

C1 57231

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED MM DD 08 28 19

DATE WELL COMPLETED MM DD YY 2-22-19 APPROVED BY [Signature]

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-18-0006

OWNER DOSA last name first name TOWN Clarksville MD SUBDIVISION The Woodlands SECTION LOT 2

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries like 'overburden', 'Hard Brn Rock', 'Soft Gray Rock', 'Gray Rock water @ 360'', 'Gray Rock'.

GROUTING RECORD Form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (7), NO. OF POUNDS (350), GALLONS OF WATER (175), DEPTH OF GROUT SEAL.

CASING RECORD Form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (61).

OTHER CASING (if used) Table with columns: diameter (inch), depth (feet) from, to.

SCREEN RECORD Form with fields: screen type (ST, BR, HO, PL, OT), screen diameter (56), depth (60).

PUMPING TEST Form with fields: HOURS PUMPED (4), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Air), WATER LEVEL (61 ft. before, 91 ft. when pumping), TYPE OF PUMP USED (air).

PUMP INSTALLED Form with fields: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (above), LAND SURFACE (1 foot).

NUMBER OF UNSUCCESSFUL WELLS: 2. WELL HYDROFRACTURED (Y). CIRCLE APPROPRIATE LETTER: A, E, P.

DEPTH (nearest ft.) Table with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

DRILLERS LIC. NO. M SD 1006. DRILLERS SIGNATURE. LIC. NO. 108D000000. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

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.

LATITUDE 39.220422 LONGITUDE 76.955204 (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 SEQUENCE NO. (MDE USE ONLY)
 64345

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please type
 504721-A

STATE PERMIT NUMBER
 40-18-0006
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 01/10/19
 8 MM DD YY 13
 15 Last Name First Name
 DOSA Clarksville LLC
 36 Street or RFD
 5100 Whalbert Dr #6
 Clarksville MD 21929
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard
 21
 23 SUBDIVISION The Woodlands
 42
 SECTION 44 46 LOT 2
 48 50
 52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION
 Driller's Name Marshal Amuth MS D 106
 76 License No. 81
 Firm Name Allied Well Drilling
 Address PO Box 129 Annapolis Junction MD 20701
 Signature [Signature] Date 01/10/19

B 4 SOURCES OF DRILLING WATER
 1. Public
 2. Public
 3. Public
 11 STREET ADDRESS Dosa
 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 82 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 28 BLK: 0005 PARCEL 15

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 10
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 14 20
 (GAL. PER DAY) 1,000

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
 COUNTY NAME Howard
 COUNTY NO. 21
 STATE SIGNATURE [Signature]
 DATE ISSUED 02/01/19
 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 02/01/20
 41

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)
 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
 39 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 - - - - - G - - - - -
 PERMIT No. 40-18-0006
 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

Proposed Well Location
 2/25/2019
 Samples collected

Distances

A	B
105	150
65	110
35	73

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
 SET 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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5676
Address: 1580 Driveway Rd
Sikeston, MO 21781

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: Williamsburg Group Telephone #: _____
Subdivision: The Woodlands Lot #: 2 Well Tag #: HO-18-0006 ✓
Site Address: 5624 Rosset
Clarksville, MO 21029

Submersible Pump Data
Make: Gundorf
Model #: ISSGEOT-K80
Pump Capacity: 15
Well Yield: 10

Pitless Adapter
Make: Cumplett
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

Depth of well encountered at time of pump installation: 500 (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" min 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): 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: David C Fogle date: 5/16/2021

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

Date Insp. Requested: <u>5/5/21</u>	Date Insp. Approved: <u>5/19/21</u>	Inspector: <u>RB</u> <u>ST</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
	Two piece cap installed and attached to casing securely	<u>✓</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
	Safety rope not outside of well cap/casing	<u>✓</u>
	Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
	Water supply line sleeved adequately at house connection	<u>✓</u>
	Adequate grout observed below pitless adapter	<u>X</u>

- annular space wide open - no grout observed -
Used 4' probe - no grout
✓ grout added ST 5/19/21

(Revised form 10/24/2018)

5/16/21- informed builder that well driller would need to top off well w/ additional grout ST

Mark w/ Williamsburg Homes
410-707-5758

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – JANUARY 29, 2022

July 29, 2021

Homeowner
5624 Dosa Court
Clarksville, MD 21029

RE: The Woodlands, Lot 2
5624 Dosa Ct
Building Permit: B20002503
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 **7/23/2021**. Final approval of the well line connection to the dwelling was granted on **5/19/2021**. The well construction was completed on **2/22/2019**. Water samples were collected on **7/1/2021, 7/7/2021**.

