

C1 0257

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A517422

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 220' 2/9/07

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0563

OWNER DeFrancis STREET OR RFD Breakness Circle Lane TOWN Clarksville SUBDIVISION Walnut Grove SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 30, NO. OF POUNDS 2820, GALLONS OF WATER 180, DEPTH OF GROUT SEAL 0 to 13 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter top (main) casing 6 inch, Total depth of main casing 46 feet.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT)

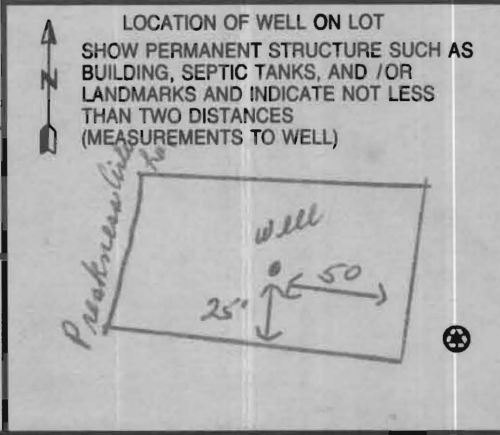
DEPTH (nearest ft.) table with columns 1-21 and rows A-C3, E-N. Includes SLOT SIZE and DIAMETER OF SCREEN.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 29 ft. BEFORE PUMPING, 30 ft. WHEN PUMPING. TYPE OF PUMP USED: S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (CIRCLE) YES NO, 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 49, - below 49, LAND SURFACE 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...

DRILLERS LIC. NO. MSD024, DRILLERS SIGNATURE, LIC. NO. D

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

B 1 0517
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0563
70 fill in this form completely 79

525642 please type

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

15 Last Name Owner First Name 34
Land Marketing Consultants
36 Street or RFD 55
3060 Rt 90
57 Town 70 State 72 Zip 76
Glenwood MD 21738

B 3 LOCATION OF WELL

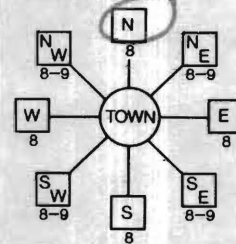
8 COUNTY 21
Howard
23 SUBDIVISION 42
Walnut Grove
SECTION 44 46 LOT 48 50
6
52 NEAREST TOWN 71
Clarksville

MILES FROM TOWN (enter 0 if in town) 2 M 1
73 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81
Ralph E. Mayne M SD 117
Firm Name
Ralph E. Mayne Inc
Address
17024 Handy Rd Mt Airy MD 21731
Signature Date
Ralph E. Mayne 11-11-06

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30
Preakness Circle
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
275
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 18 PARCEL 74

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
500

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) A517422
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 12/1/2006 Brian Baker 12/1/2007
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 508 0 0 0 EAST GRID 816 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

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

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

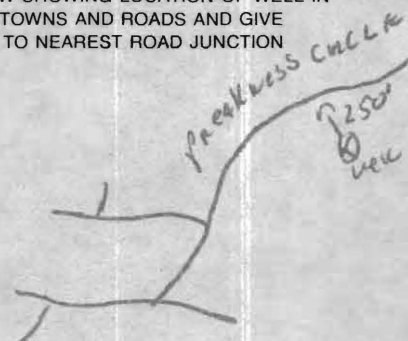
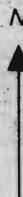
E 8156
N 508

Radium
Sample taken @ York
000 test 1/11/07
000

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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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 HO 2005G 006
PERMIT No. HO-95-0563
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE BLUE INK
Need Radium Sample

**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: 9905 Old Mill Rd.
Ellicott 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: Walnut Grove Lot #: 6 Well Tag #: HO-95-0563
Site Address: 12351 Prockross Circle L.H.
Ellicott City, MD 21042

| | | |
|---|------------------------------|---|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>AYRIS</u> | Make: <u>American Grindy</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>ZSP2-12/145-P4-1</u> | Model #: <u>PT 200</u> | Screened, vented well cap: <u>yes</u> |
| Pump Capacity: <u>12</u> GPM | Depth: <u>yes</u> (36" min) | Cap secured to casing: <u>yes</u> |
| Well Yield: <u>15</u> GPM | NSF approved: <u>yes</u> | Conduit min 18" B.G.: <u>yes</u> |
| Depth of well encountered at time of pump installation: <u>250</u> (feet) | | Conduit secured to well cap: <u>yes</u> |

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 | House Connection |
| Type: <u>plastic - one inch</u> | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>yes</u> (160 psi min) | Approximate length of sleeve: <u>10 ft</u> |
| Depth of supply line: <u>yes</u> (36" min) | Sleeve caulked and 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.

