

B 1
64348

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-18-0003
fill in this form completely

please type

Date Received (APA) 01/10/19

OWNER INFORMATION

8 MM DD YY 13
01 10 19

15 Last Name Owner First Name 34
Dosa Clarkville LLC

36 Street or RFD 55
5900 Whalebog Dr #6

57 Town 70 State 72 Zip 76
Clarkville MD 21929

B 3 **LOCATION OF WELL**

8 COUNTY 21
Howard

23 SUBDIVISION 42
The Woodlands

SECTION 44 46 LOT 48 50
5

52 NEAREST TOWN 71
Clarkville

DRILLER INFORMATION

Driller's Name 76 License No. 81
Marshall Anette M S D 106

Firm Name
Allied Well Drilling

Address
PO Box 129 Annapolis Junction MD 20701

Signature 01/10/19

B 4 **SOURCES OF DRILLING WATER**

1. Public

2.

3.

11 STREET ADDRESS 30
1059

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
WEST EAST
SOUTH

34 220 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 34 28 BLK: 1005 PARCEL 15

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 10
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 11,000
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 02/01/19 41
02/01/20

43 MM DD YY 48 CO SIGNATURE EXP. DATE

DOB: 02/21/2019 DOB: DMV DOY: 02/27/2019

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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

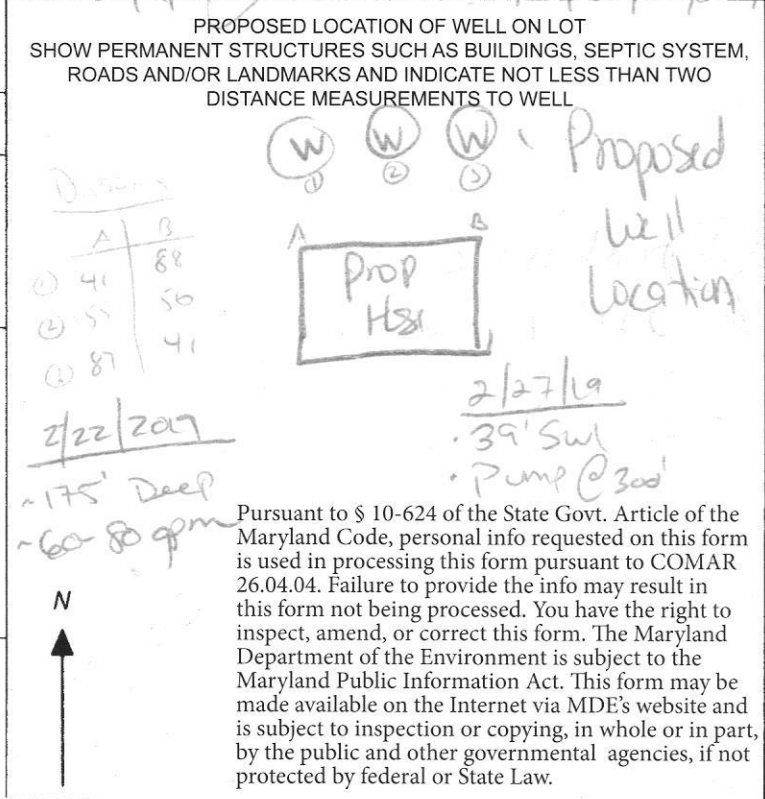
THIS WELL WILL DEEPEM AN EXISTING WELL

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-18-0003
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- SEE ATT MEMO

STATE OF OHIO
APPLICANT'S AFFIDAVIT TO DRILL WELL

LOCATION OF WELL
COUNTY
TOWNSHIP
NEAREST TOWN

APPROXIMATE DISTANCE FROM
ROAD AND LAND MARKS
DISTANCE FROM ROAD
INTERSECTION
TAX MAP REFERENCE PARCEL
NOT TO BE EXCEEDED BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME
STATE
TOWNSHIP
DATE DEPOSITED

