

B 1	9703	SEQUENCE NO (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520762 please type	STATE PERMIT NUMBER HO-94-4002 fill in this form completely 79
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OWNER INFORMATION 9753

Date Received (APA) 8 MM DD YY 13

Winchester Homes, Inc
15 Last Name Owner First Name 34

6905 Rockledge Drive, Suite 800
36 Street or RFD 55

Bethesda, Md 20817
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard COUNTY GCN

Riverwood
23 SUBDIVISION 42

SECTION 1 LOT 1
44 46 48 50

Clarksville
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I L
73 76 77 78

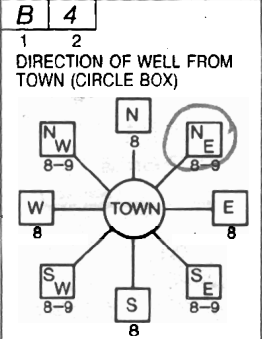
DRILLER INFORMATION

George F. Easterday M W D 040
76 License No. 81

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday Date 6/28/04
Signature



Castlebridge Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 110 37
DISTANCE FROM ROAD ENTER FT OR MI FT 58 39

TAX MAP: 29 BLK: 10 PARCEL 28

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

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 COUNTY NAME 13 COUNTY NO A516084

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 8/29/2004 Brian Baker 8/20/2005
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 512 000 EAST GRID 827 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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

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 DEEPEM AN EXISTING WELL

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 827

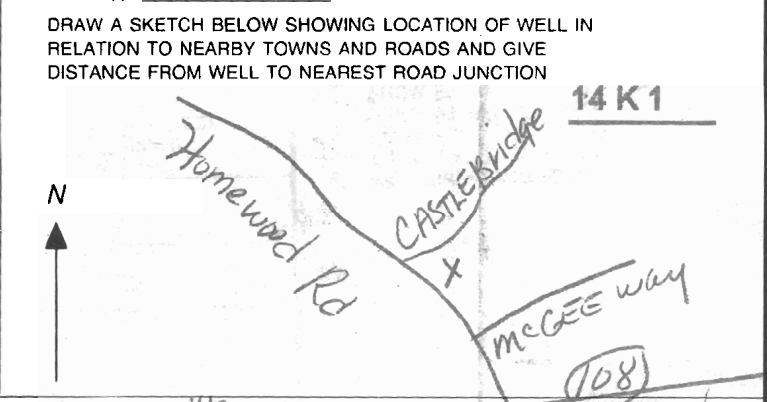
N 512

000
000

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

HO20040007

PERMIT No. HO-94-4002
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

CLARKSVILLE

(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER (13) AS14084

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

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

DATE WELL COMPLETED
MM DD YY
15 20

Depth of Well
22 26
(TO NEAREST FOOT)

PERMIT NO
FROM "PERMIT TO DRILL WELL"
0160
3/4/05
HO-94-4002
28 29 30 31 32 33 34 35 36

OWNER Winchester Homes
STREET OR RFD Castlebridge Road TOWN Lillicoat City
SUBDIVISION Riverwood SECTION 1 LOT 1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use 3 additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Blue shale	2	17	
Tan shale / clay	17	41	
Tan shale	41	47	
Blue shale	47	57	
Tan shale	57	74	
Blue shale	74	139	
Limestone	139	174	
Tan shale	174	177	
Sandstone	177	410	
Limestone	410	480	

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 45 NO. OF POUNDS 45
GALLONS OF WATER _____
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

nominal diameter top (main) casing (nearest inch) 5 1/2
Total depth of main casing (nearest foot) 60
Nominal diameter of main casing (nearest inch) 63 64 66 70
Casing type: **STEEL** **CONCRETE**

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

SCREEN RECORD

screen type **BR** **BRASS** **BRONZE**
DEPTH (nearest ft.) 40

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED **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. M D
DRILLERS SIGNATURE _____
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. M D

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

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

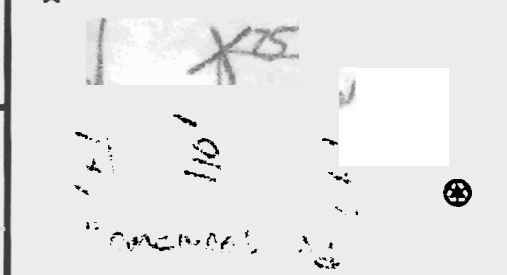
PUMPING TEST

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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 49 LAND SURFACE (nearest foot)
- below 49 50 51

