

C1 7414 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13

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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 340 26 11/19/07 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1170

OWNER Bassler Alfred STREET OR RFD Basslers Way TOWN Ellicott City SUBDIVISION Walnut Creek SECTION LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Clay, White mica, Blue mica, Sand Stone, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing 6 Total depth of main casing 22

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

SCREEN RECORD screen type or open hole (S, B, H, P, O) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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 M SD 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

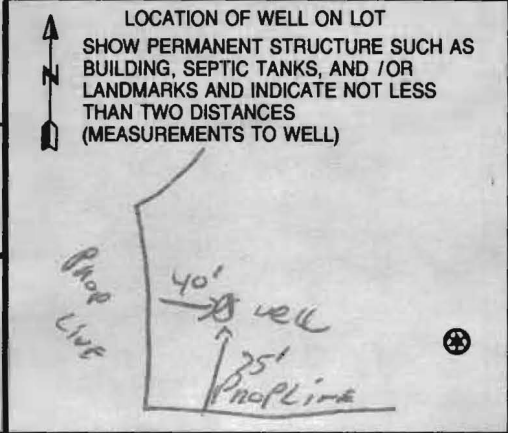
DEPTH (nearest ft.) 20 340 A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (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 LAND SURFACE - below 2 (nearest foot)



B 1 0560

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1170

526621 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Bassler Venture LLC
15 Last Name Owner First Name 34
15950 W. AVE
36 Street or RFD 55
Lisbon MD 21765
57 Town 70 State 72 Zip 76

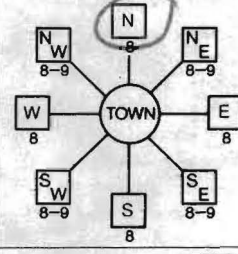
B 3 LOCATION OF WELL

8 COUNTY Howard 21
WALNUT Creek
23 SUBDIVISION
SECTION PHASE I LOT 13
44 46 48 50
CLARKSVILLE
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. MAYNE M SD 117
Driller's Name 76 License No. 81
Ralph E. MAYNE INC
Firm Name
17024 Handy Rd. Mt. Airy MD, 21771
Address
Ralph E. Mayne 3-30-07
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Basslers Way 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 33 EAST E
SOUTH S
160 37
DISTANCE FROM ROAD 38 39
ENTER FT OR MI A1
TAX MAP: 28 BLK: 11 PARCEL 49

B 2 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)

- 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
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 8/7/2007 Brian Baker 8/7/2008
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH 510 0 0 0 EAST GRID 817 0 0 0
GRID 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 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

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 8147
N 50810

Radium Sample Collected During Yield Test

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

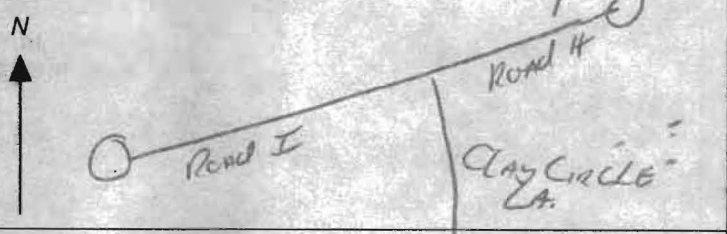
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-1170
70 71 72 73 74 75 76 77 78 79

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 Drill Well Per Location Shown on Shared Septic Plan Dated 7/12/07

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Good
Copy

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: _____ Telephone #: _____
Address: _____

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

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 13 Well Tag #: HO-95-1170
Site Address: 12209 Basslers Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

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 _____

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

Date Insp. Requested: _____ Date Insp. Approved: 7/29/2014 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 ✓
Adequate grout observed below pitless adapter ✓

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: D-31 Plumbing & Heating LLC Telephone #: 240 882-0069
Address: 2935 Old Mill Rd
P.O. Box 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): Dunn G. Hart License# 21899

