

C1 3841

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)

COUNTY NUMBER AS16084  
PERMIT NO. FROM "PERMIT TO DRILL WELL"  
HO-94-4063

ST/CO USE ONLY  
DATE RECEIVED  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
5/11/05

Depth of Well  
22 100 26  
(TO NEAREST FOOT)

OWNER Winchester Homes  
STREET OR RFD Kinsale Ct TOWN Fellcott City  
SUBDIVISION Riverwood SECTION 1 LOT 47

WELL LOG  
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown mica	2	25	
Sandstone	25	45	
Brown mica	45	65	
Crystalline w/ quartz	65	78	
Grey mica	78	360	
opening	360	361	
Grey mica	361	600	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)  
yes  Y no  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 52 NO. OF POUNDS 5200  
GALLONS OF WATER 312  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 90 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
ST 6 108  
60 61 63 64 66 70

OTHER CASING (if used)

E A C H C A S I N G	diameter inch	depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

DEPTH (nearest ft.)

E A C H S C R E E N	1	2	3
1	<u>40</u>	<u>106</u>	<u>600</u>
2			
3			

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 6  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 39 ft.  
WHEN PUMPING 227 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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO   
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  + above } LAND SURFACE  
 - below } (nearest foot) 2

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes  Y no  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 28.04.04 "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. 1 MWD 040  
George F. Eastenly  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AWD 718

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 9733

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

140-94-4063

520762 please type

fill in this form completely

Date Received (APA)

02/10/04

OWNER INFORMATION

9782

Winchester Homes, Inc
6905 Rockledge Drive, Suite 800
Bethesda, Md 20817

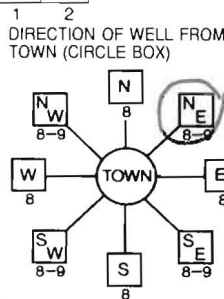
LOCATION OF WELL

Howard COUNTY
Riverwood SUBDIVISION
SECTION 1 LOT 44
Clarksville NEAREST TOWN
MILES FROM TOWN 3

DRILLER INFORMATION

George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kinsale Court

NEAR WHAT ROAD
ON WHICH SIDE OF ROAD
DISTANCE FROM ROAD 25 FT
TAX MAP: 23 BLK: 21 PARCEL: 26

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
AS16084 COUNTY NO.
DATE ISSUED 10/27/04
CO SIGNATURE
NORTH GRID 513 000 EAST GRID 827 000

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
WRITE THE BOX NUMBER FROM THE MAP HERE
E 827
N 828 513

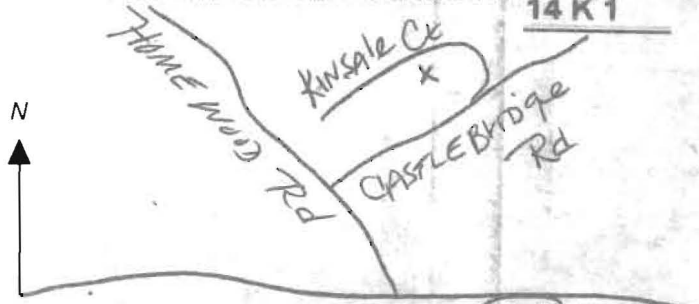
METHOD OF DRILLING (circle one)

BORED (or Augered)
AIR-ROTary
CABLE
JETTED
AIR-PERCussion
REVERSE-ROTary
Jetted & DRIVEN
ROTARY (Hydraulic Rotary)
DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROX. PERMIT NUMBER
PERMIT No. HD 2004 G 007
HD 94-4063

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



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: NATIONAL WATER SERVICE Telephone #: 301-854-1538
Address: P.O. BOX 138
ASHTON, MD 20861

