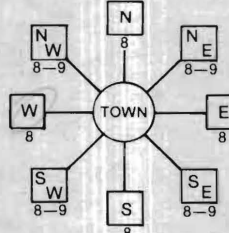
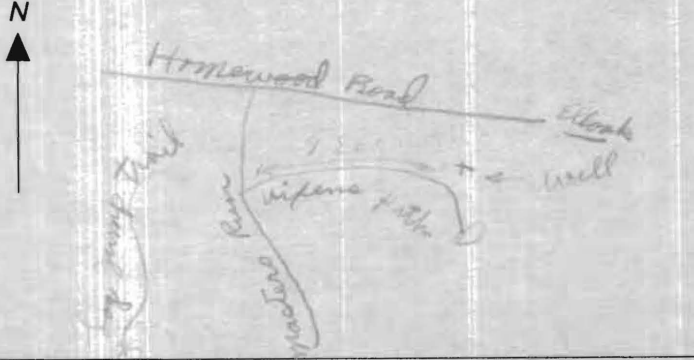


SEQUENCE NO. (OEP USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
6053				COUNTY NUMBER A-36984	
DATE Received		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
09/11/82		22 500 26 (TO NEAREST FOOT)		40-81-2251	
OWNER BAER last name first name TOWN ELLOAK					
STREET OR RFD VIXENS PATH					
SUBDIVISION THE CHASE SECTION LOT 8					
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N		C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC		PUMPING TEST	
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS 12 NO. OF POUNDS 1128		HOURS PUMPED (nearest hour) 6	
SAND 0 53		GALLONS OF WATER 72		PUMPING RATE (gal. per min. to nearest gal.) 11 15	
GRAY MUD 53 300		DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.		METHOD USED TO MEASURE PUMPING RATE bucket	
		CASING RECORD		WATER LEVEL (distance from land surface) BEFORE PUMPING 35	
		casing types insert appropriate code below		WHEN PUMPING 292	
		MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40		TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible	
		OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED	
		SCREEN RECORD		DRILLER WILL INSTALL PUMP YES NO	
		screen type or open hole insert appropriate code below		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
		C 2		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29	
		DEPTH (nearest ft.)		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
		EACH SCREEN 1 40 2 50 3 500		PUMP HORSE POWER 37 41	
		SLOT SIZE 1 2 3		PUMP COLUMN LENGTH (nearest ft.) 43 47	
		DIAMETER OF SCREEN 56 60		CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)	
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		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		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)	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.		TELESCOPE CASING LOG INDICATOR OTHER DATA			
DRILLERS IDENT. NO. 238		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		T (E.R.O.S.) WQ			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">3342</div>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">70-81-2251</div> 70 fill in this form completely 79
Date Received <div style="border: 1px solid black; padding: 2px; display: inline-block;">7-22-87</div>		B 3 LOCATION OF WELL	
OWNER INFORMATION 15 Last Name: BAKER Owner First Name: R. 36 Street or RFD: 3118 EAST MONUMENT ST 57 Town: BALTIMORE 70 State 72: MD Zip 76: 21205		8 COUNTY: HOWARD 23 SUBDIVISION: THE CHASE SECTION 44: LOT 48: 50 52 NEAREST TOWN: CLL MILES FROM TOWN (enter 0 if in town): 1 MI	
DRILLER INFORMATION Driller's Name: Joseph L. Wayne 77 License No. 80: 238 Firm Name: Joseph L. Wayne Well Drilling Address: 5512 Ridge Rd Apt 2177 Signature: Joseph L. Wayne Date: 7/24/87		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500		NEAR WHAT ROAD: Defense Path ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST DISTANCE FROM ROAD: 34 ENTER FT or MI: 1	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO.: A 36984 OEP SIGNATURE: [Signature] STATE HEALTH INSERT S: [Signature] DATE ISSUED: 08-22-87 CO SIGNATURE: [Signature] EXP. DATE: 02-26-88 NORTH GRID: 50 000 EAST GRID: 57 000	
APPROXIMATE DEPTH OF WELL: 260 FEET APPROXIMATE DIAMETER OF WELL: 6 INCH		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 824 N 513	
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:		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED 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 <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): 41		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: GAP FORCE: A WRITE INITIALS IN BOX: A PERMIT No.: 70-81-2251	
SPECIAL CONDITIONS			

