

3834

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 12516084

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 7/18/05

Depth of Well 400 (TO NEAREST FOOT)

9/1/05 O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-0012

OWNER WINCHESTER HOMES STREET OR RFD CASTLEBRIDGE TOWN CLARKSVILLE SUBDIVISION RIVERWOOD I SECTION 29/4/20 LOT 27

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Brown mica w/ quartz, Brown mica, Grey mica w/ quartz, Grey mica, Quartz, etc.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT BENTONITE CLAY (BC), NO. OF BAGS 48, NO. OF POUNDS 4800, GALLONS OF WATER 288, DEPTH OF GROUT SEAL 30.

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 80.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including: screen type or open hole (insert appropriate code below: ST, BR, HO, PL, OT), DEPTH (nearest ft.) 78.

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

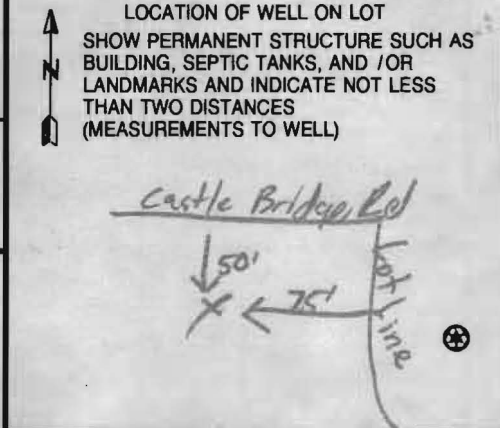
DEPTH (nearest ft.) table with columns 1-25 and rows A through N, showing depth values for each section.

DRILLERS LIC. NO. MWD 040, DRILLERS SIGNATURE George F. Easterday, LIC. NO. AWD 788, SITE SUPERVISOR information.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q, GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including: PUMPING TEST (C 3), HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING 36, WHEN PUMPING 45, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form including: DRILLER INSTALLED PUMP 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, CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (49) above LAND SURFACE.



B 1 1453

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522426

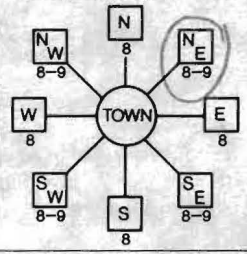
STATE PERMIT NUMBER 40-95-0012 fill in this form completely

Date Received (APA) 8 MM DD YY 13 OWNER INFORMATION 9971 Winchester Homes, Inc 15 Last Name Owner First Name 34 6905 Rockledge Drive, Suite 800 36 Street or RFD 55 Bethesda, Md 20817 57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL HOWARD CG# 21 RIVERWOOD PHASE I 23 SUBDIVISION 42 SECTION 1 LOT 27 44 46 48 50 CLARKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78

DRILLER INFORMATION George F. Easterday M W D 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature 4/25/05 Date

B 4 Castlebridge Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD FT. 34 50 37 ENTER FT OR MI 38 39 TAX MAP: 29 BLK: 4 PARCEL 20



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

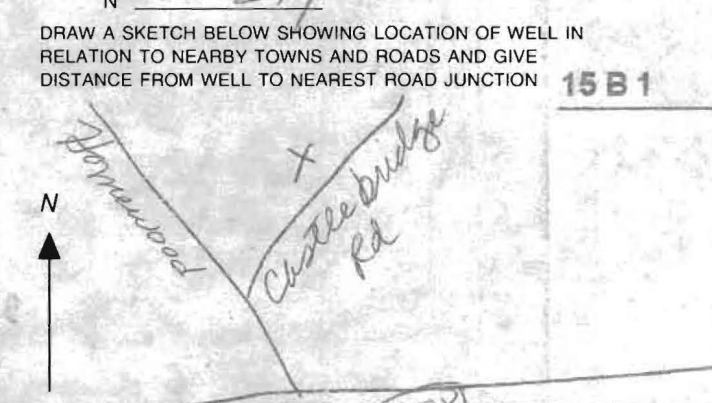
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 1516084 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/1/05 41 CO SIGNATURE EXP. DATE 6/1/06 43 MM DD YY 48 NORTH GRID 514 000 EAST GRID 828 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X gouted 7/18/05 SOURCES OF DRILLING WATER 1. wells 2. wells 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 510 828 N 820 514 000 000

