

C1 44971

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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER PRIN

ST/CO USE ONLY DATE RECEIVED 03/28/19

DATE WELL COMPLETED 3-19-19 APPROVED 04/04/2019 Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-18-0004

OWNER Dora Wellsuite, LLC last name Dora first name Wellsuite TOWN Clarksdale, MD WELL SITE ADDRESS The Woodlands SUBDIVISION The Woodlands SECTION LOT 4

WELL LOG Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	5	
Brown Sand + Mica	5	31	
Weathered Rock + Mica	31	158	
Gray Rock + Mica	158	170	
Brown Rock + Mica	170	178	
Gray Rock + Mica	178	187	
Brown Rock	187	212	
Gray Rock	212	390	
White limestone with @ 505' + 535'	390	600	

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED YES NO

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M S D 106 DRILLERS SIGNATURE [Signature] LIC. NO. D

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS 17 NO. OF POUNDS 425 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP ft. to 168 BOTTOM ft. (enter 0 if from surface)

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 168

OTHER CASING (if used) diameter depth (feet) inch from to ST 4 163 226

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

DEPTH (nearest ft.) HO 226 600

EACH CASING 8 9 11 15 17 21 23 24 28 30 32 36 38 39 41 45 47 51 SLOTTED SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) from to

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7 METHOD USED TO MEASURE PUMPING RATE AIR WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 50 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 } LAND SURFACE (nearest foot) - below }

LATITUDE 39.220158 LONGITUDE 76.957346 (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 64347

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-18-0004 fill in this form completely

OWNER INFORMATION: Date Received (APA) 01/10/19, Dosa Clarksville LLC, 5900 Whaleboat Dr #6, Clarksville MD 21029

LOCATION OF WELL: Howard County, The Woodlands, Section 4, Lot 4, Clarksville

DRILLER INFORMATION: Driller's Name Marshal Annett, MSD 106, Firm Name Allied Well Drilling, Address PO Box 129 Annapolis Junction MD 20701, Signature Marshal Annett, Date 01/10/19

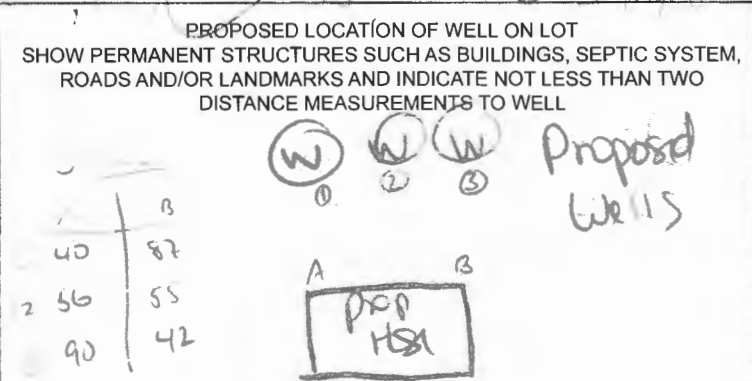
SOURCES OF DRILLING WATER: 1. Public, Dosa, STREET ADDRESS, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD, TAX MAP: 26, BLK: 0005, PARCEL 15

WELL INFORMATION: APPROX. PUMPING RATE 10 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 1000 GAL. PER DAY

USE FOR WATER: (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, State Signature, DATE ISSUED 02/01/19, CO SIGNATURE, EXP. DATE 02/01/20

APPROXIMATE DEPTH OF WELL 400 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST TOWN



METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), DRIVE-POINT

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 DEEPEM AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER, PERMIT No. HO-18-0004

SPECIAL CONDITIONS: NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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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: Foote Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 5380 Abingdon Rd
Sikesville, MD 21154

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Daniel C Foote License #: MSD 220

*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 #: 4 Well Tag #: HO-16-0004
Site Address: 5137 Dorsal Ct
Clarksville, MD 21029

Submersible Pump Data
Make: Grundfos
Model #: 55800-180
Pump Capacity: 15
Well Yield: 7

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 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)

House Connection
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 6'
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: 5/16/2021

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

Date Insp. Requested: 5/5/21 Date Insp. Approved: 6/22/21 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 ✓

well tag broken - reattached ✓ 6/22/21 (ST)

adequate grout not observed - well shown w/ probe ✓ 5/19/21 (ST)

(Revised form 10/24/2018)

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

Mark w/ Williamsburg Homes
410-707-5758

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 30, 2021

June 30, 2021

Homeowner
5632 Dosa Court
Clarksville, MD 21029

RE: The Woodlands, Lot 4
5632 Dosa Court
Building Permit: B20004325
Well Permit: HO-18-0004

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 **6/27/2021**. Final approval of the well line connection to the dwelling was granted on **6/22/2021**. The well construction was completed on **3/14/2019**. Water samples were collected on **6/3/2021**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-18-0004. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

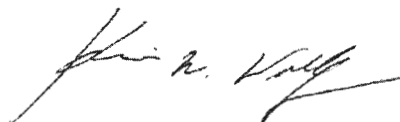
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

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

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 144919 Account #: 1933
Reference: The Woodlands Lot 4 Company: Fogle's Well Pump & Treatment
Location: 5632 Dosa Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 6/3/2021 0730 Site: Pressure Tank
Date/Time Rec'd: 6/3/2021 1200 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Evans 0309JE Well #: HO-18-0004

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/4/2021 / 0945 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/4/2021 / 0945 / CRS
Nitrate	<0.30	mg/L	10	Hach 10206	6/4/2021 / 0900 / CRS
Turbidity	0.89	NTU	<10	SM20 2130B	6/3/2021 / 1625 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	6/3/2021 / 1620 / 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 Sample collected by client, analyzed as received
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B20004325

Date Reported: 6/4/2021

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 *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.