**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: Chimberland Co. Inc. Telephone #: 301-854-6838
Address: 16391 A.E. Mullinix 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): Kelly Chimberland License# 61417

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Wajahat Ashai Telephone #: 301-854-2313
Subdivision: The Chase Lot #: 8 Well Tag #: HO-81-2251
Site Address: 11633 Vixen's Path
Ellicott City, MD 21042

Submersible Pump Data

Make: Mers
Model #: 2572-5HHS
Pump Capacity: 2 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Feet
Model #: 1"
Depth: 48" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 200 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrenches or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house

Type: 1" Poly 200 PSI
PSI 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 8' 72"
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: Kelly Chimberland

2-22-12
date

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

Date Insp. Requested: _____	Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well 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	_____

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 81 - 2251
Site Address: 11633 Veneri Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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.

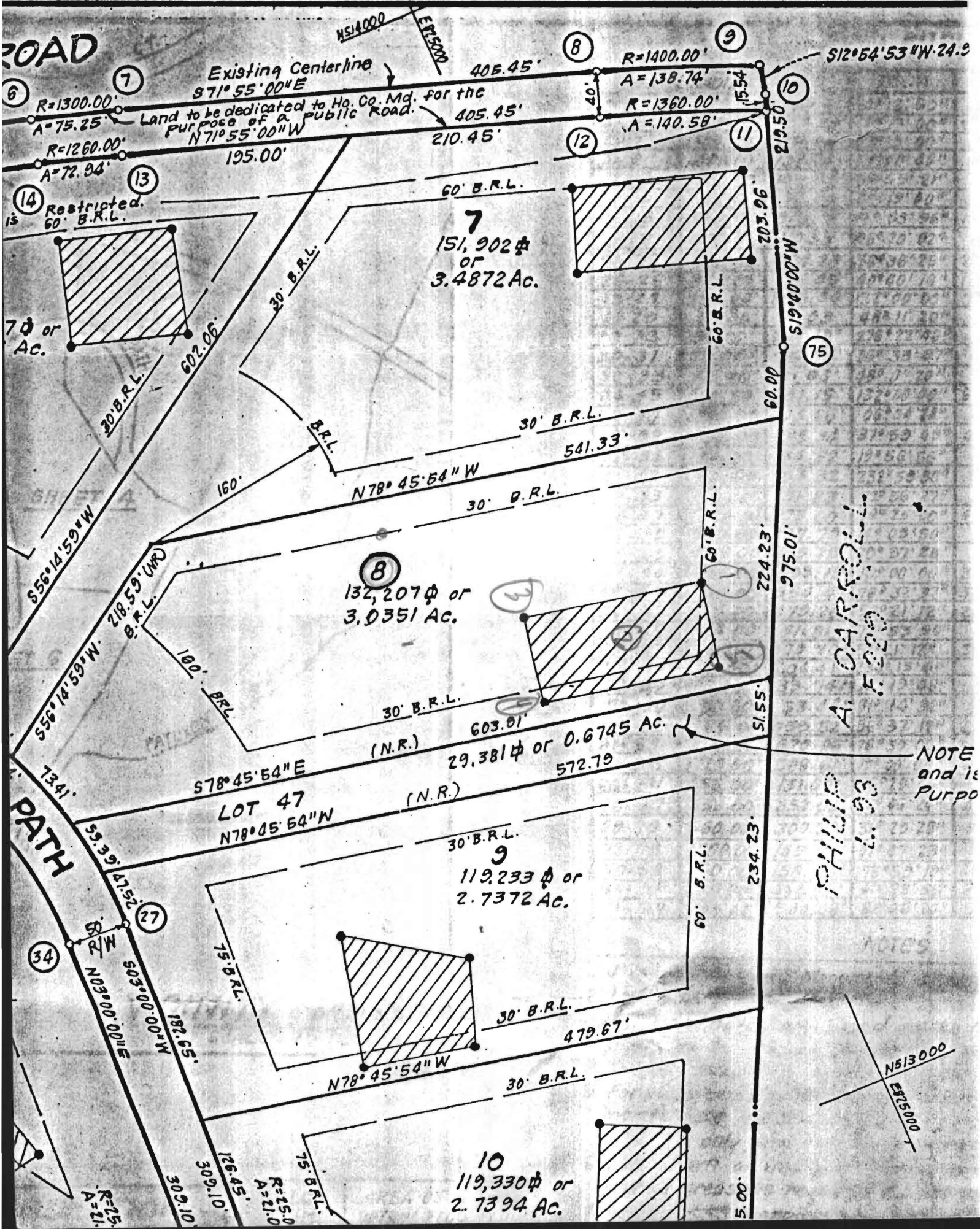
Signature of company representative responsible for installation _____ date _____

