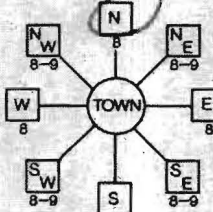
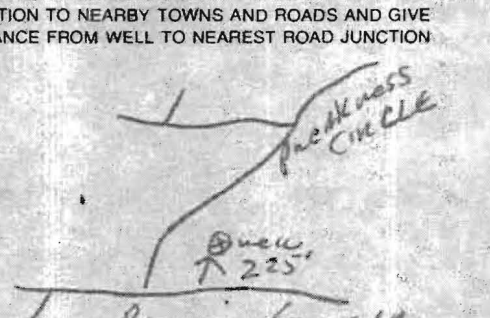


C 1 8730		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 09 29 09		Depth of Well 22 140 26 (TO NEAREST FOOT)		COUNTY NUMBER (13) A517422 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-75-0567	
ST/CO USE ONLY DATE Received MM DD YY 8 13		OWNER DeFrancis STREET OR RFD Ranney Fence Lane SUBDIVISION Walnut Grove		TOWN Clarksville SECTION 10		LOT 10	
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) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 45-48 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Buck WATER LEVEL (distance from land surface) BEFORE PUMPING 6 ft. WHEN PUMPING 9 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			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 135 OTHER CASING (if used) diameter inch depth (feet) from to 1 18" 8 12	
Top Soil 0 1		Clay 1 11		✓		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER C 2 DEPTH (nearest ft.) HO 33 140	
Sandy 11 20		Sand Stone 20 25		✓		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 - below 2 (nearest foot)	
MICKA 25 60		Sand Stone 60 65		✓		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) Prop Line 80' 20' Prop Line	
MICKA 65 140		NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED Y N		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 25.04.04 "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 D 117 DRILLERS SIGNATURE [Signature] (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 58 58 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		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		COUNTY		COUNTY		COUNTY	

B 1 1 2 3 6 0513	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525642	STATE PERMIT NUMBER HO-95-0567 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 Land Management Consultants 15 Last Name Owner First Name 34 3000 Rt. 92 36 Street or RFD 55 Glenwood MD 21038 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 Howard Walnut Grove 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 10 CLARKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
DRILLER INFORMATION STANLEY E. MAYNE M SD 112 Driller's Name 76 License No. 81 STANLEY E. MAYNE INC Firm Name 17024 Handy Rd Mt Airy MD 21071 Address STC 11-11-06 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Running Fence LA ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 240 34 DISTANCE FROM ROAD 37 ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 18 PARCEL 74	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A517422 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 12/4/2006 Brian Baber 12/4/2007 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 507 0 0 0 EAST GRID 816 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> 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 816 N 507 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO2005G-006 PERMIT No. HO-95-0567 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Need Radium Sample			

Well Permit No. HO - 95-0567
Location of property (road) Running Fence Lane
Subdivision Walnut Grove Lot 10 Block Plat Sec.
Well Driller Ralph Mayne Owner De Francis

I. High rate pumping -- reservoir drawdown

II. Recovery pump test data - observations to be recorded every 15 minutes

HD-224

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: DO IT Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 4955 Old Mill Rd.
Ellicott City, Md 21042

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

Name (Print): Duane Gilbert License# 21899

*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: TBI Telephone #: 410-480-0023
Subdivision: Walnut Grove Lot #: 10 Well Tag #: HO-95-0567
Site Address: 12220 Running Fence Lane
Clarksville, md 21029

Submersible Pump Data

Make: MVEIS
Model #: 2ST52-10Plus-P4-1
Pump Capacity 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: American Grunby
Model#: PT800
Depth: yes (36" min)
NSF 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: 140 (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 NO

Piping to house

Type: plastic - one inch
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 ft
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]
Signature of company representative responsible for installation

FEB. 2 - 2011
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: Walnut Grove Lot #: 10 Well Tag #: HO - 95-0567 ✓
Site Address: _____

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.

