443.325.5076
 Fax: 410.696.2022
 Email: info@sillengineering.com
 Civil Engineering for Land Development



**SILL
 ENGINEERING GROUP, LLC**

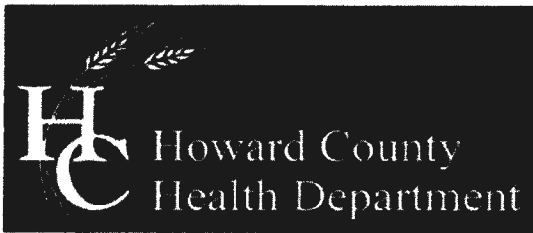
DESIGN BY: PS
 DRAWN BY: JC
 CHECKED BY: PS
 SCALE: 1"=50'
 DATE: NOVEMBER 30, 2018
 PROJECT #: 14-029
 SHEET #: 1 OF 1

WELL PERMIT PLAN THE WOODLANDS

LOT 3

TAX MAP 28 GRID 23
 5TH ELECTION DISTRICT

PARCEL 15
 HOWARD COUNTY, MARYLAND



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

Dr. Maura J. Rossman, M.D., 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:

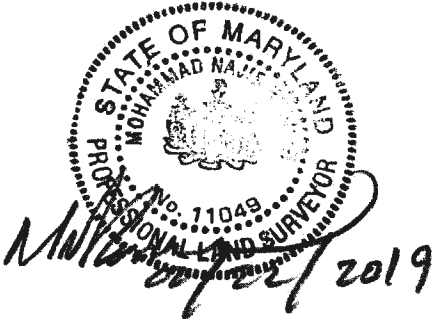
Well Site Location:

<u>THE WOODLANDS</u>	<u>3</u> REPL. 1 & 2	<u>DOSA COURT</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by NJK & ASSOC. LLC.
 (professional land surveyor or company employing professional land surveyors)
 on 02 / 20 / 2019 (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.

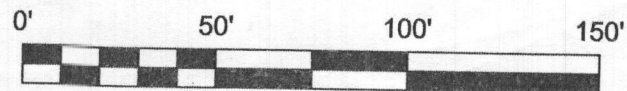
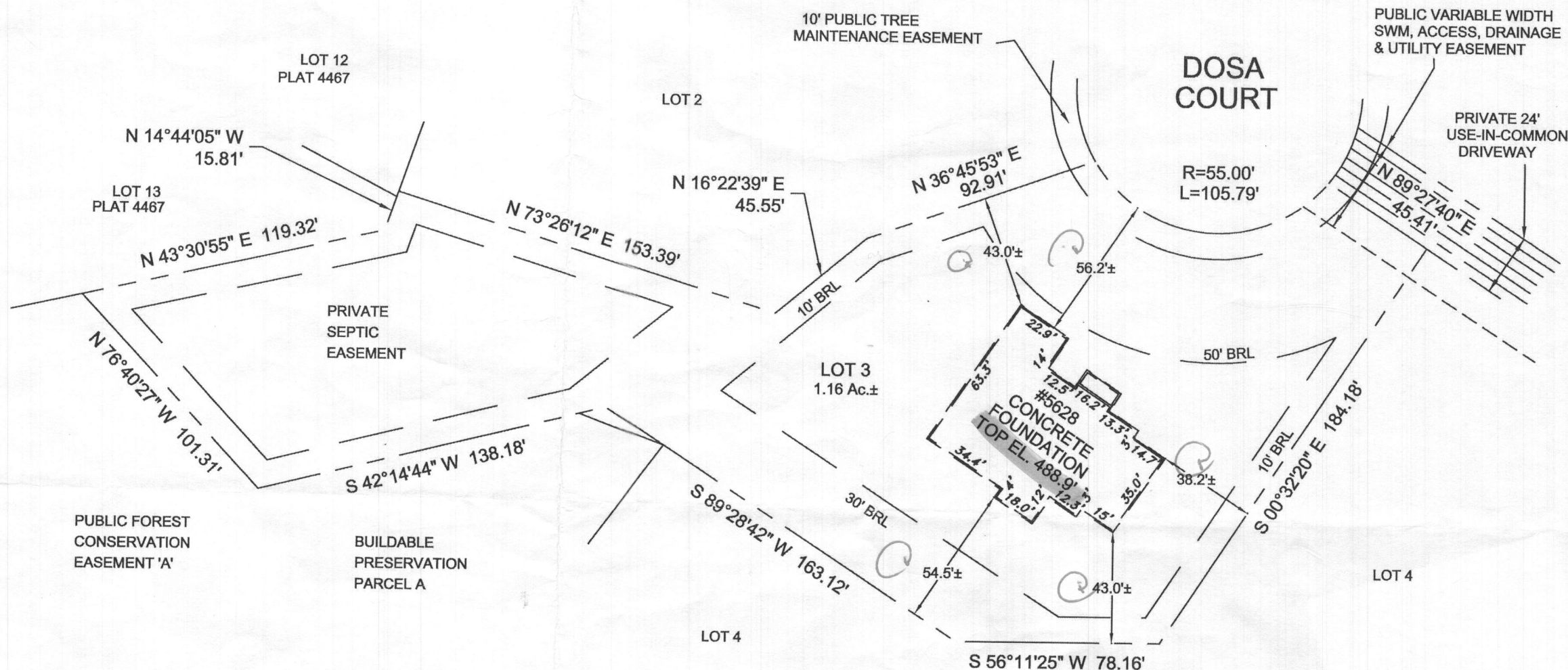
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