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

Name of Property Owner: T.B.D. Telephone #: 410-480-0023
Subdivision: Wolant Creek Lot #: 13 Well Tag #: HO-95-1170
Site Address: 12209 Basslers Way
Clarksville, Md 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Meyer</u>	Make: <u>American Grindy</u>	Two piece watertight cap: <u>40</u>
Model #: <u>25772-12 Plus-P4-2</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <u>40</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <u>40</u>
Well Yield: <u>10</u> GPM	NSI/WSC approved: <u>40</u>	Conduit min 18" B.G.: <u>40</u>
Depth of well encountered at time of pump installation: <u>340</u> (feet)		Conduit secured to well cap: <u>40</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic - Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>40</u>
PSI: <u>40</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>40</u>
Depth of supply line: <u>40</u> (36" min)	Sleeve sealed properly: <u>40</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: Dec. 19, 2014

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

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

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____



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

February 14, 2008

Heritage Realty and Land Development
15950 North Avenue
P. O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Subdivision, Lot 13
Well Tag: HO - 95 - 1170

To Whom It May Concern:

A sample was collected during a yield test on October 2, 2007 and submitted to Department of Health & 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 (GA / GB)** 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 19.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 13.0 ± 3.0 pCi/L. The **Gross Alpha** result was above 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 millirem/year).

Since the **Gross Alpha** finding exceeded its **MCL**, additional testing for **Radium** will be necessary to verify existing levels prior to occupancy. Alternatively, you may install treatment designed to reduce **Gross Alpha, Gross Beta** and **Radium**, plus provide post treated results (short and long term **GAGB**, plus **Radium**) confirming that levels are in conformance with existing standards. **Additionally**, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process. Moreover, keep in mind that the standard potability parameters required for occupancy will still be needed.

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 or concerns.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

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

Send Report To:

Bert Nelson

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: H0-95-1170 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: walnut creek lot 13 County: Howard

Sample Source: Basil's Way Location: H0-95-1170
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: Kevin Wolf

Telephone No: 410-313-2645

Date Collected: 10/2/07

Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample collected @ YIELD ^{pH} test Chlorine

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	0830	19±3	10/09/07
✓	Gross Beta	4100	0830	13±3	"
	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			

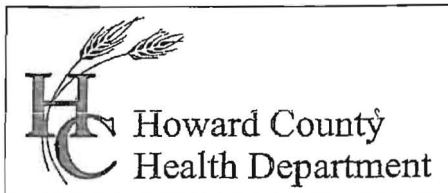
Date Received: 10/03/07

Supervisor: S. Wise

FORM REVISED 02/06
DHMH 4540 02/08

• Tel. No.: (410) 767-5537 • Fax. No.: (410) 333-5373

ORIGINAL - LABORATORY
PROGRAM



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

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 Feliscia Cummings ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12209 Bushlers Way, Turksville MD and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 28, Block # 11, Parcel # 49, lot 13 Deed Reference # 11276/ and Tax Account # 05-454387 ("the Property").
6036

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 40-95-1170 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 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 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.

10/20/2013
Date

[Signature]
Owner

11/14/2013
Date

[Signature]
Owner
Howard County Health Department

[Signature]
Witness

Witness

Clerk of the Circuit Court for
Howard County
Land Records/Licensing

The Thomas Dorsey Building
9250 Bendix Road
Columbia, MD 21045
410-313-5850

```
=====
LR - Agreement Recording Fee
      1x 20.00 20.00
Grantor/Grantee Name: Esposito
Reference/Control #: 135

LR - Agreement Surcharge
      1x 40.00 40.00
LR - Additional Recording Fee - linked
      1x 0.00 0.00
LR - Agreement Recording Fee
      1x 20.00 20.00
Grantor/Grantee Name: Wang
Reference/Control #: 136

LR - Agreement Surcharge
      1x 40.00 40.00
LR - Additional Recording Fee - linked
      1x 0.00 0.00
LR - Agreement Recording Fee
      1x 20.00 20.00
Grantor/Grantee Name: Cummings
Reference/Control #: 137

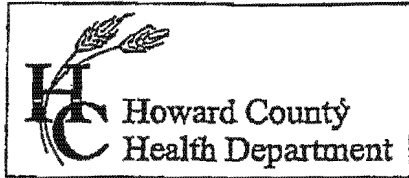
LR - Agreement Surcharge
      1x 40.00 40.00
LR - Additional Recording Fee - linked
      1x 0.00 0.00
LR - Agreement Recording Fee
      1x 20.00 20.00
Grantor/Grantee Name: Gupty
Reference/Control #: 138

LR - Agreement Surcharge
      1x 40.00 40.00
LR - Additional Recording Fee - linked
      1x 0.00 0.00
LR - Photocopies (per page)
      4x 0.50 2.00
=====
SubTotal:                242.00
Total:                    242.00
=====
REV-Check-BOA            242.00
Number : 029403
=====
```