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

License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# P10145

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: WINCHESTER HOMES Telephone #:
Subdivision: RIVERWOOD Lot #: 41 Well Tag #: HO-64-4063
Site Address: 11201 KINGSAB CT
ELLICOTT CITY, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: ISCOG 15-290 Make: SEALWELL Two piece watertight cap: [checked]
Model #: GRUNDfos Model#: P100 Screened, vented well cap: [checked]
Pump Capacity 1.5 GPM Depth: 46 (36" min) Cap secured to casing: [checked]
Well Yield: 6 GPM NSF/WSC approved: [checked] Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 60 (feet) Conduit secured to well cap: [checked]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

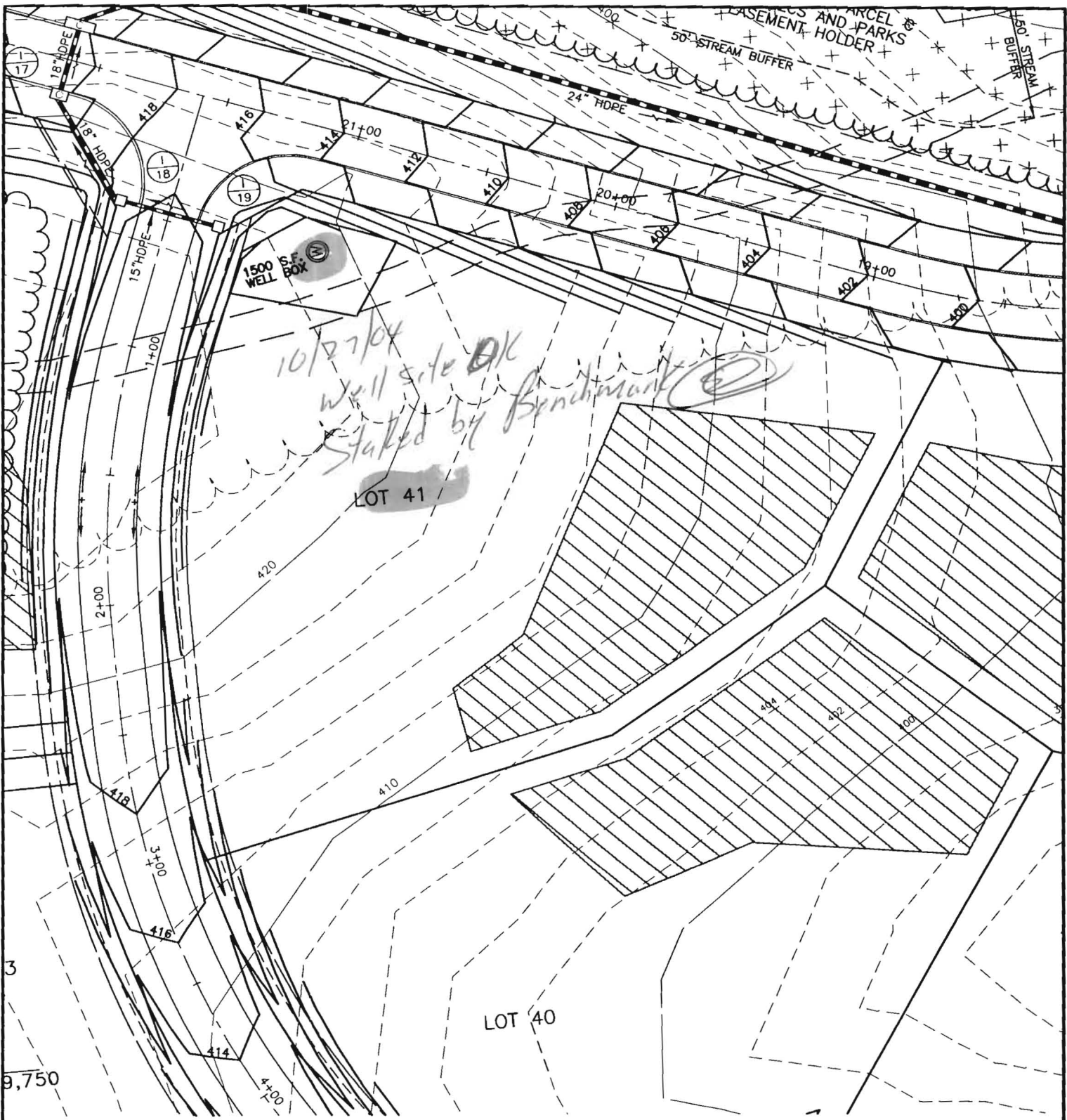
Piping to home House Connection
Type: 1/2" PEX Type: PVC sleeve to undisturbed soil at wall penetration: [checked]
PSI: 160 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 32 (36" min) Sleeve caulked and sealed properly: [checked]

