

C 1 7276

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 2/29/08

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1337

OWNER Spring Mill LLC STREET OR RFD Goose Chase Way TOWN West Friendship SUBDIVISION Cloverfield SECTION 2 LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for red clay, Brown Shale, and Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (17), NO. OF POUNDS (7548), DEPTH OF GROUT SEAL (0 to 63 ft).

CASING RECORD: casing types insert appropriate code below (ST), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (71).

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below (HO), DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y)

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. M SD 009, DRILLERS SIGNATURE

LIC. NO. D

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

Table with columns: T, E, A, C, H, S, C, R, E, E, N. Includes depth (71, 300) and slot size (1, 2, 3).

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (20), METHOD USED TO MEASURE PUMPING RATE (loop), WATER LEVEL (45 before, 86 when), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (A), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (02).

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)

No Survey stakes

B 1 5660

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1337

527802 please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY .13
Spring mill LLC
15 Last Name Owner First Name 34
P.O. Box 417
36 Street or RFD 55
Ellicott City MD 21041
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

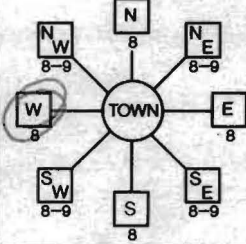
8 COUNTY Howard
23 SUBDIVISION Cloverfield II
SECTION 2 LOT 6
52 NEAREST TOWN West Friendship
MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION

Allen Computer MS D 009
Driller's Name 76 License No. 81
Fogles Well Drilling
6003 Woodbine rd.
Address
Signature Date 2-25-08

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 1000 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 15 BLK: 7 PARCEL 119

B 2

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
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 AS20768
COUNTY NAME COUNTY NO.
STATE SIGNATURE
DATE ISSUED 2/26/08
CO SIGNATURE EXP. DATE 2/26/09
NORTH GRID 536 000 EAST GRID 802 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED 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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

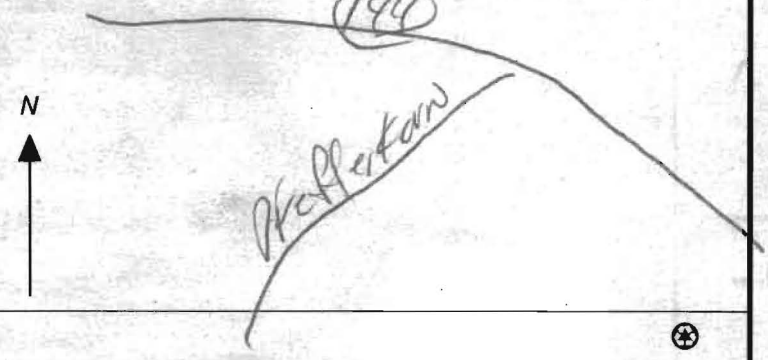
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 2
N 536

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)

APPROP. PERMIT NUMBER HO2007 GAP 003
PERMIT No. HO-95-1337

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 1 1020

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527862 please type

STATE PERMIT NUMBER

HO-95-1337 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Security Development Corporation

P.O. Box 411

Elliott City Md 21041

B 3 LOCATION OF WELL

Howard

Cloverfield Section 2

SECTION 2 LOT 6

West Friendship

MILES FROM TOWN (enter 0 if in town) 3

DRILLER INFORMATION

Joseph M. Mayne M5 D 024

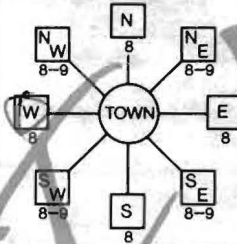
Joseph M. Mayne Well Drilling

5512 Ridge Rd Mt. Airy Md 21771

Joseph M. Mayne 10-15-09

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Goosechase Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 60 37

DISTANCE FROM ROAD FT

TAX MAP: 15 BLK: 7 PARCEL 119

B 2 WELL INFORMATION APPROX. PUMPING RATE 5

AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520768

STATE SIGNATURE

DATE ISSUED 10/30/2007

CO SIGNATURE Brian Baker 10/30/2007

NORTH GRID 536 000 EAST GRID 802 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER H02007G003 PERMIT No. HO-95-1337

