

C1 6985

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

COUNTY NUMBER A520414

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 6 27 2007

Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 95-0706

OWNER Winchester Homes Inc. STREET OR RFD Open Run Rd TOWN Elliott City SUBDIVISION Birchwood Phase 2 SECTION LOT 61

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone (0-82) and Gray Granite (82-220).

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 25, NO. OF POUNDS 2350.

CASING RECORD Form: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 88.

OTHER CASING (if used) Table: PL 42 inch diameter, 20 to 200 depth.

SCREEN RECORD Form: screen type or open hole (ST), diameter of screen 56 to 60.

DEPTH (nearest ft.) Table with columns 1-11 and 15-21. Values: 70, 85, 220.

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 Form: HOURS PUMPED 3, PUMPING RATE 20 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket.

PUMP INSTALLED Form: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE 31 to 35.



NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y).

- CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

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. 1 M SD 024. DRILLERS SIGNATURE Joseph C. Mayne. LIC. NO. 1 D.

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

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

2 3 6

525693 please type

HO - 95-0706 fill in this form completely 79

Date Received (APA)

2/1/07 8 MM DD YY 13

OWNER INFORMATION

Winchester Homes Inc. 15 Last Name Owner First Name 34
6905 Rockledge Dr Suite 800 36 Street or RFD 55
Bethesda Md 20817 57 Town 70 State 72 Zip 76

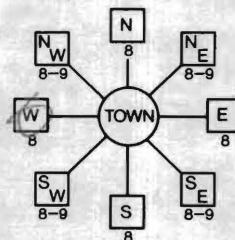
LOCATION OF WELL

Howard 8 COUNTY 21
Riverwood Phase 2 23 SUBDIVISION 42
SECTION 44 46 LOT 61 48 50
Elliott City 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 5 MI 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS D 024 76 Driller's Name License No. 81
Joseph L. Mayne Well Drilling Firm Name
5512 Ridge Rd Mt. Airy Md 21778 Address
Joseph L. Mayne 1-30-07 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Open Run Rd 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 3/8 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 29 BLK: 4 PARCEL 20

WELL INFORMATION

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)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 520 414 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 2/13/07 CO SIGNATURE EXP. DATE 2/13/08
NORTH GRID 515 000 EAST GRID 4828 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
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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

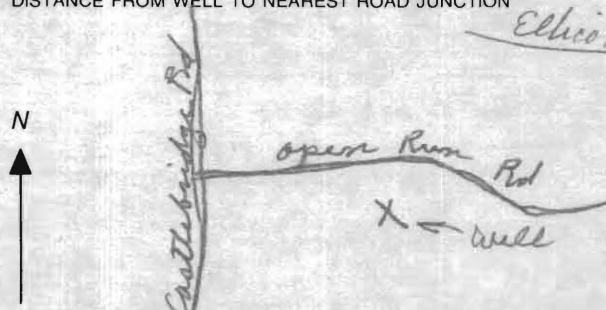
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 824 8
N 515 5

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



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

APPROX. PERMIT NUMBER HO 2004 G 007
PERMIT No HO - 95 - 0706 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - 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: NATIONAL WATER SUP Telephone #: 301-854-1333
Address: P.O. Box 138
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 journeymen or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WINCHESTER HOMES Telephone #: 301-803-4800
Subdivision: RIVERWOOD Lot #: 61 Well Tag #: HO-95-0706
Site Address: 12043 OPEN RUN RD
ELICOTT CITY

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>15 JDE07-180</u>	Model#: <u>PA 800</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>20</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>220</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 CPS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

