

C 1 7040 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 A 518647

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

DATE WELL COMPLETED MM DD YY 6 12 2007

Depth of Well 22 280' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0762

OWNER Lanthorn Oaks LLC STREET OR RFD Lanthorn rd. TOWN Dayton SUBDIVISION Lanthorn Oaks SECTION LOT 3

WELL LOG Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing. Sand 0 56. Cenozoic Rock 56 280. 6/20/08 OK (KW) 20 ÷ 5.62 3.6

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) Y 44 N 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft.

CASING RECORD casing types insert appropriate code below. ST STEEL CO CONCRETE PL PLASTIC OT OTHER. MAIN CASING TYPE St 6 60. Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100. HO 58 280

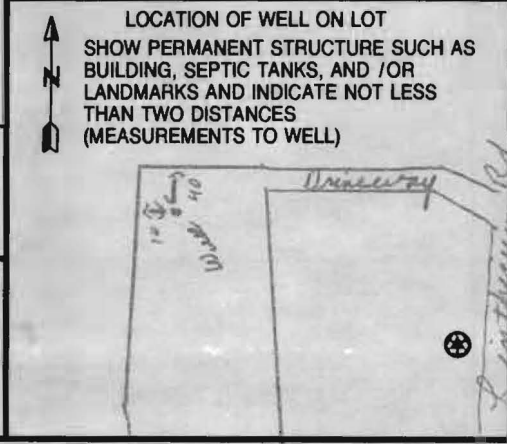
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M S D 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

C 3 PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 10 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 17 20 ft. WHEN PUMPING 79 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES OR 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 2 (nearest foot)



B 1 9893

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526248 please type

40-95-0762 fill in this form completely

Date Received (APA)

2/22/07

OWNER INFORMATION

8 MM DD YY 13 Lanthicum Oaks LLC 15 Last Name Owner First Name 34 4231 Lanthicum Rd 36 Street or RFD 55 Dayton Md 21036 57 Town 70 State 72 Zip 76

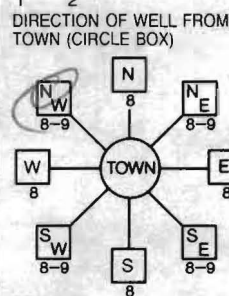
B 3 LOCATION OF WELL

8 COUNTY Howard 21 Lanthicum Oaks 23 SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 1/2 M 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne MS D024 76 License No. 81 Firm Name Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy Md 21771 Address Signature Joseph L. Mayne Date 2-21-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Lanthicum Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 230 34 500 37 SOUTH 38 39 DISTANCE FROM ROAD ENTER FT OR MI FT TAX MAP: 22 BLK: 19 PARCEL 50

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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 13 COUNTY NAME A518647 COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 2/20/07 CO SIGNATURE Min Waff 3/20/08 EXP. DATE 43 MM DD YY 48 NORTH GRID 517 000 55 EAST GRID 0800 000 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN 30 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 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 DEEPEN 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. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 517

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER PERMIT No. 40-95-0762 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS SEE MEMORANDUM ATTACHED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0762
 Location of property (road) Longview rd.
 Subdivision Longview Oaks Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller J. Mayne Owner Linthicum Oaks LLC

Depth of well 280'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 24'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
 Total time 15 min to reach pumping water level 79 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 5.1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	24'		N/A	
7:15	79	3 sec		20 gpm
7:30	76	6		10
7:45	76	6		10
8:00	76	6		10
8:15	76	6		10
8:30	76	6		10
8:45	76	6		10
9:00	76	6		10
9:15	76	6		10
9:30	76	6		10
9:45	76	6		10
10:00	76	6		10
10:15	76	6		10

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**



FAXED

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: NATIONAL WATER SERVICE Telephone #: 301-954-1933
 Address: P.O. BOX 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:

Name (Print): DAVID RYCKE License# PI 0145
 *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: Griffmore Group Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0762
 Site Address: 4244 LINTHICUM
DARTON, MD 21036

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>MARLBOROUGH</u> 10-250	Make: <u>MARLBOROUGH</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>GRUNDFOS</u>	Model #: <u>D-10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</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>280</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 _____

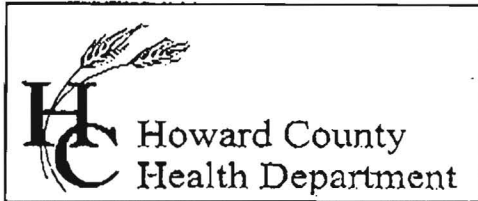
Piping to house	House Connection
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>46</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" 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: DAVID RYCKE 6/30/09
 date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
 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 _____