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)



**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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: P.O. Box 158
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License # PI 0145
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WINCHESTER HOMES Telephone #: _____
Subdivision: RIVERWOOD Lot #: 1 Well Tag #: HO-94-4002
Site Address: 4804 CASTLE BRIDGE RD
ELICOTT CITY MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDFOS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1530610-220</u>	Model #: <u>PA 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>480</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one CAS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>POL</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>110</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>3</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

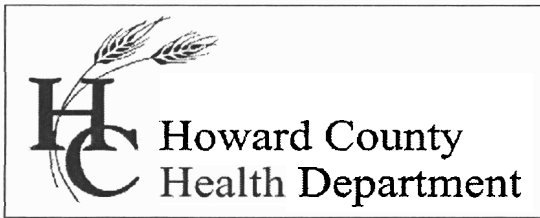
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 8-14-13

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

Date Insp. Requested: <u>8-16-13</u>	Date Insp. Approved: <u>11/26/13</u>
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"/>

ask 11/26/13
cap tight/no leak
conduit good
Needs Flood proof cap.
Arterial - like conditions exist on well
(EW)



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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY **TEMPORARY DEVIATION FOR RADIUM**

Expiration Date – MARCH 1, 2014

January 15, 2014

Homeowner
4804 Castlebridge Road
Ellicott City, MD 21042

**RE: Riverwood 1, Lot 1
4804 Castlebridge Road
Building Permit: B13002221
Well Permit: HO-94-4002**

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 **4/27/2006**. Final approval of the well line connection to the dwelling was granted on **11/26/2013**. The well construction was completed on **9/27/2004**. Water samples were collected on **10/23/2013**.

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 **10/26/2013**. Results showed a Gross Alpha level of **29.0 pCi/L** and Gross Beta level of **28.7 pCi/L**. **This exceeds the maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal system (neutralizer, softener, sediment filter), post-treatment water samples were collected on **11/5/2013** and indicated a Gross Alpha level of **<3.9 pCi/L**, a Gross Beta level of **<4.6 pCi/L**, and a Radium 226/228 level of **<1.1 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

A radionuclide removal system has been installed and submission of water sample results indicate that the treated water meets EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability **contingent upon the following condition:**

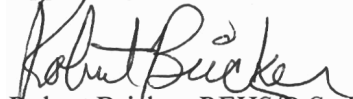
- After recording, a copy of the Operation and Maintenance Agreement must be submitted to the Bureau of Environmental Health for inclusion in the subject property's file. At that time a Permanent Deviation for Radium will be issued.

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. **Failure to submit the required radium 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,



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

REPORT OF ANALYSIS

Laboratory ID #:	91658	Account #:	3123
Reference:	Riverwood Lot 1	Company:	National Water Servicing
Location:	4804 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	10/23/2013 1200	Source:	Well Water
Date/Time Rec'd:	10/23/2013 1520	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Sediment Filter**
Collected By:	C. Mooshian 7268CM	pH:	6.8
		Well #:	HO-94-4002

Parameter	Value	Unit	Count	Flow Rate	Date/Time/Analyst
Gross Alpha, Short Term	29.0	pCi/L	15	900.0	10/26/2013 / 0710 / MJN
Gross Beta, Short Term	28.7	pCi/L	50	900.0	10/26/2013 / 0710 / MJN

*B. a. Falls
cb*

Need TDS First! →

*Tr. Alpha
Beta*

*Post Treated
shut/boil Radon
+ Rad. 226, 228*

Know

10/31/13

NOTES

- 1 ****Sample collected prior to treatment**
 - 2 **Gross Alpha Detection Limit: 2.2 pCi/L; Gross Beta Detection Limit: 2.4 pCi/L**
 - 3 **pCi/L = picocuries per liter**
 - 4 **Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.**
 - 5 **Sub-contracted to Reference Lab #278**
 - 6 **ND:None Detected**
 - 7 **Visual well check: Sealed, vented cap**
 - 8 **pH & Chlorine level tested on site**
- Reason for Test :** Use & Occupancy
Building Permit # : B1300221

Date Reported: 10/30/2013

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 #:	91828	Account #:	3123
Reference:	Riverwood Lot 1	Company:	National Water Servicing
Location:	4804 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	11/5/2013 1105	Source:	Well Water
Date/Time Rec'd:	11/5/2013 1318	Site:	Post Treatment Port ✓
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Sediment Filter ✓
Collected By:	B. Dutterer 4717BD	pH:	7.0
		Well #:	HO-94-4002