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 30 37 CABLE REVerse-ROTary Drive-POINT 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 39 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) APPROP. PERMIT NUMBER 40-95-0012 G PERMIT No. 40-95-0012 70 71 72 73 74 75 76 77 78 79

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

7-25-05 8:00 ~~12:00~~  
 7-18-05

FIELD DATA SHEET  
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0012  
 Location of property (road) Castle bridge Rd  
 Subdivision Rivanna V Lot 27 Block 4 Plat 29 sec Line 20  
 Well Driller Easterday's Owner Winchester Homes

Depth of well 400 12gpm  
 Distance of measuring point (M.P.) above ground 1.5  
 Static water level (S.W.L.) below M.P. 36ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 15gpm  
 Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW-METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	36ft	4sec	Pump set 380'	15gpm
11:15	42ft	4sec		15gpm
11:30	44ft	4sec		15gpm
11:45	45ft	4sec		15gpm
12:00	45ft	4sec		15gpm
12:15	49ft	4sec		15gpm
12:30	44ft	4sec		15gpm
12:45	45	4sec		15gpm
1:00	44	4sec		15gpm
1:15	45	4sec		15gpm
1:30	45	4sec		15gpm
1:45	45	4sec		15gpm
2:00	45	4sec		15gpm

Feb 27 04 11:03a

HD CO FNY HFAI TH

14103132648

p.1

**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, Fitters 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 SERVICE Telephone #: 301-854-1333  
Address: PO 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): DAN D RYCKE      License #: PI-0145

\*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: RIVERWOOD Lot #: 27 Well Tag #: HO-95-0012  
Site Address: 483 CASTLE BRIDGE RD.  
ELICOTT CITY

Submersible Pump Data  
Make: KESOE GRUNDFO  
Model #: 5505 15 290  
Pump Capacity: 15 GPM  
Well Yield: 12 GPM

Fitters Adapter  
Make: BIT  
Model #: \_\_\_\_\_  
Depth: 36 (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 1/2" B.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 400 (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: ACVA JET  
PSI: 160 (160 psi min)  
Depth of supply line: 36 (36" min)

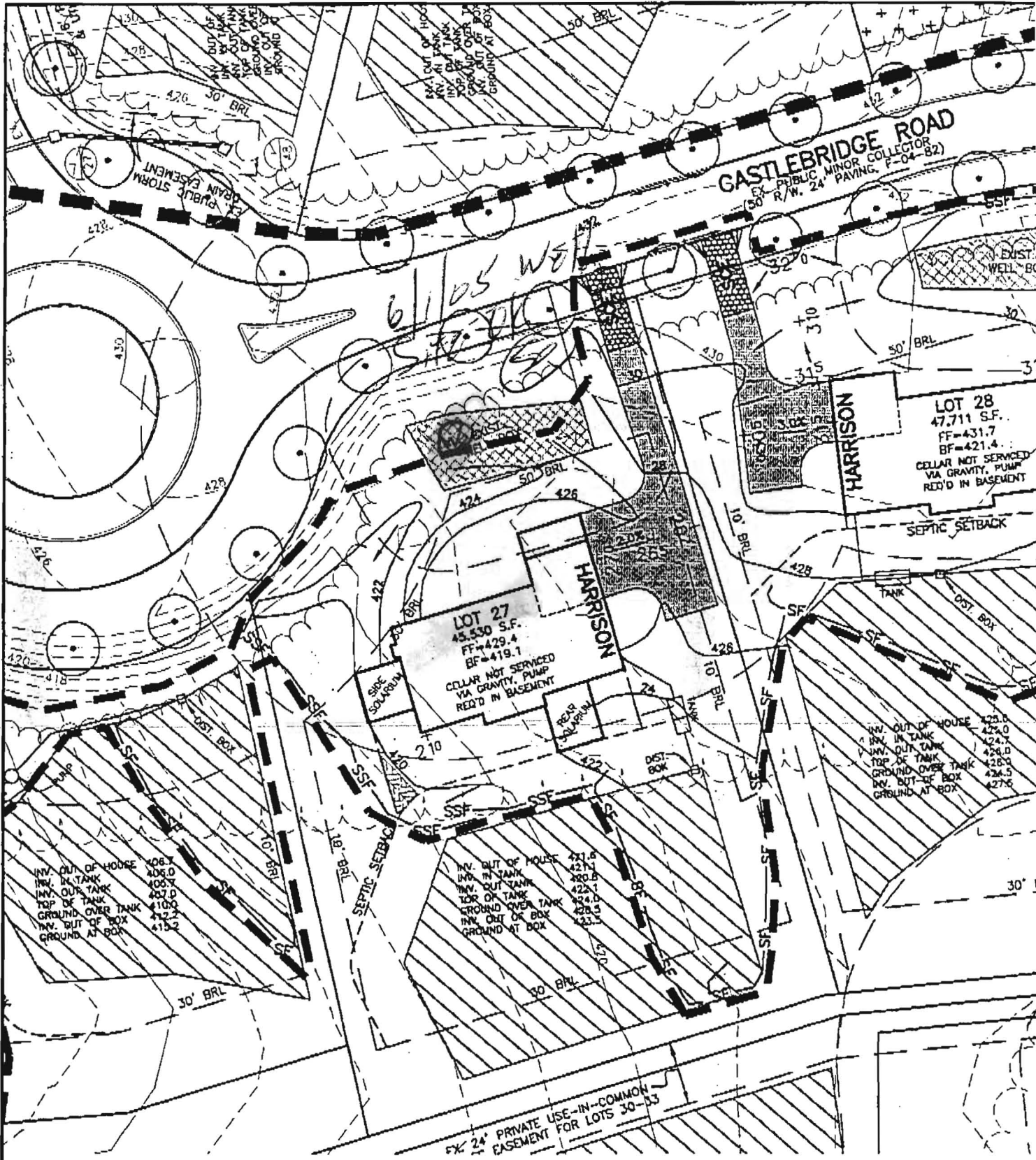
House Connection  
PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly: YES

