

C1 3887 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.

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 400 (TO NEAREST FOOT) 9/13/06 O.K. RB

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD - 95 - 0269

OWNER JTS CORPORATION STREET OR RFD CLARKSVILLE PIKE TOWN CLARKSVILLE SUBDIVISION MACBETH FARM SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Brown Mica, Tan Mica, Gravel, Gray Mica, Quartz, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (30), NO. OF POUNDS (3000), GALLONS OF WATER (180), DEPTH OF GROUT SEAL (0 to 45 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (69).

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 67, 400

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE

LIC. NO. 1 JUD 227

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

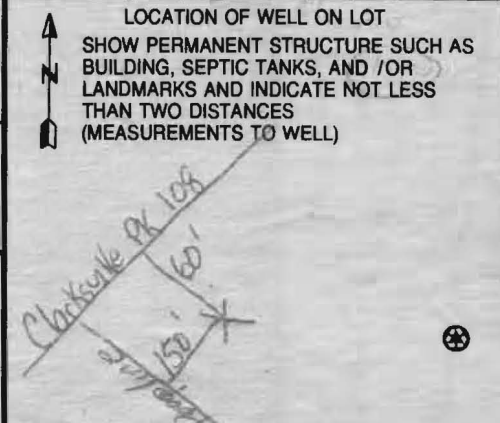
DEPTH (nearest ft.) 67, 400. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) 56, 60

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft, WHEN PUMPING 210 ft, TYPE OF PUMP USED (for test) 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, 35. PUMP HORSE POWER 37, 41. PUMP COLUMN LENGTH (nearest ft.) 43, 47. CASING HEIGHT (circle appropriate box and enter casing height) + above, - below, LAND SURFACE (nearest foot) 2



B 1 0733 SEQUENCE NO. (MDE USE ONLY)

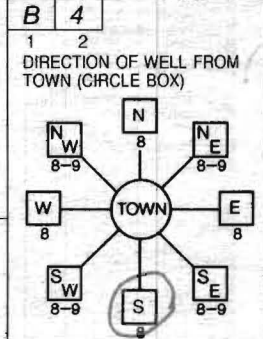
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER 40-95-0269 fill in this form completely

DATE RECEIVED (APA) 62 24 06 OWNER INFORMATION 10156 JTS Corporation 8808 Centre Park Drive S209 Columbia, Md 21045

LOCATION OF WELL Howard Macbeth Farm Clarksville NEAREST TOWN

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



Clarksville Pike (Md 108) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 200 TAX MAP: 34 BLK: 18 PARCEL: 90

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A518543 DATE ISSUED 3/6/06 CO SIGNATURE EXP. DATE 3/6/08

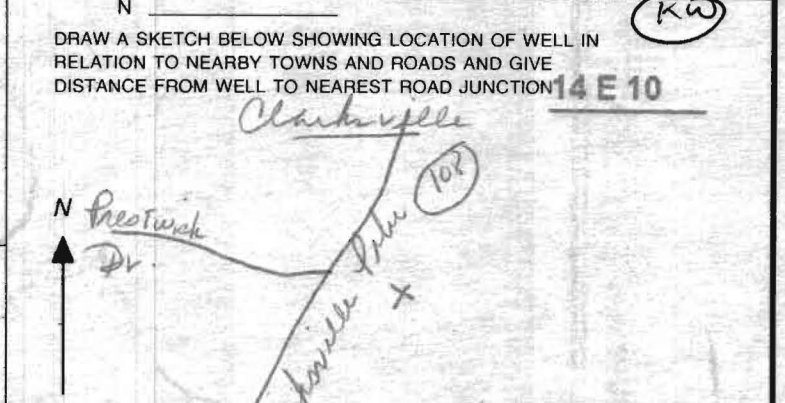
USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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 wells WRITE THE BOX NUMBER FROM THE MAP HERE 810 490

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO 2004 G 008 PERMIT No. HO-95-0269

SPECIAL CONDITIONS Radium sample at Clarksville yield test

**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: Marbeth Farms Lot #: 1 Well Tag #: HO - ____ - ____
Site Address: 12810 Marbeth Farms Ln.