11/15/2013 13:25 CC13-DS
#2207590 /494/109
Thank you for visiting us today~

LIBER | 5339 FOLIO | 78

000137



LR - Agreement Recording Fee 20.00
 Grantor/Grantee Name: Cumminos
 Reference/Control #: 137
 Bureau of Environmental Health
 7178 Columbia Gateway Drive LR Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Subtotal: 60.00
 Total: 242.00
 #2207590-11
 11/15/2013 01:28 CC13-05
 #2207590 CC0503 - Howard Co
 Columbia/CC05.03.02 - Register
 02 494

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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

20
40

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WHEREAS, the Owner owns a tract of land at street address 12209 Lasslers way, Cocksville MD and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 28, Block # 11, Parcel # 49, lot 13 Deed Reference # 11276/ and Tax Account # 05-454387 ("the Property").

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LIBER 5339 (11/19/13) 179

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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 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.

11/20/2013
Date

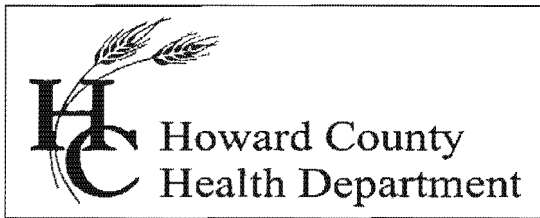
[Signature]
Owner
HELISCA CUMMINGS

11/14/2013
Date

[Signature]
Owner
Howard County Health Department

[Signature]
Witness

Witness



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-6300 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM

Expiration Date – July 22, 2015

January 22, 2015

Homeowner
12209 Basslers Way
Clarksville, MD 21029

RE: Walnut Creek, Lot # 13
12209 Basslers Way
Building Permit: B13003817
Well Permit: HO-95-1170

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 **1/22/2015**. Final approval of the well line connection to the dwelling was granted on **7/29/2014**. The well construction was completed on **10/2/2007**. Water samples were collected on **10/2/2007**, and **12/29/2014**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **10/2/2007**. Results showed a **Gross Alpha** level of **19.0 ± 3.0 pCi/L** and **Gross Beta** level of **13.0 ± 3.0 pCi/L**. The **Gross Alpha** result was above its **maximum contaminant level (MCL)** of **15 pCi/L** while the **Gross Beta** level was below its target level of **50pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems per year**).

After installation of a radionuclide removal devices (Softener, Reverse Osmosis), post-treatment water samples were collected on **12/29/2014**. Results showed **Gross Alpha Short Term** level of **14.6 ± 2.4 pCi/L**, **Gross Beta Short Term** level of **2.1 ± 1.2 pCi/L**, **Gross Alpha Long Term** level of **9.1 ± 2.1 pCi/L**, **Gross Beta Long Term** level of **2.2 ± 1.2 pCi/L**, **Radium-226** level of **< 0.2 ± 0.1 pCi/L** and **Radium-228** level of **< 0.7 ± 0.5 pCi/L**. While the **Gross Alpha, Short Term** result was above its **maximum contaminant level (MCL)** of **15 pCi/L**, the **Radium-226/Radium-228** combined level did not exceed **5 pCi/L** and **Gross Beta, Short Term, Gross Alpha Long Term** and **Gross Beta, Long Term** were below targeted levels.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains 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 radionuclide analysis at six month intervals to determine an appropriate maintenance regime for the treatment devices. Yearly radionuclide analyses is recommended after a maintenance regime is established.
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-95-2002. 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,

Hank Oswald

Hank Oswald, L.E.H.S.
Bureau of Environmental Health
Well & Septic Program

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

Received 1/22/15, H.O.