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-18-0005. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

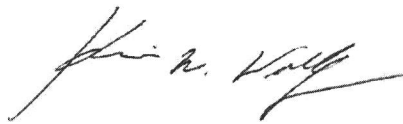
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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's 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 #: 145571
Reference: Woodlands Lot 2
Location: 5624 Dosa Court
Clarksville, MD 21029
Date/ Time Collected: 7/1/2021 1039
Date/Time Rec'd: 7/1/2021 1220
Chlorine ppm: Free: ND Total: ND
Collected By: R. Ott 0266RO
Account #: 4470
Client: Williamsburg Homes LLC
Requested By: Bill McBride
Source: Well Water
Site: Pressure Tank
Treatment: None
pH: 7.0
Well #: HO-18-0006

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/2/2021 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/2/2021 / 0900 / CRS
Nitrate	<1.0	mg/L	10	601	7/2/2021 / 1000 / CRS
Turbidity	14.4	NTU	<10	SM20 2130B	7/1/2021 / 1505 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	7/1/2021 / 1440 / TSD

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 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B20002503

Date Reported: 7/2/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	145661	Account #:	4470
Reference:	Woodlands Lot 2	Client:	Williamsburg Homes LLC
Location:	5624 Dosa Court Clarksville, MD 21029	Requested By:	Bill McBride
Date/ Time Collected:	7/7/2021 1310	Source:	Well Water
Date/Time Rec'd:	7/7/2021 1510	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 0819JY	pH:	6.9
		Well #:	HO-18-0006

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	6.70	NTU	<10	SM20 2130B	7/7/2021 / 1625 / TSD

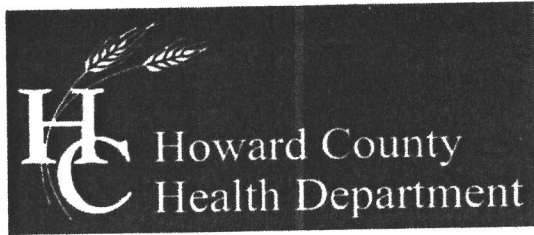
NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B20002503

Date Reported: 7/8/2021



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: LOTS 1 TO 8
E
THE WOODLANDS PARCEL-A DOSA COURT
 Subdivision/Property Name Lot # Road Name

