

C1 **7494** SEQUENCE NO. (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**

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

DATE WELL COMPLETED
 MM DD YY
 03 26 08

Depth of Well
 22 260 26 5/16/08
 (TO NEAREST FOOT) O.K. (BB)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO - 95 - 1386

OWNER **Bassler Alfred**
 STREET OR RFD **Autumn Tree Lane** TOWN **Ellicott City**
 SUBDIVISION **Walnut Creek** SECTION _____ LOT **3**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Clay	2	8	
Sandy	8	14	✓
White mica	14	50	
Sand Stone	50	55	✓
Blue mica	55	200	
White mica	200	260	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED Y N
 (Circle Appropriate Box) 44 44

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS ⁴⁵ 9 ⁴⁶ NO. OF POUNDS ⁴⁵ 54 ⁴⁶

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 23 ft.
 48 TOP 52 54 BOTTOM 58
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 26
 60 61 63 64 66 70

OTHER CASING (if used)

A C H S I N G diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1 2 10 23 260

E 8 9 11 15 17 21
 A C 23 24 26 30 32 36
 H S 38 39 41 45 47 51
 R E
 E S L O T S I Z E 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 _____ 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
 8 9 5

PUMPING RATE (gal. per min.) 8.5
 11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 13 ft.
 17 20

WHEN PUMPING 50 ft.
 22 25

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

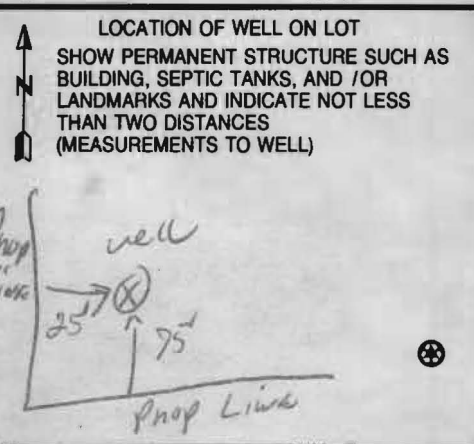
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35

PUMP HORSE POWER 37 _____ 41

PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } 2 (nearest foot)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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 S D 112

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 0570

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526621 please type

STATE PERMIT NUMBER

HO-95-1386 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 BASSLER Venture LLC 15 Last Name Owner First Name 34 15950 N. AVE. 36 Street or RFD 55 LISBON MD. 21265 57 Town 70 State 72 Zip 76

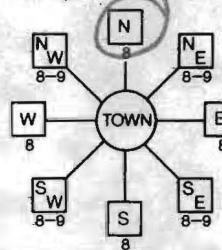
DRILLER INFORMATION

DRILLER'S NAME RALPH E. MAYNE M SD 117 76 License No. 81 FIRM NAME Ralph E. Mayne Inc 17024 Handy Rd. Mt Airy MD. 21271 Address 9/25/09 3-30-09 Signature Date

LOCATION OF WELL

8 COUNTY Howard 21 WALNUT CREEK 23 SUBDIVISION 42 PHASE I LOT 3 44 46 48 50 CLARKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Autumn Tree Lane 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 220 NORTH SOUTH 34 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 11 PARCEL 49

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (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 1/14/2008 Brian Baker 1/14/2009 41 42 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 509 0 0 0 EAST GRID 816 0 0 0 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 30 CABLE REVerse-ROTary Drive-POINT 37 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-1386 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

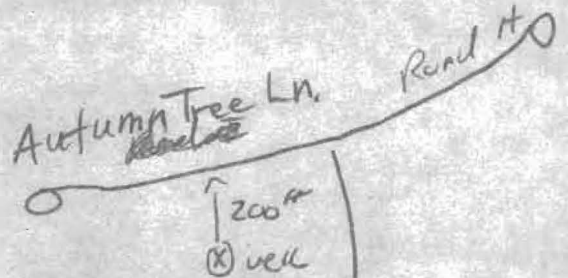
- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814 N 508

3/26/08 Sample collected @ yield. (Signature)

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample Required Locate Well Per Plan SP-06-07

**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: Dait Plumbing & Heating Telephone #: 290 882 0069
Address: 9955 Old Mill Rd
20140 21048

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Dwayne Gilbert 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: TBI Telephone #: 410 980 0023
Subdivision: WALNUT CREEK Lot #: 3 Well Tag #: HO-95-1386
Site Address: 12305 Autumn Street Ind.
CUMESVILLE MD 21039