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: [Signature] date: 5/21/09

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

Date Insp. Requested: Date Insp. Approved: 2/17/09 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not seen outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]



*10/27/04  
Well site OK  
Staked by Benchmark*

LOT 41

LOT 40

RIVERWOOD

LOT 41

**BENCHMARK**  
ENGINEERS • LAND SURVEYORS • PLANNERS

**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 10/12/04



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(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

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one of~~ the following:

- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Winchester Homes*

*LOTS*

*1-10*

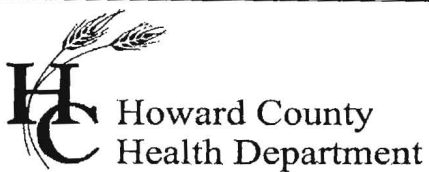
*Phase I*

*12-23*

*Riverwood*

*34-41*

*All are staked*



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](http://www.hchealth.org)

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

July 2, 2009

Occupant  
11201 Kinsale Court  
Ellicott City, MD 21042

**SENT BY FACSIMILE 301-854-1538**

RE: Riverwood, Lot 41  
11201 Kinsale Court  
Ellicott City, MD 21042  
BP #: B08003544  
Well Permit # HO-94-4063

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 03/25/2009.** **Final approval of the well line connection to the dwelling was approved on 02/17/2009.**

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.

Also, Gross Alpha and Gross Beta samples were collected on 05/18/2009. The results for Gross Alpha was above the maximum limit suggested by the EPA. Radium-226 and Radium-228 were also tested on 05/18/2009 (The radium-226 was below the maximum contamination level, but the Radium-228 sample was above the maximum contamination level. Subsequently, on 06/12/2009 Radium-226 and Radium-228 were tested following the installation of a softener and a neutralizer. The combined results were below the maximum contamination level. 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.


## 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-94-4063. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/18/2009 (**Standard Tests**)  
Date of Water Samples: 05/18/2009 (**Gross Alpha & Gross Beta**)  
Date of Water Samples: 05/18/2009 & 06/16/2009 (**Radium-226 and Radium-228**)  
Date of Well Completion: 05/11/2005

Approving Authority,



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services

File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-8298

**REPORT OF ANALYSIS**

Laboratory ID #:	71589	Account #:	3123
Reference:	Riverwood Lot 41	Company:	National Water Servicing
Location:	11201 Kinsale Court Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	6/12/2009 1116	Source:	Well Water
Date/Time Rec'd:	6/12/2009 1343	Site:	Sample Port after Softener
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/ Neutralizer/ Sed.Filter
Collected By:	J.Yeager 6176JY	pH:	7.0
		Well #:	HO-94-4063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.3	pCi/L	****	903.1	6/29/2009 / 1040 / MIN
Radium-228	1.7	pCi/L	****	Ra-05	6/29/2009 / 1115 / PJ

**NOTES**

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 pH tested on-site
- 4 Radium 226 Detection Limit: 0.2 pCi/L
- 5 Radium 228 Detection Limit: 0.9 pCi/L
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 Subcontracted to Reference Lab #278

Reason for Test : Use & Occupancy  
 Building Permit # : B08003544

Date Reported: 6/29/2009

MD State Certification # 133

*need radon equipment*

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tanytown Rd. Westminster, MD (410) 878-1014 (410) 876-9355 (410) 878-0298