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: 1/5/07

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

Date Insp. Requested: 11/8/06 Date Insp. Approved: 11/9/06 Inspector: (KW)  
Inspection Data: Fitters 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 seen 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 fitters adapter ✓



INV. OUT OF HOUSE 408.1  
 INV. IN TANK 405.0  
 INV. OUT TANK 403.7  
 TOP OF TANK 403.0  
 GROUND OVER TANK 410.0  
 INV. OUT OF BOX 412.1  
 GROUND AT BOX 415.2

INV. OUT OF HOUSE 421.5  
 INV. IN TANK 421.1  
 INV. OUT TANK 420.5  
 TOP OF TANK 422.7  
 GROUND OVER TANK 424.0  
 INV. OUT OF BOX 428.0  
 GROUND AT BOX 421.5

INV. OUT OF HOUSE 425.0  
 INV. IN TANK 425.0  
 INV. OUT TANK 424.0  
 TOP OF TANK 425.0  
 GROUND OVER TANK 426.5  
 INV. OUT OF BOX 427.5  
 GROUND AT BOX 427.5

## RIVERWOOD

### LOT 27

## BENCHMARK



## ENGINEERING, INC.

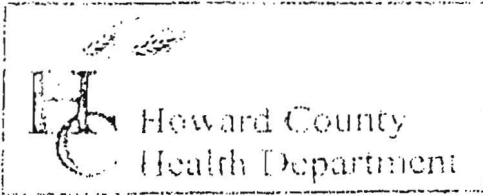
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6195 FAX: 410-465-6644

THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 10/12/04

REVISED: 3/29/05, 5/25/05, 6/01/05



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

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

- The well site has been staked by Engineer Benchmark,  
 (professional land surveyor or company employing professional land surveyors)  
 on 4/11/05 (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 6/10/03

Riverwood Phase I  
 Lots 11, 24-33, 42  
 preservation parcel 0

DATE COLLECTED	DATE RECEIVED	DATE COMPLETED	SAMPLE CODE
02/03/07	02/06/07	02/12/07	666425



Ho. Co. Fax  
4/313-2648

CUSTOMER ADDRESS  
CAMBERLY HOMES  
RIVERWOOD MODEL HOME 4833 CASTLE BRIDGE RD  
ELLCOTT CITY, MD 21042

NATIONAL TESTING LABORATORIES LTD.  
6571 Wilson Mills Road  
Cleveland, OH 44143  
(440) 449-2525

LOW - FAX - 410-992-3510  
DEALER ADDRESS  
NATIONAL WATER SERVICING  
PO BOX 138  
ASHTON, MD 20861-

# DRINKING WATER ANALYSIS RESULTS

ID: WELL WATER

PLEASE NOTE: TWO UNIDENTIFIED COMPOUNDS WERE DETECTED IN THE VOC SCAN.