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: _____ Date Insp. Approved: 5/15/07 KW
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
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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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnhart Ave.
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 2122

*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: NV Homes Telephone #: 410-379-5956
Subdivision: CLARKSVILLE OVERLOOK Lot #: 1 Well Tag #: HO-95-0269
Site Address: 12810 MacBeth Farm Lane
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-RITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>57PH507221</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Robert L. Feezer date: 5/15/07

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

Date Insp. Requested: _____ Date Insp. Approved: 5/16/07 (KW)
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

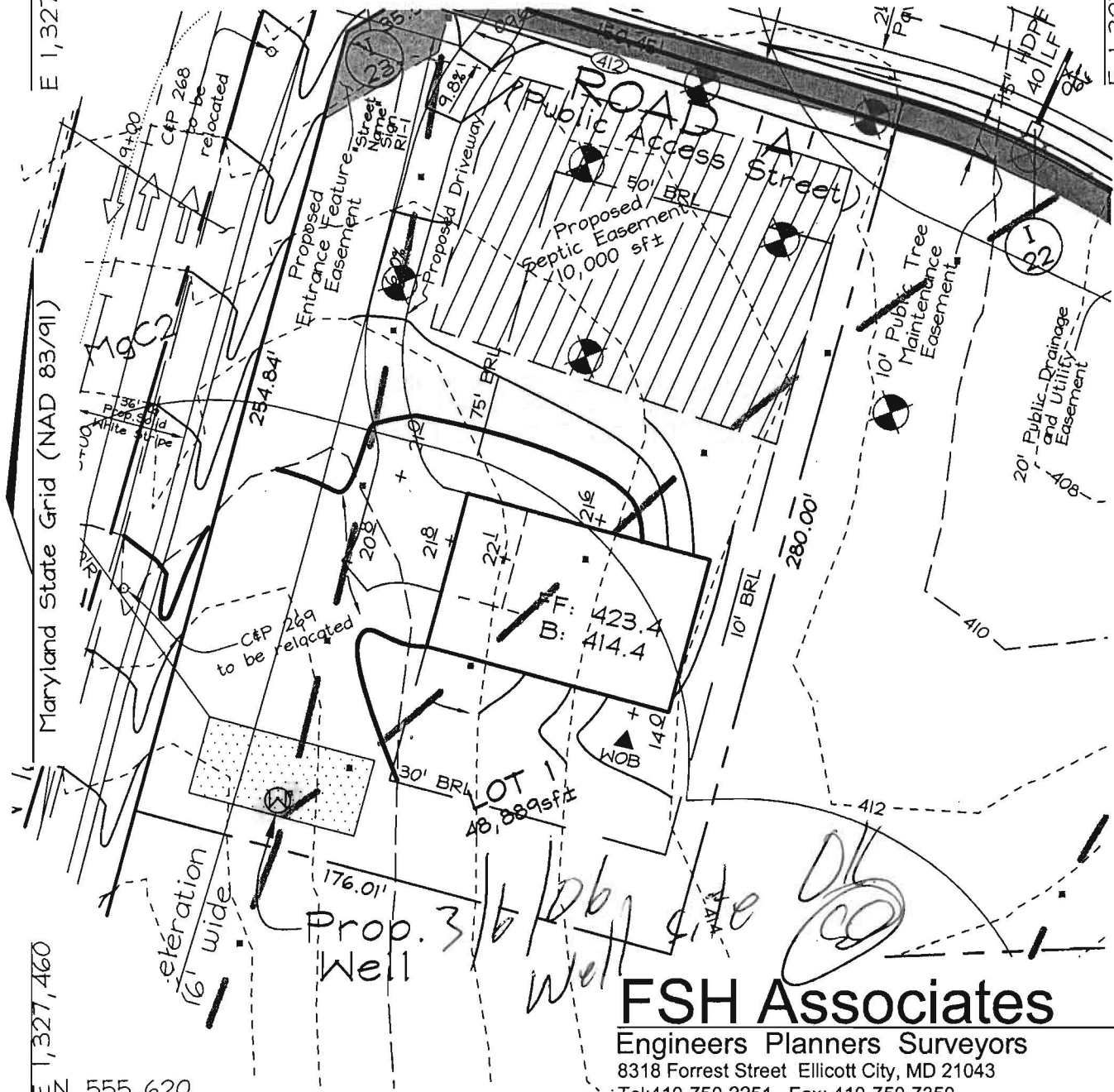
N 555,990

N 555,990

E 1,327,460

E 1,327,800

Note:
The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.



FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: info@fsha.biz

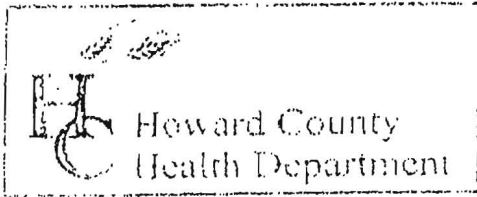
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 1 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 1

TAX MAP 34 GRID 18 & 24
4TH ELECTION DISTRICT

PARCEL 90
HOWARD COUNTY, MARYLAND



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

TO ALL INTERESTED PARTIES

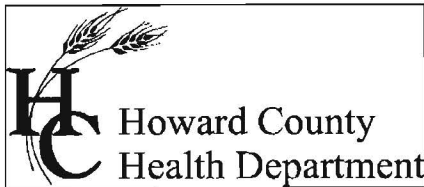
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by F.S.H. ASSOCIATES,
 (professional land surveyor or company employing professional land surveyors)
 on 2-20-06 (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 6/10/03

JTS CORPORATION
 LOTS 1-35 MACBETH FARM



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

