

C1 3439

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A515228

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL" H0-94-3906

OWNER Moberly Gretchen (Pulte Homes) STREET OR RFD 3205 Route 32 TOWN West Friendship SUBDIVISION Paddocks East SECTION LOT 7

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Browns-sand & shale, Gray Limestone, Brown, Gray Limestone, Brown, Gray Limestone, Brown, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 28 NO. OF POUNDS 2032

CASING RECORD

MAIN CASING TYPE ST (STEEL) Nominal diameter top (main) casing 06 (nearest inch) Total depth of main casing 84 (nearest foot)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole HO (OPEN HOLE) insert appropriate code below

DEPTH (nearest ft.)

Table showing depth intervals: 0-8, 8-11, 11-15, 15-17, 17-21, 21-23, 23-24, 24-26, 26-30, 30-32, 32-36, 36-38, 38-39, 39-41, 41-45, 45-47, 47-51.

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

C 3

PUMPING TEST

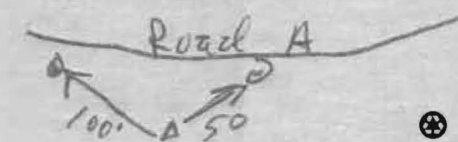
HOURS PUMPED (nearest hour) 06 (6, 9) PUMPING RATE (gal. per min.) 3 (11, 15) METHOD USED TO MEASURE PUMPING RATE 190L WATER LEVEL (distance from land surface) BEFORE PUMPING 42 (17, 20) ft. WHEN PUMPING 170 (22, 25) ft. TYPE OF PUMP USED (for test) C centrifugal, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 (31, 35) PUMP HORSE POWER 37 (37, 41) PUMP COLUMN LENGTH (nearest ft.) 43 (43, 47) CASING HEIGHT (circle appropriate box and enter casing height) + above 49 (49, 51) LAND SURFACE - below 02 (50, 51) (nearest foot)

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 0996

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

520092 please type

HO-94-3906 fill in this form completely

Date Received (APA)

3/11/2004

OWNER INFORMATION

MORRISLEY, Gertchen Summer Hill Farm RT 144 West Friendship MD 21784

B 3

LOCATION OF WELL

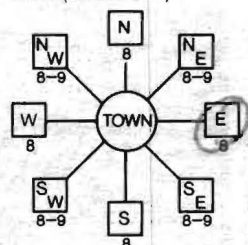
Howard Paddocks East SECTION 44 46 LOT 48 50 NEAREST TOWN Glenely MILES FROM TOWN 2

DRILLER INFORMATION

Allen Compton M S D 009 Eagles Well Drilling 580 Obrecht Rd. 13104

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sykesville Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH DISTANCE FROM ROAD 1.10 ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 8 PARCEL 7

B 2

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 13 A515228 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/18/2004 Brian Baber 3/18/2005 CO SIGNATURE EXP. DATE NORTH GRID 525 000 EAST GRID 805 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

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

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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO 2002G009 PERMIT No. HO-94-3906

