

C1 57250 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 111

ST/CO USE ONLY DATE RECEIVED MM DD YY 03 28 19

DATE WELL COMPLETED MM DD YY 2-20-19 Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-17-0400

OWNER Dosa Clarksville, LLC WELL SITE ADDRESS last name first name TOWN Clarksville, MD SUBDIVISION The Woodlands SECTION LOT 8

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Topsoil, Red clay, Brn Broken Rock, Limestone water @ 78'.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 7 NO. OF POUNDS 350 GALLONS OF WATER 135 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 69 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 69

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

SCREEN RECORD screen type or open hole ST BR HO insert appropriate code below STEEL BRASS OPEN HOLE PL PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 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...

DRILLERS LIC. NO. 1 M SD 706 DRILLERS SIGNATURE LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Rows include slot size and diameter of screen.

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 15 11 15 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 19 17 20 ft. WHEN PUMPING 69 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) 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 - below LAND SURFACE (nearest foot) 50 51

LATITUDE 39.221132 LONGITUDE 76.954464 (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.

TAG: 3/12/19

B 1 SEQUENCE NO. (MDE USE ONLY) **70605** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **5/04721-6** STATE PERMIT NUMBER **HO-17-0400** fill in this form completely

B 2 Date Received (APA) **01/10/19** OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name **Dosa** Owner **Clarksville LLC** First Name **Clarksville** 34
 36 Street or RFD **5100 Whaleboat Dr #6** 55
 57 Town **Clarksville MD** 70 State **MD** 72 Zip **2192** 76

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

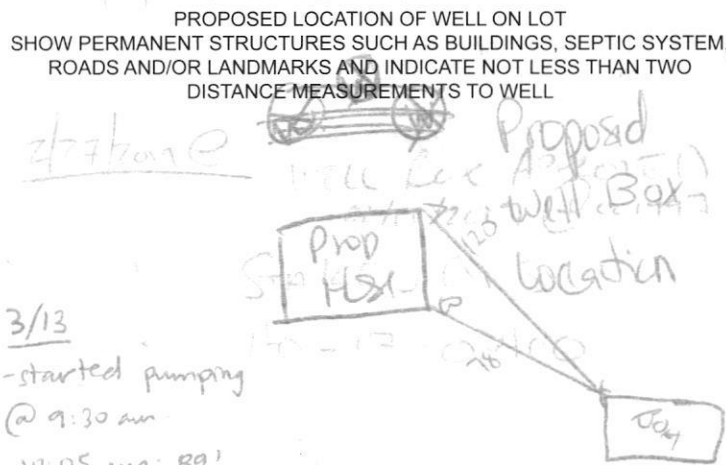
B 2 DRILLER INFORMATION
 Driller's Name **Marschal H. H. H. H.** M **SD** License No. **106** 81
 Firm Name **Armed Well Drilling**
 Address **PO Box 129 Annapolis Junction MD 20701**
 Signature **Marschal H. H. H. H.** Date **01/10/19**

B 4 SOURCES OF DRILLING WATER
 1. **Public**
 2.
 3.
 11 STREET ADDRESS **Dosa** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 110 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: **34** BLK: **1005** PARCEL **15**

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

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

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

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

 3/13 - started pumping @ 9:30 am - 10:05 am - 89' - pump @ 300' - 9' static level

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
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 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
 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-17-0400**
 70 71 72 73 74 75 76 77 78 79

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

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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 5676
Address: 580 Obrecht Rd
Sikeston, 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 P Foale License#: MSDZZ6

*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 Homes Telephone #: _____
Subdivision: The Woodlands Lot #: 98 Well Tag #: HO-17-0400 (SD)
Site Address: 5629 Dosa Ct
Clarksville, MD 21029

Submersible Pump Data
Make: Grundfos
Model #: 1380E15-296
Pump Capacity: 15
Well Yield: 15

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 1 1/2" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 100 (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" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 16'
Sleeve sealed properly: yes

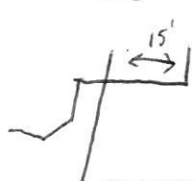
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 8/19/2021

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

Date Insp. Requested: 8/10/21 Date Insp. Approved: 8/12/21 Inspector: RR
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

41"
37"
8"
7"
no grout visible, water bear in void



(Revised form 10/24/2018)

8/12/21 - re-inspection, bentonite grout observed in annular.

