

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C 1 3474	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER (13) A514619
ST/CO USE ONLY DATE Received MM DD YY	DATE WELL COMPLETED MM DD YY	Depth of Well 22 340 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 3931
8 13	15 20	9/4/04 <i>ok</i>	28 29 30 31 32 33 34 35 36 37
OWNER <u>Preserve at Waverly Glen, LLC</u> STREET OR RFD <u>Mount Denali Drive</u> TOWN <u>Woodstock</u> SUBDIVISION <u>Preserve at Waverly Glen</u> SECTION _____ LOT <u>16</u>			

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	25	
Sand Stone	25	30	✓
MICKA	30	60	
Sand Stone	60	65	✓
MICKA	65	340	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)	
NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1500</u>	
GALLONS OF WATER <u>90</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>30</u> BOTTOM 58 ft. (enter 0 if from surface)	
CASING RECORD	
(casing types insert appropriate code below)	
(ST) STEEL	(CO) CONCRETE
(PL) PLASTIC	(OT) OTHER
MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>
	Total depth of main casing (nearest foot) <u>35</u>
60 61	63 64 66 70
OTHER CASING (if used)	
EACH CASING	diameter depth (feet) inch from to
SCREEN RECORD	
screen type or open hole (insert appropriate code below)	
(ST) STEEL	(BR) BRASS BRONZE
(PL) PLASTIC	(HO) OPEN HOLE (OT) OTHER

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>6</u>
PUMPING RATE (gal. per min.)	<u>3</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>29</u> ft.
WHEN PUMPING	<u>120</u> ft.
TYPE OF PUMP USED (for test)	
(A) air	(P) piston
(C) centrifugal	(R) rotary
(J) jet	(S) submersible
(T) turbine	(O) other (describe below)

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	<u>HO</u> <u>33</u> <u>340</u>
E 1	8 9 11 15 17 21
A 2	23 24 26 30 32 36
S 3	38 39 41 45 47 51
R 4	53 55 57 61 63 67
E 5	69 71 73 77 79 83
N 6	85 87 89 93 95 99

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) **(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 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 } LAND SURFACE

(-) below } 2 (nearest foot)

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 112

DRILLERS SIGNATURE John E. Tolson

LIC. NO. D

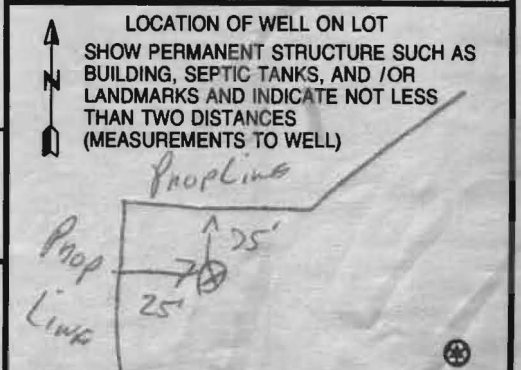
SITE SUPERVISOR (sign. of driller or journeyman)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76



B 1 5737

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL 519599 please print or type

STATE PERMIT NUMBER

HO-94-3931 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Presente At Waverly GLEN LLC
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

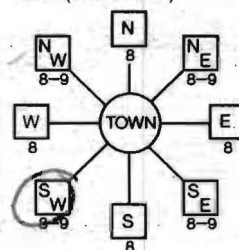
8 COUNTY 21 Howard
23 SUBDIVISION 42 The Preserve at Waverly GLEN
SECTION 44 46 LOT 16 48 50
52 NEAREST TOWN 71 Woodstock
MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81
Firm Name
Address
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mount Denali Dr.
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD
ENTER FT OR MI
TAX MAP: 10 BLK: 23 PARCEL 102+ 304

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, Dewatering
Public Water Supply Well
Test, Observation, Monitoring
Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 AS14619
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST

METHOD OF DRILLING (circle one)

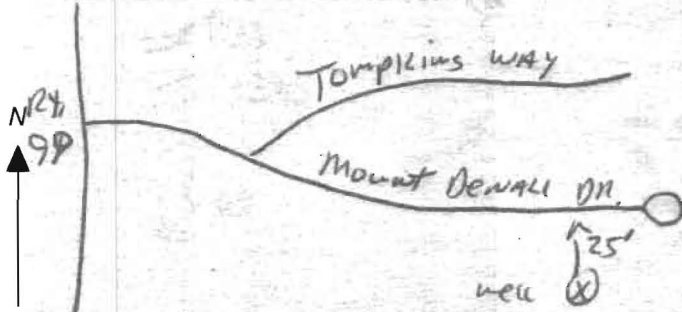
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well
This well will replace a well that will be abandoned and sealed
This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells
This well will deepen an existing well
Permit number of well to be replaced or deepened (if available)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
WRITE THE BOX NUMBER FROM THE MAP HERE
E 832
N 542

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.