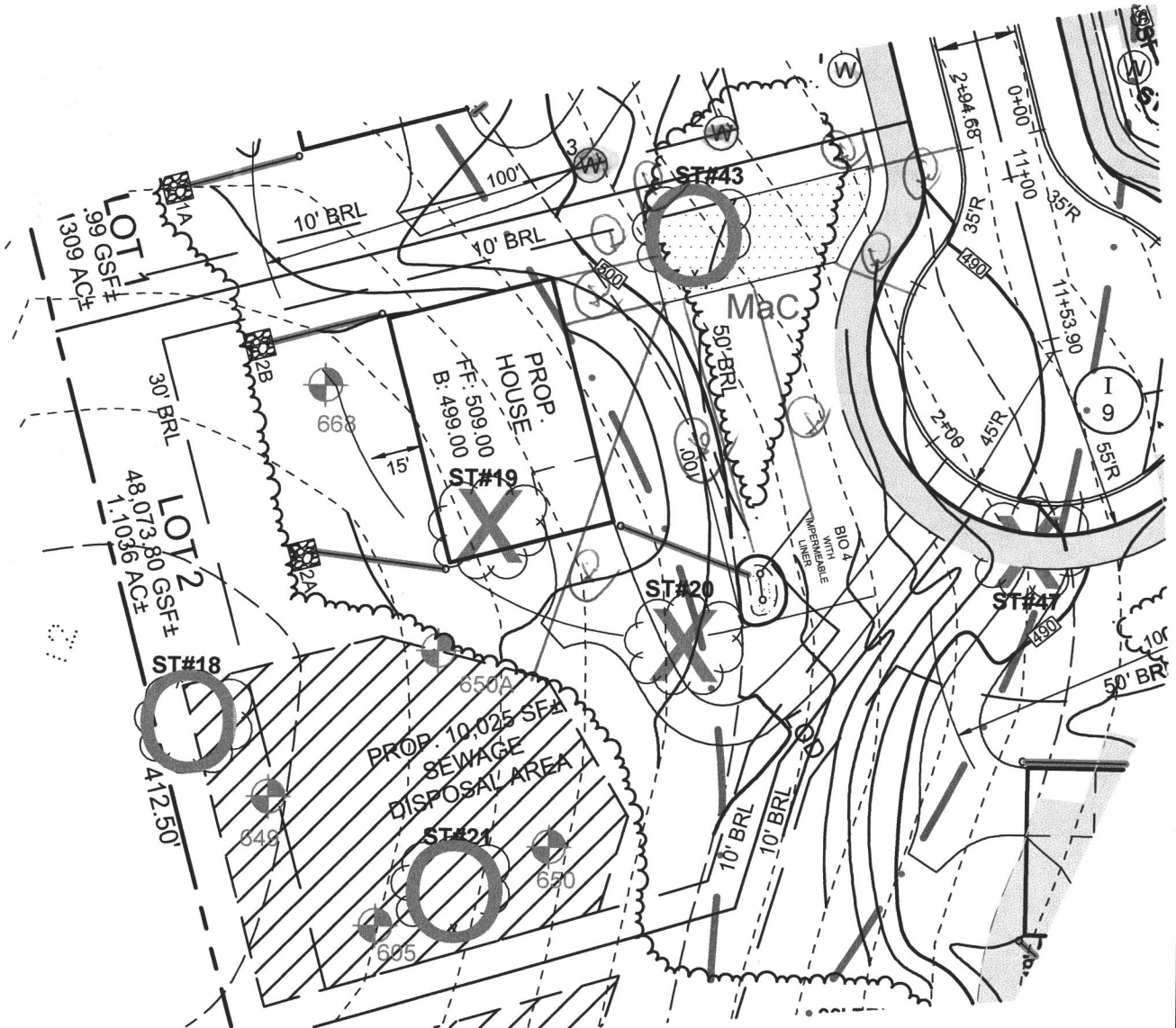
The well site has been staked by NJR & ASSOC. LLC.
 (professional land surveyor or company employing professional land surveyors)
 on JAN. 4, 2019 (date) and does not require a site inspection.

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.

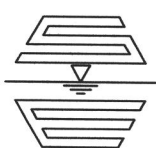
M. Rossman
 02/04/2019





APPROVED 02/01/2019 @ 001997
 STAKED BY SILL
 HO-18-0006

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 2**

TAX MAP 28 GRID 23
 5TH ELECTION DISTRICT

PARCEL 15
 HOWARD COUNTY, MARYLAND

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

March 11, 2019

Dosa Clarksville, LLC
5900 Whaleboat Drive #6
Clarksville, MD 21029

Re: Water sample results for well #HO-18-0006 at The Woodlands Lot 2

Dear Dosa Clarksville, LLC,

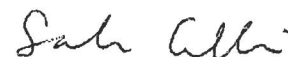
The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from the well #HO-18-0006 at The Woodlands Lot 2.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 5.13 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured <10 mg/ L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 100 mg/ L.**

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

Website:

Facebook:

Twitter: @HoCoHealth

Send Report To:

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences
TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Howard County Health Department
Bureau of Environmental Health
8800 Stanford Blvd
Columbia, Maryland 21045



E19002715002
Received: 02/26/2019
Metals HOJC0006NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Digital

Sample ID No: HOJC0006NA Site Name: HO-18-0006 County: HOWARD

Sample Source: DOSA COURT - LOT 2 Collector: CABAHUG
Street Town or City Name
001997

Date Collected: 02/26/2019 Time Collected: 14:00 a.m. / p.m. Phone #: 410 313 2643
1562-26-19

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ - 2 mL pH: <2

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code: Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: COLLECTED AT YIELD

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	<u>SHS</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