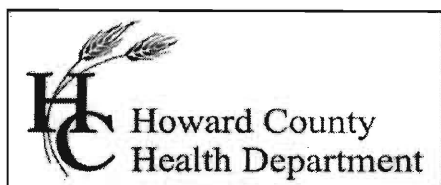
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 5/31/11 Date Insp. Approved: OK (KW) 5/31/11

Inspection Data: Pitless adapter and 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 installed inside of well 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

✓
✓
✓
✓
✓
✓
✓
sent to Driller OK





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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM

Expiration Date – Januray 23, 2013

July 23, 2012

Wajahat Ashai
11633 Vixens Path
Ellicott City, MD 21042

RE: The Chase, Lot 8
11633 Vixens Path
Building Permit: B10002344
Well Permit: HO-81-2251

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/24/2011**. Final approval of the well line connection to the dwelling was granted on **5/31/2011**. The well construction was completed on **9/11/1987**. Water samples were collected on **2/16/2012**.

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.

Gross Alpha and Beta samples were also collected on **3/1/2012**. Results showed a Gross Alpha level of **62.0 ± 4.5 pCi/L** and Gross Beta level of **35.2 ± 2.0 pCi/L**. **This exceeds the maximum contaminant level (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal device(kitchen tap reverse osmosis system), post-treatment water samples were collected on **6/28/2012** and indicated a Gross Alpha level of **1.4 ± 0.9 pCi/L**, a Gross Beta level of **1.4 ± 0.9 pCi/L**, and a Radium 226/228 level of **$<0.9 \pm 0.5$ pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this**

disclosure is subject to the penalties set out in COMAR 26.04.04.12F *Enforcement and Environment Article 9-1311, Annotated Code of Maryland.*

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-81-2251. 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 quality 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>

Approving Authority,



Jeff Williams
Program Supervisor
Well & Septic Program

cc: Community Hygiene Program
File



Howard County
Health Department

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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR RADIUM

Expiration Date – 45 days from letter date

March 13, 2012

Homeowner
11633 Vixens Path
Ellicott City, Maryland, 21042

RE: The Chase, Lot #8
11633 Vixens Path
Building Permit: B10002344
Well Permit: HO-81-2251

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/24/11**. Final approval of the well line connection to the dwelling was granted on **5/31/11**. The well construction was completed on **09/11/87**. Water samples were collected on **02/16/12**.

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.