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

August 17, 2007

NV Homes
6085 Marshalee Drive
Elkridge, MD 21075

SENT BY FACSIMILE 410-379-2430

RE: Clarksville Overlook, Lot 1
12810 Macbeth Farm Ln.
Clarksville, MD 21029
BP #: B07000474
Well Permit # HO-95-0269

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 05/16/2007. Final approval of the well line connection to the dwelling was approved on 05/16/2007.**

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.

TEMPORARY INTERIM CERTIFICATE OF POTABILITY

This is a **Temporary Deviation** to allow additional time for radium 226 and 228 testing and for the levels to meet EPA recommendations.

A Gross Alpha and Beta short and long term sample was collected on 8/14/2007. Although the results were slightly elevated (see radium letter), **post treatment** analysis findings were below its targeted value (see radium letter). In addition, Radium 226 and 228 samples were collected on 8/14/2007. Findings are pending. See Radium Agreement.

This temporary deviation is good for **thirty days** to allow time for radium testing. An Interim Certificate of Potability will be issued upon submission of a water sample report that documents a Radium 226 and 228 level that is within the EPA standards.

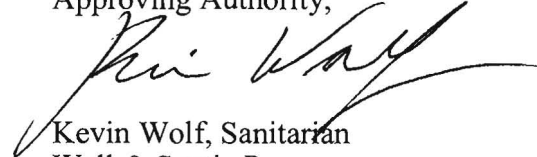
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0269. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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.

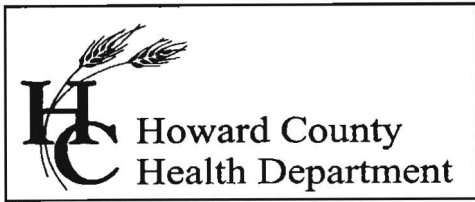
Date of Water Samples: 07/12/2007 & 08/13/2007
Date of Radium Tests: 5/21/2007, 8/14/2007 **RADIUM 226 and 228 TESTS**
PENDING
Date of Well Completion: 03/28/2006

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

July 5, 2007

JTS Corporation
8808 Centre Park Drive
Suite 209
Columbia, Maryland 21045

RE: MacBeth Farm Lot 1
Well Tag: HO - 95 - 0269

To Whom It May Concern:

