

C1 57233

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED 05-28-19

DATE WELL COMPLETED 2-19-19 Depth of Well 226

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-18-0002

OWNER ROSA Clarksville, MD WELL SITE ADDRESS Dosa Rd TOWN Clarksville MD SUBDIVISION SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Red Clay, Brn Blk Rock, White Limestone, Gray Reddish Mn, White Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (C, B), NO. OF BAGS 10, NO. OF POUNDS 500, GALLONS OF WATER 250, DEPTH OF GROUT SEAL 0 to 95 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6, Total depth 95.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. M 5 D 106 DRILLERS SIGNATURE LIC. NO. D

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

DEPTH (nearest ft.) table with columns 1-21. DIAMETER OF SCREEN 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

PUMPING TEST: HOURS PUMPED 9, PUMPING RATE 10, MEASURE PUMPING RATE Air, WATER LEVEL BEFORE PUMPING 43 ft, WHEN PUMPING 64 ft.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED PLACE IN BOX 29, CAPACITY: GALLONS PER MINUTE 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43, CASING HEIGHT above.

LATITUDE 39.220155 LONGITUDE 76.933207 (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.

TAG = 02/28/2019

B 1 SEQUENCE NO. (MDE USE ONLY) **70607** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **201212** STATE PERMIT NUMBER **HO - 18 - 0002** fill in this form completely

OWNER INFORMATION
 Date Received (APA) **01/10/19**
 8 MM DD YY 13
 15 Last Name **Dosa** Owner **Clarksville LLC** First Name **Clarksville** 34
 36 Street or RFD **5900 Whaleboat Dr #6** 55
 57 Town **Clarksville MD** 70 State **MD** 72 Zip **21229** 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **The Woodlands** 42
 SECTION **6** 44 46 LOT **6** 48 50
 52 NEAREST TOWN **Clarksville** 71

DRILLER INFORMATION
 Driller's Name **Marshal Arne He** M S D **MSD 106** 76 License No. **81**
 Firm Name **Armed Well Drilling**
 Address **PO Box 129 Annapolis Junction MD 20701**
 Signature **Marshal Arne He** Date **01/10/19**

B 4 SOURCES OF DRILLING WATER
 1. **Public**
 2.
 3.
 11 STREET ADDRESS **Dosa** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 75 37
 DISTANCE FROM ROAD ENTER FT OR MI **34** 38 39
 TAX MAP **34** BLK **005** PARCEL **25**

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

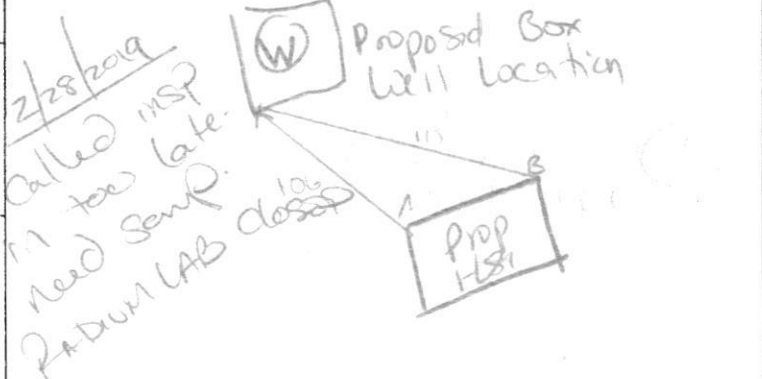
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **21**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **01/10/19** 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE **02/28/20** 41

APPROXIMATE DEPTH OF WELL **400** FEET
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 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 DEEPEMED 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 _____ G _____
 PERMIT No. **HO - 18 - 0002** 70 71 72 73 74 75 76 77 78 79

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, Painless 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 installers 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: Forbes Well Pump & Water Treatment, LLC Telephone #: 410 795 1535
 Address: 410 Box 63
 License # and name of individual responsible for the field installation: MICHAEL R. ROSSMAN
 Painless Adapter: Model #: 1111111111
 License #: MSD2216
 Name (Print): David C. Fogel
 *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: Williamburg Corp Telephone #: 410 210 2102
 Subdivision: The Woodlands
 Site Address: 5605 Dosa Ct
Clarksville, MD 21029