Gross Alpha and Beta samples were also collected on **3/1/2012**. Results showed a Gross Alpha level of **62.0 ± 4.5 pCi/L** and Gross Beta level of **35.2 ± 2.0 pCi/L**. **This exceeds the maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

This is a **temporary deviation** to allow additional time for installation of a radionuclide removal system and submission of water sample results indicating that the treated water meets EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for pre- and post-treatment short term and long term gross alpha/beta and radium 226/228 are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively maintaining a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this deviation. **A person who fails to make this disclosure is**

subject to the penalties set out in COMAR 26.04.04.12F *Enforcement and Environment Article 9-1311, Annotated Code of Maryland.*

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland certified water quality 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>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard, REHS/RS
Environmental Sanitarian
Well & Septic Program

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

RECEIVED
HOWARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH

2012 MR 13 AM 8:59

Circuit Court for
HOWARD COUNTY
Clerk of the Court,
MARGARET D. RAPPAPORT
8340 COURT AVENUE
ELLCOTT CITY, MD 21043-
(410) 313-2111

Transaction Block: 1019

Ref: 143

MISC

AMOUNT

IMP FD SURE \$5

40.00

RECORDING FEE \$20.00

20.00

SUBTOTAL:

60.00

TOTAL CHARGES:

60.00

PAYMENTS

CHECK

60.00

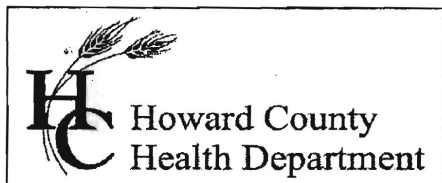
TOTAL TENDERED:

60.00

Cashier: CGH Reg # CH06

Rcpt # 74954

Dated: Mar 13, 2012 Time: 09:32 am



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 **000143**
website: www.hchealth.org

MM 13852 ml253

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Wajahat Ashai ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11633 Vixens Path, Ellicott City and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 29, Block # 8, Parcel # 24, Deed Reference # 11850 and Tax Account # 14 05 405076 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-81-2251 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

40
20
93

13852 11254

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

3/13/2012
Date

Wajahat Ashai
Owner WAJAHAT ASHAI

3/13/2012
Date

Bea Ripon
Howard County Health Department

Witness

Witness

UP TO DATE
RECORDING
FEE \$10.00
TOTAL \$10.00
REC'D 3/13/2012
MD 11-2012

**TRACE LABORATORIES, INC**

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**

Lubna Resea
C/O Ashai Household
11633 Vixens Path
Ellicott City, MD 21042

S/O Number: 85731**Report Date:** July 16, 2012

Property Sampled: 11633 Vixens Path, 21042
Sample Location: Kitchen Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Applicable
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 29

Subdivision: The Chase
Parcel: 24

Lot #: 8

Date/Time Collected in Field: June 28, 2012 @ 2:26 pm
Date/Time Received in Lab: June 28, 2012 @ 4:40 pm

Well Tag #: HO-81-2251
Well Condition: 2-Piece, Satisfactory

Water Treatment/Conditioning: Not Observed

PARAMETER	METHOD	MDL (pCi/L)	MCL* (pCi/L)	RESULT (pCi/L)	ACCEPTABILITY
Gross Alpha (Short-Term)	EPA 900.0	1.1	15	1.4 ± 0.9	Acceptable
Gross Alpha (Long-Term)	EPA 900.0	1.7	15	<1.7 ± 1.3	Acceptable
Gross Beta (Short-Term)	EPA 900.0	1.4	50	1.4 ± 0.9	Acceptable
Gross Beta (Long-Term)	EPA 900.0	1.9	50	2.8 ± 1.3	Acceptable

MDL: Method Detection Limit

MCL: Maximum Contamination Level, an enforceable level established by the EPA

Analysis completed by Laboratory #278



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com


Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

PARAMETER	METHOD	MDL (pCi/L)	MCL*	RESULT (pCi/L)	ACCEPTABILITY
Radium 226	EPA 903.1	0.2	5 pCi/L Combined	$<0.2 \pm 0.1$	Acceptable
Radium 228	EPA Ra-05	0.9		$<0.9 \pm 0.5$	

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report and the acceptability of this sample is based on these requirements. Gross Alpha levels under 5 pCi/L are acceptable. Levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.