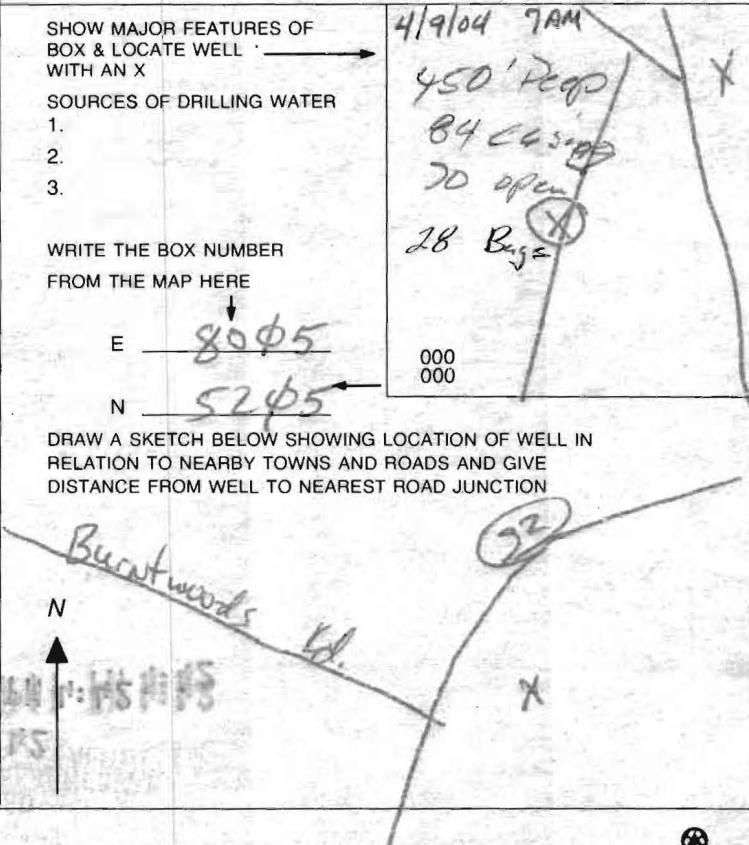
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 80φ5 N 52φ5

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3906
 Location of property (road) East Ivory Road off Route 32
 Subdivision Paddocks East Lot 7 Block _____ Plat _____ Sec. _____
 Well Driller Fogles Owner Gretchen Moberly (Patte)
 Depth of well 450'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20
 Total time 30 min to reach pumping water level 170' ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #/gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	42	3		20
7:15	158	5		12
7:30	170	20		3
7:45	170	20		3
8:00	170	20		3
8:15	170	20		3
8:30	170	20		3
8:45	170	20		3
9:00	170	20		3
9:15	170	20		3
9:30	170	20		3
9:45	170	20		3
10:00	170	20		3
10:15	170	20		3
10:30	170	20		3
10:45	170	20		3
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11:15	170	20		3
11:30	170	20		3
11:45	170	20		3
12:00	170	20		3
12:15	170	20		3
12:30	170	20		3
12:45	170	20		3
HD-224:00	170	20		3
1:15	170	20		3
1:30	170	20		3

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylasville Md 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the new installation:
Name (Print): Allen Compton License# ms0009

*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: Pulte Homes Telephone #:
Subdivision: The Paddocks East Lot #: 7 Well Tag #: HO-94-3906
Site Address: 13569 Julia Marway

Submersible Pump Data

Make: Goulds
Model #: 7SB10422
Pump Capacity: 2 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
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: 450(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: N/A

Piping to house

Type: 1" Black Plastic
PSI: 160(160 psi min)
Depth of supply line: 42(36" min)