Martin, Sharhonda

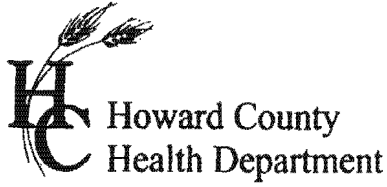
From: Baucom, Scott
Sent: Monday, December 22, 2014 7:41 AM
To: Day, Lori; Wolf, Kevin
Cc: Hart, Amy; Rocco, Anthony; Tuder, Matt; Baker, Brian; Martin, Sharhonda; Williams, Jeffrey; Bozzell, Duane; Bernard, Dana
Subject: U&O Release 12209 Basslers Way

On the morning of December 18th, Duane Bozzell observed the start-up of a Sewage Grinder Pump at the Walnut Creek Shared Septic System:

Craftmark Homes
Walnut Creek , Lot 13
Contract 4440
12209 Basslers Way
Clarksville, MD 21029

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U&O.

Scott Baucom
Operations Supervisor I
Howard County DPW, Bureau of Utilities
8270 Old Montgomery Rd.
Columbia, MD 21045
Office (410) 313-4975
FAX (410) 313-4989



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:

Walnut Creek	13	Road 'H'
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

The well site has been staked by Fisher, Collins & Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 01/12/07 (date) and does not require a site inspection.

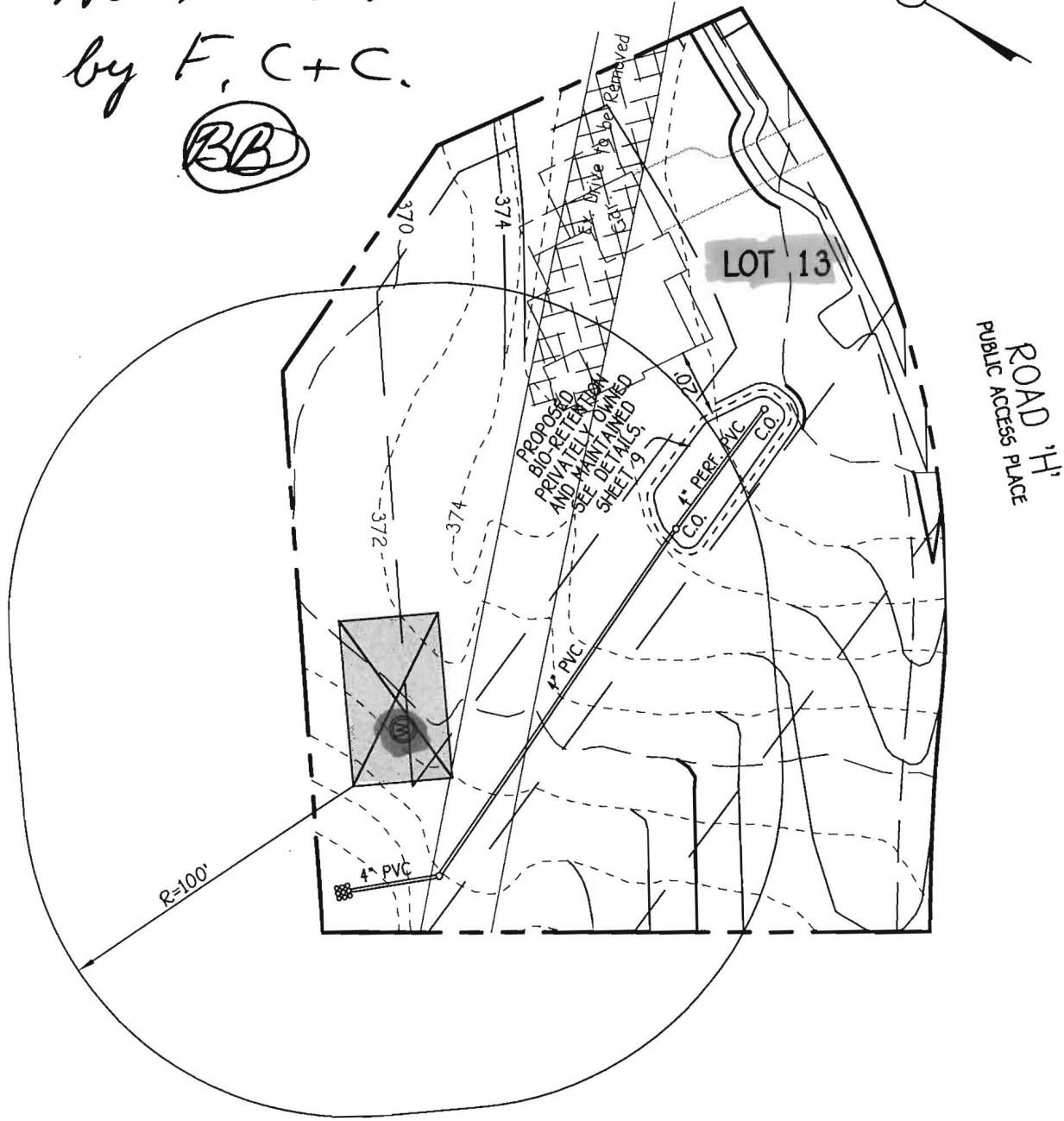
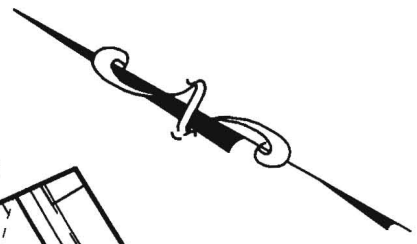
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

