

C1 3751

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 400

9/13/06 OK BB

PERMIT NO. HO-95-0317

OWNER: J T S CORPORATION STREET OR RFD: Clarksville Pike (Md 108) TOWN: Clarksville SUBDIVISION: Macbeth Farm SECTION: LOT: 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Top Soil, Brown Sandy mica, Grey mica, Sand, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (27), NO. OF POUNDS (2700), GALLONS OF WATER (162), DEPTH OF GROUT SEAL (0 to 46 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT).

MAIN CASING TYPE: ST, Nominal diameter top (main) casing (nearest inch): 6, Total depth of main casing (nearest foot): 60.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO.: MW D 0240, DRILLERS SIGNATURE: [Signature]

LIC. NO.: AWP 788

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

DEPTH (nearest ft.): HO 58, 400

ACSENER: 1 8 9 11 15 17 21, 2 23 24 28 30 32 36, 3 38 39 41 45 47 51

SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH): 58, 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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 12

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 34 ft.

WHEN PUMPING: 160 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.

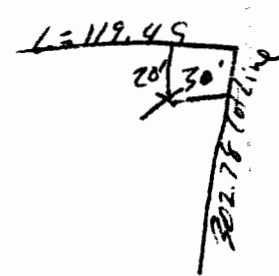
CAPACITY: GALLONS PER MINUTE (to nearest gallon): 31, 35

PUMP HORSE POWER: 37, 41

PUMP COLUMN LENGTH (nearest ft.): 43, 47

CASING HEIGHT (circle appropriate box and enter casing height): 4 above, LAND SURFACE 2 (nearest foot) below

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)



1 0744 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524124 please type

STATE PERMIT NUMBER 110-95-0317 fill in this form completely

Date Received (APA) 02 24 06 OWNER INFORMATION 10166 J T S Corporation 8808 Centre Park Drive S209 Columbia, Md 21045

Howard LOCATION OF WELL Macbeth Farm Clarksville 11 52 NEAREST TOWN

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

Clarksville Pike (Md 108) 500+ DISTANCE FROM ROAD Ft. TAX MAP: 34 BLK: 24 PARCEL 90

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 1518543

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells Radium Sample Taken During Yield Test

METHOD OF DRILLING (circle one) AIR-ROTary

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE 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 14 E 10

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 110 2004 G 008 PERMIT No. 110-95-0317

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

12:30

4-25-06

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 95-0317  
Location of property (road) CLARKSVILLE Pike  
Subdivision MACBETH FARM Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller EASTMAN Owner JTS CORPORATION

Depth of well 400 15gpm  
Distance of measuring point (M.P.) above ground 2 Ft  
Static water level (S.W.L.) below M.P. 34 Ft

I. High rate pumping -- reservoir drawdown

Time pump started 1:30 Pumping rate 15gpm  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ 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 $\frac{1}{2}$ gallon bucket	FLOW-METER READING (if used) <u>Pump set 380'</u>	CALCULATED FLOW (gallons per minute)
1:45	87 Ft	4 sec		15gpm
2:00	120 Ft	4 sec		15gpm
2:15	133 Ft	4 sec		15gpm
2:30	148 Ft	4 sec		15gpm
2:45	152	4 sec		15gpm
3:00	155 Ft	4 sec		15gpm
3:15	160 Ft	5 sec		12gpm
3:30	160	5 sec		12gpm
3:45	160	5 sec		12gpm
4:00	160	5 sec		12gpm
4:15	160	5 sec		12gpm
4:30	160	5 sec		12gpm
4:45	160	5 sec		12gpm

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6301 Barnett 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: N.V. Homes Telephone #: 410-379-5956  
Subdivision: CLARKSVILLE OVERLOOK Lot #: 11 Well Tag #: HO-95-0317  
Site Address: 12856 MACBETH FARM LN  
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Sta-Rite Make: Campbell Two piece watertight cap:   
Model #: SSP4002HL-03 Model#: PT 800 Screened, vented well cap:   
Pump Capacity 5 GPM Depth: 40.11 (36" min) Cap secured to casing:   
Well Yield: 1.2 GPM NSF approved:  Conduit min 18" B.G.:

Depth of well encountered at time of pump installation: 402(feet) Conduit secured to well cap:   
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 House Connection  
Type: Poly PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 10'  
Depth of supply line: 40 (36" min) 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.