House Connection

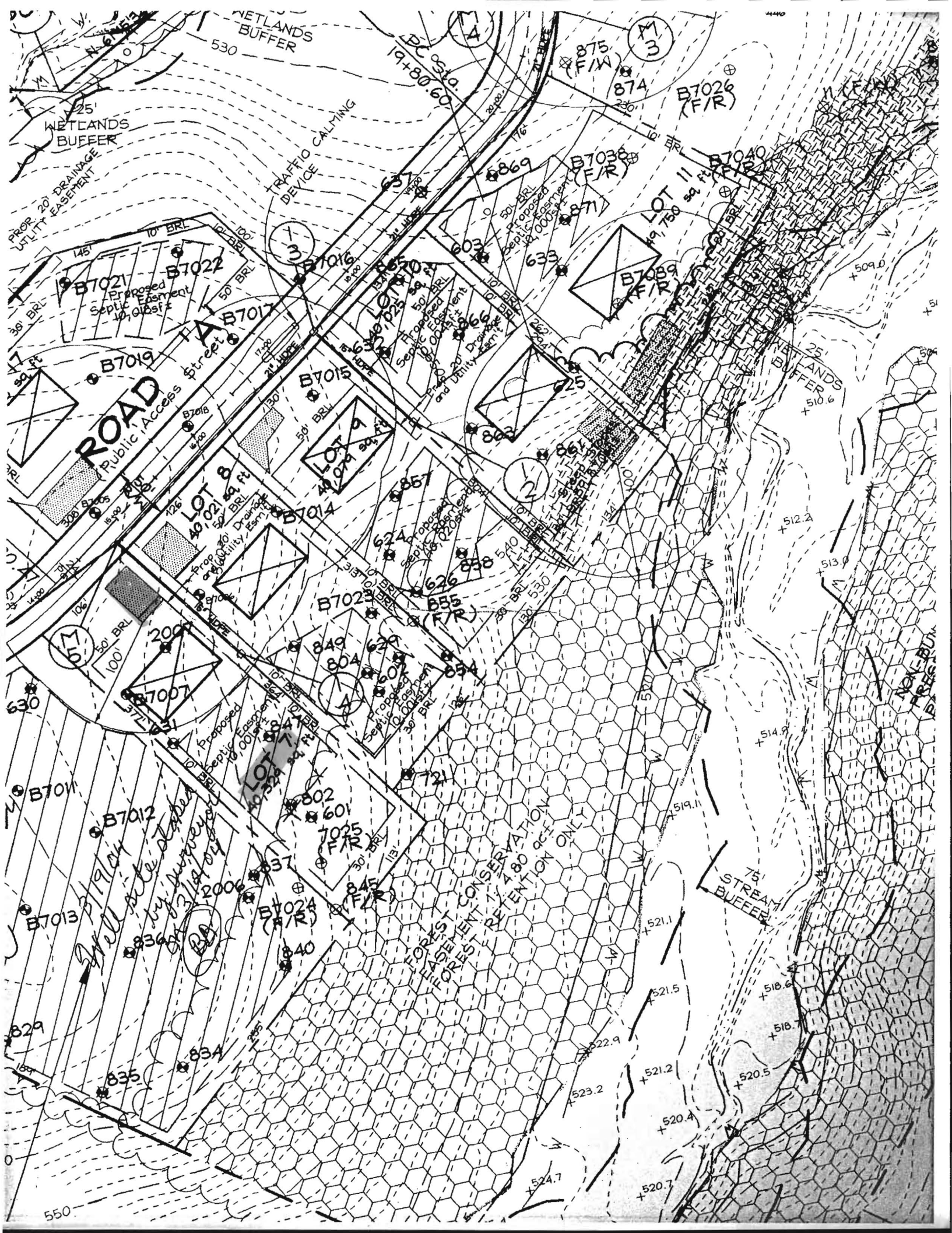
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: YES

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.

Allen Compt 6/11/05
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 9/13/05 GAC/BB
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



NETLANDS BUFFER

WETLANDS BUFFER

PROPR 20' DRAINAGE UTILITY EASEMENT

TRAFFIC CALMING DEVICE

ROAD

Public Access Street

Proposed Septic System

Proposed Utility Easement

FOREST CONSERVATION EASEMENT

75' STREAM BUFFER

25' WETLANDS BUFFER

20' BUFFER

10' BRL

30' BRL

50' BRL

100' BRL

150' BRL

200' BRL

250' BRL

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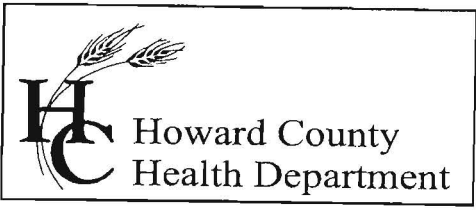
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7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

REQUEST FOR TEMPORARY DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 9/21/05 WELL PERMIT #: HO - 94 - 3906

