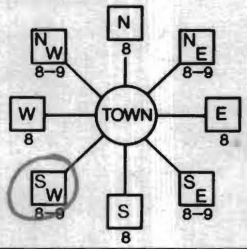
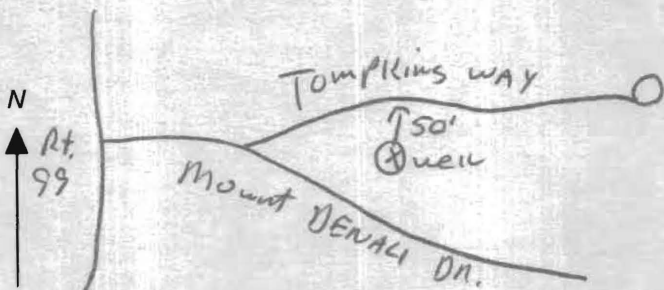


DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3402		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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <u>A514619A</u>	
ST/CO USE ONLY DATE Received MM DO YY 8 13		DATE WELL COMPLETED MM DO YY 04 26 04		Depth of Well 22 220 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 94 - 3875	
OWNER <u>Preserve At Waverly Glen LLC</u> STREET OR RFD <u>Tompkins Way</u> TOWN <u>Woodstock</u> SUBDIVISION <u>Preserve At Waverly Glen</u> SECTION <u> </u> LOT <u>08</u>							
WELL LOG Not required for driven wells				GROUTING RECORD yes no <input checked="" type="checkbox"/> <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box)			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>			
DESCRIPTION (Use additional sheets if needed)				NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1500</u>			
FEET FROM TO				GALLONS OF WATER <u>90</u>			
check if water bearing				DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>52</u> ft. to <u>304</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)			
Top Soil 0 2				casing types insert appropriate code below			
Sandy 2 30 ✓				STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/>			
Sandstone 30 35				PLASTIC <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
Micka 35 50				MAIN CASING TYPE			
Sandstone 50 55 ✓				Nominal diameter top (main) casing (nearest inch) <u>6</u>			
Micka 55 165 ✓				Total depth of main casing (nearest foot) <u>43</u>			
Flint Rock 165 170 ✓				OTHER CASING (if used) diameter inch depth (feet) from to			
Micka 170 220				SCREEN RECORD screen type or open hole insert appropriate code below			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/>			
WELL HYDROFRACTURED <input checked="" type="checkbox"/> <input type="checkbox"/>				PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>			
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				DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76			
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.				SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u>			
DRILLERS LIC. NO. <u>M S D 112</u>				DIAMETER OF SCREEN (NEAREST INCH) 56 60			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
LIC. NO. <u>D</u>				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			
SITE SUPERVISOR (sign. of driller or journeyman)				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)			

B 1 1 2 3 6 5729	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 519599 please print or type	STATE PERMIT NUMBER HO-94-3875 fill in this form completely
Date Received (APA) 10 03 03 8 MM DD YY 13 OWNER INFORMATION Preserve At Waverly Glen LLC 15 Last Name Owner First Name 34 3625 Park Ave 36 Street or RFD 55 Ellicott City MD 21043 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 The Preserve At Waverly Glen 23 SUBDIVISION 42 SECTION 44 46 LOT 8 48 50 Woodstock 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78	
DRILLER INFORMATION Ragh E Mayne MS D 117 76 Driller's Name License No. 81 Ragh E. Mayne Inc Firm Name 12024 Handy Rd Mt Airy MD 21776 Address Ragh E Mayne 9-1803 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Tompkins way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 75 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 10 BLK: 23 PARCEL 102	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 01 29 04 43 MM DD YY 48 CO SIGNATURE Mark R. Klein EXP. DATE 12 9 05 NORTH GRID 541 000 EAST GRID 0831 000 50 55 57 63	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> 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="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		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 831 N 83054 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 2003 GAP 005 54 63 PERMIT No. HO-94-3875 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Well Permit No. HO - 94- 3875

Location of property (road) Tumplings Way

Subdivision The Pensacola At Waverly Glen Lot 8 Block Plat Sec.