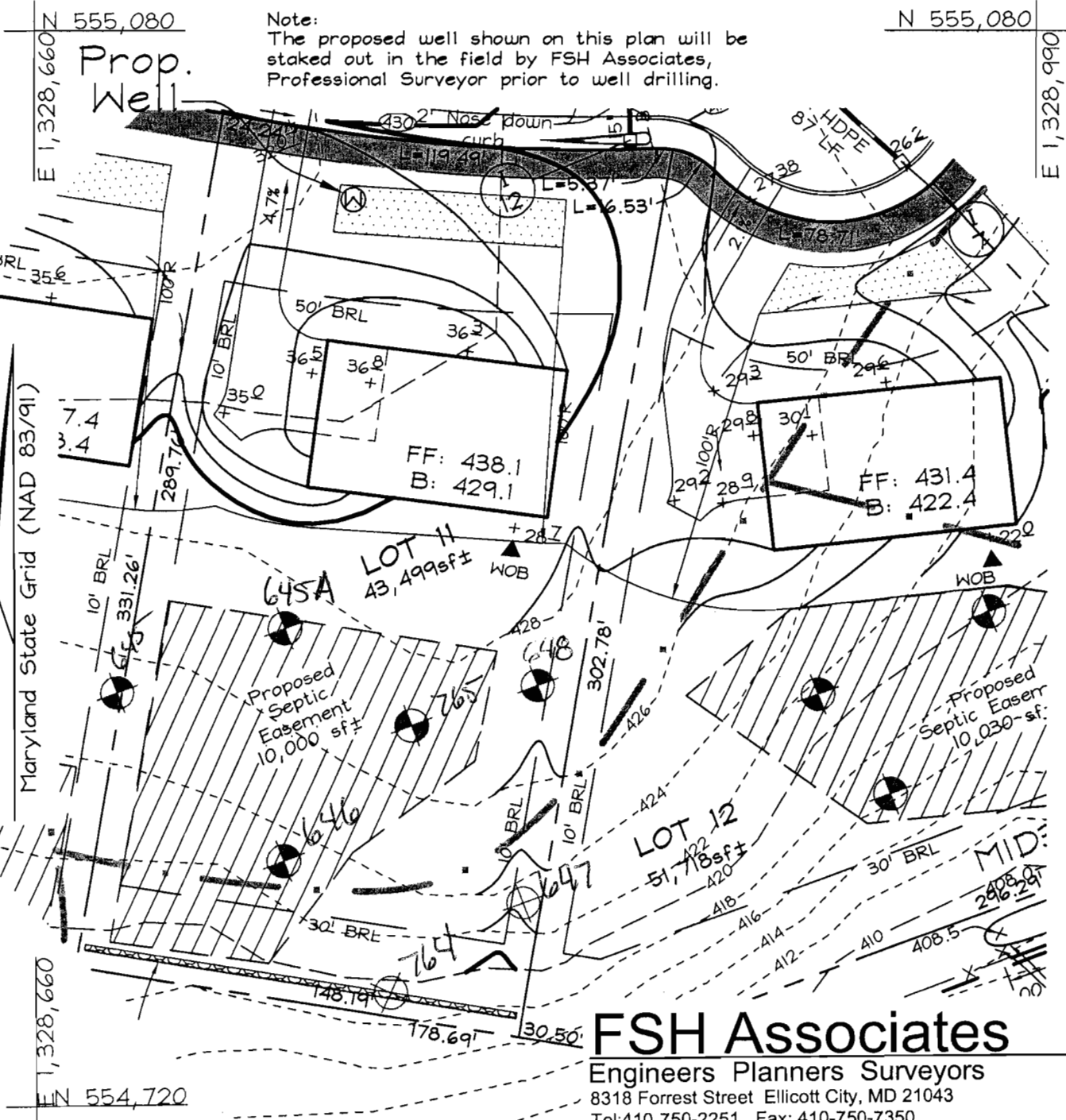
Signature of company representative responsible for installation: Robert L. Feezer date: 2/21/08  
INSPECTION FOR 2/1/08

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

Date Insp. Requested: 2/6/08 Date Insp. Approved: 2/6/08  
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

KW

3/23/06 well site OK (EQ)

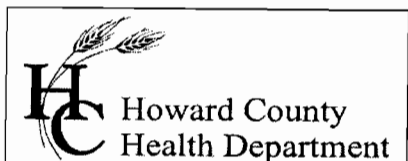


Note:  
The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.