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.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 22, 2021

October 22, 2021

Homeowner
5629 Dosa Court
Clarksville, MD 21029

RE: The Woodlands, Lot 8
5629 Dosa Court
Building Permit: B20004544
Well Permit: HO-17-0400

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 **10/19/2021**. Final approval of the well line connection to the dwelling was granted on **8/12/2021**. The well construction was completed on **3/20/2019**. Water samples were collected on **9/29/2021, 10/14/2021**.

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-17-0400. 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

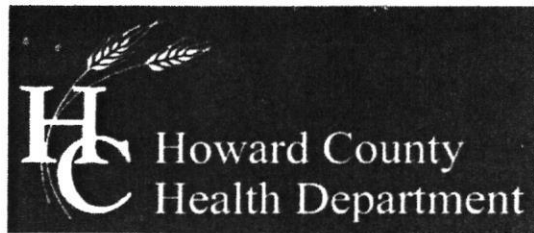
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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.

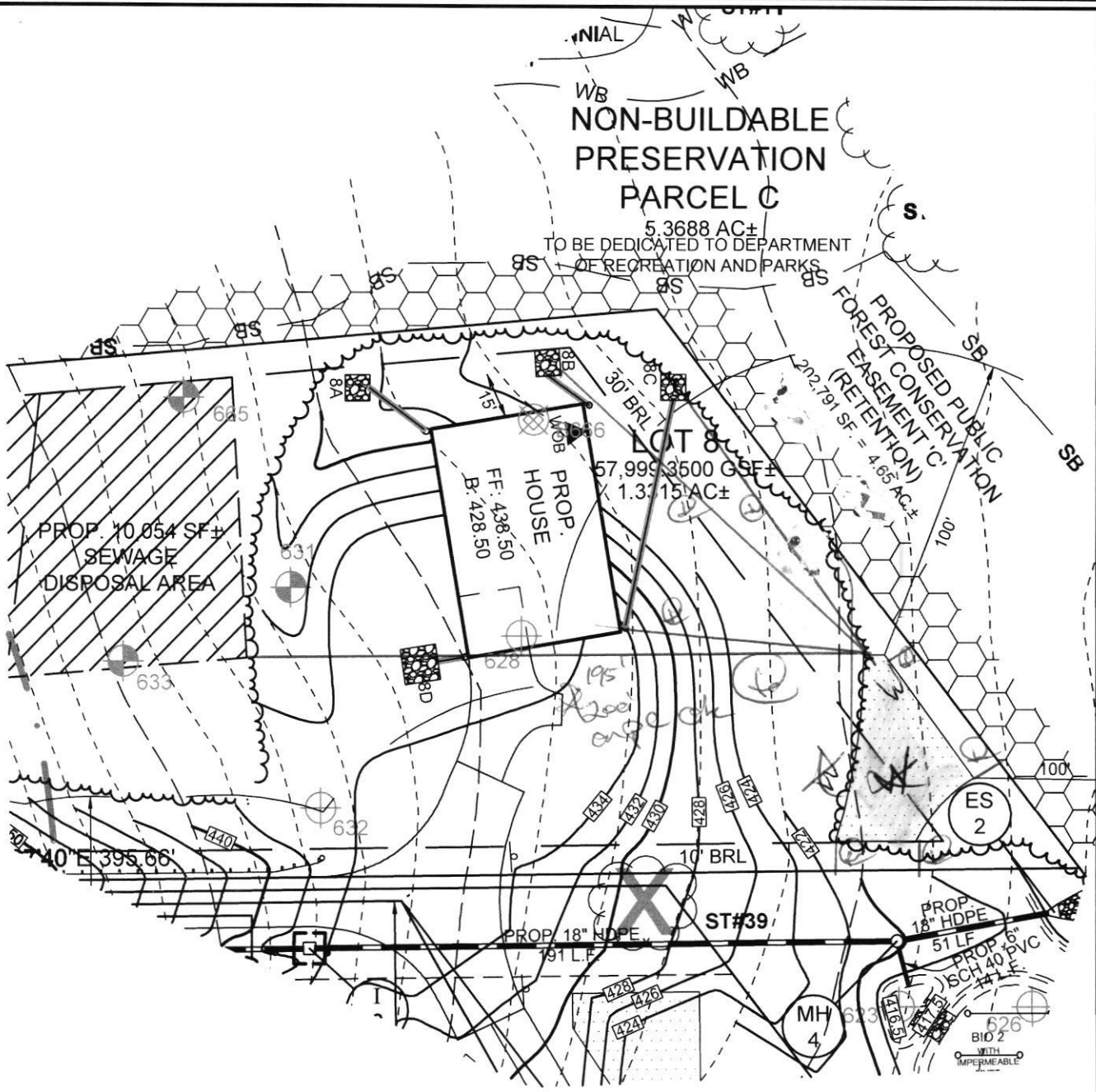
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

