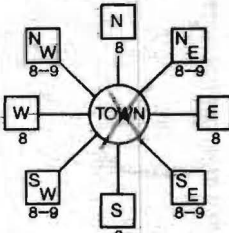
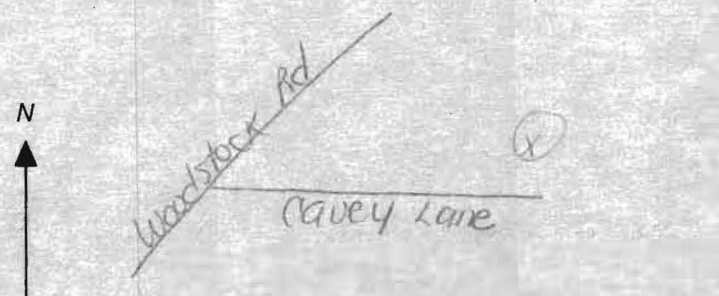


C 1 3647		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 09 13 06		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/24/08 OK (KW) HO-95-0505 28 29 30 31 32 33 34 35 36 37	
OWNER STREET OR RFD SUBDIVISION		last name first name		TOWN		LOT	
Elm Street Development CAVEY Lane Saddlebrook Farm				WOODSTOCK			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N 44 44 TYPE OF GRROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC 45 46 45 46 NO. OF BAGS 9 NO. OF POUNDS 100 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 40 BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 9.09 11 15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. 17 20 WHEN PUMPING 120 ft. 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27			
DESCRIPTION (Use additional sheets if needed) overburden Brown shale Granite Water at 85 + 140'		FEET FROM TO 0 15 15 36 36 300 check if water bearing X		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL 60 61 63 64 66 70 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40		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) 49 50 51	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 80' 40' Proprietary Lines	
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLERS LIC. NO. M SD 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M SD 193 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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			

B 1 1 2 3 6 3905	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525222 please type	STATE PERMIT NUMBER HO-95-0505 fill in this form completely
Date Received (APA) 8 MM DD YY 13 Elm Street Development 15 Last Name Owner First Name 34 5094 Dorsey Hall Drive Suite 104 36 Street or RFD 55 Ellicott City MD 21042 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL Howard 8 COUNTY 21 Saddlebrook Farm 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Woodstock 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 0 M 1 73 76 77 78	
OWNER INFORMATION Driller's Name Michael D. Isom MS D 1602 76 License No. 81 Firm Name G. Edgar Harr, Sons' Corp. Address 12047 Falls Road, Cockeysville 21030 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Cavey Lane 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 11 BLK: 13 PARCEL 32	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 750 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 6/24/06 43 MM DD YY 48 NORTH GRID 54 000 EAST GRID 937 000 50 55 57 63	
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"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 83X 7 N 54X 4 000 000	
APPROXIMATE DEPTH OF WELL 250 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 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 DEEPEENED 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 39 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO 2045 G 009 PERMIT No. HO-95-0505 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Ex. well needs to be abandoned			

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 9-13-06
Address: Cavey Lane
Owner Name: Elm Street Devel
Well Depth: 300'

Permit Number: HO-95-0505
Subdivision: Saddlebrook Farm lot 1
Static Water Level: 35'

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 gallon bucket	Calculated -- Flow-Gallons Per Minute
0815	35 ft		18 sec	16.67gpm
0830	74		23	13.04
0845	101		27	11.11
0900	120		30	10.00
0915	120		33	9.09
0930	120		33	9.09
0945	120		33	9.09
1000	120		33	9.09
1015	120		33	9.09
1030	120		33	9.09
1045	120		33	9.09
1100	120		33	9.09
1115	120		33	9.09
1130	120		33	9.09
1145	120		33	9.09
1200	120		33	9.09

**HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WATER AND SEWERAGE PROGRAM
 TEL: (410)313-2640 FAX: (410)313-2648**

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: Tricounty Pump Service Inc Telephone #: 301-831-8331
 Address: 6011 Old Plank Road
Keasight, MD 2103

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:

Name (Print): William E. Griffith License # 20135
 *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: Craftsman Farms Telephone #: _____
 Subdivision: Saddlebrook Farms Lot #: 1 Well Tag #: HO-95-0505
 Site Address: 10121 Saddlebrook Farm Trail
Woodstock, MD