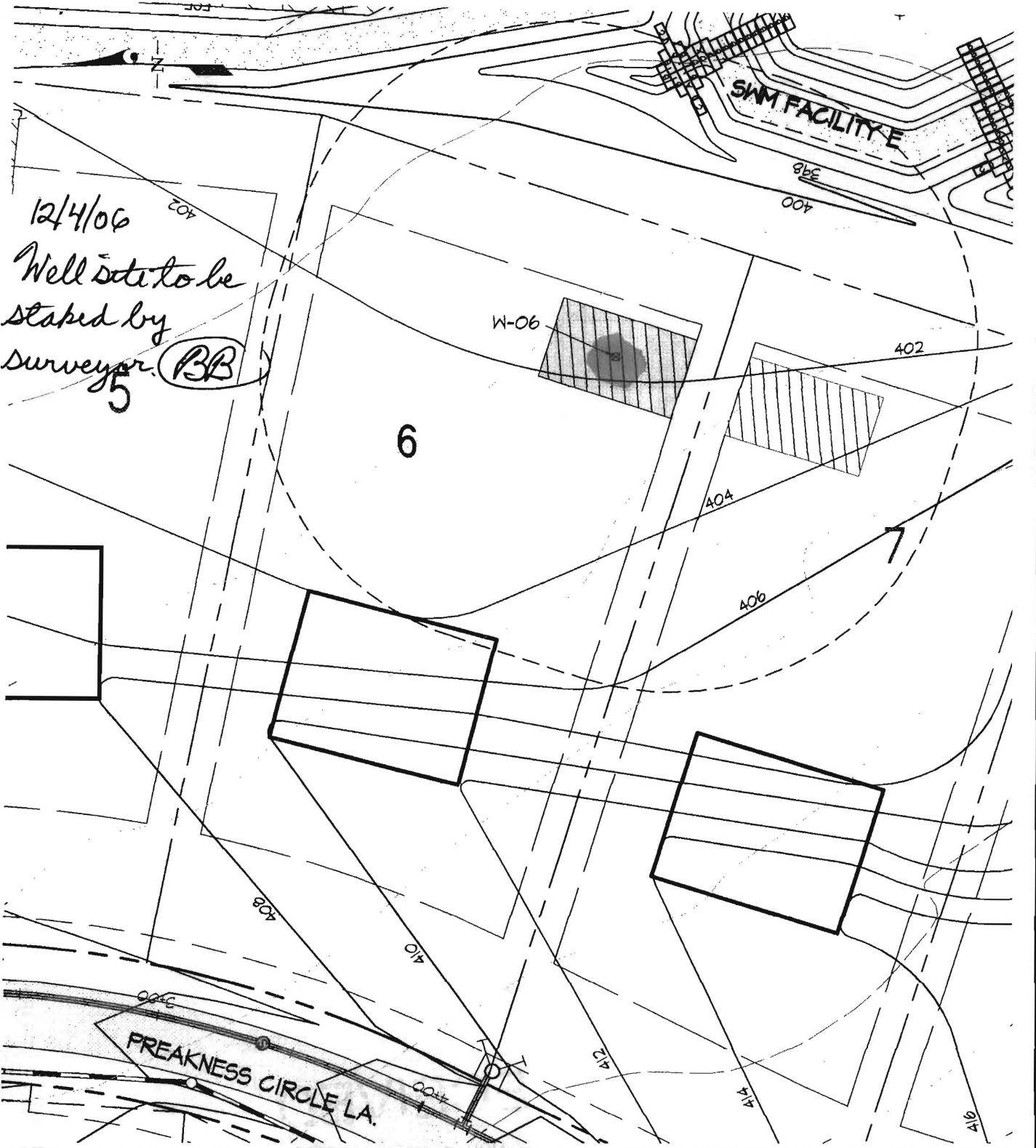
Signature of company representative responsible for installation: [Signature] date: Oct. 1-2011

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

Date Insp. Requested: _____ Date Insp. Approved: 11/1/2011 **(BB)**

| | |
|---|-------------------------------------|
| Inspection Data: Pitless adapter and water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> |
| Safety rope installed inside of well casing | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |

12/4/06
 Well site to be
 staked by
 surveyor **BB**
 5



LEGEND
 ○ PROPOSED LPSS
 —○— PROPOSED STORM DRAIN

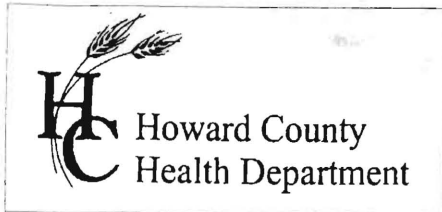
HOUSE BOX
 WELL BOX
 WELL SURVEY POINT

WELL LOCATION EXHIBIT - LOT 6

WALNUT GROVE
 Lots 1 thru 88, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" Thru "I" And
 and Non-Buildable Bulk Parcel "J"