**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.: 11 OF 35

**WELL PERMIT PLAN  
MACBETH FARM**  
LOT 11  
TAX MAP 34 GRID 18 & 24  
4TH ELECTION DISTRICT  
PARCEL 90  
HOWARD COUNTY, MARYLAND



Peter L. Beilenson, M.D., M.P.H., Health Officer March 26, 2008 NV Hor

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

March 26, 2008

NV Homes, Inc.  
6085 Marshalee Drive, Suite 130  
Elkridge, MD 21075

SENT VIA FACSIMILE 410-854-3983

RE: Clarksville Overlook, Lot 11  
12856 Macbeth Farm Lane  
Clarksville, MD 21029  
BP #: B07004144  
Well Permit # HO-95-0317

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 02/08/2008.**  
**Final approval of the well line connection to the dwelling was approved on 02/06/2008.**

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 Beta sample was collected on 04/06/2006. 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. In order to meet compliance, a water treatment device (Neutralizer) was installed. In addition, post treatment Radium 226/228 samples were collected on 03/03/2008. Combined results were below the combined 226/228 MCL of 5pCi/l. Also, post treatment Gross Alpha and Gross Beta samples were collected on 03/03/2008. The Gross Alpha result was below its targeted value of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L. 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-95-0317. 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.

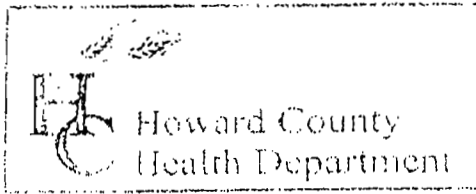
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Dates of Water Sample:	03/03/2008
Date of Samples for Gross Alpha and Gross Beta:	04/25/2006 & 03/03/2008
Dates of Samples for Radium	03/03/2008
Date of Well Completion:	04/18/2006

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



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

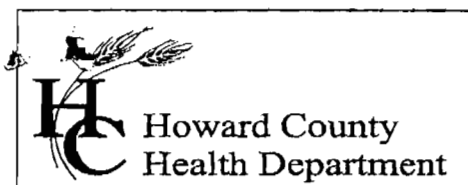
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- 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, 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

May 30, 2006

JTS Corporation  
5300 Dorsey Hall Drive  
Suite 200  
Ellicott City, Maryland 21042

RE: MacBeth Farm Lot 11  
Well Tag: HO-95-0317

To Whom It May Concern:

A sample was collected from a yield test on April 25, 2006 and submitted to GPL Laboratories 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  $49.0 \pm 2.4$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $10.7 \pm 1.1$  pCi/L. The **Gross Alpha** result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its MCL of 50 pCi/L.

Since the **Gross Alpha** finding exceeded its MCL, additional testing for **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 confirming that levels are in conformance with existing standards.

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, Deputy Director  
Bureau of Environmental Health

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



Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	MF11BB950317
Receipt Date/Time:	04/26/2006	Lab Sample ID:	604170-002-002-1/1
Prepared Date/Time:	04/27/2006	Sample Matrix:	WATER
Analysis Date/Time:	4/27/06 14:54	Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty $2\sigma$	MDA	Q
Gross Alpha	48.9966 pCi/L	$\pm 2.4224$ pCi/L	0.6558 pCi/L	
Gross Beta	10.7443 pCi/L	$\pm 1.0840$ pCi/L	1.0967 pCi/L	



## Florida Radiochemistry Services, Inc.

### Sample Login

<b>Client:</b>	<b>Trace Labs</b>	<b>Date / Time Received</b>	<b>Work order #</b>
		<b>03/05/08 09:56</b>	<b>0803010</b>
<b>Client Contact:</b>	<b>Allison Milburn</b>		
<b>Client P.O.</b>	<b>5415</b>		
<b>Project I.D.</b>	<b>67407</b>		
<b>Lab Sample I.D.</b>	<b>Client Sample I.D.</b>	<b>Sample Date/Time</b>	<b>Analysis Requested</b>
<b>0803010-01</b>	<b>67407</b>	<b>03/03/08 15:00</b>	<b>Ra226, Ra228, U</b>
	<b>12856 MacBeth Farm Ln</b>		