Well Driller Ralph MAYNE Owner PENNER & 41 WAVERLY GLEN
TRINITY HOMES

Depth of well 220

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P. 20 ft

Time pump started 8:45

Pumping rate 10 GPM

Total time 15 min to reach pumping water level 40 ft. below M.P.

[illegible]

Fax'd 11/18/09 to fixed 12/03/09

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: SK Plumbing & Heating Co. Telephone #: 410-530-3710
 Address: 2200 E. 10th St.
Frederick, MD 21701

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

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

Name (Print): John A. Smith License#: 12345678

*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: Preserves of Urology Glen Telephone #: 410-530-3710
 Subdivision: Preserves of Urology Glen Lot #: 8 Well Tag #: HO-94-3875
 Site Address: 10910 Tompkins Way

Submersible Pump Data

Make: Grundfos
 Model #: 10910
 Pump Capacity: 5 GPM
 Well Yield: 10 GPM

Pitless Adapter

Make: Howard
 Model#: 36
 Depth: 36 (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: 225 (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: PVC
 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 John A. Smith

date 11/11/09

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

Date Insp. Requested: 12/4/09

Date Insp. Approved: OK (K)

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 ✓

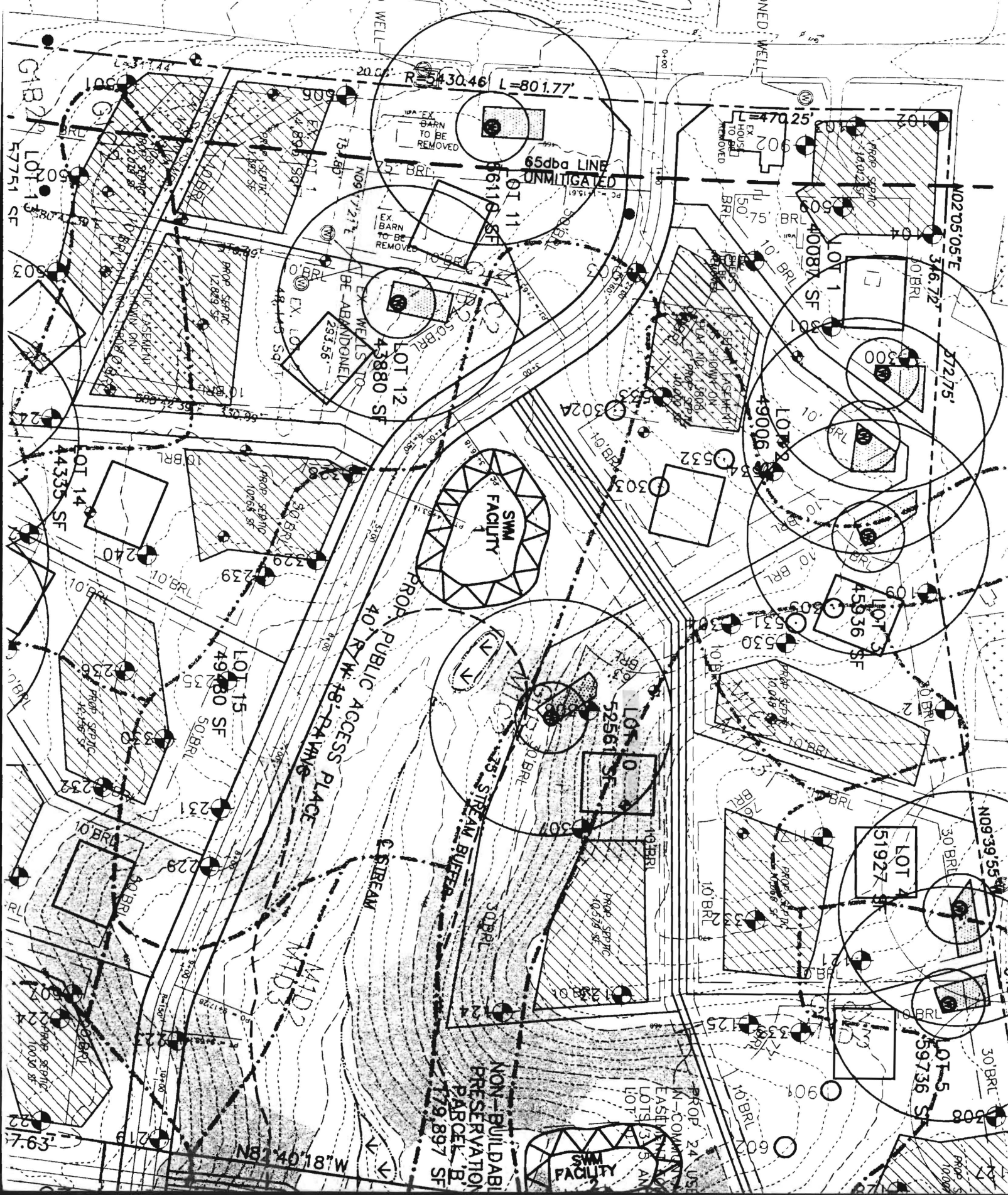
Correct well tag attached properly and casing 8" above finished grade ✓