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186



7178 Columbia Gateway Dr., 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 application for a proposed well for new construction, please indicate one of the following:

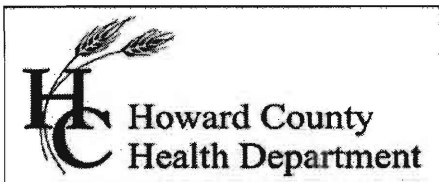
Well Site Location:

| | | |
|----------------------------------|--------------|-------------------------|
| <i>Walnut Grove</i> | <i>6</i> | <i>Preakness Circle</i> |
| Subdivision/Property Name | Lot # | Road Name |

- Staking to take place after initial review (as discussed with Bob Weber).
- The well site has been staked by _____ ,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (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



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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – May 9, 2012

November 9, 2011

Homeowner
12351 Preakness Circle Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 6
12351 Preakness Circle Lane
Building Permit: B10003711
Well Permit: HO-95-0563

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 **9/29/2011**. Final approval of the well line connection to the dwelling was granted on **11/1/2011**. The well construction was completed on **1/11/2007**. Water samples were collected on **10/10/2011, 10/24/2011, and 11/2/2011**.

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.

Gross Alpha and Beta samples were also collected on **1/11/2007**. Results showed a Gross Alpha level of **2.0 ± 1.0 pCi/L** and **Gross Beta** level of **<3.0 ± 0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. At the time of testing and with respect to these parameters, the well water is safe for all uses.

The untreated water sample collected on **10/10/2011** indicated a nitrate level of **10.5 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **10/24/2011** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

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. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0563. 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.**

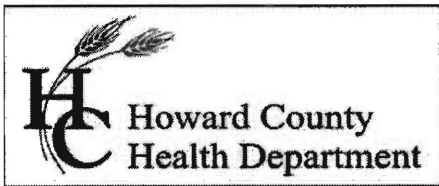
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Jeff Williams
Program Supervisor
Well & Septic Program

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



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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR TURBIDITY & SAND

Expiration Date – November 16, 2011

November 2, 2011

Homeowner
12351 Preakness Circle Lane
Clarksville, MD 21029

RE: Walnut Grove, Lot 6
12351 Preakness Circle Lane
Building Permit: B10003711
Well Permit: HO-95-0563

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 **9/29/2011**. Final approval of the well line connection to the dwelling was granted on **11/1/2011**. The well construction was completed on **1/11/2007**. Water samples were collected on **10/11/2011**.

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 is a **temporary deviation** to allow additional time for testing of the untreated water for turbidity and sand and submission of water sample results indicating that the untreated water meets COMAR requirements for those parameters.

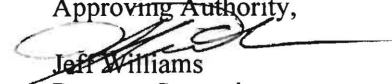
This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that a water sample result for turbidity and sand of the untreated water is submitted to this Department **within 15 days**. Those results must indicate that the turbidity level is below **10 NTU** and the sand is below **5 mg/L**.

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required sample results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland certified water quality 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,


Jeff Williams
Program Supervisor
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
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: 83225

Report Date: November 3, 2011

Property Sampled: 12351 Preakness Circle Lane, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003711
Sampler ID #: 9898JK
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 6

Date/Time Collected in Field: November 2, 2011 @ 3:25 pm
Date/Time Received in Lab: November 2, 2011 @ 6:40 pm

Well Tag #: HO-95-0563
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

Table with 5 columns: PARAMETER, METHOD, MCL/*SMCL, RESULT, PASS/FAIL. Rows include Turbidity, pH, and Sand.

Handwritten signature of Katherine C. Higgs
Katherine C. Higgs
Manager - Drinking Water Testing

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.