8/7/07
 Well Site Staked
 by F. C. + C.

(BB)



ROAD 'H'
 PUBLIC ACCESS PLACE

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

WELL LOCATION PLAN
 LOT 13
 ZONED RC-DEO & RR-DEO
 TAX MAP No. 28 GRID No. 4, 5, 10-12, 17 & 18
 PARCEL No. 49
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50' DATE: FEBRUARY 26, 2007



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:

S/O Number: 97326-2

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

Report Date: January 9, 2015

Treated Sample

Property Sampled: 12209 Basslers Way, 21029
Sample Location: Bathroom Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13003817
Sampler ID #: 8989JK
Samples Iced: Yes

County: Howard

Subdivision: Walnut Creek

Lot #: 13

Date/Time Collected in Field: December 29, 2014 3:07 pm

Date/Time Received in Lab: December 29, 2014 4:05 pm

Well Tag #: HO-95-1170

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener

HO-1/22/15

Table with 5 columns: PARAMETER, METHOD, MCL (pCi/L), RESULT (pCi/L), COMMENT. Rows include Gross Alpha (Short-Term), Gross Beta (Short-Term), Gross Alpha (Long-Term), and Gross Beta (Long-Term).

[+] Gross alpha levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

1/22/15 - Per Best, result okay due to overall results.

Signature of Amber Maxwell, Water Quality Analyst



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, Maryland 21043

S/O Number: 97326-2

Report Date: January 9, 2015

Treated Sample

Property Sampled: 12209 Basslers Way, 21029
Sample Location: Bathroom Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13003817
Sampler ID #: 8989JK
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Creek **Lot #:** 13

Date/Time Collected in Field: December 29, 2014 3:07 pm

Date/Time Received in Lab: December 29, 2014 4:05 pm


Well Tag #: HO-95-1170
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener

H.O. - 1/22/15

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
✓ Radium 226	EPA 903.1	5 pCi/L Combined	<0.2 ± 0.1	Pass
✓ Radium 228	EPA Ra-05		<0.7 ± 0.5	Pass

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 Amber Maxwell
 Water Quality Analyst



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 Hunt Valley, MD 21030 USA
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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

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

S/O Number: 97326-1

Report Date: January 9, 2015

Raw Sample

Property Sampled: 12209 Basslers Way, 21029
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13003817
Sampler ID #: 8989JK
Samples Iced: Yes

County: Howard **Subdivision:** Walnut Creek **Lot #:** 13

Date/Time Collected in Field: December 29, 2014 2:55 pm
Date/Time Received in Lab: December 29, 2014 4:05 pm


Well Tag #: HO-95-1170
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample

40. 1/22/15

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
✓ Total Coliform	SM 9223B	Absent	Absent	Pass
✓ <i>E. coli</i>	SM 9223B	Absent	Absent	Pass
✓ Nitrate	SM 4500-NO3D	10 mg/L as N	<1.0 mg/L as N	Pass
✓ Turbidity	EPA 180.1	10 NTU	1.4 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	7.8 Units	***
✓ Sand		Absent	Absent	Pass

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 Amber Maxwell
 Water Quality Analyst

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.