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3931
 Location of property (road) Mount Denali Drive
 Subdivision Preserve at Waverly Glen Lot 16 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Preserve at Waverly Glen, LLC

Depth of well 340
 Distance of measuring point (M.P.) above ground 200
 Static water level (S.W.L.) below M.P. 29

I. High rate pumping -- reservoir drawdown
 Time pump started 8:30 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 120 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	29 ft	6 Sec	Test started ↓	10 GPM
9:00	120 ft	20 Sec		3 GPM
9:15	120 ft	20 Sec		3 GPM
9:30	120 ft	20 Sec		3 GPM
9:45	120 "	20 "		3 "
10:00	120 "	20 "		3 "
10:15	120 "	20 "		3 "
10:30	120 ft	20 Sec		3 GPM
10:45	120 ft	20 Sec		3 GPM
11:00	120 ft	20 Sec		3 GPM
11:15	120 "	20 "		3 "
11:30	120 "	20 "		3 "
11:45	120 "	20 "		3 "
12:00	120 ft	20 Sec		3 GPM
12:15	120 ft	20 Sec		3 GPM
12:30	120 ft	20 Sec		3 GPM
12:45	120 "	20 "		3 "
1:00	120 "	20 "		3 "
1:15	120 "	20 "		3 "
1:30	120 ft	20 Sec		3 GPM
1:45	120 ft	20 Sec		3 GPM
2:00	120 ft	20 Sec		3 GPM
2:15	120 "	20 "		3 "
2:30	120 "	20 "		3 "
HD-224 2:45	120 ft	20 Sec		3 GPM
3:00	120 ft	20 Sec		3 GPM

**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: Do-It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 4955 Old Mill Rd.
Fillicott City, Md 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Duane Gilbert License# 21899

***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: TBI Telephone #: 410-480-0023

Subdivision: The Preserve E. Waverly Glen Lot #: 16 Well Tag #: HO-94-3931

Site Address: 1813 Mt. Denali Dr.
Woodstock Md.

Submersible Pump Data

Make: MVERS
Model #: 25TS2-12plus-P4-1
Pump Capacity 12 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: American Granby
Model #: PT800
Depth: yes (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 340 (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 NO

Piping to house

Type: Plastic - one inch
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 ft.
Sleeve caulked and sealed properly: yes

