

C1 57228 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 [Handwritten: ZCC]

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

DATE WELL COMPLETED MM DD YY 03 19 19 DEPTH OF WELL 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-18-0001

OWNER DDA Clarksville, LLC WELL SITE ADDRESS Dosa Rd Clarksville, MD SUBDIVISION THE WOODS AND SECTION LOT #7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Top Soil, Bin mica, Gray mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter, Total depth

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

SCREEN RECORD screen type or open hole (insert appropriate code below) SCREEN RECORD STEEL, BRASS, OPEN HOLE, BRONZE, PLASTIC, OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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 106 DRILLERS SIGNATURE LIC. NO. 1 D

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

C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 55 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) LAND SURFACE (nearest foot)

LATITUDE 3 LONGITUDE 7 (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.

B 1 70606 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** APPLICATION FOR PERMIT TO DRILL WELL please type **STATE PERMIT NUMBER** 10-18-0001
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 01/10/19
 8 MM DD YY 13
 15 Last Name Owner First Name 34
 Dosa Clarksville LLC
 36 Street or RFD 55
 5700 Whaleboat Dr #6
 Clarksville MD 21929
 57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION
 Marshall Arnette M S D 106
 76 License No. 81
 Allied Well Drilling
 Firm Name
 10 Box 129 Annapolis Junction MD 20701
 Address
 01/10/19
 Signature Date

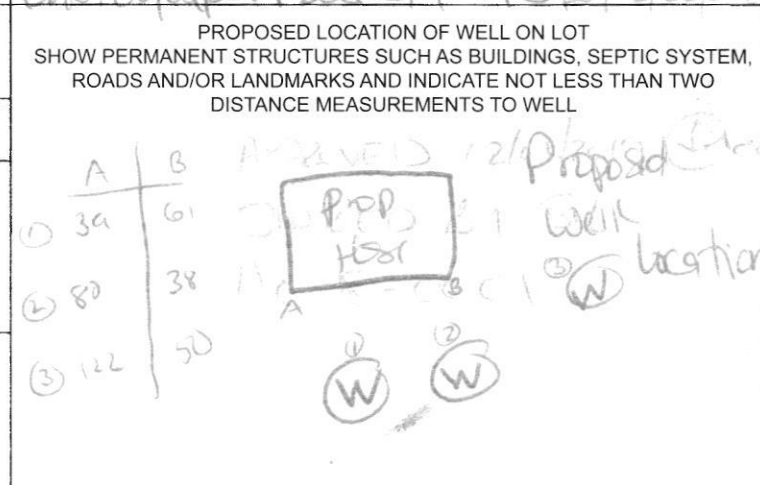
B 4 SOURCES OF DRILLING WATER
 1. Public
 2.
 3.
 Dosa
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 30 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 34 BLK: 0005 PARCEL 15

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD
 COUNTY NAME COUNTY NO. (XIII)
 STATE SIGNATURE INSERT S
 DATE ISSUED 02/10/19
 43 MM DD YY 48 CO SIGNATURE EXP. DATE 02/10/20
 DEN: 02/04/2019 DOG: 2/11/2019

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

APPROXIMATE DEPTH OF WELL 400 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH



METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. 10-18-0001
 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: Eagles Well Pump Water Treatment, LLC Telephone #: 410 795 1535
Address: 7229 Woodbine Rd
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): DAVIDC Eagle License#: MSP226

*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: Williamstowne Group Telephone #: _____
Subdivision: The Woodlarks Lot #: 7 Well Tag #: HO-18-0001 (SD)
Site Address: 5625 Rosa Ct
Clarksville, MD 21029

Submersible Pump Data

Make: Grundfos
Model #: 10K50E10-290
Pump Capacity: 15
Well Yield: 10

Pitless Adapter

Make: Campbell+
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: Y/S

Well Cap and Electric Conduit

Two piece watertight cap: Y/S
Screened, vented well cap: Y/S
Cap secured to casing: Y/S
Conduit min 18" B.G.: Y/S
Conduit secured to well cap: Y/S

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" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Y/S
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: Y/S

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: 11/13/2022

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

Date Insp. Requested: 11/14/22 Date Insp. Approved: 11/14/22 Inspector: (SD)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 42"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 36"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 9"
Water supply line sleeved adequately at house connection ✓ 6'
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – August 14, 2022

February 14, 2022

Homeowner
5625 Dosa Court
Clarksville, MD 21029

RE: The Woodlands, Lot 7
5625 Dosa Court
Building Permit: B21001894
Well Permit: HO-18-0001

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 **2/2/2022**. Final approval of the well line connection to the dwelling was granted on **1/14/2022**. The well construction was completed on **3/19/2019**. Water samples were collected on **2/3/2022, 2/8/2022, 2/11/2022**.