SPECIAL CONDITIONS

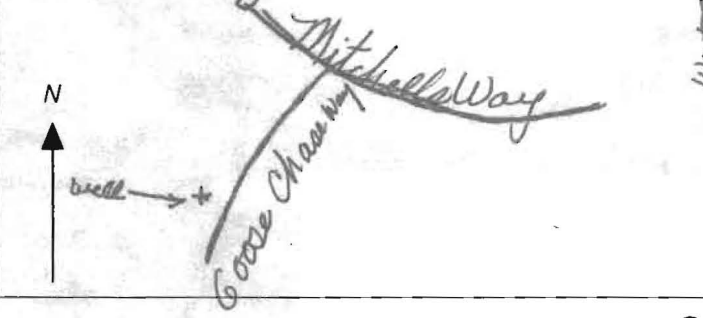
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 N 536

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



MD Well Permit # HO-95-1337

Date of Test: 2/29/08

Subdivision Name: Cloverfield

Section 2 Lot # 6

Street Address: Goose Chase Way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth: 300 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

NOTES:

Pump Start Time	Static Water level	Pumping Rate	Calculated Flow
	() Time to fill gal. bucket	() Flow meter reading (if used)	(gallons per minute)
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1 11:00	45 ft.	3	20 GPM
2 11:15	96 ft.	3	20 GPM
3 11:30	86 ft.	3	20 GPM
4 11:45	86 ft.	3	20 GPM
5 12:00	86 ft.	3	20 GPM
6 12:15	86 ft.	3	20 GPM
7 12:30	86 ft.	3	20 GPM
8 12:45	86 ft.	3	20 GPM
9 1:00	86 ft.	3	20 GPM
10 1:15	86 ft.	3	20 GPM
11 1:30	86 ft.	3	20 GPM
12 1:45	86 ft.	3	20 GPM
13 2:00	86 ft.	3	20 GPM
14	ft.		GPM
15	ft.		GPM
16	ft.		GPM
17	ft.		GPM
18	ft.		GPM
19	ft.		GPM
20	ft.		GPM
21	ft.		GPM
22	ft.		GPM
23	ft.		GPM
24	ft.		GPM
25	ft.		GPM
26	ft.		GPM
27	ft.		GPM
28	ft.		GPM
29	ft.		GPM
30	ft.		GPM

RD. ROVER MILL
OLD ROVER ROAD

STONEY AND ...
TAX MAP 15 PARCEL
ZONED: RC-DEC

10/30/07
North Side
by Brandon ...
BB

NON-BUILDABLE
PRESERVATION PARCEL C

SWM#2

LOT 9

LOT 8

LOT 7

LOT 6

LOT 5

LOT 10

LOT 3

MB2

WITCHER
PUBLIC ACCESS PLACE

GOOSE CHAS
PUBLIC ACCESS WAY

GOOSE CHAS
PUBLIC ACCESS

MB2

MD2

MB



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: ATLANTIC BLUE Telephone #: 410-960-0112
Address: 75 RILEY CT
WESTMINSTER MD 21157

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

License # and name of individual responsible for the field installation:
Name (Print): MARK MATHAN License# 63797

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: SPRING MILL LLC Telephone #: 410-442-2211
Subdivision: CLONKALLO SECTION 2 Lot #: 6 Well Tag #: HO-95-1337
Site Address: GOOSE CHASE WAY LOT 6
WESTMINSTER MD 21154

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>J-CLASS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>1</u>
Model #: <u>755134-2W</u>	Model#: _____	Screened, vented well cap: <u>1</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>1</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>1</u>	Conduit min 18" B.G.: <u>1</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>1</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polypropylene</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>2 FT</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

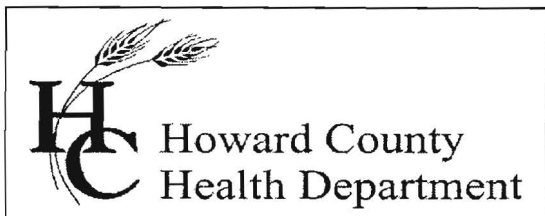
Signature of company representative responsible for installation: _____ date: 2/28/14

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

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

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 _____

*Approved
6/20/14 REB
per Piping,
Bacteria Test
6/13/14*



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 20, 2014

June 20, 2014

Homeowner
2514 Goose Chase Way
West Friendship, MD 21794

**RE: Cloverfield II, Lot 6
2514 Goose Chase Way
Building Permit: B13003756
Well Permit: HO-95-1337**

Dear Homeowner:

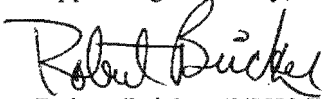
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/17/2014**. Final approval of the well line connection to the dwelling was granted on **6/20/2014**. The well construction was completed on **2/29/2008**. Water samples were collected on **6/13/2014**.

