

3755

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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: J.T.S. CORPORATION, STREET OR RFD: Clarksville Pike (Md 108), TOWN: Clarksville, SUBDIVISION: Mabeth Farm, SECTION: , LOT: 15

WELL LOG Not required for driven wells

GROUTING RECORD

C 3 PUMPING TEST

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include: topsoil, Brown Mica, Sandstone, Brown Mica, Gray Mica, sandstone, Gray Mica, Gray mica w/ quartz, Quartz, Gray mica w/ quartz.

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (21), NO. OF POUNDS (2100), GALLONS OF WATER (126), DEPTH OF GROUT SEAL (30)

HOURS PUMPED (3), PUMPING RATE (8.9), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (38 ft. before, 165 ft. when pumping)

CASING RECORD (ST), MAIN CASING TYPE (St), Nominal diameter (6), Total depth (60)

TYPE OF PUMP USED (S) submersible

OTHER CASING (if used)

PUMP INSTALLED

SCREEN RECORD (ST), screen type or open hole (ST), insert appropriate code below

DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47)

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

WELL HYDROFRACTURED (Y)

ACSH 1 2 3

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL

ACSH 2 3, REE, SLOT SIZE 1 2 3

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...

DIAMETER OF SCREEN (56-60), GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE

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

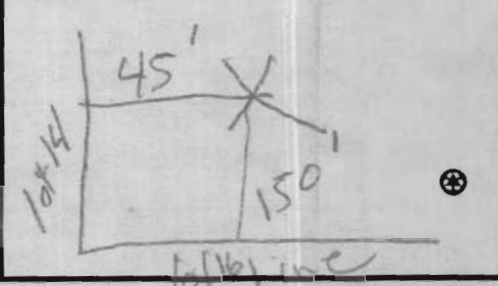
LIC. NO. 1 J D 727

70 72 74 75 76

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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 0748
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

524124 please type

STATE PERMIT NUMBER
110-95-0321
fill in this form completely 79

Date Received (APA)
022406
8 MM DD YY 13

OWNER INFORMATION 10170

J T S Corporation
15 Last Name Owner First Name 34
8808 Centre Park Drive S209
36 Street or RFD 55
Columbia, Md 21045
57 Town 70 State 72 Zip 76

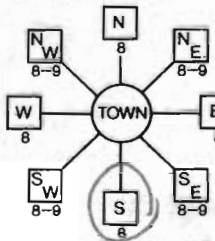
B 3 LOCATION OF WELL

Howard COUNTY 21
Macbeth Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 15 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 2/23/2006
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clarksville Pike (Md 108)

11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 500+ 37
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 24 PARCEL 90

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 11518543
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 3/23/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE 3/23/07
NORTH GRID 494 000 EAST GRID 817 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
36 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

81d ↓ 7
49d 4
E
N

4/12/06 Sample Taken During Yield Test (Radium) (BB)

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 HD 2004 G 008
PERMIT No. HD-95-0321
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

8:30

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0321
 Location of property (road) ROUTE 108 CLARKSVILLE Pike
 Subdivision MACBETH FARM Lot 15 Block _____ Plat _____ Sec. _____
 Well Driller EASTEDAY Owner JTS COVP

Depth of well 600 10apm
 Distance of measuring point (M.P.) above ground 12ft
 Static water level (S.W.L.) below M.P. 38ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:30 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 \$ gallon bucket	FLOW METER READING (if used) <u>Panaset 380'</u>	CALCULATED FLOW (gallons per minute)
11:30	38	4sec		15gpm
11:45	104	4sec		15gpm
12:00	136	5sec		12gpm
12:15	149	6sec		10gpm
12:30	160	7sec		8gpm
12:45	165	7sec		8gpm
1:00	165	7sec		8gpm
1:15	165	7sec		8gpm
1:30	165	7sec		8gpm
1:45	165	7sec		8gpm
2:00	165	7sec		8gpm
2:15	165	7sec		8gpm
2:30	165	7sec		8gpm

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. Freezer Co. Inc Telephone #: 410-781-4655
Address: 6321 Barnett Ave.
Syracuse, 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. Freezer 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 #: 15 Well Tag #: HO-95-0321
Site Address: 12861 MACRETH FARM LN
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>55P4HC15221</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8</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>600</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

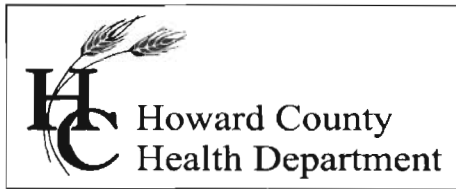
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>40"</u> (36" min)	Sleeve caulked and sealed properly: <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.

Robert L. Freezer 10/29/07
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: 9/25/07 (initials)
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 _____



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

11/29/2007

Homeowner
12861 Macbeth Farm Lane
Clarksville, MD 21029

RE: Clarksville Overlook - Lot 15
12861 Macbeth Farm Lane
BP # B007002392
Well Permit # HO-95-0321

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 11/29/2007. Final approval of the well line connection to the dwelling was approved on 11/29/2007.**

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.

