

<b>C1</b> 57226 <small>1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
ST/CO USE ONLY DATE Received MM DD YY 03-21-19		DATE WELL COMPLETED MM DD YY 2-20-19	Depth of Well 22 500 26 (TO NEAREST FOOT)
OWNER last name first name JOSE Charkville, LLC		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0007	
WELL SITE ADDRESS Dace Rd		TOWN Marksville, MN	
SUBDIVISION Woodlands		SECTION LOT	

<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table style="width:100%;"> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td>Top Soil</td> <td>0</td> <td>4</td> <td></td> </tr> <tr> <td>Brn Clay</td> <td>4</td> <td>10</td> <td></td> </tr> <tr> <td>Brn Mica</td> <td>10</td> <td>30</td> <td></td> </tr> <tr> <td>Gray Mica</td> <td>30</td> <td>110</td> <td></td> </tr> <tr> <td>Soft Gray Mica (2-3 gran)</td> <td>110</td> <td>112</td> <td>✓</td> </tr> <tr> <td>Gray Mica 105 pntd 137-141 219-321</td> <td>112</td> <td>460</td> <td>✓</td> </tr> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Top Soil	0	4		Brn Clay	4	10		Brn Mica	10	30		Gray Mica	30	110		Soft Gray Mica (2-3 gran)	110	112	✓	Gray Mica 105 pntd 137-141 219-321	112	460	✓	<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS 45 46 NO. OF POUNDS 45 46 GALLONS OF WATER 175 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface) <b>CASING RECORD</b> casing types insert appropriate code below <table style="width:100%;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> <table style="width:100%;"> <tr> <th>MAIN CASING TYPE</th> <th>Nominal diameter top (main) casing (nearest inch)</th> <th>Total depth of main casing (nearest foot)</th> </tr> <tr> <td><b>ST</b></td> <td>6</td> <td>63</td> </tr> <tr> <td>60 61</td> <td>63 64</td> <td>66 70</td> </tr> </table> <b>OTHER CASING (if used)</b> diameter inch depth (feet) from to EACH CASING	<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)	<b>ST</b>	6	63	60 61	63 64	66 70	<b>C3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 10 11 15 METHOD USED TO MEASURE PUMPING RATE A WATER LEVEL (distance from land surface) BEFORE PUMPING 51 17 20 ft. WHEN PUMPING 80 22 25 ft. TYPE OF PUMP USED (for test) <table style="width:100%;"> <tr> <td><b>A</b> air</td> <td><b>P</b> piston</td> <td><b>T</b> turbine</td> </tr> <tr> <td><b>C</b> centrifugal</td> <td><b>R</b> rotary</td> <td><b>O</b> other (describe below)</td> </tr> <tr> <td><b>J</b> jet</td> <td><b>S</b> submersible</td> <td></td> </tr> </table>	<b>A</b> air	<b>P</b> piston	<b>T</b> turbine	<b>C</b> centrifugal	<b>R</b> rotary	<b>O</b> other (describe below)	<b>J</b> jet	<b>S</b> submersible	
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NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes no <b>Y</b> <b>N</b> CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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. 1 M SD 106 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D	<b>C2</b> 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 69 70 71 72 73 74 75 76 HO 63 500 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	LATITUDE 39.220846 LONGITUDE 76.954743 (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.
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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
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<b>B 1</b>	64344	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type 56721	STATE PERMIT NUMBER HO-18-0007 70 fill in this form completely 79	
Date Received (APA) 01/10/19 8 MM DD YY 13		OWNER INFORMATION			
15 Last Name Dosa		Owner First Name Clarksville LLC		34	
36 Street or RFD 5900 Whalbea Drive #6		55		55	
57 Town Clarksville		70 State MD		76 Zip 21929	
DRILLER INFORMATION					
Driller's Name Marshall Arnette		M S D M S D		81 License No.	
Firm Name Allied Well Drilling					
Address PO Box 129 Annapolis Junction MD 20701					
Signature Mark Smith		Date 01/10/19			
<b>B 2</b>	WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		10 8 12			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		1,000 14 20			
USE FOR WATER (CIRCLE APPROPRIATE BOX)					
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION					
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)					
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING					
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL					
<input type="checkbox"/> TEST, OBSERVATION, MONITORING					
<input type="checkbox"/> OPEN LOOP GEOTHERMAL					
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL					
APPROXIMATE DEPTH OF WELL 400		FEET 24 28			
APPROXIMATE DIAMETER OF WELL 6		NEAREST INCH			
METHOD OF DRILLING (circle one)					
BORED (or Augered)		JETTED		Jettied & DRIVEN	
30 AIR-ROTARY		AIR-PERCussion		ROTARY (Hydraulic Rotary)	
37 CABLE		REVERSE-ROTARY		DRIVE-POINT	
other					
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)					
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL					
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED					
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS					
<input type="checkbox"/> 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)					
APPROX. PERMIT NUMBER - - - - - G - - - - -					
PERMIT No. HO-18-0007 70 71 72 73 74 75 76 77 78 79					
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED					

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

**B 4** SOURCES OF DRILLING WATER  
 1. Public  
 2.  
 3.

Dosa  
 11 STREET ADDRESS 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 34 25 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: 28 BLK: 0005 PARCEL: 15

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Howard COUNTY NO. 8111  
 STATE SIGNATURE  
 DATE ISSUED 02/10/19  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE 02/10/20  
 41

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  
 Distances  
 140 10  
 120 75  
 100 40  
 Prop H&S  
 Proposed Well Location

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.