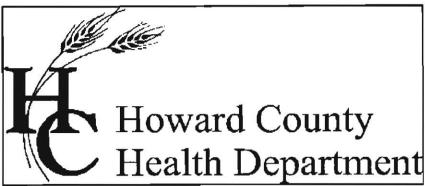
Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

Briggs Cell 410-530-3710

(80' ROW)
MINOR ARTERIAL





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

February 17, 2010

Homeowner
10910 Tompkins Way
Woodstock, MD 21163

FAX SENT VIA FACSIMILE 410-480-0013

RE: Preserve at Waverly Glen, Lot 8
10910 Tompkins Way
BP# B09000284
Well Tag #: HO-94-3875

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 11/19/2009. Final approval of the well line connection to the dwelling was approved on 12/04/2009.**

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 11/11/2009 and 11/24/2009. On 11/11/2009 the Gross Alpha sample results exceeded the maximum contaminant level of (MCL) of 15 pCi/L suggested by the EPA. After a reverse osmosis system was installed, both the Gross Alpha and Gross Beta results were below the maximum limit suggested by EPA. Both of the Gross Beta results were below the targeted value of 50 pCi/L. Samples for Radium 226/228 and Uranium taken on 11/24/2009 were also acceptable with the use of the reverse osmosis system. 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.

However, this treatment system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence to assure future compliance.


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-94-3875. 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.

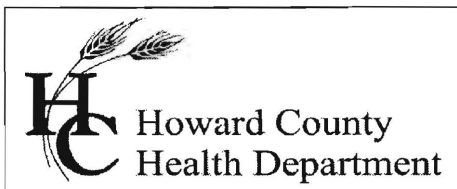
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples:	11/11/2009
Date of Samples for Gross Alpha & Gross Beta:	11/11/2009 and 11/24/2009
Date of Radium 226/228 Samples:	11/24/2009
Date of Uranium Sample:	11/24/2009
Date of Well Completion:	04/26/2004

Approving Authority,


Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

December 8, 2009

Occupant
10910 Tompkins Way
Woodstock, MD 21163

FACSIMILE SENT TO 410/480/0013

RE: Preserve at Waverly Glen, Lot 8
BP# B09000284
Well Tag #: HO-94-3875

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 11/19/2009. Final approval of the well line connection to the dwelling was approved on 12/04/2009.**

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 Gross Beta samples were also collected on 11/11/2009 and 11/24/2009. On 11/11/2009 the Gross Alpha result was above the maximum contaminant level (MCL) of 15 pCi/L suggested by the EPA. After a reverse osmosis system was installed the test results for Gross Alpha and Gross Beta were below the maximum limit suggested by the EPA.

However, this treatment system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence to assure future compliance.

TEMPORARY INTERIM CERTIFICATE OF POTABILITY

This is a **Temporary Deviation** to allow additional time for Radium 226 and Radium 228 testing to be performed. The temporary deviation is good for **45 days** to allow time to test for Radium 226 and Radium 228. An Interim Certificate of Potability will be issued upon submission of a water sample report that documents **Radium 226 and Radium 228.**

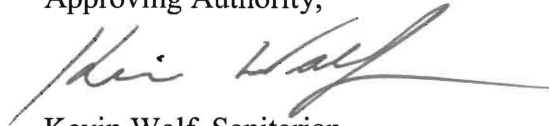
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3875. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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.**

The Health Department has no objection to the issuance of temporary Use and Occupancy for the above referenced property.