GENERAL NOTES:

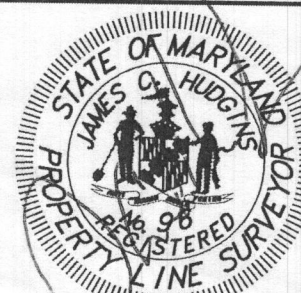
- 1) The accuracy of the distances shown from any structure to any apparent property line is 1'±.
- 2) This drawing does not represent a Boundary Survey. Any property markers labeled hereon are not guaranteed by NTT Associates, Inc.
- 3) This plat is of benefit to a consumer only insofar as it is required by a lender, a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing.
- 4) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required, for the transfer of title or securing financing or refinancing.
- 5) This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
- 6) Unless noted on the drawing, no title report was provided. This drawing was prepared by examining the current title deed or record plat. Any easements, restrictions, rights of way, or any other property alterations not referred to in the current title deed may not be shown.
- 7) Unless otherwise noted, the bearings and north arrow shown hereon are in the meridian of the current title deed or record plat.
- 8) Building Restriction Line Information, if shown, was obtained from existing records only and is not guaranteed by NTT Associates, Inc.
- 9) Flood Zone Information shown on FIRM maps is subject to interpretation.
- 10) Improvements which in the surveyor's opinion appear to be in a state of disrepair or considered "temporary" may not be shown.
- 11) If it appears encroachments may exist, a Boundary Survey is recommended to determine the exact location of the property boundary lines and improvements.
- 12) The locations of fence lines, if shown, are approximate.

Subject property is shown in Zone X on the FIRM Map of Howard County, Maryland on Community Panel Number 24027C0130 D , effective 11/06/2013



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:
LOT 3 as shown on the plat entitled "THE WOODLANDS"
 recorded among the land records of Howard County, Maryland in Plat Number 25052

This is to certify that I either personally prepared or was in responsible charge over the preparation of this drawing and the surveying work reflected in it, all set forth in Regulation .12 of Chapter 09.13.06 of the Code of Maryland Annotated Regulations.



James Carl Hudgins
 Property Line Surveyor #98
 Expiration Date: 3/11/2022

WALL CHECK
 5628 DOSA COURT
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315
 www.nttsurveyors.com

Scale:	1" = 50'
Date:	8/5/2020
Field By:	TOM
Drawn By:	SCK
File No.:	SEG20-003 D
Page No.:	1 of 1