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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Linthicum Oaks 1,2,3,4,5 Linthicum Rd
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Van Mar Associates
 (professional land surveyor or company employing professional land surveyors)
 on 2-22-2007 (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 3/11/05

22, 19, 50, 87 R

APR 22 11 06 31

(A) 518647

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	71903	Account #:	3123
Reference:	Solomon	Company:	National Water Servicing
Location:	4244 Linthicum Road Dayton, MD 21036	Requested By:	Dave Rycke
Date/ Time Collected:	7/9/2009 1030	Source:	Well Water
Date/Time Rec'd:	7/9/2009 1252	Site:	Test Port After Treatment
Chlorine ppm:	Free: ND Total: ND	Treatment:	UV Light & Sediment Filter
Collected By:	J. Yeager 6176JY	pH:	6.4
		Well #:	HO-95-0762

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/10/2009 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/10/2009 / 0830 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B08001974

Date Reported: 7/10/2009

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 71902	Account #: 3123
Reference: Solomon	Company: National Water Servicing
Location: 4244 Linthicum Road Dayton, MD 21036	Requested By: Dave Rycke
Date/ Time Collected: 7/9/2009 1022	Source: Well Water
Date/Time Rec'd: 7/9/2009 1252	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: Prior to UV Light & Sediment Filter
Collected By: J.Yeager 6176JY	pH: 6.4
	Well #: HO-95-0762

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	88.5	MPN/ 100 ml	<1.0	SM18 9223	7/10/2009 / 0825 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/10/2009 / 0825 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B08001974

Date Reported: 7/10/2009

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 71856 Account #: 3123
 Reference: Solomon Company: National Water Servicing
 Location: 4244 Linthicum Road Requested By: Dave Rycke
 Dayton, MD 21036 Source: Well Water
 Date/ Time Collected: 7/8/2009 0840 Site: Pressure Tank
 Date/Time Rec'd: 7/8/2009 1125 Treatment: Prior to UV Light & Sediment Filter
 Chlorine ppm: Free: ND Total: ND pH: 6.9
 Collected By: J. Yeager 6176JY Well #: HO-95-0762

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	53.1	MPN/ 100 ml	<1.0	SM18 9223	7/9/2009 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/9/2009 / 1015 / CCH
Turbidity	1.59	NTU	<10	SM18 2130B	7/8/2009 / 1715 / CCH

NOTES

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

Reason for Test : Use & Occupancy
 Building Permit #: B08001974

Date Reported: 7/9/2009

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC

1413 Old Taneytown Rd. Westminster, MD (410) 848-1034 (410) 876-1554 FAX (410) 848-9298

REPORT OF ANALYSIS

Laboratory ID #: 71813 Account #: 3123
 Reference: Solomon Company: National Water Servicing
 Location: 4244 Linthicum Road Requested By: Dave Rycke
 Dayton, MD 21036 Source: Well Water
 Date/ Time Collected: 7/2/2009 1103 Site: Pressure Tank
 Date/Time Rec'd: 7/2/2009 1507 Treatment: Prior to UV Light & Sediment Filter
 Chlorine ppm: Free: ND Total: ND pH: 6.2
 Collected By: J.Yeager 6176JY Well #: HO-95-0762

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	7/3/2009 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/3/2009 / 1000 / BCD
Nitrate	6.12	mg/L	10	601	7/2/2009 / 1630 / CCH
Turbidity	15.7	NTU	<10	SM18 2130B	7/2/2009 / 1615 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	7/2/2009 / 1620 / CCH

NOTES

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

Reason for Test : Use & Occupancy
 Building Permit # : B08001974

Date Reported: 7/7/2009

MD State Certification # 133

**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: _____ Lot #: _____ Well Tag #: HO-95-0762
Site Address: 4244 Lindeman Rd

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: _____

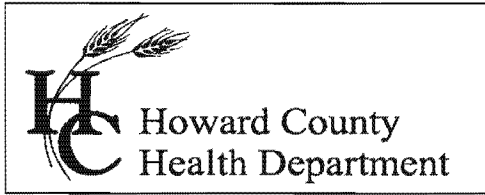
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 6/14/09 Date Insp. Approved: _____
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely Bolts loose
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

Contractor states that bolts have been tightened 6/15/09
(RW)



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 13th, 2009

Mr. & Mrs. Solomon
4244 Linthicum Rd.
Dayton, MD 21036

RE: Linthicum Oaks, Lot 3
4244 Linthicum Rd.
Dayton, MD 21036
BP # B08001974
Well Permit # HO-95-0762
**ULTRAVIOLET-LIGHT
DISINFECTION SYSTEM**

Dear Mr. & Mrs. Solomon

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 March 16th, 2007.