Date of Water Samples:	11/11/2009
Date of Sampling for Gross Alpha & Gross Beta:	11/11/2009 and 11/24/2009
Sampling for Radium 226 and 228:	TO BE PERFORMED
Date of Well Completion:	04/26/2004

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

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: 74912**Report Date:** December 1, 2009**Property Sampled:** 10910 Tompkins Way, Radium Retest**County:** Howard**Subdivision:** Preserve at Waverly Glen**Tax Map #:** 10**Lot #:** 8**Parcel #:** 330**Building Permit #:** B09000284**Date/Time Collected:** November 24, 2009 at 12:52 pm**Date/Time Received:** November 24, 2009 at 3:40 pm**Sample Location:** R/O Tap**Samples Iced:** Yes**Sampler ID:** 5745KC**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-94-3875**Well Condition:** 2-Piece Cap
Satisfactory**Water Conditioning/Treatment:** R/O

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	<0.6 +/- 0.3 pCi/L	EPA 900.0	0.6 pCi/L	Pass
Gross Beta	2.3 +/- 0.7 pCi/L	EPA 900.0	1.1 pCi/L	Pass

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



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:

74912

Report Date:

December 23, 2009

Property Sampled:

10910 Tompkins Way

County:

Howard

Subdivision:

Preserve at Waverly Glen

Tax Map #: 10**Lot #:**

8

Parcel #: 330**Building Permit #:**

B09000284

Date/Time Collected:

November 24, 2009 at 12:52 pm

Date/Time Received:

November 24, 2009 at 3:40 pm

Sample Location:

R/O Tap

Samples Iced: Yes**Sampler ID:**

5745KC

Residual Cl₂ <0.1 mg/L: Yes**Well Tag Number:**

HO-94-3875

Well Condition:2-Piece Cap
Satisfactory**Water Conditioning/Treatment:** R/O

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Radium 226	0.3 +/- 0.1 pCi/L	EPA 903.1	0.2 pCi/L	Pass
Radium 228	<1.0 +/- 0.7 pCi/L	EPA Ra-05	1.0 pCi/L	Pass
Uranium	<0.7 +/- 0.5 pCi/L	EPA 908.0	0.7 pCi/L	Pass

Allison R. Milburn

Manager-Drinking Water Testing

From: TRACE LABS INC

4105849117

11/17/2009 11:02

#529 P.001/001



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:

74763

Report Date:

November 16, 2009

Property Sampled:

10910 Tompkins Way

LOT 8 P.W.G.

County:

Howard

Subdivision:

Preserve at Waverly Glen

Tax Map #: 10**Lot #:**

8

Parcel #: 330**Building Permit #:**

B09000284

Date/Time Collected:

November 11, 2009 at 11:53 am

Date/Time Received:

November 11, 2009 at 4:05 pm

Sample Location:

Back Left Hose Bib

Samples Iced: Yes**Sampler ID:**

5745KC

Residual Cl_2 <0.1 mg/L: Yes**Well Tag Number:**

Unable to locate well

Well Condition:

Undetermined

Water Conditioning/Treatment:

Undetermined – no access to house

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	39.7 +/- 2.4 pCi/L	EPA 900.0	0.9 pCi/L	HIGH
Gross Beta	32.6 +/- 1.5 pCi/L	EPA 900.0	1.3 pCi/L	Pass

A handwritten signature in cursive script, appearing to read "Allison R. Milburn".

Allison R. Milburn
Manager-Drinking Water Testing

DEC/02/2009/WED 04:55 PM Ho Co Land Records

FAX No. 410-313-5390

P.002

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.