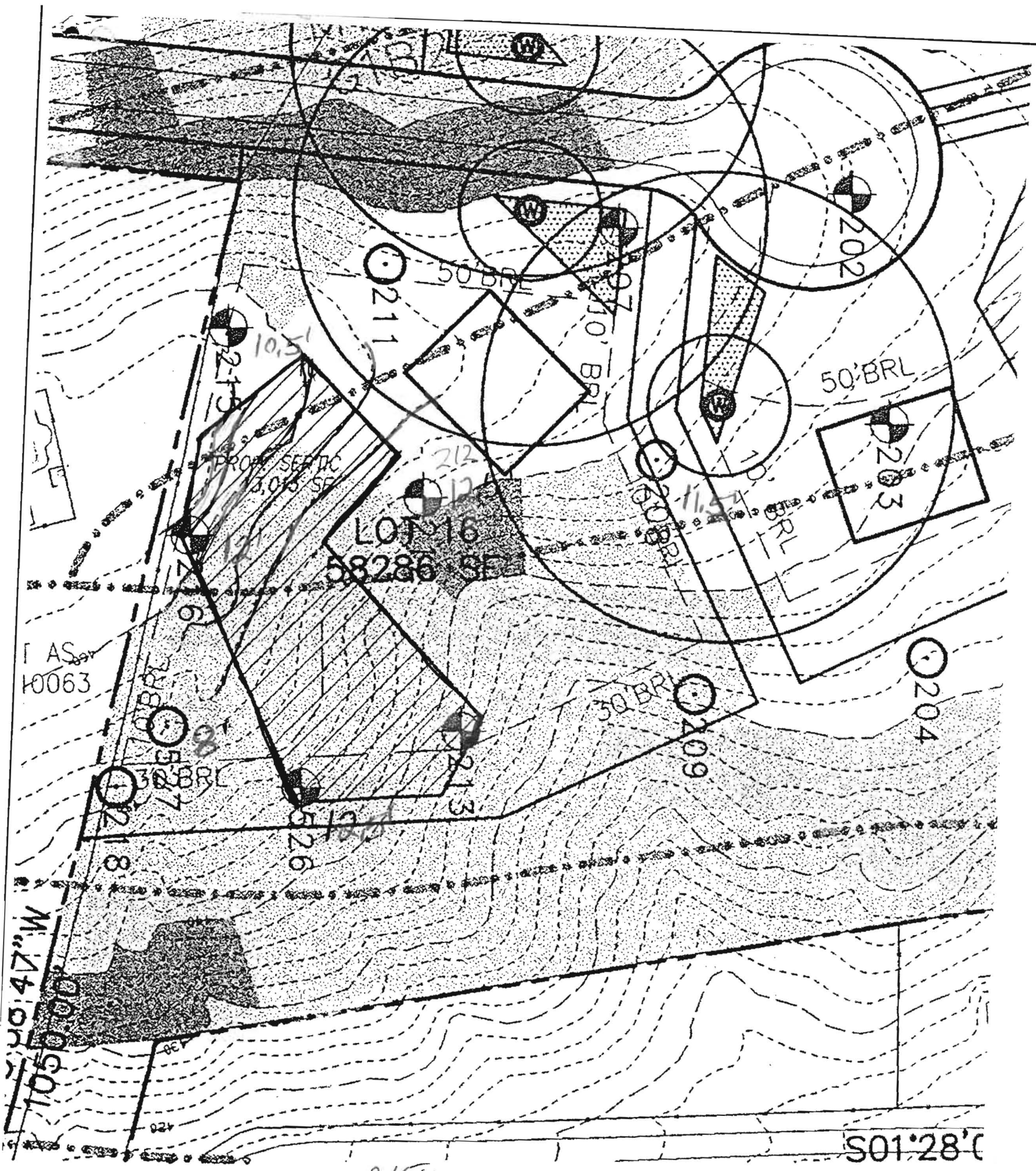
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature]
Signature of company representative responsible for installation

May 5 2011
date

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

Date Insp. Requested: _____ Date Insp. Approved: 11/22/10 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