Submersible Pump Data
 Make: Grundfos
 Model #: 1050E15-290
 Pump Capacity: 15
 Well Yield: 10
 Depth of well encountered at time of pump installation: 1000 (feet)
 GPM NSF/WSC approved: 10
 GPM Depth: 30" (36" min)
 Painless Adapter: Model #: 1111111111
 Well Cap and Electric Conduit
 Two piece watertight cap: NS
 Screened, vented well cap: NS
 Cap secured to casing: NS
 Conduit mm 1.8" B.G.: NS
 Conduit secured to well cap: NS
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Most circle one: Torque restrictors / Cable guards / Other acceptable method used
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing: NS

Pipe to house
 Type: 1" PEX pipe
 PSI: 200 (160 psi min)
 Depth of supply line: 30" (36" min)
 Sleeve sealed properly: NS
 Length of sleeve(s) minimum from foundation: NS
 PVC sleeve to undisturbed soil at wall penetration: NS
 House Connection

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: 11/27/2022

For Health Department Use Only - Not to be completed by Installer
 Date Insp. Requested: 1/28/22 Date Insp. Approved: 1/28/22 Inspector: [Signature]
 Painless 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 gromt observed below painless adapter

(Revised form 10/24/2018)
sleeved under driveway w/ 4" PVC
 Website: www.hchealth.org Facebook: www.facebook.com/hcohealth Twitter: @HCoHealth

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 *② 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.

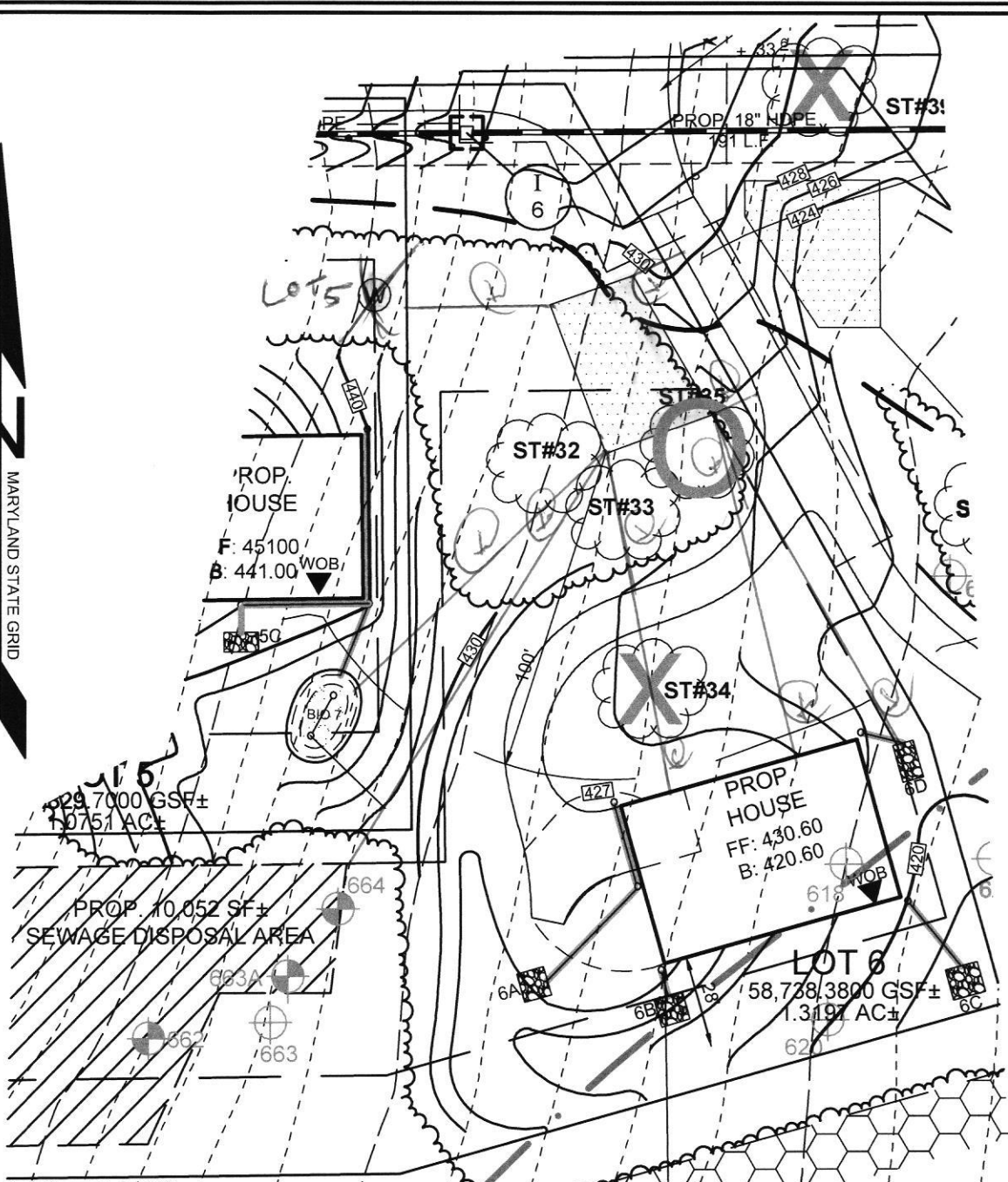
In accordance with current approved Percolation Certification (signed 08/31/2018), the following conditions apply.

