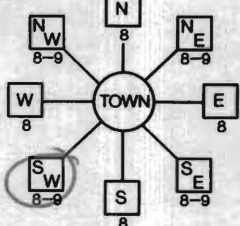

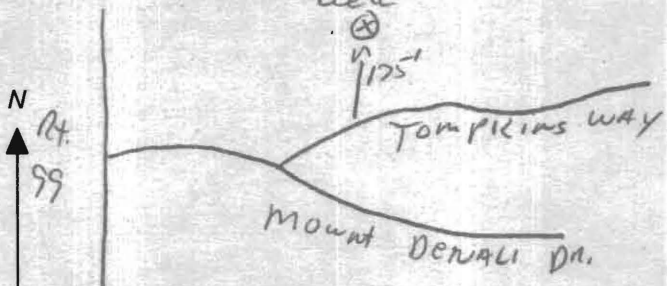


B 1 1 2 3 6 5723	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type 519599	STATE PERMIT NUMBER HD-94-3873 <small>fill in this form completely</small>
Date Received (APA) 10 03 03 <small>8 MM DD YY 13</small> OWNER INFORMATION 15 Last Name Preserve At Waverly GLEW LLC 34 36 3675 PARK AVE 55 57 ELLICOTT CITY MD. 21043 76 <small>70 State 72 Zip</small>		B 3 Howard LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION The Preserve At Waverly GLEW 42 SECTION 44 46 LOT 2 48 50 WOODSTOCK 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78	
DRILLER INFORMATION Driller's Name Ralph E. Mayne 76 License No. MSD 112 81 Firm Name Ralph E. Mayne Inc Address 17024 Handy Rd Mt Airy MD 21071 Signature Ralph E. Mayne 9/18/03 Date		B 4 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 TOMPKINS WAY 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 175 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: 10 BLK: 23 PARCEL 102	
B 2 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 64 INCH <small>NEAREST INCH</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A514619-B STATE SIGNATURE Mark R. Kin INSERT S → 41 DATE ISSUED 01 29 04 48 <small>43 MM DD YY</small> CO SIGNATURE Mark R. Kin EXP. DATE 1/29/05 NORTH GRID 541 50 55 EAST GRID 0831 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 4/23/04 8:30 SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 831 N 541 000 000	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S 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"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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 HD2003 G A P 005 <small>54 63</small> PERMIT No. HD-94-3873 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



Well Permit No. HO - 94-3873
Location of property (road) Tompkins Way
Subdivision PRESERVE @ WAVERLY GLEN Lot 2 Block Plat Sec.
Well Driller R Mayne Owner Preserve @ Waverly Glen LLC

Depth of well 180
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 178

Time pump started 8:15 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 45 ft. below M.P.

[illegible]

**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: S.K. Plumbing & Heating Inc Telephone #: 410 775 0562
Address: 1220 P.S. Rd. W. 1
Keyman MD 21157

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

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

Name (Print): Virgil Krew License# 12285

*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: Trinity Homes Telephone #: 410-313-8722
Subdivision: Lot 2 Reserve At Waverly Glen Lot #: 2 Well Tag #: HO-94-3873
Site Address: 10907 Tompkins Way

Submersible Pump Data

Make: Goulds
Model #: _____
Pump Capacity 17 GPM
Well Yield: 10 GPM

Pitless Adapter

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

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: 185 (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 Yes

Piping to house

Type: PE
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve (5 foot minimum): Yes

Depth of supply line: 36 (36" min)

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

date

12/7/09

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

Date Insp. Requested: _____

Date Insp. Approved: (KW) 7/6/09

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

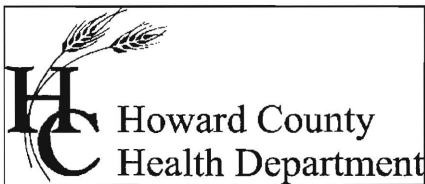
Safety rope installed inside of well casing

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

✓
✓
✓
✓
✓
✓



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

December 23, 2009

Occupant
10907 Tompkins Way
Woodstock, MD 21163

RE: Preserve at Waverly Glen, Lot 2
10907 Tompkins Way
BP# B09000285
Well Tag #: HO-94-3873

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 11/24/2009. Final approval of the well line connection to the dwelling was approved on 07/06/2009.**

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 12/17/2009. Both findings were below the maximum limit suggested by the EPA. At the time of the 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 and Occupancy.

Enclosed with this certificate, are copies of the septic permit and the septic 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-94-3873. 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: 12/17/2009
Date of Samples for Gross Alpha & Gross Beta: 12/17/2009
Date of Well Completion: 04/23/2004

Approving Authority,

A handwritten signature in black ink, appearing to read "Bert Nixon", written over the printed name.

Bert Nixon, Director
Bureau of Environmental Health

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
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, Maryland 21043

S/O Number: 75182**Report Date:** December 18, 2009**Property Sampled:** 10907 Tompkins Way**County:** Howard**Subdivision:** Preserve at Waverly Glen**Lot #:** 2**Building Permit #:** B09000285**Tax Map #:** 10**Parcel #:** 330**Date/Time Collected:** December 17, 2009 at 3:40 pm**Date/Time Received:** December 17, 2009 at 4:31 pm**Sample Location:** Pressure Tank**Sampler ID:** 9813AM**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-94-3873**Well Condition:** 2-Piece Cap

Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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



TRACE LABORATORIES, INC

A Methode Electronics, Inc. Company

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, Maryland 21043

S/O Number: 75182**Report Date:** December 22, 2009**Property Sampled:** 10907 Tompkins Way**County:** Howard**Subdivision:** Preserve at Waverly Glen**Lot #:** 2**Building Permit #:** B09000285**Tax Map #:** 10**Parcel #:** 330**Date/Time Collected:** December 17, 2009 at 3:40 pm**Date/Time Received:** December 17, 2009 at 4:31 pm**Sample Location:** Pressure Tank**Sampler ID:** 9813AM**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-94-3873**Well Condition:** 2-Piece Cap

Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	<1.0 +/- 0.6 pCi/L	EPA 900.0	1.0 pCi/L	Pass
Gross Beta	3.0 +/- 0.9 pCi/L	EPA 900.0	1.4 pCi/L	Pass

A handwritten signature in cursive script, reading "Allison R. Milburn".
Allison R. Milburn
Manager-Drinking Water Testing