- NOTE: "\*" The MCL (Maximum Contaminant Level) or an established guideline has been exceeded for this contaminant.  
 "\*\*\*" Bacteria results may be invalid due to lack of collection information or because the sample has exceeded the 30-hour holding time.  
 "ND" This contaminant was not detected at or above our stated detection level.  
 "NBS" No bacteria submitted. "NBR" No Bacteria Required.  
 "P" = PRESENCE "A" = ABSENCE  
 "EP" = E. COLI PRESENCE "EA" = E. COLI ABSENCE  
 "NA" Not Analyzed

Analysis Performed	MCL (mg/l)	Det. Level	Level Detected
Total coliform	P	P	A
Inorganic chemicals - metals:			
Aluminum	0.2	0.1	ND
Arsenic	0.010	0.005	ND
Barium	2	0.30	ND
Cadmium	0.005	0.002	ND
Calcium	---	2.0	15
Chromium	0.1	0.010	ND
Copper	1.3	0.004	0.006
Iron	0.3	0.020	0.11
Lead	0.015	0.002	0.002
Magnesium	---	0.10	5.5
Manganese	0.05	0.004	0.072*
Mercury	0.002	0.001	ND
Nickel	---	0.02	ND
Selenium	0.05	0.020	ND
Silver	0.1	0.002	ND
Sodium	---	1	9
Zinc	5	0.004	0.051
Inorganic chemicals - other, and physical factors:			
Alkalinity (Total as CaCO3)	---	20	46
Chloride	250	5.0	10
Fluoride	4	0.5	ND
Hardness (suggested limit = 100)	---	10	60
Nitrate as N	10	0.5	7.6
Nitrite as N	1	0.5	ND
pH (Standard Units)	6.5-8.5	---	5.8*
Sulfate	250	5.0	ND
Total Dissolved Solids	500	20	75
Turbidity (Turbidity Units)	1.0	0.1	1.4*
Organic chemicals - trihalomethanes:			
Bromodichloromethane	---	0.002	ND
Bromoform	---	0.004	ND
Chloroform	---	0.002	0.004
Dibromochloromethane	---	0.004	ND
Total THMs	0.080	0.002	0.004

OK

OK

page 2. Sample code: 666425

Analysis performed	MCL (mg/l)	Detection Level	Level Detected
1,1,1,2-Tetrachloroethane	---	0.002	ND
1,1,1-Trichloroethane	0.2	0.001	ND
1,1,2,2-Tetrachloroethane	---	0.002	ND
1,1,2-Trichloroethane	0.005	0.002	ND
1,1-Dichloroethane	---	0.002	ND
1,1-Dichloroethene	0.007	0.001	ND
1,1-Dichloropropene	---	0.002	ND
1,2,3-Trichlorobenzene	---	0.002	ND
1,2,3-Trichloropropene	---	0.002	ND
1,2,4-Trichlorobenzene	0.07	0.002	ND
1,2-Dichlorobenzene	0.6	0.001	ND
1,2-Dichloroethane	0.005	0.001	ND
1,2-Dichloropropene	0.005	0.002	ND
1,3-Dichlorobenzene	---	0.001	ND
1,3-Dichloropropene	---	0.002	ND
1,4-Dichlorobenzene	0.075	0.001	ND
2,2-Dichloropropene	---	0.002	ND
2-Chlorotoluene	---	0.001	ND
4-Chlorotoluene	---	0.001	ND
Benzene	0.005	0.001	ND
Bromobenzene	---	0.002	ND
Bromomethane	---	0.002	ND
Carbon Tetrachloride	0.005	0.001	ND
Chlorobenzene	0.1	0.001	ND
Chloroethane	---	0.002	ND
Chloromethane	---	0.002	ND
cis-1,2-Dichloroethene	0.07	0.002	ND
cis-1,3-Dichloropropene	---	0.002	ND
Dibromochloropropane (DBCP)	---	0.001	ND
Dibromomethane	---	0.002	ND
Dichlorodifluoromethane	---	0.002	ND
Dichloromethane	0.005	0.002	ND
Ethylbenzene	0.7	0.001	ND
Ethylenedibromide (EDB)	---	0.001	ND
Methyl-Tert-Butyl-Ether	---	0.004	ND
Styrene	0.1	0.001	ND
Tetrachloroethene (PCE)	0.005	0.002	ND
Toluene	1	0.001	ND
Trans-1,2-Dichloroethene	0.1	0.002	ND
trans-1,3-Dichloropropene	---	0.002	ND
Trichloroethene (TCE)	0.005	0.001	ND
Trichlorofluoromethane	---	0.002	ND
Vinyl Chloride	0.002	0.001	ND
Xylene	10	0.001	ND