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.

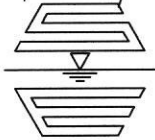
Note 15 Should the well for Lot 1 be installed at the Well 3 Location, bollards are required to be installed between the well and the driveway.

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.



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**

APPROVED 02/01/2019
 STAKED BY SILL

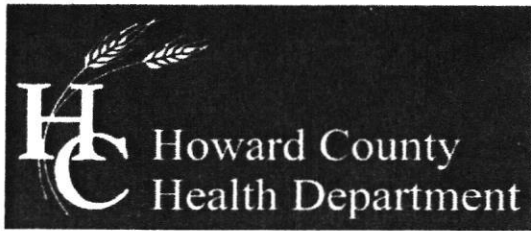
DESIGN BY: PS
 DRAWN BY: JC
 CHECKED BY: PS
 SCALE: 1"=50'
 DATE: NOVEMBER 30, 2018
 PROJECT #: 14-029
 SHEET #: 1 OF 1

**WELL PERMIT PLAN
 THE WOODLANDS**

LOT 6

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:

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





HOWARD COUNTY HEALTH DEPARTMENT

64721

DATE 1/10/11

05

Received From

Med Uninsured Services

PHONE # 301 746-8370

CASH
 CHECK
 NO. 1436

For Well Payments x 1 - Time Workouts
 Lots for pro per d

Amount in hundred and forty Dollars

\$ 1442.00

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
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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

PAGE: 1/1

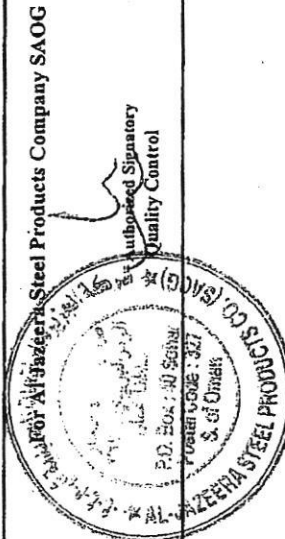
MILL TEST CERTIFICATE

MTC NO. : 311/07/2017 DATED 24/07/2017
INVOICE NO. : AJSPC/EXP/162 DATED 24/07/2017
CUSTOMER'S NAME : QT TRADING
ADDRESS : 2207 CONCORD PIKE BOX 405,
WILMINGTON, DELAWARE, 19803-2908,
UNITED STATES OF AMERICA.