APPROXIMATE DISTANCE FROM
ROAD AND LAND MARKS
DISTANCE FROM ROAD

APPROXIMATE DISTANCE FROM
ROAD AND LAND MARKS
DISTANCE FROM ROAD

OWNER INFORMATION
NAME
ADDRESS
CITY
STATE
ZIP

APPROXIMATE DISTANCE FROM
ROAD AND LAND MARKS
DISTANCE FROM ROAD
INTERSECTION
TAX MAP REFERENCE PARCEL
NOT TO BE EXCEEDED BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME
STATE
TOWNSHIP
DATE DEPOSITED

APPROXIMATE DISTANCE FROM
ROAD AND LAND MARKS
DISTANCE FROM ROAD

APPROXIMATE DISTANCE FROM
ROAD AND LAND MARKS
DISTANCE FROM ROAD

RECEIVED
JAN 29 2019
HOWARD COUNTY HEALTH DEPT.
FOOD PROTECTION PROGRAM

RECEIVED

MAR 28 2019

HOWARD COUNTY HEALTH DEPT.
FOOD PROTECTION PROGRAM

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: Foales Well Pump & Water Treatment, LLC Telephone #: 410-795-1535
 Address: PO Box 63
Woodbine, MD 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): David C. Foale 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 #: 5 Well Tag #: HO-18-0003 (SR)
 Site Address: 5636 Dosa Ct
Clarksville, MD 21029

Submersible Pump Data
 Make: Grundfos
 Model #: 1550G10-220
 Pump Capacity: 15
 Well Yield: 7.5
 Depth of well encountered at time of pump installation: 400 (feet)

Pitless Adapter
 Make: Cumplell+
 Model #: NA
 GPM Depth: 30" (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: 200 (160 psi min)
 Depth of supply line: 36" (36" min)

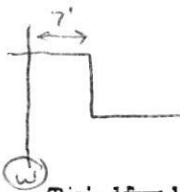
Horse Connection
 PVC sleeve to undisturbed soil at wall penetration: YES
 Length of sleeve (5' minimum from foundation): YES
 Sleeve sealed properly: YES

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: 11/27/2022

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

Date Insp. Requested: 1/23/22 Date Insp. Approved: 1/28/22 Inspector: (SR)
 Inspection Data:
 Pitless adapter watertight & water supply line at least 36" below grade ✓ 46"
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 41"
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 10"
 Water supply line sleeved adequately at house connection ✓ 23"
 Adequate grout observed below pitless adapter ✓



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 4, 2022

May 4th, 2022

Homeowner
5636 Dosa Court
Clarksville, MD 21029

**RE: The Woodlands, Lot 5
5636 Dosa Court
Building Permit: B21003141
Well Permit: HO-18-0003**

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 **5/2/2022**. Final approval of the well line connection to the dwelling was granted on **1/28/2022**. The well construction was completed on **3/13/2019**. Water samples were collected on **4/26/2022**.

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-18-0003. 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

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.

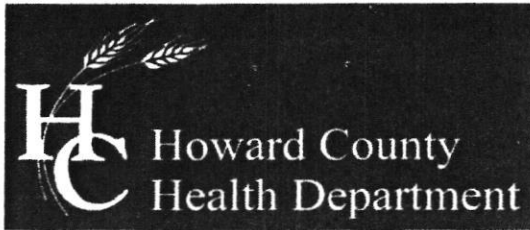
In accordance with current approved Percolation Certification (signed 08/31/2018), the following conditions apply.

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, whichever [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.