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-18-0001. 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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150240 Account #: 4470
Reference: Williamsburg Homes LLC Client: Williamsburg Homes LLC
Location: 5625 Dosa Court Requested By: Bill McBride
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 2/3/2022 0950 Site: Pressure Tank
Date/Time Rec'd: 2/3/2022 1456 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: R. Ott 0266RO Well #: HO-18-0001

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2022 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2022 / 0930 / CRS
Nitrate	1.37	mg/L	10	Hach 10206	2/3/2022 / 1550 / CRS
Turbidity	3.23	NTU	<10	SM20 2130B	2/3/2022 / 1540 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	2/3/2022 / 1550 / 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 # : 21001894

Date Reported: 2/4/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150240 Account #: 4470
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- 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 # : 21001894

Date Reported: 2/4/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	150365	Account #:	4470
Reference:	Williamsburg Homes LLC	Client:	Williamsburg Homes LLC
Location:	5625 Dosa Court Clarksville, MD 21029	Requested By:	Bill McBride
Date/ Time Collected:	2/8/2022 0956	Source:	Well Water
Date/Time Rec'd:	2/8/2022 1336	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	R. Ott 0266RO	pH:	6.7
		Well #:	HO-18-0001

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM20 9223B	2/9/2022 / 1000 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/9/2022 / 1000 / 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 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 21001894

Date Reported: 2/9/2022

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 *JC 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.

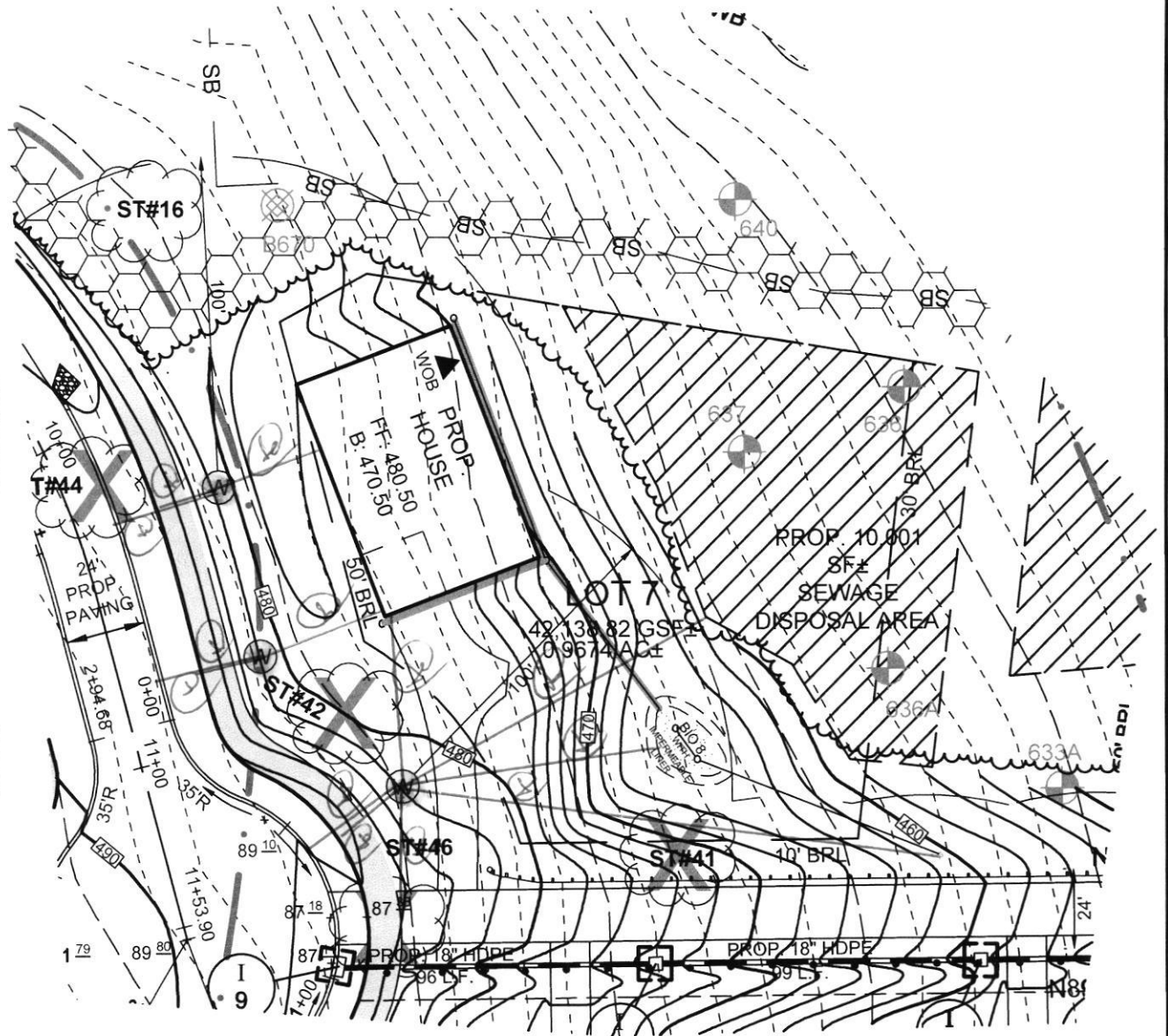
In accordance with current approved Percolation Certification (signed 08/31/2018), the following conditions apply.