P.O. NO. : R1686/LOT NE 1122-IND-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				HYDR AULIC TEST (psi)	CHEMICAL ANALYSIS (%)						Zinc Coating (Oz/F ²)					
												% EL IN GL 2"	FLATTENING/BEND TEST	UTS (psi)	YS (psi)		C	Mn	P	S	Si	Cu		Ni	Cr	Mo	Y	
ERW STEEL PIPE CONFORMING TO THE SPECIFICATION ASTM A53-12 GR. B/ASTM A 53-12 GR. B/ASME SA 53-12 GRB SCH 40 & 0.188"																												
1	3/4"	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	0.006	0.006	0.006	0.006	0.006	0.023	
2	1"	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	0.014	0.005	0.005	0.005	0.005	0.014		
3	1"	1.315	0.133	10.0	BTBE	1.68	A1705213	2	120	1200	0.914	62780/63656	44676/45406	36/38	OK	700	0.019	0.008	0.031	0.004	0.031	0.004	0.005	0.005	0.005	0.031		
4	2"	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	0.022	0.011	0.004	0.022	0.007	0.007	0.007	0.007	0.022		
5	3"	3.500	0.216	21.0	BPEB	7.58	B1707424	39	546	11466	39.423	64532/65262	49640/50370	36/38	OK	2500	0.006	0.040	0.008	0.005	0.040	0.005	0.005	0.005	0.005	0.040		
6	6"	6.625	0.280	21.0	BPEB	18.99	B1706420	2	14	294	2.532	64240/65116	47742/48472	35/37	OK	1780	0.007	0.014	0.009	0.005	0.014	0.007	0.007	0.007	0.014			
7	6"	6.625	0.280	21.0	BPEB	18.99	B1705416	1	7	147	1.266	64240/64970	43946/44822	35/37	OK	1780	0.006	0.008	0.009	0.005	0.014	0.007	0.007	0.007	0.014			
8	8"	8.625	0.322	21.0	BPEB	28.58	B1706422	24	120	2520	32.669	64824/65554	48910/49640	42/44	OK	1570	0.006	0.008	0.011	0.005	0.011	0.005	0.005	0.005	0.011			
9	6"	6.625	0.188	21.0	BPEB	12.94	B1706420	7	49	1029	6.040	63510/64240	46720/47450	35/37	OK	1190	0.007	0.008	0.011	0.005	0.011	0.005	0.005	0.005	0.011			
10	8"	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	0.009	0.012	0.005	0.009	0.005	0.005	0.005	0.012			
11	2"	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	0.012	0.300	0.004	0.012	0.004	0.004	0.004	0.012			
GRAND TOTAL									179	4322	58554	143.754																

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



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 10, 2022

May 10, 2022

Homeowner
5640 Dosa Court
Clarksville, MD 21029

**RE: The Woodlands, Lot 6
5640 Dosa Court
Building Permit: B21004653
Well Permit: HO-18-0002**

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 **4/1/2022**. Final approval of the well line connection to the dwelling was granted on **1/28/2022**. The well construction was completed on **3/19/2019**. Water samples were collected on **3/21/2022, 3/30/2022, 4/18/2022, 5/2/2022**.

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-18-0002. 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

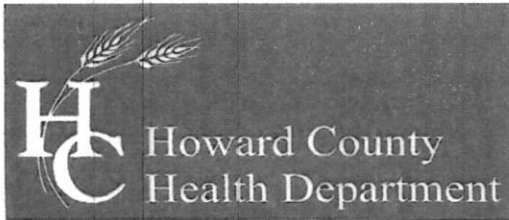
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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



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

REQUEST FOR TEMPORARY DEVIATION TO BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 4/27/2022 WELL PERMIT #: HO - 18 - 0002

PROPERTY OWNER: Williamsburg Group
SUBDIVISION & LOT #: Woodlands Lot # 6
PROPERTY ADDRESS: 5640 DOSACT Clarksville, MD 21029

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

The well has been chlorinated twice and force chlorinated once. An additional chlorination was performed 4/25/22

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

A UV Light was installed after force chlorination. Came back failing at 1. Bacteria passed after UV light. Per Kevin @ HCHD an additional chlorination was performed 4/25/22. Once the chlorine is out we will test for bacteria from 1 pressure tank (prior to UV light) and then 2 sites after UV light.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 18 - 0002 will meet the bacteria standard resulting from approved disinfection procedures.
2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - 18 - 0002. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]

 _____  _____

Prospective Owner's Day Time Phone Number(s)

312 307 5432 312 351 5680

Chris Wine

From: Bruce Harvey
Sent: Wednesday, April 27, 2022 11:56 AM
To: Chris Wine
Subject: Fwd: 5640 Dosa Court- Completed Temp Deviation

See below. Looks like you'll have to go to the health department with the original.