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-95-0321. 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: **Radium** - 4/12/06 & 10/22/07
Standard - 10/22/07 & 10/31/07

Date of Well Completion: 5/1/2006

Approving Authority,

Brian Baker, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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
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: 65777
Report Date: November 12, 2007

Property Sampled: 12861 Macbeth Farm Lane

County: Howard
Subdivision: Clarksville Overlook
Lot #: 15
Building Permit #: B07002392
Tax Map #: 34
Parcel #: 90

Date/Time Collected: October 22, 2007 at 11:30 am
Date/Time Received: October 22, 2007 at 12:45 pm

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

Well Tag Number: HO-95-0321
Well Condition: 2-Piece Cap
1 Bolt Missing
Cap Tight

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Radium 226	0.3 +/- 0.1 pCi/L	EPA 903.1	0.1 pCi/L
Radium 228	1.3 +/- 0.6 pCi/L	EPA Ra-05	0.9 pCi/L
Uranium	2.9 +/- 1.1 pCi/L	EPA 908.0	0.8 pCi/L

Gross Alpha - Short Term
Gross Beta - Long Term

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: 65777
Report Date: October 23, 2007

Trace Laboratories, Inc.
Maryland

Property Sampled: 12861 Macbeth Farm Road

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 15 **Parcel #:** 90
Building Permit #: B07002392

Date/Time Collected: October 22, 2007 at 11:30 am
Date/Time Received: October 22, 2007 at 12:45 pm

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

Well Tag Number: HO-95-0321
Well Condition: 2-Piece Cap
 Cap Tight
 1 Bolt Missing

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

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.

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



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

CERTIFICATE OF ANALYSIS



**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
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Email: tracelab@connext.net
www.traceclabs.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: 65908
Report Date: November 1, 2007

Property Sampled: 12861 Macbeth Farm Road, Retest #1

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 15 **Parcel #:** 90
Building Permit #: B07002392

Date/Time Collected: October 31, 2007 at 12:20 pm
Date/Time Received: October 31, 2007 at 2:00 pm

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

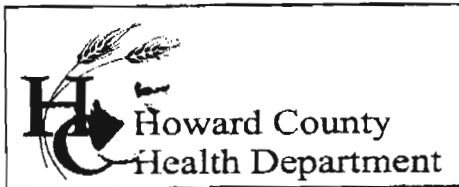
Well Tag Number: HO-95-0321
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Kate Cannon FOR
Allison R. Milburn
Manager- Drinking Water Testing

MCL=Maximum Contamination Level



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 23, 2006

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

RE: MacBeth Farm Lot 15
Well Tag: HO-95-0321

To Whom It May Concern:

A sample was collected from a yield test on April 12, 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 14.4 ± 1.3 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.5 ± 0.7 pCi/L. With the margin of error, 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 (with margin of error) 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. These tests are in addition to the standard parameters required for Use & Occupancy.

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

MCE

Send Report To:
Howard County
Environmental
Health

State of Maryland
DHMH - Laboratories Adm
Division of Environmental
RADIATION LABORATORY

MacBeth Farm
JTS Corporation Suite 209
8808 Centre Park Dr. Columbia, MD 21045

201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

5/27

LABORATORY ANALYSIS REQUEST

MF15BB950321

Sample Bottle No. A: 1 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Macbeth Farm - Lot 15 County: Howard

Sample Source: Rt. 108 Location: Well # Ho-95-0321
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 4/12/2006

Time Collected: _____ a.m. 12:30 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Taken During Yield Test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>604093-004</u>	<u>14.4 ± 1.3</u>	<u>4/19/06</u>
✓	Gross Beta	4100		<u>5.5 ± 0.7</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

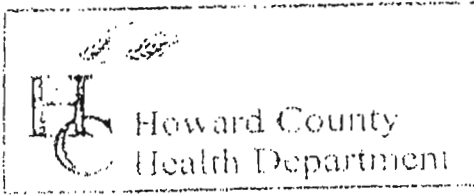
Date Received: _____ / _____ / _____

Supervisor: _____

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	MF15BB950321
Sample Date/Time:	4/12/2006	Lab Sample ID:	604093-004-004-1/1
Receipt Date/Time:	4/13/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	14.3652 pCi/L	± 1.301 pCi/L	1.4893 pCi/L	
Gross Beta	5.5174 pCi/L	± 0.7516 pCi/L	2.2289 pCi/L	



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

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 Pil + Ji Lim ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12861 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 7/1/07
Date
X 7/1/07
Date

Date

X *Richard [Signature]*
Owner
X *Jane [Signature]*
Owner

Howard County Health Department

DELIVERED BY NV HOMES, TOM HERBERT 10/15/07

SN: 1 01 9100167

10/15/07