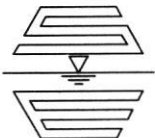
M. Rossman
02/04/2019




 MARYLAND STATE GRID
 NAD 83/91



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**

*WELL BOX APPROVED
 02/01/2017 (200199)
 STAKED BY SILL*

HO-17-0400

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 8

TAX MAP 28 GRID 23
 5TH ELECTION DISTRICT

PARCEL 15
 HOWARD COUNTY, MARYLAND

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 الجزيرة الحديد

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/Ft ²)				
												UTS (psi)	YS (psi)	% EL IN GL 2"	FLATTENING / BEND TEST		C	Mn	P	S	Si					
																	Cu	Ni	Cr	Mo	V					
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	0.019	0.008	0.031	0.004	0.005	-				
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	0.148	0.828	0.009	0.005	0.020	-				
5	3" (GRB- ASME- 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	0.008	0.022	0.011	0.004	0.003	-				
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	0.139	0.402	0.014	0.007	0.033	-				
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	0.010	0.035	0.023	0.006	0.004	-				
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	0.151	1.000	0.022	0.008	0.032	-				
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	0.007	0.008	0.011	0.005	0.005	-				
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	0.160	0.515	0.010	0.007	0.006	-				
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	0.006	0.008	0.009	0.005	0.004	-				
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.



For Al Jazeera Steel Products Company SAOG

Authorized Signatory
Quality Control

P.O. Box : 40 Suhar
Postcode : 327
S. of Oman

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 148062 Account #: 4470
Reference: Woodlands Lot 8 Client: Williamsburg Homes LLC
Location: 5629 Dosa Court Requested By: Bill McBride
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 10/14/2021 1135 Site: Pressure Tank
Date/Time Rec'd: 10/14/2021 1420 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: B. Dutterer 1912BD Well #: HO-17-0400

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/15/2021 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/15/2021 / 0900 / TSD

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

Reason for Test : Use & Occupancy

Building Permit # : 20004544

Date Reported: 10/15/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 147684 Account #: 4470
Reference: Woodlands Lot 8 Client: Williamsburg Homes LLC
Location: 5629 Dosa Court Requested By: Bill McBride
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 9/29/2021 1348 Site: Pressure Tank
Date/Time Rec'd: 9/29/2021 1610 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: J. Yeager 0819JY Well #: HO-17-0400

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	9/30/2021 / 1045 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/30/2021 / 1045 / TSD
Nitrate	<1.0	mg/L	10	601	9/29/2021 / 1630 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/29/2021 / 1645 / TSD
Turbidity	2.24	NTU	<10	SM20 2130B	9/29/2021 / 1650 / 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 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 20004544

Date Reported: 9/30/2021



HOWARD COUNTY HEALTH DEPARTMENT

64721

DATE 1/10/11

Received From

Med Environmental Services PHONE # 301 746-8370

- CASH
- CHECK

NO.

1436

For

Well Payments x 1 - Time Woodlands
Lots 1-6 pres Paid

Fourteen hundred forty Dollars

\$ 1440.00

Received By

[Signature]