Submersible Pump Data

Make: Stalke
 Model #: STP4180-222
 Pump Capacity: 7 GPM
 Well Yield: 9 GPM

Pitless Adapter

Make: Armenco/Grady
 Model #: PT900
 Depth: 36" (36" min)
 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: 360 (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used- Must circle one
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly
 PSI: 160 (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at well penetration: YES
 Approximate length of sleeve: 20"
 Sleeve caulked and sealed properly: YES

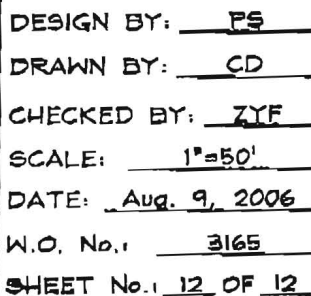
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: William E. Griffith

date: 8-18-08

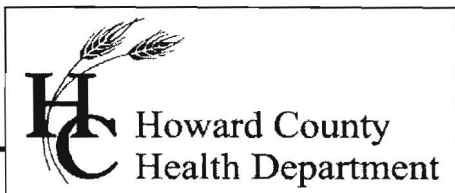
For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: 8/27/08 Inspector: KW
 Inspection Data: Pitless adapter watertight & water supply line at least 16" 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 seen 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 grouz observed below pitless adapter ✓



LOT 1

PARCELS 19 & 32
HOWARD COUNTY, MARYLAND



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

February 13, 2009

Homeowner
10121 Saddlebrook Farm Trail
Woodstock, MD 21163

SENT VIA FACSIMILE 301-498-2596

RE: Saddlebrook Farm, Lot 1
BP #: B08001024
Well Permit # HO-95-0505

Dear Sir:

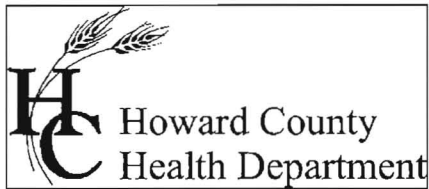
This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/10/2008. Final approval of the well line connection to the dwelling was approved on 08/21/2008.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 12/13/2006. At that time the Gross Alpha results were above the maximum limit suggested by the EPA, while the Gross Beta results were below the maximum limit suggested by the EPA. Subsequently, on 01/15/2009 the Gross Alpha and Gross Beta results were both below the maximum limit suggested by the EPA. Also, on 01/15/2009 Radium-226/228 were tested, and the results were both below the maximum limit suggested by the EPA. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

INTERIM CERTIFICATE OF POTABILITY

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-95-0505. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

January 13, 2009

Shalehearth L. C.
6820 Elm Street, Suite 200
McLean, VA 22101

SENT BY FACSIMILE 301-498-2596

RE: Saddlebrook Farm, Lot 1
10121 Saddlebrook Farm Trail
Woodstock, MD 21163
BP #: B08001024
Well Permit # HO-95-0505

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/10/2008. Final approval of the well line connection to the dwelling was approved on 08/21/2008.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Also, Gross Alpha and Beta samples were collected on 12/13/2006 and the results for Gross Alpha were above the maximum contamination level, while the Gross Beta level was below the maximum contamination level. **A treatment device must be installed and water must be retested within 30 days.** See Radium Agreement. **Also, please remember to have homeowner sign the Radium Agreement and return the original to Environmental Health.**

TEMPORARY DEVIATION FOR RADIUM

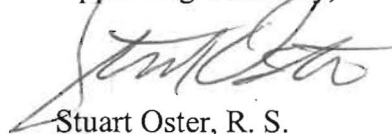
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0505. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as

authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/20/2008 & 01/06/2009
Gross Alpha & Gross Beta: 12/13/2006 & 11/20/2008
Date of Radium Test: TO BE TESTED
Date of Well Completion: 09/13/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2368
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 331-1

Field Record

Site visit performed on: Thursday, November 20, 2008 11:30 AM
by: Don Thomas State ID No. 8765DT
Affiliation: Tri-County Pump Service Inc.
Property Owner: Craftmark Homes
Property Address: 10121 Saddlebrooke Farm Trail
Woodstock, MD
Sample Source: First Floor Powder Room
Well No.: HO-95-0505
Field pH: 6.0
Res. Cl.: 0.0 mg/l

No Treatment

Laboratory Report

Sample Received at laboratory: 11/20/2008 12:55 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Date/Time Analysis Started	Method	Analyst
<1	<1	11/20/200 1:30 PM	9223B	JD

This sample meets Federal standards for coliform bacteria in drinking water and is safe for human consumption. Analysis was performed according to the 20th edition of Standard Methods.