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.

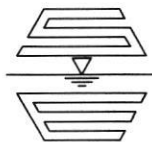
Note 15 Should the well for Lot 1 be installed at the Well 3 Location, bollards are required to be installed between the well and the driveway.

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.



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
 HO-18-0001

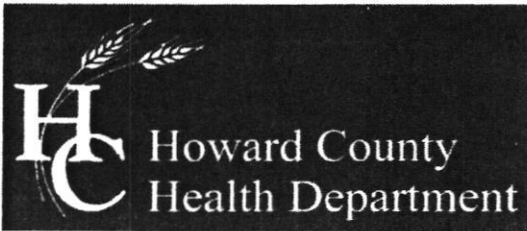
DESIGN BY: PS
 DRAWN BY: JC
 CHECKED BY: PS
 SCALE: 1"=50'
 DATE: NOVEMBER 30, 2018
 PROJECT #: 14-029
 SHEET #: 1 OF 1

WELL PERMIT PLAN THE WOODLANDS

LOT 7

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.

Handwritten signature and date 02/04/2019





HOWARD COUNTY HEALTH DEPARTMENT

64721

DATE 1/10/11

Received From

Medical Environmental Services PHONE # 301-796-8370

CASH
 CHECK
NO. 14326

For Well Payments x 1 - Type Woodhams
Lots 1-4 pres. Paid
Quarterly maintenance party Dollars

\$ 1441.00

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

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"	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	0.149	0.354	0.013	0.006	0.032	-				
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	0.130	0.810	0.007	0.007	0.024	-				
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	0.006	0.040	0.008	0.005	0.004	-				
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	1.000	0.023	0.006	0.004	-				
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	0.151	0.008	0.022	0.008	0.032	-				
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	0.007	0.014	0.009	0.005	0.005	-				
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	0.160	0.515	0.010	0.007	0.006	-				
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	0.006	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	0.157	1.100	0.026	0.010	0.026	-				
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 GRB/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

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-18-0001 at The Woodlands Lot 7

Dear Dosa Clarksville, LLC,

The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from the well #HO-18-0001 at The Woodlands Lot 7.

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 9.43 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 181 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*

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
8930 Stanford Blvd.
Columbia, Maryland 21045


E19002715001
Received: 02/26/2019
Metals
HOJC0001NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: H01C0001NA Site Name: HO-18-0001 County: HOWARD

Sample Source: DOSA COURT LOT 7 Collector: CABAHUG
Street Town or City Name

Date Collected: 02/25/2019 Time Collected: 11:00 a.m./p.m. Phone #: 410 313 2643

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ ~2 mL pH: 6.5

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

Lab Supervisor: _____

Date Reported: MAR 07 2019

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



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



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE19002711 Date Coll. 02/25/2029 Date Received 02/26/2019 Submitted By: Cabahug

Field ID: HOJC0001TD
Lab No.: E19002711001

<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	181	mg/L	03/01/2019

Comments:

Approved by: _____

Shahla Aneli

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.