Bruce Harvey
443-398-4358

Begin forwarded message:

From: "Williams, Jeffrey" <jewilliams@howardcountymd.gov>
Date: April 27, 2022 at 11:45:51 AM EDT
To: Bruce Harvey <BruceHarvey@williamsburgllc.com>
Subject: RE: 5640 Dosa Court- Completed Temp Deviation

We'll get working on it, but we need an original copy of the request. Thanks
Jeff

From: Bruce Harvey <BruceHarvey@williamsburgllc.com>
Sent: Wednesday, April 27, 2022 9:58 AM
To: Williams, Jeffrey <jewilliams@howardcountymd.gov>
Cc: Chris Wine <ChrisWine@williamsburgllc.com>
Subject: FW: 5640 Dosa Court- Completed Temp Deviation

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

Jeff,

The application form we discussed yesterday for 5640 Dosa Court is attached. I have a favor to ask. Kevin is out until later this afternoon as he is in the field. Is there someone else who can issue the Temporary Certificate? We really need to get the U&O today, and obviously need the temporary to do that.

Please let me know.

Bruce A. Harvey
President
Williamsburg Homes
410-997-8800 (o)
443-398-4358 (c)
Email: bruceharvey@williamsburgllc.com

From: Chris Wine <ChrisWine@williamsburgllc.com>
Sent: Wednesday, April 27, 2022 9:41 AM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Bruce Harvey <BruceHarvey@williamsburgllc.com>
Cc: Carrie Condon <Carrie@foglesinc.com>; Wood, Joe <jowood@howardcountymd.gov>;
msimpson@howardcountymd.gov
Subject: RE: 5640 Dosa Court- Completed Temp Deviation

All:

Here is the form, Need Int Cert if Pot and U&O today please.

Thanks,

Chris

From: Wolf, Kevin <KWolf@howardcountymd.gov>
Sent: Tuesday, April 26, 2022 4:53 PM
To: Bruce Harvey <BruceHarvey@williamsburgllc.com>; Chris Wine <ChrisWine@williamsburgllc.com>
Cc: Carrie Condon <Carrie@foglesinc.com>
Subject: RE: 5640 Dosa Court

Bruce/Chris,

Attached is the temp deviation request for bacteria. Please note this is **not** an official document and does **not** need to get recorded. This is only a document that the homeowners are to be made aware of and have an understanding of the potential risk associated with bacteria in their drinking water. Please make sure the form is filled out completely. Once I get this back, ill be able to release the "temporary" Interim Certificate of Potability.

Kevin

From: Bruce Harvey <BruceHarvey@williamsburgllc.com>
Sent: Tuesday, April 26, 2022 2:52 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Carrie Condon <Carrie@foglesinc.com>; Chris Wine <ChrisWine@williamsburgllc.com>
Subject: RE: 5640 Dosa Court

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

That is fine. We need it first thing in the morning if possible since we need to meet with the customer to explain and get signed.

Bruce A. Harvey
President
Williamsburg Homes
410-997-8800 (o)
443-398-4358 (c)
Email: bruceharvey@williamsburgllc.com

From: Wolf, Kevin <KWolf@howardcountymd.gov>
Sent: Tuesday, April 26, 2022 2:48 PM

To: Bruce Harvey <BruceHarvey@williamsburgllc.com>; Carrie Condon <Carrie@foglesinc.com>; Chris Wine <ChrisWine@williamsburgllc.com>

Subject: Re: 5640 Dosa Court

Bruce,

That is fine. Unfortunately my work has kept me in the field all day. I will be able to get this over to you tomorrow morning.