RECEIVED
MAR 07 2019
HOWARD COUNTY HEALTH DEPT
COMMUNITY HYGIENE PROGRAM

Lab Supervisor: _____

Date Reported: _____

•Phone: (443) 681 - 4596 •Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E19002715 Date Coll.: 02/25/2019 Date Received: 02/26/2019 Submitted By: Cabahug

Field ID: HOJC0006NA
Lab No.: E19002715002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	5.13	ppm	03/04/2019

Comments:

Approved by: *Sadia Muneer*

Approval date: 03/06/2019

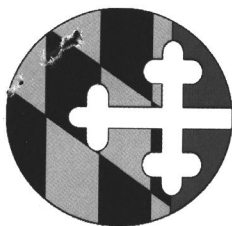
**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Certificate of Analysis

Lab Project NoE19002711 Date Coll. 02/25/2019 Date Received 02/26/2019 Submitted By: Cabahug

Field ID: HOJC0006TD
Lab No.: E19002711002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/01/2019
Total Dissolved Solids	SM 2540C	100	mg/L	03/01/2019

Comments:

Approved by: *Shahla A. Ali*

Approval date: 03/05/2019

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

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
Licensed Environmental Health Specialist **001997**
Howard County Health Department
Well & Septic Program

② 02/01/2019

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.



HOWARD COUNTY HEALTH DEPARTMENT

64721

DATE 1/10/11

WS

Received From

Allied Environmental Services PHONE # 301-796-8370

CASH
 CHECK
NO. 14331

For Well Payments x 1 - The Woodlands
Lots 1-6 pros Paid

Three hundred forty

\$ 1433.00

Dollars

Received By [Signature]

Merfish Pipe & Supply

Since 1920

Master Distributor of Carbon Steel Pipe, Fittings & Flanges

1211 Kress Street · Houston, TX 77220

(713) 869-5731

DOCUMENT SUMMARY PAGE

Total Pages: 1

Queued By: Patrick Rhodes

NO.	Customer PO#	SO#	Item Description	Heat #
1	P1046155	200618907	6 BLK PE 0.188W SRL IMP 6.625 OD 12.94# A53 GR B ERW	B1706420



AL JAZEERA STEEL PRODUCTS COMPANY SAOG

PO BOX 40, PC 327, Suhar Industrial Estate
SULTANATE OF OMAN
Phone : 968 26751763/4/5 Fax 968 26751766

MILL TEST CERTIFICATE

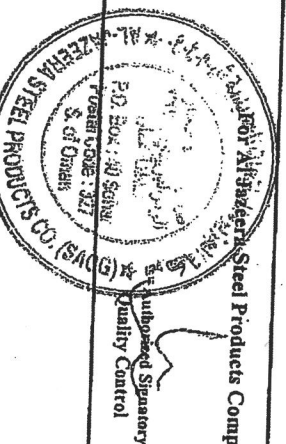
MTC NO. : 31107/2017 DATED 24/07/2017
INVOICE NO. : AJSP/EX/162 DATED 24/07/2017
CUSTOMER'S NAME : OT TRADING
ADDRESS : 2207 CONCORD PIKE BOX 405,
WILMINGTON, DELAWARE, 19803-2908,
UNITED STATES OF AMERICA.