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Long Term ✓	<2.2	pCi/L	15	900.0	11/14/2013 / 1115 / MJN
Gross Alpha, Short Term ✓	<1.7	pCi/L	15	900.0	11/7/2013 / 1323 / MJN
Gross Beta, Long Term ✓	<2.6	pCi/L	50	900.0	11/14/2013 / 1115 / SN
Gross Beta, Short Term ✓	2.0	pCi/L	50	900.0	11/7/2013 / 1323 / MJN
Radium-226 ✓	0.4	pCi/L	****	903.1	11/19/2013 / 1609 / MJN
Radium-228 ✓	0.7	pCi/L	****	Ra-05	11/19/2013 / 1548 / SN

Radium levels
 PASS!
 Post-Treatment
 MB 11/14/2014

NOTES

- 1 Long Term Gross Alpha Detection Limit: 2.2 pCi/L; Long Term Gross Beta Detection Limit: 2.6 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Radium 226 Detection Limit: 0.4 pCi/L; Radium 228 Detection Limit: 0.7 pCi/L
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Short Term Gross Alpha Detection Limit: 1.7 pCi/L; Short Term Gross Beta Detection Limit: 1.6 pCi/L
- 6 Sub-contracted to Reference Lab #278
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B13002221

Date Reported: 11/22/2013

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1445 Old Pine Branch Rd - Westminster, MD 21157-1011 (410) 576-4422 FAX (410) 584-0398

REPORT OF ANALYSIS

Laboratory ID #:	91657	Account #:	3123
Reference:	Riverwood Lot 1	Company:	National Water Servicing
Location:	4804 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/Time Collected:	10/23/2013 1150	Source:	Well Water
Date/Time Rec'd:	10/23/2013 1520	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Sediment Filter**
Collected By:	C. Mooshian 7268CM	pH:	6.8
		Well #:	HO-94-4002

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/24/2013 / 1100 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/24/2013 / 1100 / LLO
Nitrate	<1.0 ✓	mg/L	10	601	10/23/2013 / 1600 / BCD
Turbidity	8.15 ✓	NTU	<10	SM18 2130B	10/23/2013 / 1630 / BCD
Sand	NS ✓	mg/L	5	Visual/Gravimetric	10/23/2013 / 1630 / BCD

Did we approve Artesian well cap??

Results OK! reb 1/14/2014

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 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B13002221

Date Reported: 10/24/2013



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
 (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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one of~~ the following:

- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Winchester Homes

Lots

1-10

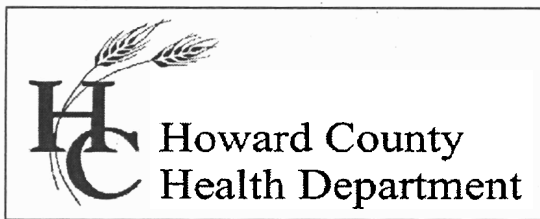
Phase I

12-23

Riverwood

34-41

All are staked



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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
PERMANENT DEVIATION FOR RADIUM
Expiration Date – JULY 24, 2014

February 24, 2014

Homeowner
4804 Castlebridge Road
Ellicott City, MD 21042

RE: Riverwood 1, Lot 1
4804 Castlebridge Road
Building Permit: B13002221
Well Permit: HO-94-4002

Dear Homeowner:

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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 **10/26/2013**. Results showed a Gross Alpha level of **29.0 pCi/L** and Gross Beta level of **28.7 pCi/L**. **This exceeds the maximum contaminant level (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal device (neutralizer, softener, sediment filter), post-treatment water samples were collected on **11/5/2013** and indicated a Gross Alpha level of **<3.9 pCi/L**, a Gross Beta level of **<4.6 pCi/L**, and a Radium 226/228 level of **<1.1 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

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.