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. 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-95-1337. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink that reads "Robert Bricker". The signature is written in a cursive style with a prominent initial "R".

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Times/Town Rd., Westminster, MD (410) 848-1013 (410) 876-4553 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	94668	Account #:	1045
Reference:	Catonsville Homes Lot 6	Company:	Atlantic Blue Water Services
Location:	2514 Goose Chase West Friendship, MD 21794	Requested By:	Mark Mather
Date/ Time Collected:	6/13/2014 1100	Source:	Well Water
Date/Time Rec'd:	6/13/2014 1415	Site:	Basement Tap ✓
Chlorine ppm:	Free: ND ✓ Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	6.9
		Well #:	HO-95-1337 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	6/14/2014 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	6/14/2014 / 0900 / CCH
Nitrate	3.13 ✓	mg/L	10	601	6/13/2014 / 1540 / CRS
Nitrite	<0.005 ✓	mg/L	1	SM4500-NO2 B	6/13/2014 / 1530 / CRS
Turbidity	1.88 ✓	NTU	<10	SM18 2130B	6/13/2014 / 1645 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	6/13/2014 / 1645 / CRS

'OK' ref 6/20/2014

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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
 Building Permit # : 13-003756

Date Reported: 6/17/2014

MD State Certification # 133

e3 Environmental LLC

302-725-0788 www.e3onsite.com

ECOPOD-N Completion Statement

Installation Information

Owners Name	# of Bedrooms / GPD <u>600</u>
Street	<u>2514 Goose Chase Way</u>
City	<u>West Friendship</u>
State	<u>MD</u>
Zip	<u>21794</u>
	Repair <input type="checkbox"/>
	New Construction <input checked="" type="checkbox"/>

Installation Company

Company	Installed Date <u> / / </u>
Certified Installer	Startup Date <u>6/17/14</u>
Street	<u>WTC Contractor</u>
City	<u>WALTER COON JR</u>
State	<u>3033 Salem Bottom Rd</u>
Zip	<u>WESTMINSTER</u>
	<u>MD</u>
	<u>21157</u>

ECOPOD-N

Model #		Serial #
E50	<input type="checkbox"/>	
E60	<input checked="" type="checkbox"/>	<u>E-60 - 02108</u>
E75	<input type="checkbox"/>	
E100	<input type="checkbox"/>	
E150	<input type="checkbox"/>	

Blower Voltage	<u>Good</u>
Blower Running Amps	<u>Good</u>
Inches of water over media with blower turned off	<u>2 inches</u>
Vent Installed	<u>Yes</u>
Tanks and Risers Water tight	<u>Yes</u>
Alarm Functional	<u>Yes</u>

I hereby certify that the ECOPOD-N wastewater treatment system has been installed and started up in accordance with the construction permit and is in compliance with the manufacturers recommendations

Company Babylon Vault Company Date 6/17/14
 Signature Steven R Korsetz
 Printed Name Steven R Korsetz



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

**OPERATION AND MAINTENANCE AGREEMENT
 FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
 HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 4 day of October 2013, among Spring Mill LLC, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 2514 Goose Chase Way, W. Friendship, MD 21794 (Lot 6), in the 03 Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 11285 Folio 00664.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
- D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.
- E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County 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 by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

Spring Mill LLC
J.R. Maxley III 10/4/13
Owner James R. Maxley, III Date

Owner Date

Beil Nufan 11/4/2013
Howard County Health Department

LR - Agreement Recording Fee 20.00
Grantor/Grantee Name: HCHD
Reference/Control #: 188
LR - Agreement Surcharge 40.00
LR - Additional Recording Fee 0.00
- linked
SubTotal: 60.00
Total: 900.00
#2168213-71
11/04/2013 02:53 CC13-CH
#2168213 CC0503 - Howard Co
Columbia/CC05.03.03 - Registrar
03 495