P.O. NO. : R1686/LOT NE 1122- IND -1

PAGE : 1/1

SR NO.	NPS (Inch)	NPS (MM)	WT (Inch)	LENGTH (Feet)	TYPE	Lb / Ft	HEAT NO.	BUNDLES	PCS	TOTAL (FEET)	NET WT. (MT)	MECHANICAL TESTING						CHEMICAL ANALYSIS (%)						Zinc Coating (Oz/F ²)	
												UTS (psi)	YS (psi)	% EL IN CL 2"	FLATTENING/BEND TEST	HYDR ADVIC TEST (psi)	C	Mn	P	S	Si	V			
1	3/4" (UL)	1.050	0.113	10.0	BTBE	1.13	A1706217	4	336	3360	1.722	62780/64240	46720/47450	35/37	OK	700	0.114	0.760	0.023	0.006	0.023				
2	1" (UL-FEM)	1.315	0.133	10.0	BTBE	1.68	A1706218	23	1380	13800	10.517	63072/63948	46866/47742	36/38	OK	700	0.006	0.008	0.014	0.005	0.003				
3	1" (UL-FEM)	1.315	0.133	10.0	BTBE	1.68	A1705213	2	120	1200	0.914	62780/63656	44676/45406	36/38	OK	700	0.149	0.334	0.013	0.006	0.032				
4	2" (UL-FEM)	2.375	0.154	10.0	BTBE	3.66	A1707125	42	1092	10920	18.129	62926/63656	41610/42340	40/42	OK	2300	0.008	0.328	0.009	0.005	0.005				
5	3" (GRB-ASME-UL-FEM)	3.500	0.216	21.0	BPEB	7.58	B1707424	39	546	11466	39.423	64532/65262	49640/50370	36/38	OK	2500	0.130	0.810	0.007	0.007	0.004				
6	6" (GRB-ASME-UL-FEM)	6.625	0.280	21.0	BPEB	18.99	B1706420	2	14	294	2.532	64240/65116	47742/48472	35/37	OK	1780	0.010	0.035	0.023	0.006	0.004				
7	6" (GRB-ASME-UL-FEM)	6.625	0.280	21.0	BPEB	18.99	B1705416	1	7	147	1.266	64240/64970	43944/44822	35/37	OK	1780	0.007	0.014	0.009	0.005	0.005				
8	8" (GRB-ASME-UL-FEM)	8.625	0.372	21.0	BPEB	28.58	B1706422	24	120	2520	32.669	64824/65554	48910/49640	42/44	OK	1570	0.006	0.515	0.010	0.007	0.006				
9	6" (GRB)	6.625	0.188	21.0	BPEB	12.94	B1706420	7	49	1029	6.040	63510/64240	46720/47450	35/37	OK	1190	0.157	1.100	0.026	0.010	0.026				
10	8" (GRB)	8.625	0.188	21.0	BPEB	16.96	B1706422	12	60	1260	9.693	63364/64094	48180/48910	35/37	OK	920	0.008	0.880	0.012	0.005	0.004				
11	2" (GRB-ASME-UL-FEM)	2.375	0.154	21.0	BGE	3.66	B1706423	23	598	12558	20.848	63656/64532	47450/48180	35/37	OK	2500	0.022	0.412	0.300	0.004	0.004				
GRAND TOTAL								179	4322	58534	143.754														

THIS IS TO CERTIFY THAT THE MATERIAL CONFORMS TO THE SPECIFICATION ASTM A53-12 GR/ASTM A 53-12 GR B/ASME SA-112 GR B/ASME SA-112 GR.
ALL THE PIPES ARE TESTED NON DESTRUCTIVELY BY EDDY CURRENT METHOD AND HYDROSTATICALLY TESTED AT THE PRESSURE MENTIONED ABOVE.



Supervised Signatory
Quality Control

 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

DATE WELL ABANDONED: 2/8/19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Marshall Areath

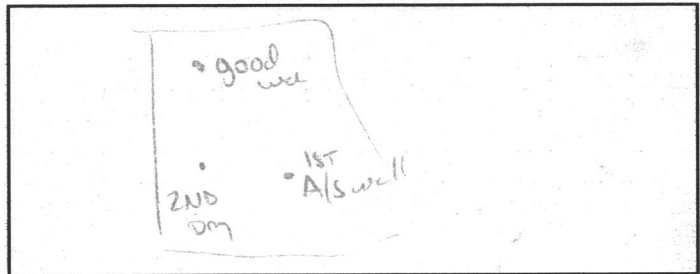
WELL DRILLER'S LICENSE NUMBER: MSD 104

* OWNER'S NAME: DCA Clarksville, LLC

CIRCLE: MWD / MSD / MGD

* WELL LOCATION: _____

SITE LOCATION MAP



COUNTY: Howard

NEAREST TOWN: _____

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: 2

STREET ADDRESS: DOSA RD

LATITUDE 39 . 22040 - - -

LONGITUDE 76 . 95518 - - -

* 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 _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO

If yes, length removed, in feet: 60

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Clean Backfill	500	60
Pentonite	60	0
VOLUME OF MATERIAL USED		
<p><u>21 BAGS QUICK GROUT</u> <u>17 BAGS BENTONITE</u> <u>21 BAGS QUICK GROUT</u></p>		

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.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# _____

MWD / MSD / MGS 104

CIRCLE ONE

DATE _____

COUNTY _____