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SEE ATT. MEMO

# ALLIED WELL DRILLING YIELD TEST REPORT

# ALLIED WELL DRILLING YIELD TEST REPORT

Date Test Performed: 2-21-19 Permit Number: HO 18-0007  
Address: DASA Rd, Clarksville MD Subdivision: The Woodlands  
Owner: DASA Clarksville LLC Election District: \_\_\_\_\_  
Well Depth: 500' Static Water Level: 51

PUMP SET AT 410'

[illegible]



# HOWARD COUNTY HEALTH DEPARTMENT

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

## 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 5670  
Address: 1550 Abrecht 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): David C Foales 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 #: 1 Well Tag #: HO-18-0007  
Site Address: 5670 Dosa Ct  
Clarksville, MD 21029

### Submersible Pump Data

Make: Grundfos  
Model #: 1550E10-220  
Pump Capacity: 15  
Well Yield: 10

### 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

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" PEX 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): 5'  
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: 5/21/2021

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

Date Insp. Requested: 5/21/2021 Date Insp. Approved: 5/21/2021 Inspector: [Signature]  
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 ✓

(Revised form 10/24/2018)

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – April 6, 2021**

October 6, 2021

Homeowner  
5620 Dosa Court  
Clarksville, MD 21029

**RE: The Woodlands, Lot 1**  
**5620 Dosa Court**  
**Building Permit: B20004565**  
**Well Permit: HO-18-0007**

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 **5/20/2021**. Final approval of the well line connection to the dwelling was granted on **5/21/2021**. The well construction was completed on **2/21/2019**. Water samples were collected on **9/29/2021**.

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-18-0007. 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  
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1.866.313.6300 - Toll Free

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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'.

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 #:	147683	Account #:	4470
Reference:	Woodlands Lot 1	Client:	Williamsburg Homes LLC
Location:	5620 Dosa Court	Requested By:	Bill McBride
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	9/29/2021 1319	Site:	Pressure Tank
Date/Time Rec'd:	9/29/2021 1610	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	J. Yeager 0819JY	Well #:	HO-18-0007

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	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	1.26	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 # : 20004565

Date Reported: 9/30/2021

**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.

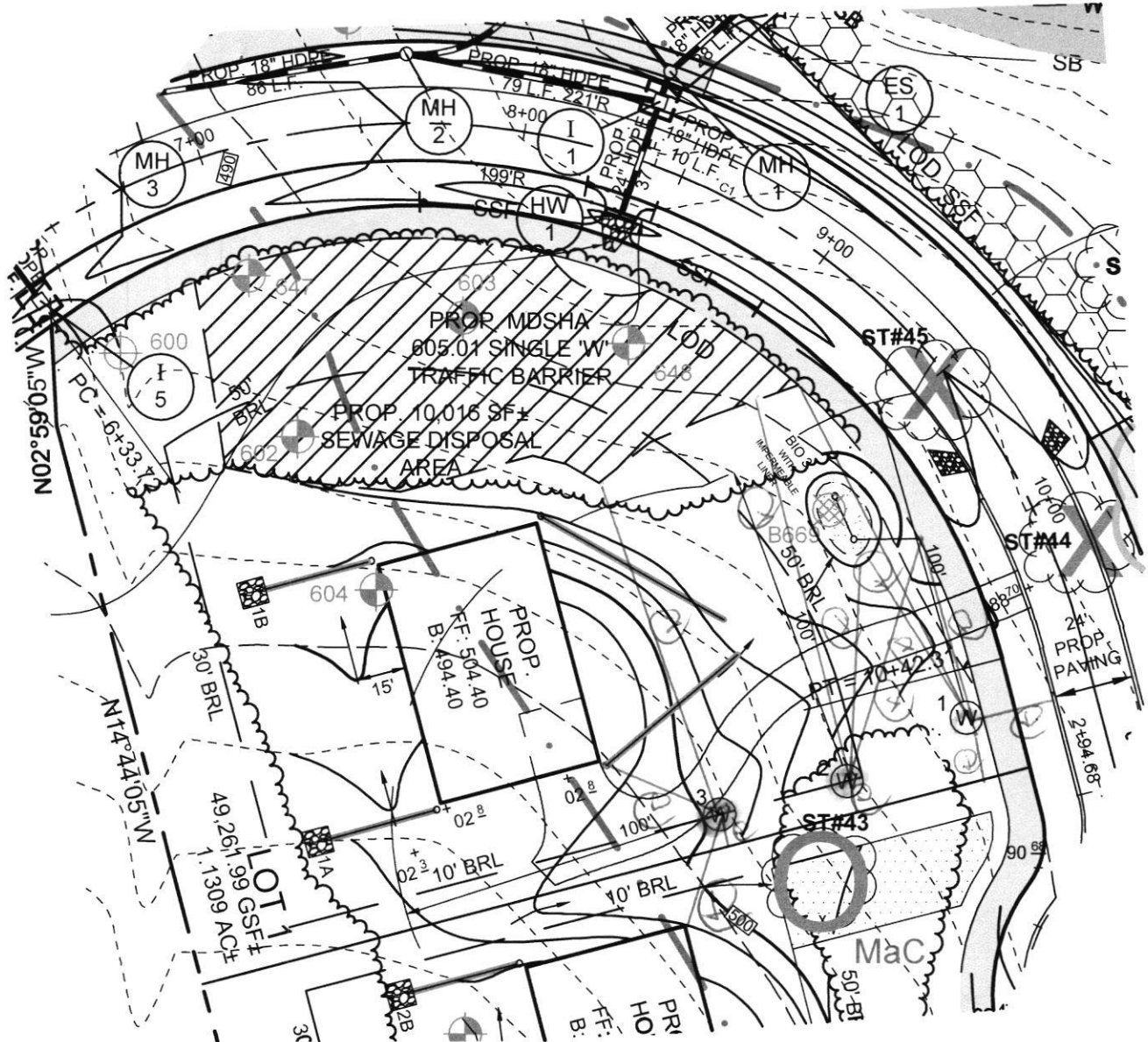
In accordance with current approved Percolation Certification (signed 08/31/2018), the following conditions apply.

