

C1 - 6498

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 13 A515042

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 5-31-05

Depth of Well 2205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4166

OWNER Tall Brothers Inc. STREET OR RFD Rt. 108 and Homewood Rd. TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 26

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Dirt, Hard Gray, Soft Brown, Hard Tan, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC), NO. OF BAGS 10, NO. OF POUNDS 825, GALLONS OF WATER .55, DEPTH OF GROUT SEAL 0 to 35 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter top (main) casing 6, Total depth of main casing 35.

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

SCREEN RECORD: screen type or open hole (H), insert appropriate code below (H, O, T).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 20 gal. per min., METHOD USED TO MEASURE PUMPING RATE Timer/Bucket, WATER LEVEL 25 ft. BEFORE PUMPING, 95 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) piston P.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, 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 to 35. PUMP HORSE POWER 37 to 41. PUMP COLUMN LENGTH (nearest ft.) 43 to 47. CASING HEIGHT (circle appropriate box and enter casing height) above 49, below 2 (nearest foot).

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.

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 MWD 355

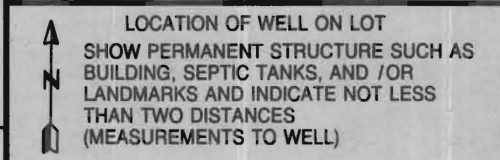
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 553

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

DEPTH (nearest ft.) table with columns: 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.

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60, from to. GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q. TELESCOPE CASING LOG INDICATOR OTHER DATA.



B 1 5325
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

521983 please type

HO - 94 - 4166
70 fill in this form completely 79

Date Received (APA)

2/15/2005
8 MM DD YY 13

OWNER INFORMATION

Toll Brothers Inc.
15 Last Name Owner First Name 34

7164 Columbus Gateway Dr.
36 Street or RFD 55

Columbus MD 21046
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Michael Barlow M D 235
76 License No. 81

Michael Barlow Well Drilling Inc.
Firm Name

522 Underwood Lane Bel Air MD
Address

Signature Date 2/8/05 21014

B 2 WELL INFORMATION
1 2 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 A515042
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 4/21/2005 Brian Bender 4/21/2006
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 511 000 EAST GRID 825 000
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
- 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
- 37 CABLE REVERSE-ROTary DRIVE-POINT
- other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER H02003G006

PERMIT No. HO - 94 - 4166
70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Benedict Farm 42
SECTION 44 46 LOT 26 48 50
52 NEAREST TOWN CLARKSVILLE 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD Ropp B off Route 138
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 150 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 29 BLK: 9 PARCEL 28

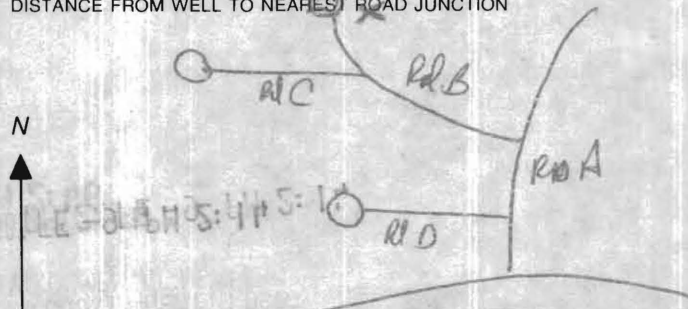
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8245 000 000
N 5101 000 000

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD BE ADVISED OF SPECIAL CONDITIONS

The Health Dept Must Collect a Water Sample During The Yield Test

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht RD
Sylkesville, Md 21784

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

Name (Print): Allen Compton License# MSD009

*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: Toll Brothers Telephone #: 410-992-5978
Subdivision: Benedict Farm - relaxed Chase Lot #: 26 Well Tag #: HO-94-4116
Site Address: 11538 Fox River DR

Submersible Pump Data
Make: Grundfos
Model #: 1550207-180
Pump Capacity 15 GPM
Well Yield: GPM

Pitless Adapter
Make: Cambell
Model#: N/A
Depth: 36 (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: 205 (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 NA

Piping to house
Type: 1" Black Plastic
PSE: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
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.