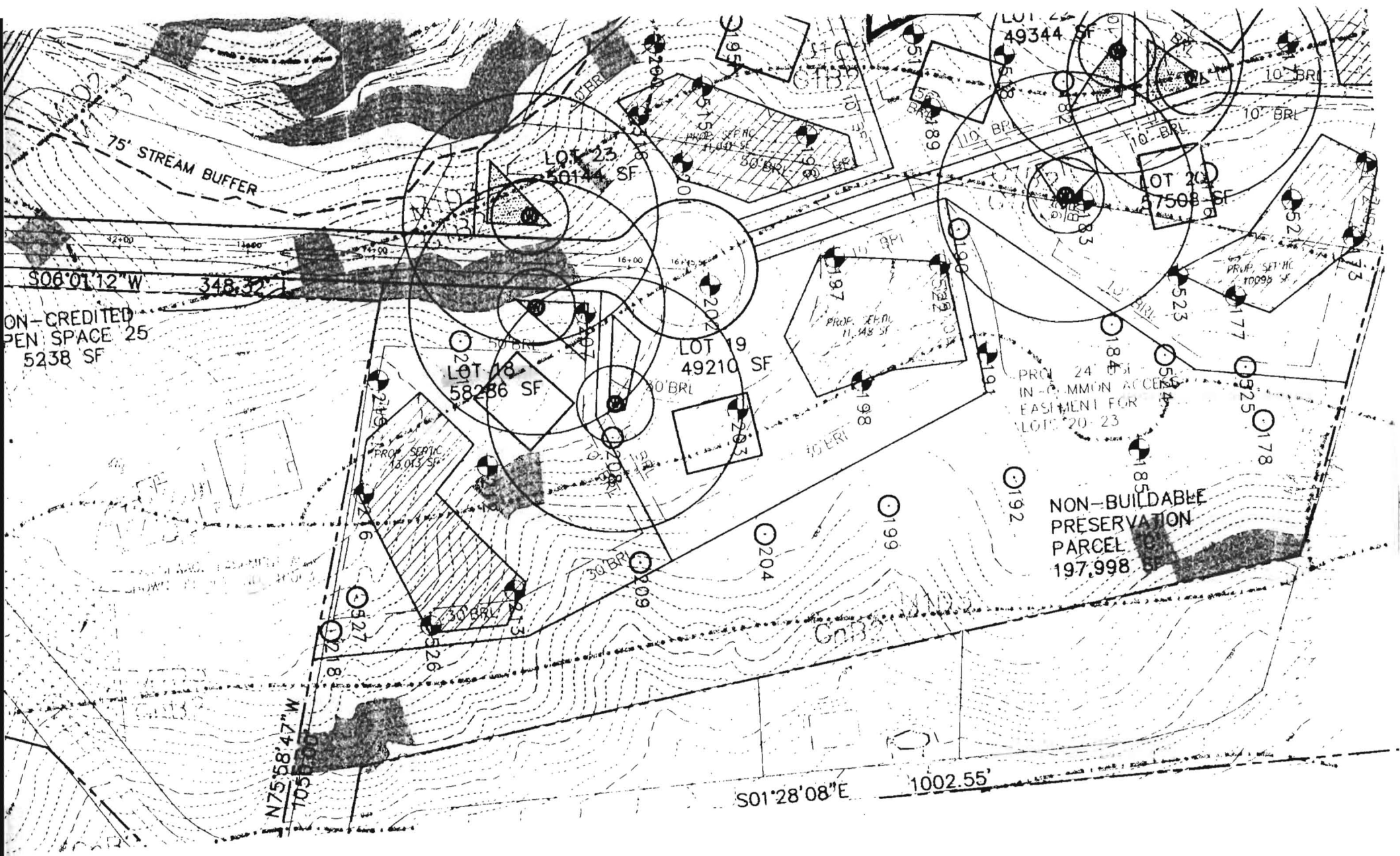


GENERAL NOTES:

215-
216-
212-

P-03-02

S01°28'0"

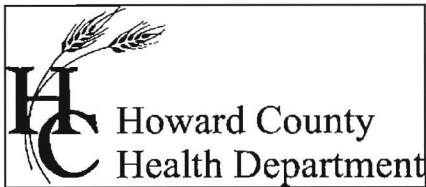


GENERAL NOTES:

DELINEATION PREPARED BY ECO-SCIENCE
OCTOBER 25, 2000.

DELINEATION PREPARED BY FREDERICK WARD
MAY 26, 2001.

16. GROUNDWATER APPROPRIATION PERMIT SHALL BE OBTAINED PRIOR TO RECORD PLAT SUBMITTAL.



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

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

May 12, 2011

Homeowner
1813 Mt. Denali Drive
Woodstock, MD 21163

RE: Preserve at Waverly Glen, Lot 16
1813 Mt. Denali Drive
Woodstock, MD 21163
BP# B10002183
Well Tag #: HO-94-3931

Dear Homeowner:

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 4/19/2011. Final approval of the well line connection to the dwelling was approved on 11/22/2010.**

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.

Gross Alpha and Beta samples were also collected on 4/18/2011 & 5/3/2011. The sample results from 4/18/2011 indicated Gross Alpha levels above the maximum contamination level suggested by the EPA. A reverse osmosis system was subsequently installed and samples were taken from the treated tap on 5/3/2011. Those sample results indicated that Gross Alpha results were below the targeted value of 15 pCi/L and the Gross Beta results were below the targeted value of 50 pCi/L. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. 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. Water used for internal consumption should come from this treated tap. If the house is sold the new homeowners must be made aware of this condition.