Kevin

From: Bruce Harvey <BruceHarvey@williamsburgllc.com>

Sent: Tuesday, April 26, 2022 12:30:15 PM

To: Wolf, Kevin <KWolf@howardcountymd.gov>; Carrie Condon <Carrie@foglesinc.com>; Chris Wine <ChrisWine@williamsburgllc.com>

Subject: RE: 5640 Dosa Court

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

Kevin,

In talking with Jeff Williams, he stated that you will send us an application for a temporary certificate of potability today. We will complete and get our customer to sign and then submit to you. In the meantime, we are completing the forced chlorination procedure and hopefully will get those results back before the end of the week.

Best if you send the application by responding to this email. I appreciate your help with this.

Bruce A. Harvey

President

Williamsburg Homes

410-997-8800 (o)

443-398-4358 (c)

Email: bruceharvey@williamsburgllc.com

From: Wolf, Kevin <KWolf@howardcountymd.gov>

Sent: Monday, April 25, 2022 10:21 AM

To: Carrie Condon <Carrie@foglesinc.com>; Chris Wine <ChrisWine@williamsburgllc.com>; Bruce Harvey <BruceHarvey@williamsburgllc.com>

Subject: RE: 5640 Dosa Court

Thanks Carrie. This looks fine. Remember that the volume of water must be at least 2x the volume of standing water in the well.

26.04.04.24

(2) If the well remains unresponsive after repeating the standard disinfection procedure per this section, a volume of water chlorinated to a concentration of 100 mg/l and at least two times the volume of chlorinated, standing water in the well, but not less than 50 gallons, shall be introduced into the well in order to completely displace the volume of chlorinated, standing water and force it out into the water bearing formation.

F. If bacteriological contamination persists after repeated disinfection, the Approving Authority may require the well to be abandoned and sealed in accordance with this chapter.

See that the well has responded to the chlorination methods (latest test result we got the bacteria down to 1), I think another round of standard disinfection, flush thoroughly thru all plumbing, and retest in multiple locations throughout the house (i.e. pressure tank, upstairs bathroom, downstairs powder room, etc.). See what this does and we'll go from there.

Kevin

Also, if you want to reach out to the original well driller or have a camera ran thru the well, might not be a bad idea.

From: Carrie Condon <Carrie@foglesinc.com>
Sent: Monday, April 25, 2022 9:41 AM
To: Chris Wine <ChrisWine@williamsburgllc.com>; Bruce Harvey <BruceHarvey@williamsburgllc.com>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: RE: 5640 Dosa Court

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

Good Morning everyone,
Sorry for the delay in getting this email written, I've been on the phone non stop!
Kevin- we did our normal procedure for force chlorinating the well where we introduced about 200-250' gallons of chlorinated water in to the well and cycled this through the interior of the house. This chlorinated water sat in the pipes over night and then the run off was started by the builder the following day. It took about a week to get the chlorine out of the water.
To my knowledge this came back failing at 1. We then installed the UV light and there was a passing sample after wards.
Per my techs, when they were out force chlorinating the well, everything looked good with the casing and cap.

What are the next steps you would like us to take?

Carrie Condon
Fogle's Well Pump & Water Treatment, LLC
24 HR EMERGENCY SERVICE! 410-795-1535
www.fogleswellpump.com
"LIKE" us on Facebook!!

From: Chris Wine <ChrisWine@williamsburgllc.com>
Sent: Monday, April 25, 2022 9:29 AM
To: Carrie Condon <Carrie@foglesinc.com>; Bruce Harvey <BruceHarvey@williamsburgllc.com>
Subject: FW: 5640 Dosa Court

Carrie:

Here is the Email from Kevin – we thought the same as you we resolved it but could you ask?