### Analysis Results

<b>Radium 226</b>	<b>0.6</b>	<b>Radium 228</b>	<b>1.1</b>
<b>Error +/-</b>	<b>0.2</b>	<b>Error +/-</b>	<b>0.8</b>
<b>MDL</b>	<b>0.2</b>	<b>MDL</b>	<b>0.9</b>
<b>EPA Method</b>	<b>903.1</b>	<b>EPA Method</b>	<b>Ra-06</b>
<b>Prep Date</b>	<b>03/06/08</b>	<b>Prep Date</b>	<b>03/06/08</b>
<b>Analysis Date</b>	<b>03/13/08</b>	<b>Analysis Date</b>	<b>03/13/08</b>
<b>Analyst</b>	<b>MJN</b>	<b>Analyst</b>	<b>PJ</b>
<b>Uranium</b>	<b>0.8</b>		
<b>Error +/-</b>	<b>0.7</b>		
<b>MDL</b>	<b>0.8</b>		
<b>EPA Method</b>	<b>908.0</b>		
<b>Prep Date</b>	<b>03/13/08</b>		
<b>Analysis Date</b>	<b>03/14/08</b>		
<b>Analyst</b>	<b>MJN</b>		
<b>Units</b>	<b>pCi/l</b>	<b>Units</b>	<b>pCi/l</b>

## 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@connext.net](mailto:tracelab@connext.net)  
[www.tracelabs.com](http://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:** 67407  
**Report Date:** March 4, 2008

**Property Sampled:** 12856 Macbeth Farm Lane

**County:** Howard  
**Subdivision:** Clarksville Overlook  
**Lot #:** 11  
**Building Permit #:** B07004144  
**Tax Map #:** 34  
**Parcel #:** 90

**Date/Time Collected:** March 3, 2008 at 12:32 pm  
**Date/Time Received:** March 3, 2008 at 2:30 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 0095JF  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0317  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Neutralizer, Softener

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.4 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

*Katherine Cannon Fd*  
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



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

**S/O Number:** 67407  
**Report Date:** March 20, 2008

**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](mailto:tracelab@connext.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



PERRY JOHNSON  
REGISTRARS, INC.  
Cert No. C2005-01504

**Property Sampled:** 12856 Macbeth Farm Lane

**County:** Howard  
**Subdivision:** Clarksville Overlook  
**Lot #:** 11  
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**Sampler ID:** 0095JF  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0317  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Neutralizer, Softener

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Radium 226	0.6 +/- 0.2 pCi/L	EPA 903.1	0.2 pCi/L
Radium 228	1.1 +/- 0.6 pCi/L	EPA Ra-05	0.9 pCi/L
Uranium	0.8 +/- 0.7 pCi/L	EPA 908.0	0.8 pCi/L

Allison R. Milburn  
Manager-Drinking Water Testing

Samples analyzed by Laboratory #E83033

### CERTIFICATE OF ANALYSIS



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

**S/O Number:** 67407  
**Report Date:** March 24, 2008

**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

**Property Sampled:** 12856 Macbeth Farm Lane

**County:** Howard  
**Subdivision:** Clarksville Overlook **Tax Map #:** 34  
**Lot #:** 11 **Parcel #:** 90  
**Building Permit #:** B07004144

**Date/Time Collected:** March 3, 2008 at 12:32 pm  
**Date/Time Received:** March 3, 2008 at 2:30 pm

Maryland State Certified  
Water Quality Laboratory  
No. 318

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 0095JF  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

ISO 9001:2000



**Well Tag Number:** HO-95-0317  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Neutralizer, Softener



FERRY JOHNSON  
REGISTRARS, INC.  
Cert No. C2005-01504

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Gross Alpha	5.6 +/- 1.2 pCi/L	EPA 900.0	0.9 pCi/L
Gross Beta	4.2 +/- 1.1 pCi/L	EPA 900.0	1.5 pCi/L

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

Samples analyzed by Laboratory #278

Lot 11

**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 Laxma + Sharada Nagavelli ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12856 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.

Date 9/30/07  
Date 9/30/07  
Date \_\_\_\_\_

Owner *VLR Reddy*  
Owner *Shree Nagarali*  
Howard County Health Department

*DELIVERED BY NY HOMES, TOM HERBERT 10/15/07*

2007 OCT 15 PM 1:57