**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.

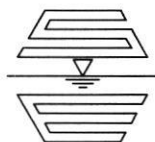
**Note 15** Should the well for Lot 1 be installed at the Well 3 Location, bollards are required to be installed between the well and the driveway.

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.



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 (P. 001997)  
HO-18-0007  
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 1

TAX MAP 28 GRID 23  
5TH ELECTION DISTRICT

PARCEL 15  
HOWARD COUNTY, MARYLAND



# HOWARD COUNTY HEALTH DEPARTMENT

64721

DATE 1/10/11

Received From

Med. Environmental Services PHONE # 301 796-8370

☐ CASH

☒ CHECK

NO.

1434

For

Well Persons x 1 - The Woodlands  
lots 1-6 500.00

Five hundred and forty

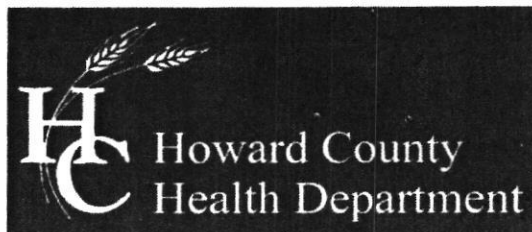
Dollars

\$

744.00

Received By

[Signature]



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://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



# ***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

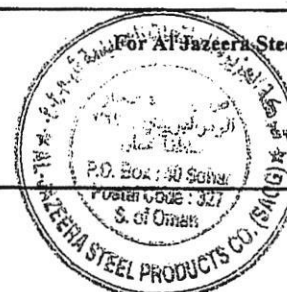
MTC NO. : 311/07/2017 DATED 24/07/2017  
INVOICE NO. : AJSPC/EXP/162 DATED 24/07/2017  
CUSTOMER'S NAME : QT TRADING  
ADDRESS : 2207 CONCORD PIKE BOX 405,  
WILMINGTON, DELAWARE, 19803-2908,  
UNITED STATES OF AMERICA.

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

SR NO.	NPS (Inch)	NPS (MM)	WT (Inch)	LENGTH (Feet)	TYPE	Lb / Ft	HEAT NO.	BUNDL ES	PCS	TOTAL (FEET)	NET WT. (MT)	MECHANICAL TESTING				HYDR AULIC TEST (psi)	CHEMICAL ANALYSIS (%)					Zinc Coating (Oz/Ft <sup>2</sup> )
												UTS (psi)	YS (psi)	% EL IN GL 2"	FLATT ENING/ 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	0.149	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" (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	0.148	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	0.139	0.402	0.014	0.007	0.033	-
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	0.010	0.035	0.023	0.006	0.004	-
11	2" (GRB)	2.375	0.154	21.0	BGE	3.66	B1706423	23	598	12558	20.848	63656/64532	47450/48180	35/37	OK	2500	0.151	1.000	0.022	0.008	0.032	-
GRAND TOTAL												179	4322	58554	143.754		0.007	0.014	0.009	0.005	0.005	-

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