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

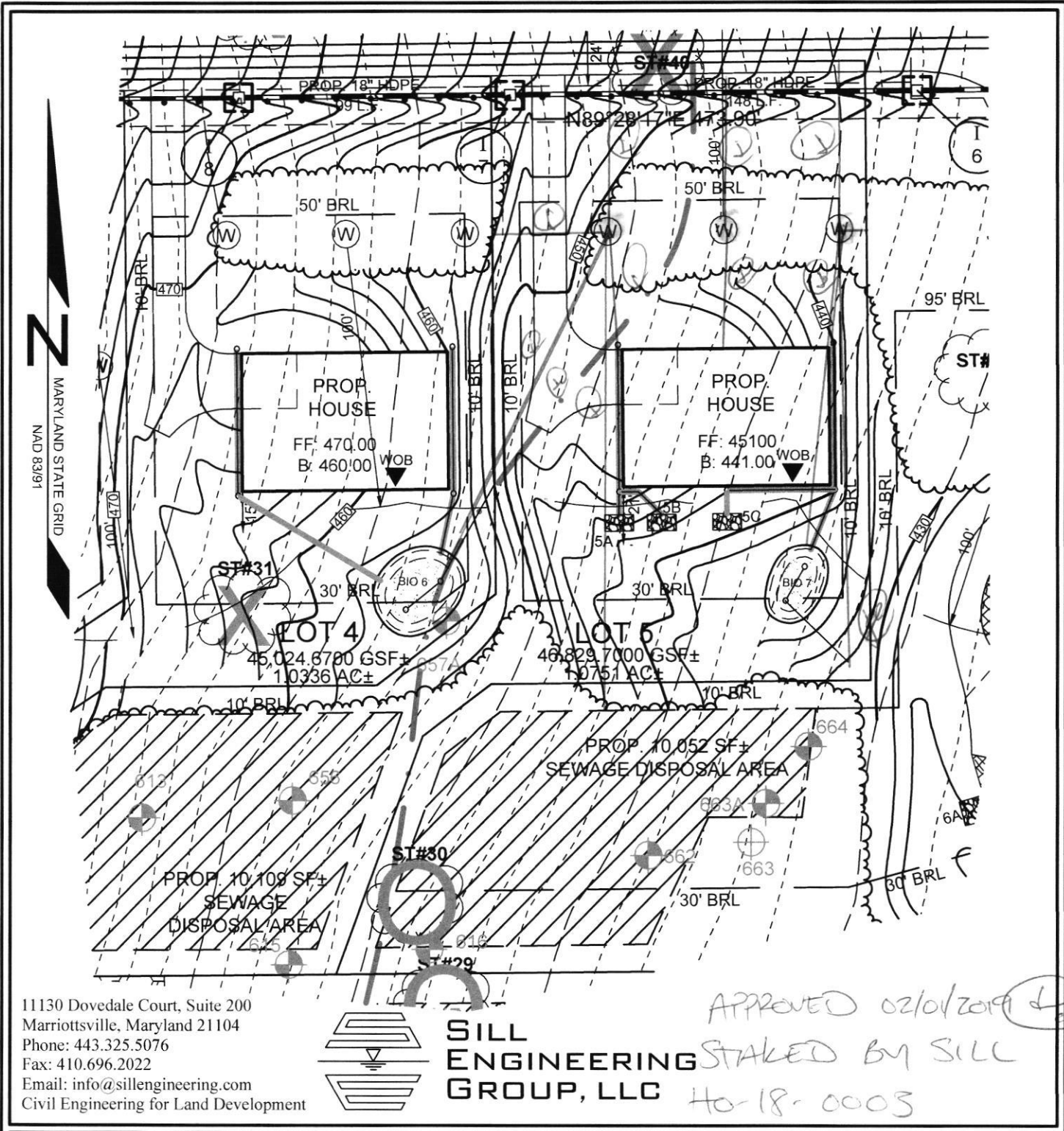
The well site has been staked by NJR & ASSOC. LLC. on JAN. 4, 2019 (date) and does not require a site inspection.

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.