11/19/09
Date

22-19-09
Date

11/19/09
Date

Witness

Anthony Esposito
Anthony Esposito: Owner

Lucy Esposito
Lucy Esposito: Owner

Blair Kuper
Howard County Health Department

Witness

12182170

P.3

TO: SAKA

410-313-2648

from: Tim Kane

(410) 775-0562
Fax (410) 775-2018

DATE ORDERED	ORDER TAKEN BY
PHONE NO.	CUSTOMER ORDER #
JOB LOCATION	
JOB PHONE	STARTING DATE
TERMS	

[illegible]

	TOTAL LABOR	—
	TOTAL MATERIALS	948.00
	TOTAL MISCELLANEOUS	—
	SUBTOTAL	948.00
	TAX	—
	GRAND TOTAL	948.00

AUTHORIZED SIGNATURE

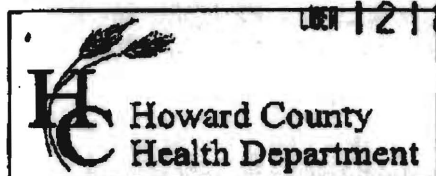
JOB INVOICE

DEC/02/2009/WED 04:54 PM

Ho Co Land Records

FAX No. 410-313-5390

P. 001



OPEN 12182 FOLIO 69

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

000274

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 Anthony and Lucy Esposito ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 10910 Tompkins Way, Woodstock, MD 21163 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 10, Block # 23, Parcel # 330, Lot # 8, Deed Reference # 11562/334 and Tax Account # 03-343276 ("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-94-3875 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 5 pCi/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 any alternative safe source of water for the Property.

UP PD SURE \$	20.00
RECORDING FEE	20.00
TOTAL	40.00
Rest Chgd	Rept # 54594
MRK SLC	Blk # 232
Dec 02, 2009	02:10 PM



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Trace Labs	Date / Time Received	Work order #
		11/25/2009 11:40	0911257
Client Contact:	Allison Milburn		
Client P.O.	5770		
Project I.D.	74912		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0911257-01	74912	11/24/09 15:40	Ra226, Ra228, U
	10910 Thompkins Way, R/O sample		

Analysis Results

Radium 226	0.3	Radium 228	<1.0
Error +/-	0.1	Error +/-	0.7
MDL	0.2	MDL	1.0
EPA Method	903.1	EPA Method	Ra-05
Prep Time	12/04/09	Prep Time	12/04/09
Prep Date	07:25	Prep Date	07:25
Analysis Date	12/10/09	Analysis Date	12/10/09
Analysis Time	11:42	Analysis Time	12:10
Analyst	MJN	Analyst	PJ
Uranium	<0.7		
Error +/-	0.5		
MDL	0.7		
EPA Method	908.0		
Prep Date	12/11/09		
Prep Time	13:45		
Analysis Date	12/12/09		
Analysis Time	07:21		
Analyst	MJN		
Units	pCi/l	Units	pCi/l

04:01:14 SS AL 09

04:01:14 SS AL 09

**Florida Radiochemistry Services, Inc.****Contact: Michael J. Naumann**

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407) 382-7744

Certification I. D. # 278

Lab Sample I.D.: 0911257-02**Client Sample I.D. 74912 (10910 Thompkins Way) R/O sample****Sample Date / Time: 11/24/09 15:40****Results:**

Gross Alpha:	<0.6	Gross Beta:	2.3
Error +/-:	0.3	Error +/-:	0.7
MDL:	0.6	MDL:	1.1
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	11/25/09	Prep Date:	11/25/09
Analysis Date:	11/30/09	Analysis Date:	11/30/09
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l



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: 74763

Report Date: November 12, 2009

Property Sampled: 10910 Tompkins Way

County: Howard

Subdivision: Prevere at Waverly Glen

Tax Map #: 10

Lot #: 8

Parcel #: 330

Building Permit #: B09000284

Date/Time Collected: November 11, 2009 at 11:53 am

Date/Time Received: November 11, 2009 at 4:05 pm

Sample Location: Back Left Hosebib

Samples Iced: Yes

Sampler ID: 5745KC

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Unable to locate well

Well Condition: Undetermined

Water Conditioning/Treatment: Undetermined – no access to house

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 Units	EPA 150.1	*6.5-8.5 Units	***
Salinity	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

*SM = 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.