Organic chemicals - pesticides, herbicides and PCBs

2,4-D	0.07	0.010	ND
Alachlor	0.002	0.001	ND
Aldrin	---	0.002	ND
Atrazine	0.003	0.002	ND
Chlordane	0.002	0.001	ND
Dichloran	---	0.002	ND
Dieldrin	---	0.001	ND
Endrin	0.002	0.0001	ND
Heptachlor	0.0004	0.0004	ND
Heptachlor Epoxide	0.0002	0.0001	ND
Hexachlorobenzene	0.001	0.0005	ND
Hexachlorocyclopentadiene	0.05	0.001	ND
Lindane	0.0002	0.0002	ND
Methoxychlor	0.04	0.002	ND
PCBs	0.0005	0.0005	ND
Pentachloronitrobenzene	---	0.002	ND
Silvex(2,4,5-TP)	0.05	0.005	ND
Simazine	0.004	0.002	ND
Toxaphene	0.003	0.001	ND
Trifluralin	---	0.002	ND

We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the U.S. Environmental Protection Agency or variations of these EPA methods.

These test results are intended to be used for informational purposes only and may not be used for regulatory compliance.

*National Testing Laboratories Ltd.*

NATIONAL TESTING LABORATORIES LTD.

REV. 12-08

**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 #:	62281.1	Account #:	3123
Reference:	Riverwood Model Home	Company:	National Water Servicing
Location:	4853 Castle Bridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	2/19/2007 1210	Source:	Well Water
Date/Time Rec'd:	2/19/2007 1430	Site:	Handsink in Basement
Chlorine pom:	Free: ND Total: ND	Treatment:	Sediment Filter
Collected By:	C. Mooshian 7268CM	pH:	5.9
		Well #:	HO-95-0012

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.03	NTU	<10	SM18 2130B	2/20/2007 / 0820 / AD/BD

**NOTES**

- 1 NTU = Nephelometric Turbidity Units
- 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: Scaled, vented cap
- 5 pH tested on-site

Reason for Test : Use &amp; Occupancy

Date Reported: 2/20/2007


**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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Location:	4853 Castle Bridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	2/19/2007 1210	Source:	Well Water
Date/Time Rec'd:	2/19/2007 1430	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	C. Mooshian 7268CM	pH:	5.9
		Well #:	HO-95-0012

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	9.53	NTU	<10	SM18 2130B	2/20/2007 / 0820 / AD/BD

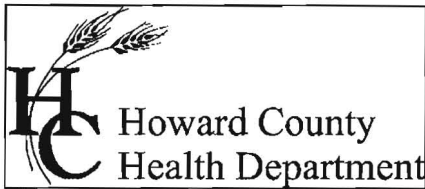

  
*Taken Before Treatment*

**NOTES**

- 1 \*\*Sample collected prior to treatment
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy

Date Reported: 2/20/2007



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

February 21, 2007

Homeowner  
4853 Castlebridge Road  
Ellicott City, MD 21042

RE: Riverwood I, Lot 27  
4853 Castlebridge Road  
Ellicott City, MD 21042  
BP #: B06000901  
HO-95-0012

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 11/15/2006. Final approval of the well line connection to the dwelling was approved on 11/09/2006.**

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 water sample results were found to be in compliance with COMAR water quality standards.

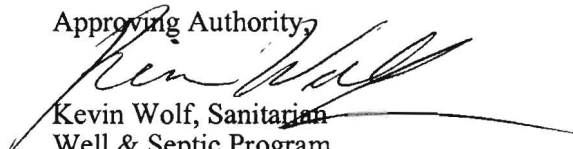
#### INTERIM CERTIFICATE OF POTABILITY

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-95-0012. 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.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt 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 Samples: 02/05/2007, & 02/19/2007  
Date of Well Completion: 07/18/2005

Approving Authority,

  
Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File