A sample was collected from a yield test on May 21, 2007 and submitted to the Department of Health & Mental Hygiene Laboratory 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. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 17.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 18.0 ± 2.0 pCi/L. The **Gross Alpha** result exceeded its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

Since the **Gross Alpha** finding exceeded its **MCL**, additional testing for **Gross Alpha**, **Gross Beta** and **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results (for all 3 parameters) confirming that levels are in conformance with existing standards. These tests are in addition to the standard parameters required for Use & Occupancy. Finally, a "Radium Treatment Agreement" will need to be signed by "you" and the new owners to be.

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 or to discuss additional testing requirements.

Sincerely

Bert Nixon, Acting Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic property file

CERTIFICATE OF ANALYSIS



Requester:
 NV Homes, Inc
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 64306
Report Date: July 13, 2007

Trace Laboratories, Inc.
Maryland

5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

ISO 9001:2000



Cert No. C2005-01504

Property Sampled: 12810 Macbeth Farm Road

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 1 **Parcel #:** 90
Building Permit #: B07000474

Date/Time Collected: July 12, 2007 at 12:40 pm
Date/Time Received: July 12, 2007 at 2:00 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0269
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	30 NTU	EPA 180.1	10 NTU	High
Iron	3.5 mg/L as Fe		*0.3 mg/L as Fe	***
pH	7.8 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.

CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@comnext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
NV Homes, Inc
Attn: Buddy
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

S/O Number: 64812
Report Date: August 13, 2007

Property Sampled: 12810 Macbeth Farm Road, Retest

County: Howard
Subdivision: Clarksville Overlook
Lot #: 1
Building Permit #: B07000474

Tax Map #: 34
Parcel #: 90

Date/Time Collected: August 13, 2007 at 9:25 am
Date/Time Received: August 13, 2007 at 10:30 am

Sample Location: Downstairs Bar Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0269
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
Iron	<0.1 mg/L as Fe		*0.3 mg/L as Fe	***

Allison R. Milburn
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.

CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connxt.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
NV Homes, Inc
Attn: Buddy
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

S/O Number: 64834-2
Report Date: August 17, 2007

Property Sampled: 12810 Macbeth Farm Lane, Treated Sample

County: Howard
Subdivision: Clarksville Overlook
Lot #: 1
Tax Map #: 34
Parcel #: 90

Date/Time Collected: August 14, 2007 at 2:15 pm
Date/Time Received: August 14, 2007 at 3:05 pm

Sample Location: Laundry Tub Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0269
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Gross Alpha	1.8 +/- 0.9 pCi/L	EPA 900.0	1.0 pCi/L
Gross Beta	<1.7 +/- 1.0 pCi/L	EPA 900.0	1.7 pCi/L

Allison R. Milburn
Allison R. Milburn
Manager-Drinking Water Testing

CERTIFICATE OF ANALYSIS



Requester:
 NV Homes, Inc
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 64834-1
Report Date: August 17, 2007

Trace Laboratories, Inc.
Maryland

5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email: tracelab@connex.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

ISO 9001:2000



Cert No. C2005-01504

Property Sampled: 12810 Macbeth Farm Lane, Raw Sample

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 1 **Parcel #:** 90

Date/Time Collected: August 14, 2007 at 2:10 pm
Date/Time Received: August 14, 2007 at 3:05 pm

Sample Location: Pressure Tank Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0269
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Gross Alpha	8.4 +/- 1.5 pCi/L	EPA 900.0	0.8 pCi/L
Gross Beta	6.5 +/- 1.2 pCi/L	EPA 900.0	1.5 pCi/L

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing

**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 Hyung m. Kim ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12810 MacBeth Farm Lane and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # _____, Block # _____, Parcel # _____, Deed Reference # _____ and Tax Account # _____ ("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 _____ 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.

X 8/17/07

Date

X 8/17/07

Date

8/17/07

Date

8/17/07

Date

X [Signature]

Owner

X [Signature]

Owner

Howard County Health Department

[Signature]
witness