Katherine C. Higgs
Manager – Drinking Water Testing

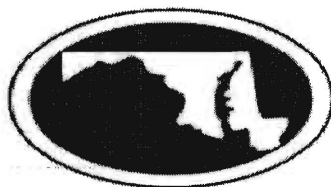
MDL: Method Detection Limit

MCL: Maximum Contamination Level, an enforceable level established by the EPA

Analysis completed by Laboratory #278

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

*State Certified Water Quality
Laboratory # 106*

*State Certified Water Quality
Laboratory # 139*

Certificate of Analysis

Pam
Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 4/4/2012
Date Reported 4/10/2012

Sample No: 102000-01 Sampled: 4/4/2012 11:30:00 Sampler: MReeder2034MR (Exp. 07/2013)
Location: 11633 Vixens Path
Ellicott City, MD 21042 Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Gross Alpha-Radium	EPA 900.0	1.5		pCi/l	1.4	04/07/2012	Florida Radio Chemistry

If Gross Alpha Radium results are below 5 pCi/L no further action is recommended. If between 5-15 pCi/L further testing for Radium 226 and 228 is recommended. If Gross Alpha Radium result exceeds 15 pCi/L consider a water treatment system.

Approved By



Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



TRACE LABORATORIES, INC
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Wajahat Ashai
11633 Vixens Path
Ellicott City, Maryland 21042

S/O Number: 84510**Report Date:** March 12, 2012*Radium Retest #1*

Property Sampled: 11633 Vixens Path
Sample Location: Kitchen R/O Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002344
Sampler ID #: 5745KC
Samples Iced: Yes

County: Howard
Map: 29

Subdivision: The Chase
Parcel: 24

Lot #: 8

Date/Time Collected in Field: March 7, 2012 @ 1:46 pm
Date/Time Received in Lab: March 7, 2012 @ 2:46 pm

Well Tag #: HO-81-2251
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter, Reverse Osmosis (R/O)

PARAMETER	METHOD	DETECTION LIMIT (pCi/L)	MCL* (pCi/L)	RESULT (pCi/L)	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.7	15	1.2 ± 0.6	Acceptable
Gross Beta	EPA 900.0	1.6	50	5.0 ± 1.1	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report and the acceptability of this sample is based on these requirements. Gross Alpha levels under 5 pCi/L are acceptable. Levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.


Katherine C. Higgs
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
Analysis completed by Laboratory #278



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Wajahat Ashai
11633 Vixens Path
Ellicott City, Maryland 21042

S/O Number: 84447

Report Date: March 6, 2012

Radium Testing

Property Sampled: 11633 Vixens Path
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002344
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 29

Subdivision: The Chase
Parcel: 24

Lot #: 8

Date/Time Collected in Field: March 1, 2012 @ 11:55 am
Date/Time Received in Lab: March 1, 2012 @ 1:00 pm

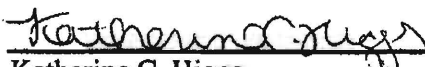
Well Tag #: HO-81-2251
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	DETECTION LIMIT (pCi/L)	MCL* (pCi/L)	RESULT (pCi/L)	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.6	15	62.0 ± 4.5	HIGH
Gross Beta	EPA 900.0	1.8	50	35.2 ± 2.0	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report and the acceptability of this sample is based on these requirements. Gross Alpha levels under 5 pCi/L are acceptable. Levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.


Katherine C. Higgs
Manager – Drinking Water Testing



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Kelly Cumberland
Cumberland Development
16391 A.E. Mullinix Road
Woodbine, Maryland 21797

S/O Number: 84297

Report Date: February 17, 2012

Property Sampled: 11633 Vixens Path, 21042
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002344
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 29

Subdivision: The Chase
Parcel: 24

Lot #: 8

Date/Time Collected in Field: February 16, 2012 @ 10:10 am

Date/Time Received in Lab: February 16, 2012 @ 2:10 pm

Well Tag #: HO-81-2251
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	2.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	2.6 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.2 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

OK
Feb 29/12

Katherine C. Higgs

Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.