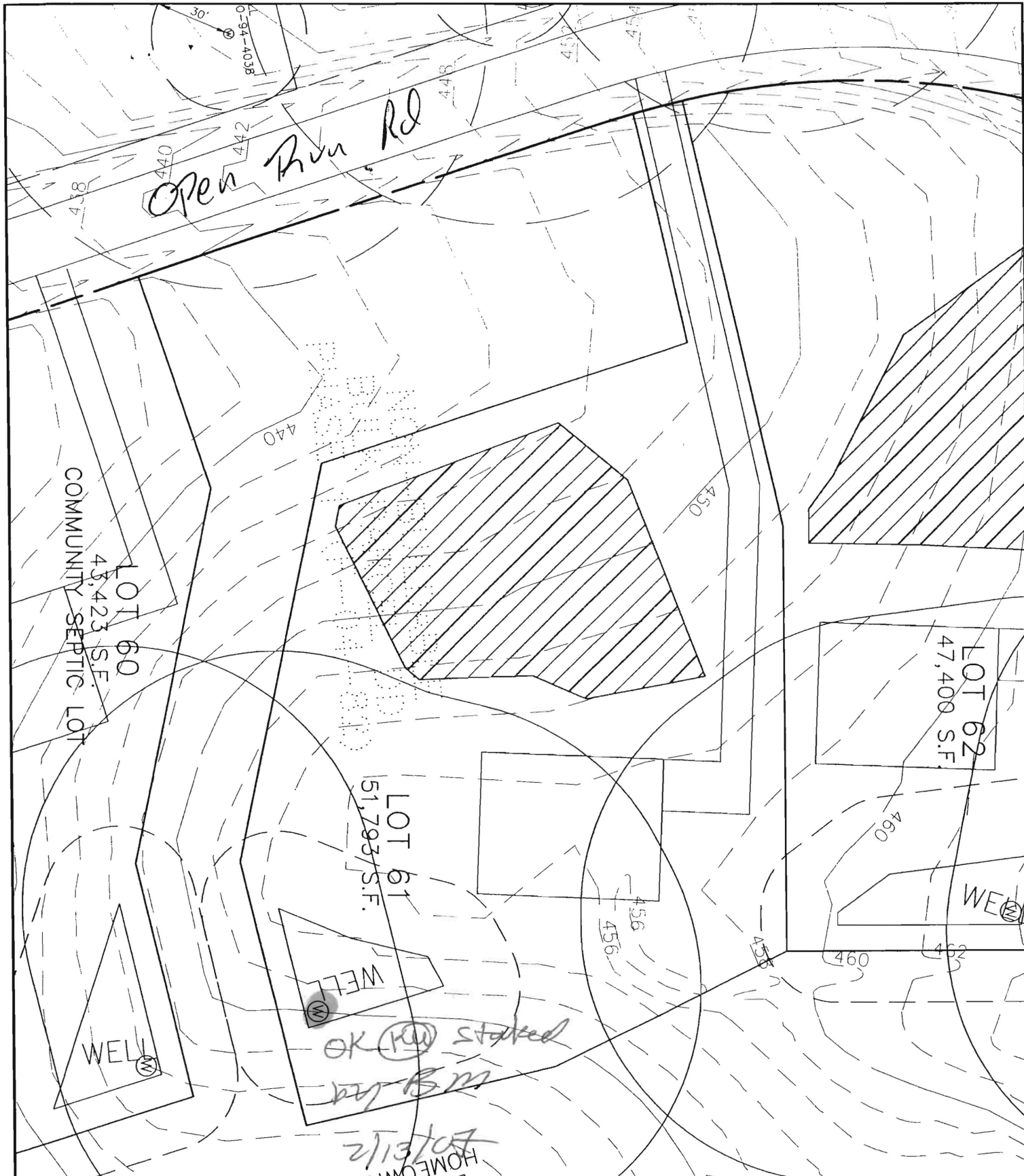
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>110</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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 4-21-11

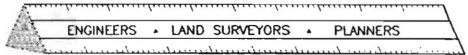
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 2/16/11 **BB**
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 under footer
Adequate grout observed below pitless adapter



BENCHMARK

RIVERWOOD, PHASE 2



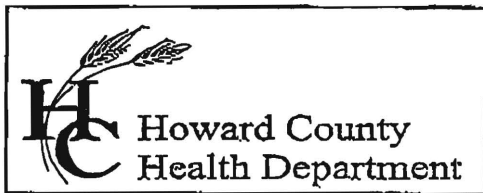
LOT 61

ENGINEERING, INC.

FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

SCALE: 1" = 50' DATE: 1/24/07



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Riverwood Phase II 43-77 Castlebridge Rd, Hunters View Road
 Subdivision/Property Name Lot# Road Name(s)
Open Run Road & Whitson Way

The well site has been staked by Benchmark Eng
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

all lots will be staked by 12/29/06

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

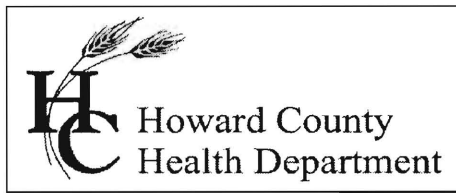
Contact is:

Easterday

301-829-1440

2006 DE 18 PM 2:32

RECEIVED
 ENVIRONMENTAL HEALTH
 12/29/06



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

May 16, 2011

Homeowner
12043 Open Run Road
Ellicott City, MD 21042

RE: Riverwood - Lot 61
12043 Open Run Road
Ellicott City, MD 21042
BP #B10003714
Well Permit #HO-95-0706

Dear Sir/Madam,

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 04/29/2011. Final approval of the well line connection to the dwelling was approved on 02/16/2011.**

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.