INTERIM CERTIFICATE OF POTABILITY

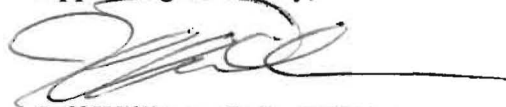
The initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3931. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory 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 Bacterial, etc. Water Sample(s): 4/18/2011

Date of Well Completion: 5/19/2004

Approving Authority,



Jeff Williams, R.S., REHS, MAS
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC

5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, MD 21043

S/O Number: 81029

Report Date: April 22, 2011

Radium Testing

Property Sampled: 1813 Mount Denali Drive, 21163
Sample Location: Laundry Tub Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002183
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 10

Subdivision: Preserve at Waverly Glen
Parcel: 330 **Lot #:** 16

Date/Time Collected in Field: April 18, 2011 @ 1:50 pm
Date/Time Received in Lab: April 18, 2011 @ 4:00 pm

Well Tag #: HO-94-3931
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.0 pCi/L	15 pCi/L	26.4 ± 2.7 pCi/L	HIGH
Gross Beta	EPA 900.0	1.7 pCi/L	50 pCi/L	18.4 ± 1.7 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Katherine C. Higgs
Administrative Assistant



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 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, MD 21043

S/O Number: 81029

Report Date: April 19, 2011

Property Sampled: 1813 Mount Denali Drive, 21163
Sample Location: Laundry Tub Tap & Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002183
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 10

Subdivision: Preserve at Waverly Glen
Parcel: 330 **Lot #:** 16

Date/Time Collected in Field: April 18, 2011 @ 1:50 pm – Laundry Tub Tap
 April 18, 2011 @ 1:55 pm – Pressure Tank

Date/Time Received in Lab: April 18, 2011 @ 4:00 pm

Well Tag #: HO-94-3931
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	4.5 mg/L as N	Pass
Turbidity (Raw)	EPA 180.1	10 NTU	1.3 NTU	Pass
Turbidity (Treated)	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH (Raw)	EPA 150.1	*6.5-8.5 Units	6.8 Units	***Acceptable
pH (Treated)	EPA 150.1	*6.5-8.5 Units	6.8 Units	***Acceptable
Sand		Negative	Negative	

Katherine C. Higgs
 Katherine C. Higgs
 Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, MD 21043

S/O Number: 81203

Report Date: May 10, 2011

Radium Testing

Property Sampled: 1813 Mount Denali Drive, 21163
Sample Location: Reverse Osmosis (R/O) Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002183
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 10

Subdivision: Preserve at Waverly Glen
Parcel: 330 **Lot #:** 16

Date/Time Collected in Field: May 3, 2011 @ 1:55 pm
Date/Time Received in Lab: May 3, 2011 @ 3:15 pm

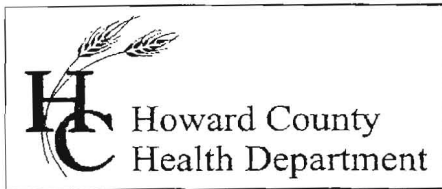
Well Tag #: HO-94-3931
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter, Reverse Osmosis (R/O)

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.7 pCi/L	15 pCi/L	1.1 ± 0.6 pCi/L	Acceptable
Gross Beta	EPA 900.0	1.7 pCi/L	50 pCi/L	3.5 ± 1.2 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Katherine C. Higgs
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 Administrative Assistant



Bureau of Environmental Health
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website: www.hchealth.org

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

**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 MEAGUI LIU ("the Owner").

LIUYI Zhang

WHEREAS, the Owner owns a tract of land at street address 1813 Mt. Denali Drive, Woodstock, MD 21163 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 10, Block #23, Parcel #330, Deed Reference # 12664/00156 and Tax Account # 3342557 ("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 HO-94-3931 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 50 pCi/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 Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.

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 (short and long term) and radium 226 / 228 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.

5/12/11
Date

5/12/11
Date

5/12/11
Date

Sherry L. Mervoshaw
Witness

[Signature]
Witness

[Signature]
Owner

[Signature]
Owner

[Signature]
Howard County Health Department

Circuit Court for
 Howard County
 Clerk of the Court
 THOMPSON BLD. BOWLING
 1500 COURT AVENUE
 ELLENSVILLE CITY, GA 31801
 (404) 313 2111

Discretionary Allowance	(371)
FEES:	
FILE	20.00
SEARCH & SEIZURE	24.00
PROSECUTOR'S FEE	20.00
COPIES	40.00
TOTAL DUES:	104.00
PAID:	
CASH	104.00
TOTAL PAID:	104.00

Cashier: [Name] [Address]
 [Address]
 [Address] [Address]