Allen Compton 9/19/07
Signature of company representative responsible for installation date

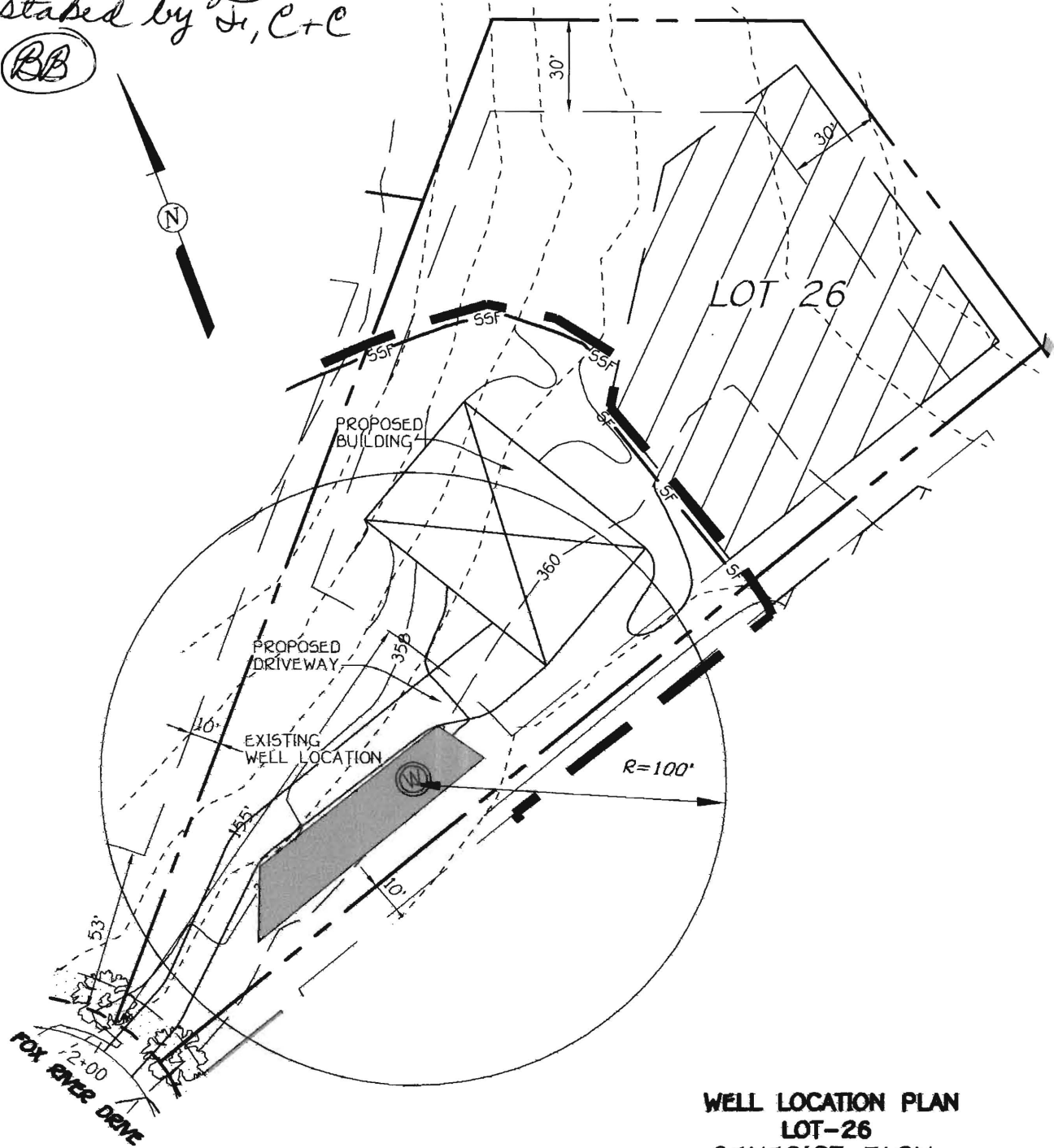
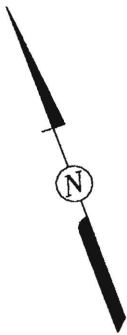
For Health Department Use Only - Not to be completed by Installer

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

9/19/07
Need to check on Tag, Gave to Fogles (RB)