The raw nitrate sample results were previously documented to be 11.8 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 05/11/2011 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm 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 laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

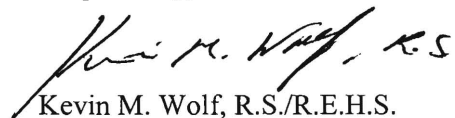
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0706. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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.

Further more, under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0757 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 04/27/201 & 05/11/2011
Date of Radium Test: 06/27/2007
Date of Well Completion: 06/27/2007

Respectfully,



Kevin M. Wolf, R.S./R.E.H.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
File

REPORT OF ANALYSIS

Laboratory ID #:	79434	Account #:	3123
Reference:	Riverwood Lot 61	Company:	National Water Servicing
Location:	12043 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	5/11/2011 1130	Source:	Well Water <i>OK</i>
Date/Time Rec'd:	5/11/2011 1436	Site:	Reverse Osmosis Sample Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Reverse Osmosis/Sed. Filter
Collected By:	J.Yeager 6176JY	pH:	5.8
		Well #:	HO-95-0706

PARAMETERS	RESULTS	UNITS	REFERENCE	DATE/TIME	LAB
Nitrate	<1.0	mg/L	10	5/11/2011 / 1600 / CCH	

OK

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permitt # : B-10003714

Date Reported: 5/12/2011

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 #: 79254 Account #: 3123
Reference: Riverwood Lot #61 Company: National Water Servicing
Location: 12043 Open Run Road Requested By: Dave Rycke
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 4/27/2011 0935 Site: Pressure Tank
Date/Time Rec'd: 4/27/2011 1220 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: B. Dutterer 4717BD Well #: HO-95-0706

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radon	3400.0	pCi/L	---	913	5/2/2011 / --- / ASL

NOTES

- 1 pCi/L = picocuries per liter
- 2 Sub-contracted to Reference Lab
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B-10003714

Date Reported: 5/3/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taheytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	79253	Account #:	3123
Reference:	Riverwood Lot #61	Company:	National Water Servicing
Location:	12043 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	4/27/2011 0935	Source:	Well Water
Date/Time Rec'd:	4/27/2011 1220	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Dutterer 4717BD	pH:	5.7
		Well #:	HO-95-0706

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/28/2011 / 0900 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/28/2011 / 0900 / KME
Nitrate	11.8	mg/L	10	601	4/27/2011 / 1500 / BCD
Turbidity	2.87	NTU	<10	SM18 2130B	4/27/2011 / 1550 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	4/27/2011 / 1550 / KME

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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-10003714

Date Reported: 4/28/2011



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

September 10, 2007

Winchester of Howard County
6905 Rockledge Drive
Suite 800
Bethesda, Maryland 20817

RE: Riverwood II Lot # 61
Well Tag: HO - 95 - 0706

To Whom It May Concern:

A sample was collected from a yield test on June 27, 2007 and submitted to the Department of Health & Mental Hygiene Laboratory 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. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 4.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was less than 3.0 ± 0.0 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 targeted 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 testing will still be necessary.

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

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

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

Send Report To:

Bert Nixon

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

R61BB950706

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

Plant/Site Name: Riverwood-Lot 61 County: Howard

Sample Source: Open Run Road Location: H0-95-0706
(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: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 6/27/07

Time Collected: 11:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Collected During Yield Test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2673	4 ± 1	7/5/07
✓	Gross Beta	4100	2673	23	
	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: _____ / _____ / _____

Supervisor: _____

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 5/11/11 WELL PERMIT #: HO - 95 - 0706



PROPERTY OWNER: JOE & CARL GORDIN
SUBDIVISION & LOT #: RIVERWOOD LOT # 61
PROPERTY ADDRESS: 12043 Open Run Road, Ellwood City, MD 21043

CONDITIONS:

1) The well installed under permit # HO - ~~95-0706~~ has been documented to have a nitrate level of 118 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 71 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 - ~~95-0706~~. 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]

Prospective Owner's Day Time Phone Number(s)

(202) 425-8706 202-270-9653