PROPERTY OWNER: PULTE HOMES

SUBDIVISION & LOT #: _____

PROPERTY ADDRESS: Paddocks East - Lot 7
13569 Julia Manor Way

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

WELL WAS CHLORINATED & RUN OFF PRIOR
TO FIRST WELL TEST ON 9/16/05

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

WELL WAS RECHLORINATED ON 9/19/05 AND
RECIRCULATED AND IS AWAITING CHLORINE FREE
STATUS BEFORE BEING RETESTED ASAP.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 94 - 3906 will be bacteriologically free resulting from approved disinfection procedures.
- 2) If condition #1 is not met through disinfection techniques, then either:
 - a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, Maryland 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

September 21, 2004

Bo Kim
13569 Julia Manor Way
West Friendship, MD 21794

RE: Paddocks East, Lot 7
13569 Julia Manor Way
BP # B00150721
Well Permit #HO-94-3906

Dear Sirs:

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 09/13/2005.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations. This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system or
- c) issue an order that the well is abandoned and sealed

Fifteen Day Temporary Deviation for Bacteria

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Samples: 09/16/2005
Date of Well Completion: 04/09/2004
(HO-94-3906)

Approving Authority,



Brian Baker, R.S.
Well and Septic Program

mlb

cc: Building Inspector's office,
File

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Oct 5, 2005

County Howard

Lab Number 06-394

Sample Iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Pulte Home Corporation
1501 South Edgewood Street
Baltimore, Maryland 21227
Attn: Accounts Receivable

*10/5/05
Not okay
KR*

Property Sampled: U&D: 13569 Julia Manor Way

Station Sampled: Powder Room Tap

Tax Map #: 22

Date/Time Sampled: Oct 4, 2005 12:40 pm

Parcel #: 7

Owner, Telephone No.: Choe

Sampler: 67246P

Subdivision Name: The Paddocks East

Lot Number: 7

Building Permit No.: B00150721

Well Number: HD-94-3906

Observation: 2-Piece Cap
Cap Tight
2 Bolts Loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level
**SMCL = Secondary Maximum Contamination Level

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 #: 56385 Account #: 1930
Reference: Pulte Lot 7 Company: Fogle's Well Drilling
Location: 13569 Julia Manor Way Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 09/16/05 1100 Site: Kitchen Sink Tap
Date/Time Rec'd: 09/16/05 1542 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3096

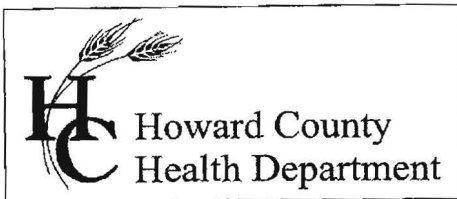
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223 B.	09/17/05 / 1000 / C.Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	09/17/05 / 1000 / C.Holland
Nitrate	1.03	mg/L	10	601	09/16/05 / 1563 / B. Dutterer
Turbidity	2.30	NTU	<10	SM18 2130B	09/16/05 / 1545 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	09/16/05 / 1545 / B. Dutterer

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 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
Building Permit # : 00150721

Date Reported: 09/19/05



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

April 9, 2007

Pulte Homes Inc.
1501 S. Edgewood Street
Baltimore, MD 21227

RE: Paddocks East, Lot 7
13569 Julia Manor Way
West Friendship, MD 21794
BP #: B00150721
Well Permit # HO-94-3906

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 07/22/2005. Final approval of the well line connection to the dwelling was approved on 09/13/2005.**

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.

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-94-3906. 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.

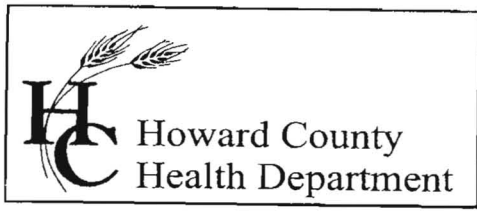
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 09/16/2005 & 10/04/2005
Date of Well Completion: 04/09/2004

Approving Authority,

Stuart Oster, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

OR

b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO -94-3906. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Bo Kim 9-21-05

Prospective Owner's Day Time Phone Number(s)

Tae Chol 9.21.05

301 717 0766