Thanks

Chris

From: Wolf, Kevin <KWolf@howardcountymd.gov>
Sent: Monday, April 25, 2022 9:03 AM
To: Chris Wine <ChrisWine@williamsburgllc.com>
Cc: Marina Morris <MarinaMorris@williamsburgllc.com>
Subject: RE: 5640 Dosa Court

Chris,

I emailed Carrie with Fogle's last week. She reached out to me on it and I explained to her that there is no deviation for failing bacteria. What I need from Carrie (or whoever did the disinfection/testing) is to send me the details of the process including the forced "super chlorination" procedures that was used. We need to determine what is causing the bacteria. It may be something else going on. I explained to Carrie that a well driller would need to be contacted at this point to see what may be causing this based on the construction of the well. Dropping a camera down the well to see any inconsistencies may be a start. Pulling a bact sample from the well head is also something we could do. I need more information here before we can continue.

Kevin

From: Chris Wine <ChrisWine@williamsburgllc.com>
Sent: Monday, April 25, 2022 8:19 AM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Cc: Marina Morris <MarinaMorris@williamsburgllc.com>
Subject: 5640 Dosa Court

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

Kevin:

The well on this property failed 3 times. We had Fogles Install a UV Light on the well and it passed on Friday, April 22nd. We forwarded this report to you.

We have a settlement Thursday, April 28th. Please expedite the Certificate of Potability.

Your prompt attention would be appreciated.

Thanks,

Chris

Chris Wine

Sales & Settlement Coordinator
(410) 997-8800, X 20

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	151577	Account #:	4470
Reference:	The Woodlands Lot 6	Client:	Williamsburg Homes LLC
Location:	5640 Dosa Court Highland, MD 20777	Requested By:	Bill McBride
Date/ Time Collected:	4/21/2022 0959	Source:	Well Water
Date/Time Rec'd:	4/21/2022 1400	Site:	Powder Room Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	UV Light
Collected By:	R. Ott 0266RO	pH:	8.0
		Well #:	HO-18-0002

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/22/2022 / 0900 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/22/2022 / 0900 / MEH

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 21002657

Date Reported: 4/22/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 151511 Account #: 4470
Reference: The Woodlands Lot 6 Client: Williamsburg Homes LLC
Location: 5640 Dosa Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 4/18/2022 1129 Site: Pressure Tank
Date/Time Rec'd: 4/18/2022 1514 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: R. Ott 0266RO Well #: HO-18-0002

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/19/2022 / 1000 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/19/2022 / 1000 / MEH

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 21002657

Date Reported: 4/19/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 151213 Account #: 4470
Reference: The Woodlands Lot 6 Client: Williamsburg Homes LLC
Location: 5640 Dosa Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 3/30/2022 1145 Site: Pressure Tank
Date/Time Rec'd: 3/30/2022 1415 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: J. Yeager 0819JY Well #: HO-18-0002

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM20 9223B	3/31/2022 / 0900 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/31/2022 / 0900 / MEH

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 21002657

Date Reported: 3/31/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 151090 Account #: 4470
Reference: The Woodlands Lot 6 Client: Williamsburg Homes LLC
Location: 5640 Dosa Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 3/21/2022 1334 Site: Pressure Tank
Date/Time Rec'd: 3/21/2022 1450 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.6
Collected By: R. Ott 0266RO Well #: HO-18-0002

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	144.5	MPN/ 100 ml	<1.0	SM20 9223B	3/22/2022 / 0915 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/22/2022 / 0915 / MEH
Nitrate	<0.30	mg/L	10	Hach 10206	3/22/2022 / 0840 / CRS
Turbidity	2.60	NTU	<10	SM2130B	3/22/2022 / 1000 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	3/22/2022 / 0820 / 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 # : 21002657

Date Reported: 3/22/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	151735	Account #:	1933
Reference:	Woodlands Lot 6	Client:	Fogle's Well Pump & Treatment
Location:	5640 Dosa Court Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	5/2/2022 0935	Source:	Well Water
Date/Time Rec'd:	5/2/2022 1335	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	**
Collected By:	J. Evans 0309JE	pH:	7.1
		Well #:	HO-18-0002

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/3/2022 / 0900 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/3/2022 / 0900 / MEH

NOTES:

- 1 Report revised to reflect corrected Client and Account number 5/4/22 CCH
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 **Sample collected prior to UV Light

Reason for Test : Use & Occupancy
Building Permit # : 21002657

Date Reported: 5/4/2022