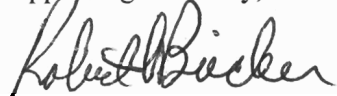
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make 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-94-4002. 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.**

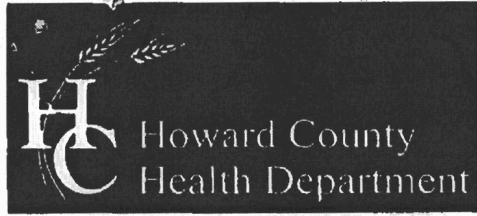
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



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



LIBER 15422 FOLIO 082

Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2140

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

000140

Maura J. Rossman, M.D., 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 Et Boisseau ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 4804 Castbridge Rd, 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 # 0029, Block # 9999, Parcel # 020, Deed Reference # 1061/00305 and Tax Account # 345033 ("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 9-4-4002 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:

HOWARD COUNTY CIRCUIT COURT (Land Records) WAR 15422; p. 0082; MSA_CE53_15413. Date available 01/16/2014. Printed 02/24/2014.

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HOWARD COUNTY CIRCUIT COURT (Land Records) WAR 15422, p. 0083, MSA_CE53_15413. Date available 01/16/2014. Printed 02/24/2014.

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 warranty or 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.

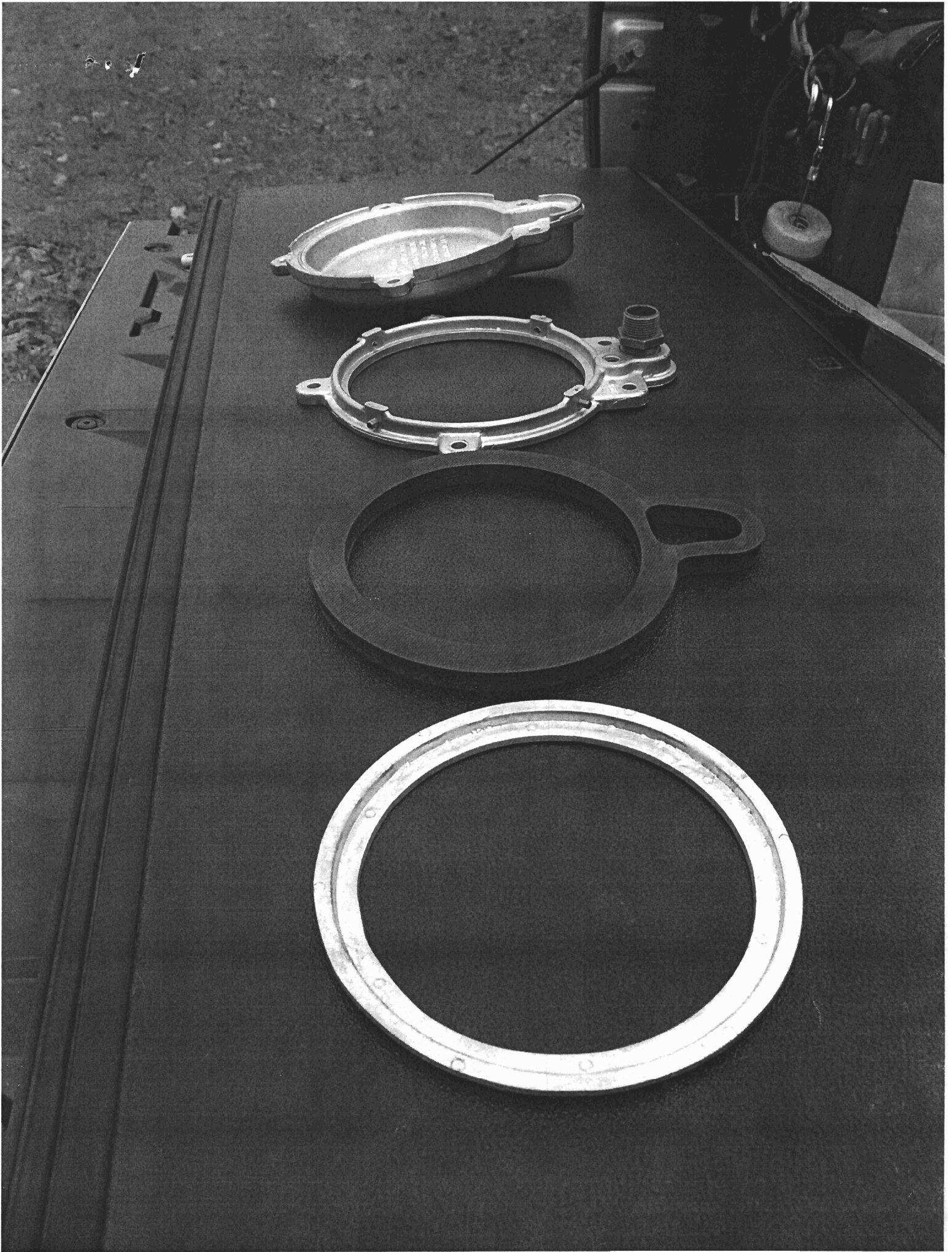
[Signature]
 Owner Ed Boisseau Date 11/26/13
Winchester Home Dev