Submersible Pump Data

Make: myers
Model #: 25152-PIPS-PA-2
Pump Capacity: 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: AMERICAN GRABBY
Model #: PT 800 LF
Depth: yes (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 2.92 (feet) Conduit secured to well cap: yes

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 inside of well casing Yes

Piping to house

Type: plastic
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 10 ft
Sleeve sealed properly: yes

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

Signature of company representative responsible for installation

date Aug 7-2014

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 _____

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

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 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 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: _____ Telephone #: _____
 Subdivision: Walnut Creek Lot #: 3 Well Tag #: HO-95-1386
 Site Address: 12305 Autumn Tree Ln

Submersible Pump Data

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

Pitless Adapter

Make: _____
 Model#: _____
 Depth: _____ (36" min)
 NSF/WSC 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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: _____
 PSI: _____ (160 psi min)
 Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
 Length of sleeve (5' minimum from foundation): _____
 Sleeve 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

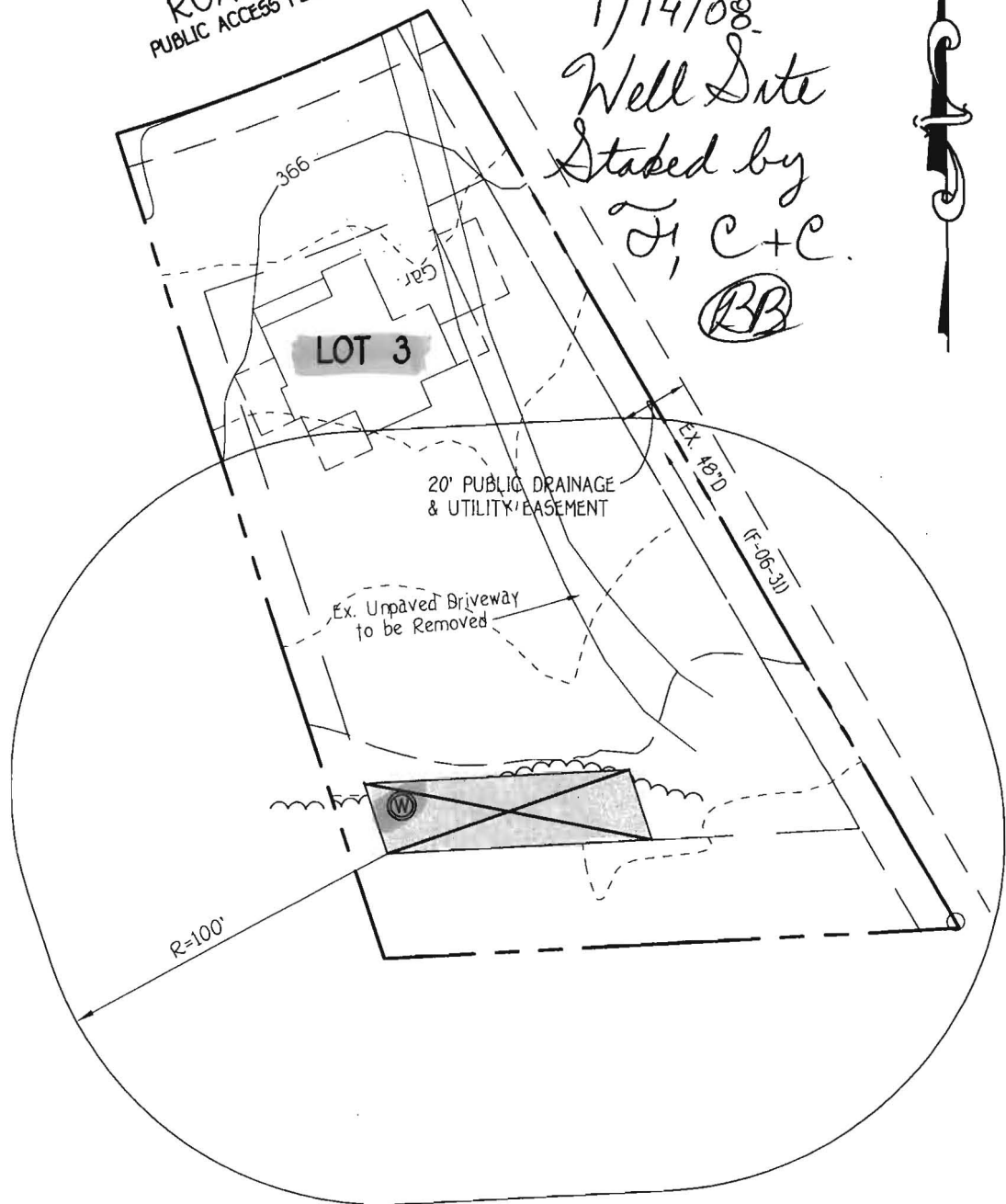
Date Insp. Requested: _____ Date Insp. Approved: 4/2/14 Inspector: RR