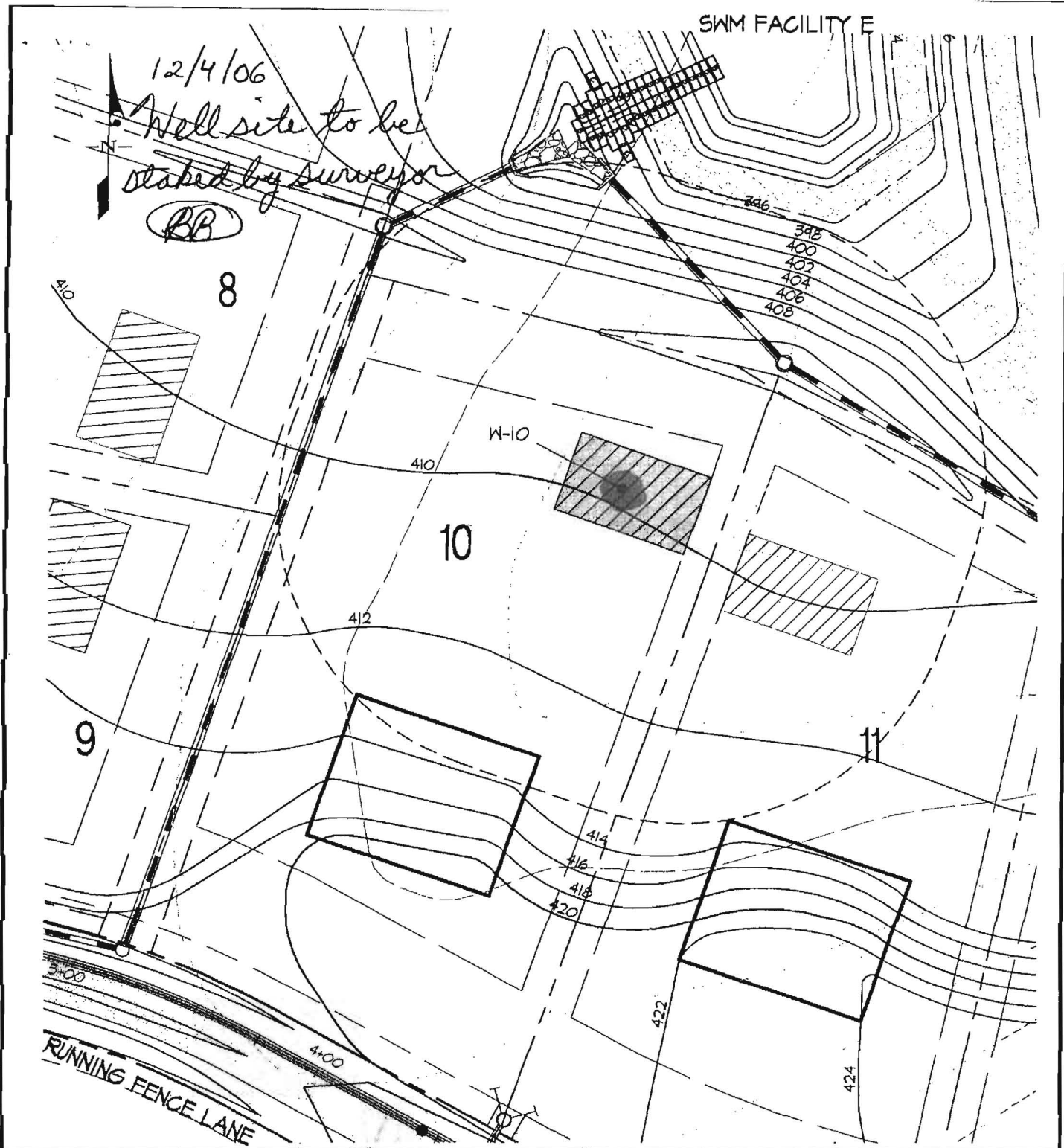
Signature of company representative responsible for installation _____ date _____

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

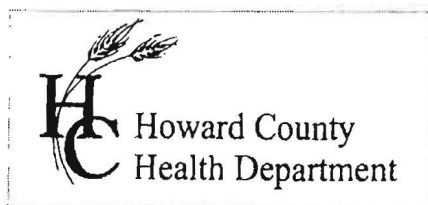
Date Insp. Requested: 11/18/10 Date Insp. Approved: 11/18/10
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade, attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

(Signature)

Observed excessive rock, use
different fill



LEGEND PROPOSED LPSS PROPOSED STORM DRAIN	HOUSE BOX WELL BOX WELL SURVEY POINT
WELL LOCATION EXHIBIT - LOT 10 WALNUT GROVE Lots 1 thru 88, Buildable Preservation Parcel "A", Non-Buildable Preservation Parcels "B" Thru "I" And and Non-Buildable Bulk Parcel "J"	
GLWGUTSCHICK LITTLE & WEBER, P.A. CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK BURTONSVILLE, MARYLAND 20866 TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186	
SCALE: 1"=50' ZONING: RC/RR-DEO TAX MAP/GRID: 28-18/17 GLW JOB NO: 00153 OCT., 2006 1 OF 1	



7178 Columbia Gateway Dr., 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

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<i>Walnut Grove</i>	<i>10</i>	<i>Running Fence Lane</i>
Subdivision/Property Name	Lot #	Road Name

- ☒ Staking to take place after initial review (as discussed with Bob Weber).
- ☐ The well site has been staked by _____,
(professional land surveyor or company employing professional land surveyors)
on _____ (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.