## REPORT OF ANALYSIS

Laboratory ID #:	71172	Account #:	3123
Reference:	Riverwood Lot 41	Company:	National Water Servicing
Location:	11201 Kinsale Court Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	5/18/2009 1100	Source:	Well Water
Date/Time Rec'd:	5/18/2009 1237	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.7
		Well #:	HO-94-4063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	2.8	pCi/L	****	903.1	6/1/2009 / 1040 / M.J.N
Radium-228	14.1	pCi/L	****	Ra-05	6/1/2009 / 1126 / P.J

### NOTES

- 1 \*\*\*\*Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 pH & chlorine level tested on site
- 4 Radium 226 Detection Limit: 0.2 pCi/L
- 5 Radium 228 Detection Limit: 0.9 pCi/L
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 Subcontracted to Reference Lab #278

Reason for Test : Use & Occupancy  
 Building Permit # : B08003544

Date Reported: 6/2/2009

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd. Westminster, MD 21157 (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	71125	Account #:	3123
Reference:	Riverwood Lot 41	Company:	National Water Servicing
Location:	11201 Kinsale Court Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	5/18/2009 1100	Source:	Well Water
Date/Time Rec'd:	5/18/2009 1237	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-94-4063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE ANALYZED
Gross Alpha	118	pCi/L	15	900.0	5/22/2009 / 1514 / MJN
Gross Beta	40.7	pCi/L	50	900.0	5/20/2009 / 1514 / MJN

### NOTES

- 1 Gross Alpha Detection Limit: 1.5 pCi/L
- 2 Gross Beta Detection Limit: 1.5 pCi/L
- 3 pCi/L = picocuries per liter
- 4 pH tested on-site
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 Subcontracted to Reference Lab #278

Reason for Test : Use & Occupancy  
 Building Permit # : B08003544

Date Reported: 5/21/2009

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	71124	Account #:	3123
Reference:	Riverwood Lot 41	Company:	National Water Servicing
Location:	11201 Kinsale Court Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	5/18/2009 1100	Source:	Well Water
Date/Time Rec'd:	5/18/2009 1237	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.7
		Well #:	HO-94-4063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/19/2009 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/19/2009 / 0800 / CCH
Nitrate	<1.0	mg/L	10	601	5/18/2009 / 1610 / CCH
Turbidity	1.61	NTU	<10	SM18 2130B	5/18/2009 / 1400 / CCH
Sand	NS	mg/l.	5	Visual/Gravimct	5/18/2009 / 1440 / CCH

**NOTES**

- 1 mg/L. = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L.)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND: None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B08003544

Date Reported: 5/19/2009

**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 Winchester Homes ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11201 Kinsale Ct.  
Ellicott City, MD and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 29, Block # 4, Parcel # 20, Deed Reference # 10101-300 and Tax Account # 345475 ("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 H0944063 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.

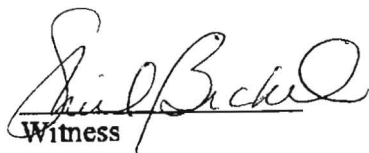
NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Health Department will record this Agreement among the Land Records of Howard County, Maryland.
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 and radium 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.

7/6/09  
 Date  
 7/6/09  
 Date  
 7/6/09  
 Date

*[Signature]*  
 Owner  
*[Signature]*  
 Owner  
 Howard County Health Department

  
Witness

\_\_\_\_\_  
Witness

11/8/06

Circuit Court for  
HOWARD COUNTY  
Clerk of the Court,  
MARGARET D. KAPPAPOUT  
9360 COURT AVENUE  
BELLFLOTT CITY, MO 21043-  
(410) 313-2111

Transaction Block#	253
ref: 161	
AGREEMENT	AMOUNT
IMP FD SURE \$0	20.00
RECORDING FEE \$20.00	20.00
SUBTOTAL:	40.00
TOTAL DEDUCTIONS:	40.00
PAYMENTS	
CASH	40.00
TOTAL TENDERED:	40.00

Cashier: SLC Reg # 0-46

Acpt # 40999

Date: Jul 06, 2009 Time: 12:43 pm