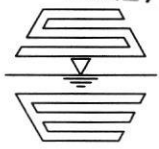
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Signature and date 02/04/2019





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 02/10/2019
 STAKED BY SILL
 10-18-0003

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 5

TAX MAP 28 GRID 23
 5TH ELECTION DISTRICT

PARCEL 15
 HOWARD COUNTY, MARYLAND

RECEIVED
JAN 29 2019
HOWARD COUNTY HEALTH DEPT.
FOOD PROTECTION PROGRAM



HOWARD COUNTY HEALTH DEPARTMENT

64721

DATE 1/16/11

Received From

Med Licensure & Services PHONE # 301 796 8370

CASH
 CHECK
NO. 1436

For Well Payments x 1 - Time Workbooks
Lots 1-6 Sec 2

\$ 1441.00

Fourteen hundred forty Dollars

Received By

[Signature]

RECEIVED

JAN 29 2019

HOWARD COUNTY HEALTH DEPT.
FOOD PROTECTION PROGRAM

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 151658 Account #: 4470
Reference: The Woodlands Client: Williamsburg Homes LLC
Location: 5636 Dosa Court Requested By: Bill McBride
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 4/26/2022 0950 Site: Pressure Tank
Date/Time Rec'd: 4/26/2022 1449 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: R. Ott 0266RO Well #: HO-18-0003

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/27/2022 / 0930 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/27/2022 / 0930 / TSD
Nitrate.	<0.40	mg/L	10	300.0	4/6/2022 / 2331 / CRS
Turbidity	0.36	NTU	<10	SM2130B	4/27/2022 / 1140 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	4/27/2022 / 0950 / 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 # : B21003141

Date Reported: 4/27/2022

Chamblis Property

Lot 5

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/21/14	The Well for Lot 5 (Parc Cert, Oct 2014) must have *steel casing and extending to depth of at least 50 feet, or 10 feet into competent rock, <u>whichever is deeper.</u>
R. Bricker	

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



Jazeera Steel الشركة الجزائرية

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

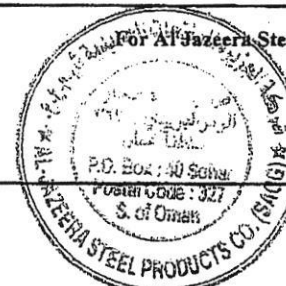
MILL TEST CERTIFICATE

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

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.

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/Ft ²)				
												UTS (psi)	YS (psi)	% EL IN GL 2"	FLATT ENING/ BEND TEST		C	Mn	P	S	Si					
ERW STEEL PIPE CONFORMING TO THE SPECIFICATION ASTM A53-12 GRA/ASTM A 53 - 12 GR. B/ASME SA 53-12 GRB SCH 40 & 0.188"																										
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+FM)	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+FM)	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	0.354	0.013	0.006	0.032	-				
4	2" (UL+FM)	2.375	0.154	10.0	BTBE	3.66	A1707125	42	1092	10920	18.129	62926/63656	41610/42340	40/42	OK	2300	0.019	0.008	0.031	0.004	0.005	-				
5	3" (UL+FM)	3.500	0.216	21.0	BPEB	7.58	B1707424	39	546	11466	39.423	64532/65262	49640/50370	36/38	OK	2500	0.148	0.828	0.009	0.005	0.020	-				
6	6" (GRB- ASME- UL+FM)	6.625	0.280	21.0	BPEB	18.99	B1706420	2	14	294	2.532	64240/65116	47742/48472	35/37	OK	1780	0.008	0.022	0.011	0.004	0.003	-				
7	6" (GRB- ASME- UL+FM)	6.625	0.280	21.0	BPEB	18.99	B1705416	1	7	147	1.266	64240/64970	43946/44822	35/37	OK	1780	0.130	0.810	0.007	0.007	0.024	-				
8	8" (GRB- ASME- UL+FM)	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	0.040	0.008	0.005	0.004	-				
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	0.151	1.000	0.022	0.008	0.032	-				
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	0.007	0.008	0.011	0.005	0.004	-				
11	2" (GRB- ASME- UL+FM)	2.375	0.154	21.0	BGE	3.66	B1706423	23	598	12558	20.848	63656/64532	47450/48180	35/37	OK	2500	0.160	0.515	0.010	0.007	0.006	-				
GRAND TOTAL								179	4322	58554	143.754															

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



Authorized Signatory
 Quality Control