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Gross Alpha & Beta	2.94		11/24/2008	EPA 900.0	BPS
Nitrate-Nitrogen	6.4 mg/l	10	11/21/2008	300.0	PH
Radium 226 & 228				EPA	NT
Sand	<2 mg/l	5	11/21/2008	0.065mm Filter	JD
Turbidity	0.2 NTU	10	11/20/2008	180.1	JD

Verified by: *M. A. [Signature]* / *gmp* 12/2/08
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M
MDOT WBE Cert. No.: 91-150



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-299-2388
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 339-1

Field Record

Site visit performed on: Tuesday, January 06, 2009 2:00 PM
by: Daniel Barnette State ID No. 8897DB
Affiliation: Tri-County Pump Service
Property Owner: Craftsmark Homes
Property Address: 10121 Saddlebrook Farms Trail
Woodstock, MD
Sample Source: Powder Room Faucet
Well No.: H095-0505
Field pH: 6.0
Res. Cl.: 0 mg/l

Laboratory Report

Sample Received at laboratory: 1/6/2009 3:34 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
<1	<1	1/6/2009 4:53 PM	9223B	PH

This sample meets Federal standards for coliform bacteria in drinking water and is safe for human consumption. Analysis was performed according to the 20th edition of Standard Methods.

Verified by: M.L. Miller / anal 1/7/09
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M
MDOT WBE Cert. No.: 91-158

PARTNERS IN QUALITY

Fredericktowne

ENVIRONMENTAL
TESTING

MD: 116

VA: 141 / WV: 9924-M

Labs Inc.



BENCHMARK

Analytics, Inc.

Center Valley, PA

NELAC Certified PA-DEP: 39-00401

NJ: PA028 • NY: 11927 • MD: 315 • WV: 9953-C

Sayre, PA

NELAC Certified PA-DEP: 08-00380

NJ: PA038 • NY: 11216 • MD: 313

Fredericktowne Labs, Inc. ■ 3020 Ventrie Court ■ P.O. Box 245 ■ Myersville, MD 21773 ■ www.fredericktownelabs.com
 301-293-3340 ■ 301-694-7133 ■ FAX 301-293-2368 ■ Info@fredericktownelabs.com

TEST REPORT 09011623

3948-340-1, 10121 Saddlebrooke Farm Trial, Woodsto

HO-95-0505

Page 1

SAMPLE: 3948-340-1-1, First Floor Powder Room

Lab ID: 09011623-001

Grab

SAMPLED BY: Don Thomas

Sample Time: 01/15/2009 10:30

Test	Result	Method	SLOQ	Analysis Start	Analysis End	Analyst *
Field Sampler	Don Thomas	FIELD PARAMETERS		01/15/09 10:30		
pH	6.0	FIELD PARAMETERS		01/15/09 10:30		
SampTech	G	FIELD PARAMETERS		01/15/09 10:30		
Total Residual Chlorine	0.0 mg/L	FIELD PARAMETERS		01/15/09 10:30		

SAMPLE: 3948-340-1-1, First Floor Powder Room

Lab ID: 09011623-001A

Grab

SAMPLED BY: Don Thomas

Sample Time: 01/15/2009 10:30

Test	Result	Method	SLOQ	Analysis Start	Analysis End	Analyst *
Gross Alpha	5.67 pCi/L	EPA 900.0	-1000000	01/19/09 8:25	01/22/09	BPS-CV
Gross Beta	11.59 pCi/L	EPA 900.0	-1000000	01/19/09 8:25	01/22/09	BPS-CV

SAMPLE: 3948-340-1-1, First Floor Powder Room

Lab ID: 09011623-001B

Grab

SAMPLED BY: Don Thomas

Sample Time: 01/15/2009 10:30

Test	Result	Method	SLOQ	Analysis Start	Analysis End	Analyst *
Radium-226	1.42 pCi/L	EPA 903.0	-1000000	01/16/09 14:30	01/27/09	BH-CV

SAMPLE: 3948-340-1-1, First Floor Powder Room

Lab ID: 09011623-001C

Grab

SAMPLED BY: Don Thomas

Sample Time: 01/15/2009 10:30

Test	Result	Method	SLOQ	Analysis Start	Analysis End	Analyst *
Radium-226	1.14 pCi/L	EPA 904.0	-1000000	01/20/09 7:45	01/22/09	KLE-CV

REMARKS:

The above test procedures meet all the requirements of NELAC and relate only to these samples.