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 ~6" down

July 2008

ROAD 'I'
PUBLIC ACCESS PLACE

1/14/08.
Well Site
Staked by
F, C + C.
BB



LOT 3

20' PUBLIC DRAINAGE
& UTILITY EASEMENT

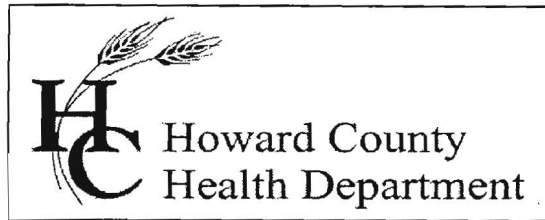
Ex. Unpaved Driveway
to be Removed

R=100'

WELL LOCATION PLAN
LOT 3

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: JUNE 27, 2007

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



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 – SEPTEMBER 27, 2014

August 12, 2014

Shekhaar Gupta and Jyoti N. Gupta
12305 Autumn Tree Lane
Clarksville, MD 21029

**RE: Walnut Creek, Lot 3
12305 Autumn tree Lane
Building Permit: B13002967
Well Permit: HO-95-1386**

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 **7/24/2014**. Final approval of the well line connection to the dwelling was granted on **4/2/2014**. The well construction was completed on **3/26/2008**. Water samples were collected on **8/4/2014**.

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 collected on **3/26/2008**. Results showed a Gross Alpha level of **16.0 ± 3.0 pCi/L** and Gross Beta level of **10.0 ± 2.0 pCi/L**. **This exceeds the maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

This is a **temporary deviation** to allow additional time for installation of a radionuclide removal system and/or submission of water sample results indicating that the treated water meets EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for pre- and post-treatment short term and long term gross alpha/beta and radium 226/228 are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively maintaining 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 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 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



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: 93989

Report Date: August 8, 2014

Property Sampled: 12305 Autumn Tree Lane, 21029
 Sample Location: Pressure Tank Tap ✓
 Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13002967
 Sampler ID #: 7483AM
 Samples Iced: Yes

County: Howard

Subdivision: Walnut Creek

Lot #: 3

Date/Time Collected in Field: August 4, 2014 12:03 pm
 Date/Time Received in Lab: August 4, 2014 4:24 pm

Well Tag #: HO-95-1386
 Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A – Raw Sample ✓

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	1.2 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	7.3 Units ✓	***
Sand		Absent	Absent ✓	Pass

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.

OK MB
 8/12/2014

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO RADIUM STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 8-11-2014 WELL PERMIT #: HO-95-1386

PROPERTY OWNER: Shekhaar and Jyoti N. Gupta

SUBDIVISION & LOT #: Walnut Creek, Lot 3

PROPERTY ADDRESS: 12305 Autumn Tree Lane, Clarksville, MD21029

TESTIMONIAL: Steps that will be taken, or that have already been taken, by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within forty-five (45) days. If post-treatment water samples have been taken, state the specific analyses that will be reported in results, e.g. Gross Alpha and Gross Beta and/or Radium.

CONDITIONS:

1) Within forty-five (45) days, the well installed under permit # HO-95-1386 will be documented to have Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) at the primary drinking tap as a result of installation of a water softener system, or at the reverse osmosis tap.

2) If the radium condition cannot be remediated to a level of Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) via installation of a water softener treatment or reverse osmosis system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Forty-five Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit #HO-95-1386. 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 radium removal device.