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: 83104

Report Date: October 24, 2011

Property Sampled: 12351 Preakness Circle Lane
Sample Location: Reverse Osmosis (R/O) Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003711
Sampler ID #: 9170DH
Samples Iced: Yes

County: Howard
Map: 28

Subdivision: Walnut Grove
Parcel: 74

Lot #: 6

Date/Time Collected in Field: October 21, 2011 @ 10:43 am
Date/Time Received in Lab: October 21, 2011 @ 4:40 pm

Well Tag #: HO-95-0563
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter, R/O

| PARAMETER | METHOD | MCL | RESULT | PASS/FAIL |
|-----------|----------|--------------|----------------|-----------|
| Nitrate | SM 4500D | 10 mg/L as N | <1.0 mg/L as N | Pass |

Katherine C. Higgs

 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA



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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 82937

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

Report Date: October 11, 2011

Property Sampled: 12351 Preakness Circle Lane, 21029
Sample Location: Back Hose Bib Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003711
Sampler ID #: 9170DH
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Grove
Map: 28 **Parcel:** 74

Lot #: 6

Date/Time Collected in Field: October 10, 2011 @ 11:48 am
Date/Time Received in Lab: October 10, 2011 @ 2:16 pm

Well Tag #: HO-95-0563
Well Condition: 2-Piece Cap, Satisfactory

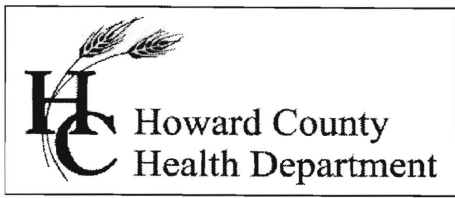
Water Treatment/Conditioning: Sediment Filter

| PARAMETER | METHOD | MCL/*SMCL | RESULT | PASS/FAIL |
|----------------|-----------|----------------|----------------|-----------|
| Total Coliform | SM 9223B | Absent | Absent | Pass |
| E. coli | SM 9223B | Absent | Absent | Pass |
| Nitrate | SM 4500D | 10 mg/L as N | 10.5 mg/L as N | FAIL |
| Turbidity | EPA 180.1 | 10 NTU | 1.6 NTU | Pass |
| pH | EPA 150.1 | *6.5-8.5 Units | 7.5 Units | *** |
| Sand | | Absent | Absent | Pass |

Katherine C. Higgs

Katherine C. Higgs
 Manager – Drinking Water Testing

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.



Bureau of Environmental Health
 7178 Columbia Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

**REQUEST FOR PERMANENT DEVIATION TO
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 10/29/11 WELL PERMIT #: HO - 95 - 0563
 PROPERTY OWNER: Chris and Amy Brewster
 SUBDIVISION & LOT #: Walnut Grove #6
 PROPERTY ADDRESS: 12351 Preakness Circle Ln

CONDITIONS:

1) The well installed under permit # HO - 95-0563 has been documented to have a nitrate level of 10.5 mg/L ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 1.0 mg/L ppm at the primary drinking tap.

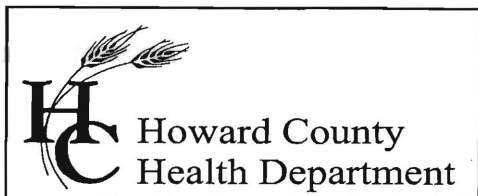
I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95-0563. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) **[Person(s) that intend to live in the dwelling]**

CA BT Amy ER

Prospective Owner's Day Time Phone Number(s)

410 241 9734 410 991 4842



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 5, 2007

Walnut Grove, LLC
10705 Charter Dr.
Suite 320
Columbia, Maryland 21044

RE: Walnut Grove, Lot #6
Well Tag: HO-95-0563

To Whom It May Concern:

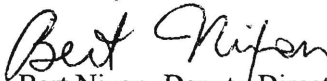
A sample was collected from a yield test on January 11, 2007 and submitted to the Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 2.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was $<3.0 \pm 0$ pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of 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 & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,


Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File

Send Report To:

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Chemistry

RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: KW6WG0563 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Grove Lot 6 County: Haword

Sample Source: Pranknos Ci. Ln. Location: HO-95-6563
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wolf Telephone No: 410-313-2645

Date Collected: 1/11/07 Time Collected: _____ a.m. 12:30 p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: sample taken @ Yield test pH _____ Chlorine _____

| ✓ | Test | EPA Code | Laboratory No. | Results (pCi/L) | Date Reported |
|---|-----------------------|----------|----------------|-----------------|---------------|
| ✓ | Gross Alpha | 4000 | 1274 | 2±1 | 01/16/07 |
| ✓ | Gross Beta | 4100 | 1274 | 3±2 < 3 | 11 |
| | Radon-222 Bottle A | 4004 | | | |
| | Radon-222 Bottle B | 4004 | | | |
| | Field Blank A | 4004 | | | |
| | Field Blank B | 4004 | | | |
| | Tritium | | | | |
| | Ra - 226 | 4020 | | | |
| | Ra - 228 | 4030 | | | |
| | Total Uranium | 4006 | | | |
| | | | | | |
| | | | | | |

Date Received: 01/12/07 7:57 PM EST

Supervisor: A. Dobbins