* CV = Benchmark Analytics, Inc. Center Valley, PA; SA = Benchmark Analytics, Inc. Sayre, PA

MANAGER

Chimeli

DATE: 1/28/2009



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

January 5, 2007

Shalehearth L.C.
6820 Elm Street
Suite 200
McLean, Virginia 22101

RE: Saddlebrook Farm, Lot 1
Well Tag: HO-95-0505

To Whom It May Concern:

A sample was collected from a yield test on December 13, 2006 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 18.5 ± 2.7 picocuries/liter (pCi/L); while the **Gross Beta** level was 17.3 ± 1.5 pCi/L. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

Since the **Gross Alpha** finding exceeded its **MCL**, additional testing for **Radium** will be necessary to verify existing levels prior to occupancy. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results (short and long term **GAGB**, plus **Radium**) confirming that levels are in conformance with existing standards. **Additionally**, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process. Moreover, keep in mind that the standard potability parameters required for occupancy will still be needed.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File
Zac Fish; FSH Associates, 8318 Forrest St., E.C., MD 21043

Send Report To:

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: KW15BF0505 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Saddle Brook Farms County: Howard

Sample Source: Lot 1 Location: HO-95-0505
(well no., lab sink, sample tap, etc.)

County: ☒ ☒ Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Community ☐
Non-community ☐
Private ☒
Other ☐

Source (raw water) ☒
Distribution (treated) ☐
MCL ☐

Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Collector: Kevin Wolf

Telephone No: 410-313-2645

Date Collected: 12 / 13 / 06

Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: _____

Remarks: Sample Taken @ Yield Test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>612120-003</u>	<u>15.5 ± 2.7</u>	<u>12/14/06</u>
✓	Gross Beta	4100		<u>12.3 ± 1.5</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: _____ / _____ / _____

Supervisor: _____

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: _____ (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Michael Isom

WELL DRILLERS LICENSE NUMBER: 162

* OWNER'S NAME: Elm Street Development

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Woodsboro

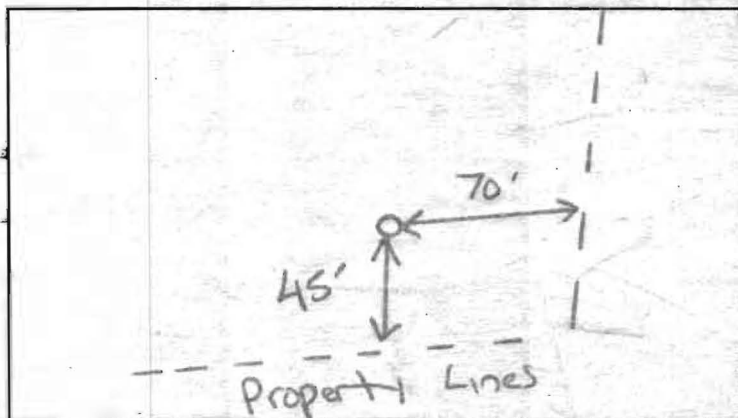
TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: Saddlebrook Farm

SECTION: _____ LOT: 1

NEAREST ROAD: Cavey Lane

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☒ BORED/AUGERED ☐ HAND DUG
- ☐ OTHER (specify) _____

* USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

- ☒ STEEL ☐ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 60 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	60	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 162

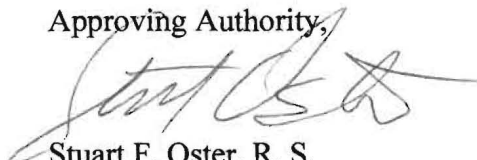
CIRCLE ONE MWD/MSD/MGD

DATE 9/13/06

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/20/2008 & 01/06/2009
Date of Gross Alpha & Beta Samples: 12/13/2006 & 01/15/2009
Date of Radium 226/228 Samples: 01/15/2009
Date of Well Completion: 09/13/2006

Approving Authority,



Stuart F. Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File