[Signature]
 Witness
 Howard Co
 Columbia/CO05-03-01
 Register 01 508

Owner _____ Date _____
 Health Officer B. Dyson for Maura Rossman Date 11/26/13

Witness
 #2374235 CC0503 -
 #2374235-1
 01/14/2014 01:58
 CC13-TR

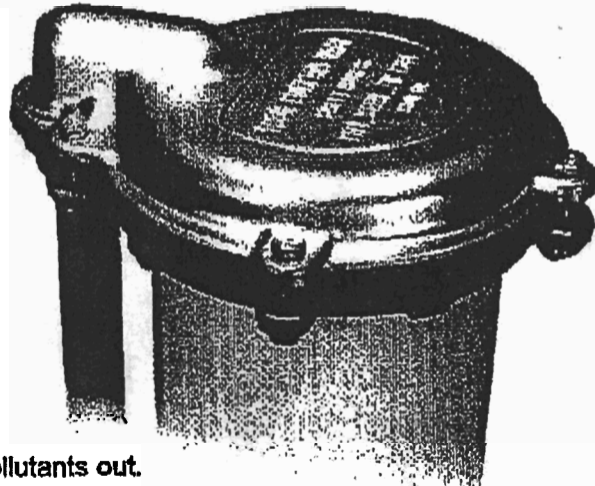
11/26/13
 LR - Agreement
 Recording Fee 20.00
 Grantor/Grantee Name:
 Winchester Home
 Development Control #: 740
 SubTotal: 60.00
 Surcharge 40.00
 Total: 60.00



From NWS C



Watertight Artesian Well Caps



Application	Model
6 5/8" OD casing	WTAC-6S
7" OD casing	WTAC-7S
6 5/8" OD threaded casing	WTAC-6ST

Features

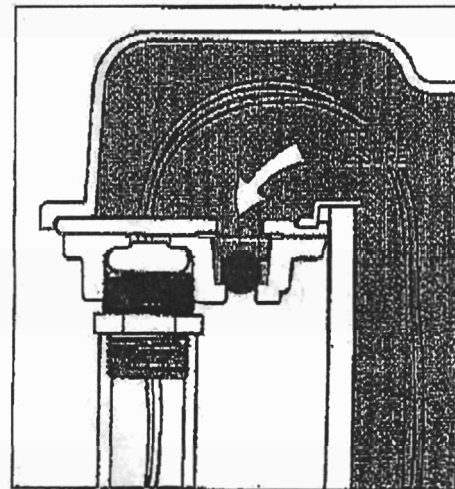
- Unique design seals well water in and keeps pollutants out.
- Check valve / air vent closes to prevent overflowing well water.
- Liquid connectors seals pump leads and provides 3/4" NPT for conduit connection.
- Rubber bushings to seal twisted pump leads or flat leads.
- Well log data pads cast inside of cap.
- Driller's company name cast onto top of cap.
- 3/4" screened air vent with 1/2" diameter neoprene check ball.
- Stainless steel ground screw.
- 1/2" thick neoprene rubber gasket seals cap to flange and well casing.
- Unique compression ring ensures seal of the gasket and prevents pump leads from fraying on top of well casing.
- High strength castings produced in metal dies resist breakage.
- Four stainless steel set screws secure flange to casing.
- Optional threaded lower flange for applications on steel casing with 8T or 11T threads.

Construction

- Three-piece assembly of cap, compression ring and lower flange are corrosion resistant die cast aluminum.
- 3/4" diameter brass screen fitted to air vent.
- 5/16" - 18 stainless steel bolts.
- 1/4" - 20 stainless steel set screws, except on threaded model.

Options

- Threaded lower flange for applications on 8T or 11T threaded casing, provides the most effective means to control overflowing artesian wells.
- Company logo cast onto top of cap.



Packaging

Well cap and fastener package are individually boxed, sold individually or 10 per carton.

Trega Corporation | www.tregacorp.com | 800-356-3254

SHARONDA ~ PLEASE PASS ON TO BRIAN.

RW #1 WELL CAP

THANK YOU!
BARBARA