Revised 3/11/05



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

February 28, 2011

Homeowner
12220 Running Fence Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 10
12220 Running Fence Lane
BP #: B10001785
Well Tag: HO-95-0567

Dear Homeowner:

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 02/23/11. Final approval of the well line connection to the dwelling was approved on 11/18/2010.**

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 01/29/2007. Results showed a Gross Alpha level of **0.8+- 0.6 pCi/L** and **Gross Beta** level of **2.6 +- 1.0 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

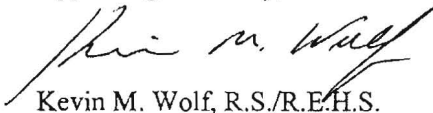
INTERIM CERTIFICATE OF POTABILITY

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-95-0567. 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: 02/02/2011
Date of Radium Samples: 01/29/2007
Date of Well Completion: 01/27/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over a horizontal line.

Kevin M. Wolf, R.S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

**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:**

Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, MD 21043

S/O Number: 80302

Report Date: February 8, 2011

Property Sampled: 12220 Running Fence Lane, 21029
Sample Location: Laundry Tub Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10001785
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

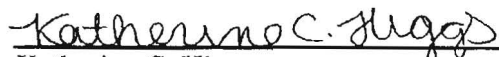
Lot #: 10

Date/Time Collected in Field: February 7, 2011 @ 12:40 pm
Date/Time Received in Lab: February 7, 2011 @ 3:30 pm

Well Tag #: HO-95-0567
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Sediment Filter (Canister Only, No Filter)

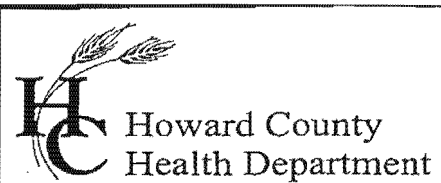
PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	9.4 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.8 Units	***
Sand		Negative	Negative	


Katherine C. Higgs
Administrative Assistant

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.



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

February 28, 2007

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot #10
Well Tag: HO-95-0567

To Whom It May Concern:

A sample was collected from a yield test on January 29, 2007 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 0.8 ± 0.6 picocuries/liter (pCi/L); while the **Gross Beta** level was 2.6 ± 1.0 pCi/L. The **Gross Alpha** result was below 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).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

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

Send Report To:

Bert Nixon

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: KWIDWG0567 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove L. 10 County: Howard

Sample Source: Running Fence Ln. Location: 40-95-0567
(well no., lab sink, sample tap, etc.)

County: ☒ 1 ☒ 3 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: K. Wolf

Telephone No: 410-313-2645

Date Collected: 1/29/07

Time Collected: 11 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

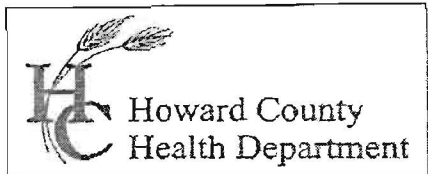
Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: _____

Remarks: Sample taken @ Yield Test pH _____ Chlorine 1

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>701167-001</u>	<u>0.8 ± 0.6</u>	<u>2/1/07</u>
✓	Gross Beta	4100		<u>26 ± 1.0</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: _____



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

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 Netsere Tesfayohannes and Eden Kahsay ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12200 Running Fence Ln., Clarksville, MD 21029 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 28, Block # 18, Parcel # 74, Deed Reference # 13662/043 and Tax Account # 05-448743 ("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 # HC-95-0572 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.

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.

11/26/12
Date 11/26/12
11/29/12
Date 11/29/12
Date

Witness

Witness

[Signature]
Netsere Tesfayohannes Owner
[Signature]
Eden Kahsay Owner
[Signature]
Howard County Health Department

60.00
Clerk of The Court

WG 15 -
Record RADIONUCLIDE Letter

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Circuit Court for
HOWARD COUNTY
Clerk of the Court.
MARGARET D. KAPPAPORT
8360 COURT AVENUE
ELLICOTT CITY, MD 21143-
(410) 313-2111

Transaction Block	3005
Ref: 245	
DISC	AMOUNT
IMP FD SURE \$5	60.00
RECORDING FEE \$20.00	20.00
SUBTOTAL:	80.00
TOTAL CHARGES:	80.00
PAYMENTS	
CHECK	60.00
TOTAL TENDERED:	60.00

Cashier: VLB Req # H000
Rcpt # 74252
Date: Nov 29, 2012 Time: 11:14 am