The water sample results indicate that the **treated** 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 also found to be in compliance for chemical water quality COMAR standards.

COMAR 26.04.04.09 prohibits approval of any water supply with bacteriological contamination. This department hereby grants a permanent deviation to that section of the regulation on the condition that the ultraviolet light disinfection system effectively maintains the required bacteria-free condition of the well water supply.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. A yearly bacteria analysis should be performed by a laboratory certified for water testing.

(Certified to test for bacteria)

3. You should make any potential buyer/tenant aware of the above condition if you decide to sell or rent your home in the future.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Bacteria)

Based upon the installation and proper operation of the ultraviolet light disinfection system, 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-95-0762. 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 may be taken by the county health department within six months of the date of this letter. Please call (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final water sampling.

Dates of raw water samples: 7/2/2009, 7/8/2009, 7/9/2009

Date of treated water samples: 7/10/2009

Date of Well Completion: 6/12/2007

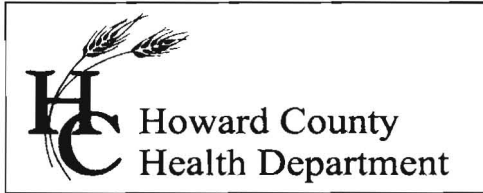
Respectfully,



Heidi Scott
Well and Septic Program

HS/mlb

cc: Building Inspector's Office
Community Hygiene Program
Griffmore Group LLC
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

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

July 13th, 2009

Mr. & Mrs. Solomon
4244 Linthicum Rd.
Dayton, MD 21036

RE: Linthicum Oaks, Lot 3
4244 Linthicum Rd.
Dayton, MD 21036
BP # B08001974
Well Permit # HO-95-0762
**ULTRAVIOLET-LIGHT
DISINFECTION SYSTEM**

Dear Mr. & Mrs. Solomon

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 March 16th, 2007.

The water sample results indicate that the **treated** 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 also found to be in compliance for chemical water quality COMAR standards.

COMAR 26.04.04.09 prohibits approval of any water supply with bacteriological contamination. This department hereby grants a permanent deviation to that section of the regulation on the condition that the ultraviolet light disinfection system effectively maintains the required bacteria-free condition of the well water supply.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. A yearly bacteria analysis should be performed by a laboratory certified for water testing.

(Certified to test for bacteria)

3. You should make any potential buyer/tenant aware of the above condition if you decide to sell or rent your home in the future.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Bacteria)

Based upon the installation and proper operation of the ultraviolet light disinfection system, 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-95-0762. 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 may be taken by the county health department within six months of the date of this letter. Please call (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final water sampling.

Dates of raw water samples: 7/2/2009, 7/8/2009, 7/9/2009

Date of treated water samples: 7/10/2009

Date of Well Completion: 6/12/2007

Respectfully,



Heidi Scott
Well and Septic Program

HS/mlb
cc: Building Inspector's Office
Community Hygiene Program
Griffmore Group LLC
File



VANMAR ASSOCIATES, INC.
ENGINEERS • SURVEYORS • PLANNERS
310 SOUTH MAIN STREET, MT. AIRY, MARYLAND 21771
PHONE 301-829-2890, FAX 301-831-5603

MEMORANDUM

TO: Kevin Wolf
via fax: 410-313-2648

FM: David A. Adams, R.L.A.
DT: March 30, 2007

RE: Linthicum Oaks
Well Permit Exhibits
Well Locations to Drill for Lots 1-5

Kevin,

Attached are five well permit exhibits for Lots 1-5 of Linthicum Oaks. The exhibits have been taken from the final plans of Linthicum Oaks, showing houses as requested.

You will find that the well locations match exactly the well locations of the preliminary sketch plan, signed by Mr. Weber, and those of the final plat.

Also, for clarity, the primary wells on each lot have been labeled PW-A with a triangle around the well location. Alternative wells are labeled PW-B and PW-C for each lot.

Stakeout of the primary wells, PW-A, will be complete before the end of next week, April 6, 2007.

Please process the well permits for approval.

Should you have any further questions, please do not hesitate to call.

Again, thank you for your assistance.

c: Tracy Griffin via fax: 410-489-4754