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

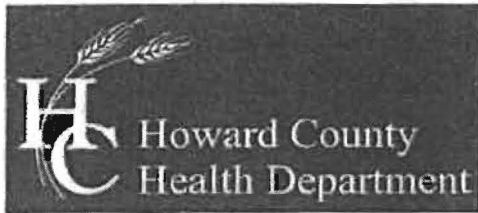
[Signature]

[Signature]

Prospective Owner's Day Time Phone Number(s)

214 476 2856

214-843-5576



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

REQUEST FOR TEMPORARY DEVIATION TO
RADIUM STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 8-11-2014 WELL PERMIT #: HO-95-1386

PROPERTY OWNER: Shekhaar and Jyoti N. Gupta

SUBDIVISION & LOT #: Walnut Creek; Lot 3

PROPERTY ADDRESS: 12305 Autumn Tree Lane, Clarksville, MD21029

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CONDITIONS:

- 1) Within forty-five (45) days, the well installed under permit # HO-95-1386 will be documented to have Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) at the primary drinking tap as a result of installation of a water softener system, or at the reverse osmosis tap.
- 2) If the radium condition cannot be remediated to a level of Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) via installation of a water softener treatment or reverse osmosis system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

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

Prospective Owner's Day Time Phone Number(s)

214 476 2856 214-843-5576



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

May 12, 2008

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

RE: Walnut Creek, Lot #3
Autumn Tree Lane
Well Tag: HO - 95- 1386

To Whom It May Concern:

A sample was collected from a yield test on March 26, 2008 and submitted to the 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** 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 16.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 10.0 ± 2.0 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 targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

Since the **Gross Alpha** finding exceeded its MCL, additional testing for **Gross Alpha**, **Gross Beta** and **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results (**for all 3 parameters**) confirming that levels are in conformance with existing standards. These tests are in addition to the standard parameters required for Use & Occupancy.

Additionally, if treatment is installed, 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.

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 to discuss additional testing requirements.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property file

Send Report To:

Bert Nixen

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: 140-95-1386 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Creek Lot 3 County: Howard

Sample Source: Abundant Autumn Tree h. Location: 140-95-1386
(well no., lab sink, sample tap, etc.)

County: 1 2 Plant No.

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

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

Date Collected: 3/26/08 Time Collected: _____ a.m. 1 p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample collected @ yard pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2106	16±3	03/28/08
✓	Gross Beta	4100	2106	10±2	"
	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: 03/28/08

Supervisor: A. Wise

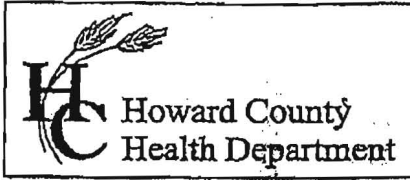
• Tel. No.: (410) 767-5537 • Fax. No.: (410) 333-5373

RECEIVED

LIBER | 5339 | 80

000138

LR - Agreement Recording Fee 20.00
 Grantor/Grantee Name: Gupty
 Reference/Control #: 138
 CR - Agreement Surcharge 40.00
 LR Columbia, MD 21046 Recording Fee 0.00
 Fax (410) 313-2648
 Toll Free 1-866-313-6300
 Sub Total 60.00



Bureau of Environmental Health
 7178 Columbia Gateway Drive
 (410) 313-2640
 TDD (410) 313-2323
 website: www.hchealth.org

Total 242.00
 #2207590-16
 11/15/2013 01:28 CC13-0S
 #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

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Shelley J. Gupty ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 12305 Autumn Tree Lane Clarksville 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 3 Deed Reference # 15224/186 and Tax Account # 05-454263 ("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-95-1386 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.

1-28-2013

Date

1/28/2013

Date

1/30/13 11/14/2013

Date

Witness

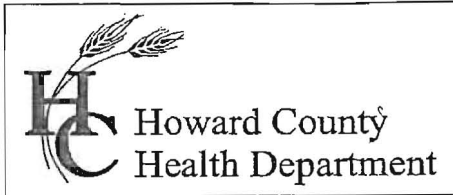
Witness

[Signature]
 Owner Shekhar Gupta

[Signature]
 Owner Jyoti Gupta

[Signature]
 Howard County Health Department

LIBRA 15339 (11/19) | 8 |



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

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Date

1/28/2013
Date

~~1/30/13~~ 11/14/2013
Date

[Signature]
Witness

[Signature]
Witness

[Signature]
Owner

[Signature]
Owner

[Signature]
Howard County Health Department

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

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

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=====
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
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SubTotal: 242.00
Total: 242.00
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REV-Check-BGA 242.00
Number : 029403
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11/15/2013 13:25 CC13-DS
#2207590 /494/109
Thank you for visiting us today~