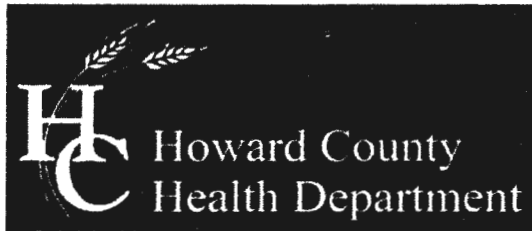
In accordance with current approved Percolation Certification (signed 08/31/2018), the following conditions apply.

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 3

E

THE WOODLANDS

PARCEL-A

DOSA COURT

Subdivision/Property Name

Lot #

Road Name

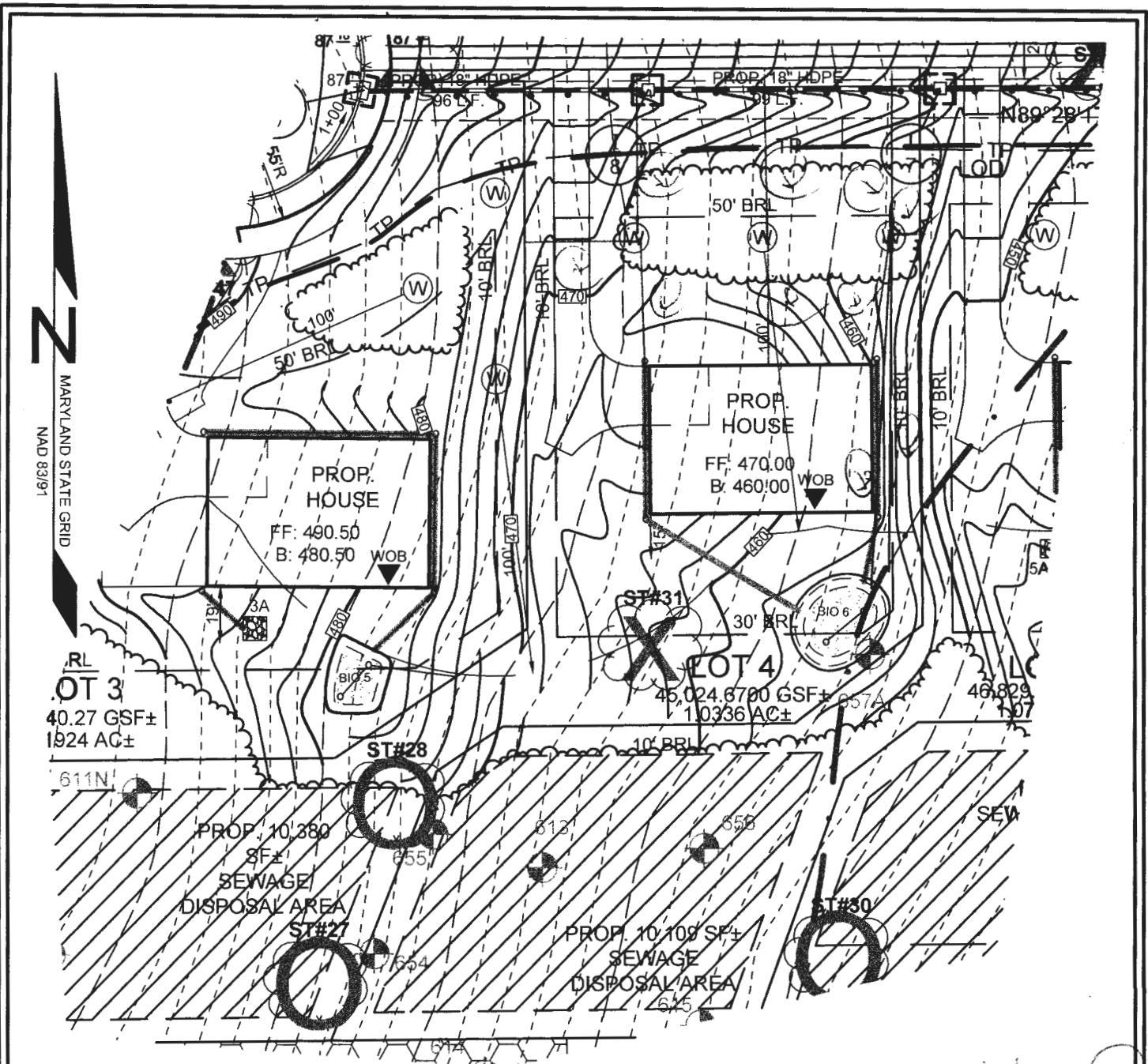
The well site has been staked by NJR & ASSOC. LLC.
(professional land surveyor or company employing professional land surveyors)
on JAN. 4, 2019 (date) and does not require a site inspection.

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.

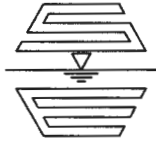
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

M. Rossman
02/04/2019





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 02/12/2019
 STAKED BY SILL
 14-18-0004*

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 4

TAX MAP 28 GRID 23
 5TH ELECTION DISTRICT

PARCEL 15
 HOWARD COUNTY, MARYLAND



HOWARD COUNTY HEALTH DEPARTMENT

64721

DATE 1/16/17

Received From

Medical Laboratory Services PHONE # 301 768-3700

- CASH
- CHECK

NO.

For Lab Print 3 x 15 Top wall 15
Lab 1-6 pm 222

\$ 747.00

Dollars

Received By [Signature]