4/21/05 Well site
staked by F, C + C

BB



**WELL LOCATION PLAN
LOT-26
BENEDICT FARM
PHASE 1**

**NON-BUILDABLE PRESERVATION PARCEL 'A' &
NON-BUILDABLE BULK PARCELS 'B' THRU 'J'**

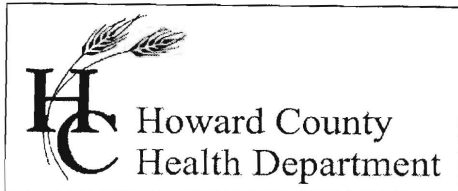
ZONED RC-DEO

TAX MAP No. 29 GRID No. 9 PARCEL No. 20
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: MARCH 29, 2005

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

K:\ISDSKPROJ\30754 Benedict Farm.dwg\PHASE 1 - FINALS\30754 WELL STAKE OUT - LOTS 11, 16, 20, 26, 31, 34, 35, 38, 41.dwg, 4/15/2005 10:06:20 AM



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

February 12, 2008

Toll MD II LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-992-3234

RE: Patuxent Chase, Lot 26
Benedict Farm
11538 Fox River Drive
Ellicott City, MD 21042
BP #: B07000165
Well Permit # HO-94-4166

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/20/2007. The well will not be approved until the well tag is properly attached.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Also, pre treatment Radium 226/228 samples were collected on 09/27/2007. Combined results exceeded 5.0pCi/L. Post treatment Radium 226/228 samples were collected on the same date and both findings were below the combined 226/228 MCL of 5.0pCi/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.

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-94-4166. 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: 12/10/2007
Date of Sample for Radium 226/228: 09/27/2007
Date of Well Completion: 05/31/2005

Approving Authority,



Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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 #:	66067	Account #:	1930
Reference:	Toll Brothers Lot 26	Company:	Fogle's Well Drilling
Location:	11538 Fox River Drive Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	12/10/2007 1100	Source:	Well Water
Date/Time Rec'd:	12/11/2007 0915	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.7
		Well #:	HO-94-4166

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/12/2007 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/12/2007 / 1000 / AD/BD
Nitrate	7.18	mg/L	10	601	12/11/2007 / 1030 / AD/BD
Turbidity	0.99	NTU	<10	SM18 2130B	12/11/2007 / 1025 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimct	12/11/2007 / 1025 / AD/BD

NOTES

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B0700165

Date Reported: 12/12/2007

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 #:	65270	Account #:	1930
Reference:	Toll Brothers Lot 26	Company:	Fogle's Well Drilling
Location:	11538 Fox River Drive Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	9/27/2007 1000	Source:	Well Water
Date/Time Rec'd:	9/27/2007 1330	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.6
		Well #:	HO-94-4166

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	1.3	pCi/L	****	903.1	10/9/2007 / 1040 / MJN
Radium-228	7.7	pCi/L	****	Ra-05	10/9/2007 / 0952 / PJ

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 **Sample collected prior to treatment
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.2 pCi/L
- 5 Radium 228 Detection Limit: 1.0 pCi/L
- 6 Sub-contracted to Lab # 278
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH and Chlorine level tested in lab

Reason for Test : Client's Information
 Building Permit # : B0700165

Date Reported: 10/18/2007

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 #:	65271	Account #:	1930
Reference:	Toll Brothers Lot 26	Company:	Fogle's Well Drilling
Location:	11538 Fox River Drive Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	9/27/2007 1015	Source:	Well Water
Date/Time Rec'd:	9/27/2007 1330	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-4166

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.2	pCi/L	****	903.1	10/9/2007 / 1040 / MJN
Radium-228	<0.9	pCi/L	****	Ra-05	10/9/2007 / 0952 / PJ

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.2 pCi/L
- 4 Radium 228 Detection Limit: 0.9 pCi/L
- 5 Sub-contracted to Lab # 278
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B0700165

Date Reported: 10/18/2007

**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 Olujuwon ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 11538 Fox River Dr Ellicott City, MD 21042 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.

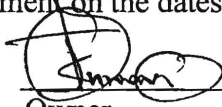
WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

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.

10 JAN 2008
Date


Owner

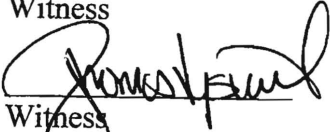
Date

Owner

Date

Howard County Health Department

Witness



Witness

11/8/06

Well Tag Lost -

New Tag Ordered on 7/18/07 (BB)

Fogles Lost Repl. Tag

Ordered Second Tag On
2/18/08 (BB)