

C1 **56574** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER **563967-R**

ST/CO USE ONLY DATE RECEIVED **MM DD YY** **01/11/19** DATE WELL COMPLETED **MM DD YY** **12/14/18** Depth of Well **22 250' 26** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **Ho-17-0336**

OWNER **Trinity Homes** WELL SITE ADDRESS **Allouett Lane** TOWN **Highland** SUBDIVISION **The Estates e River Hill** SECTION **12** LOT **12**

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	
Clay	0	15	
Soft Brown	15	60	
Grey 4/5	60	235	
Broken	235	237	✓
Grey 4/5	237	250	

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

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

NO. OF BAGS **40** NO. OF POUNDS **360**

GALLONS OF WATER **240**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **75** ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST **CO**
STEEL CONCRETE

PL **OT**
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

ST **No** **78**

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

E A C H C A S I N G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST **BR** **HO**
STEEL BRASS OPEN HOLE

PL **OT**
PLASTIC OTHER

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. **MSD 2241**

DRILLERS SIGNATURE **[Signature]**

LIC. NO. **D**

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

C2 DEPTH (nearest ft.)

HO **78** **275**

E A C H S R E E N

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

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

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **15**

METHOD USED TO MEASURE PUMPING RATE **1000**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **23** ft.

WHEN PUMPING **75** ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine

C centrifugal **R** rotary **O** other (describe below)

J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**

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

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } **3** (nearest foot)

LATITUDE **39.198648**

LONGITUDE **76.960324**

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

TAG: 12/14/2018
GPS: 12/14/2018
HO-17-0336
fill in this form completely

B 1 SEQUENCE NO. (MDE USE ONLY) **59734**

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type **5039107-K**

STATE PERMIT NUMBER
HO-17-0336

B 2 DATE RECEIVED (APA) **07-27-18**

OWNER INFORMATION

8 MM DD YY 13
Trinity Homes
15 Last Name Owner First Name 34
3675 Park Ave Suite 301
36 Street or RFD 55
Ellicott City Md 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21
23 SUBDIVISION **The Estates at River Hill** 42
SECTION **44** 46 LOT **12** 48 50
52 NEAREST TOWN **Highland** 71

DRILLER INFORMATION *Andrew Houseman MSD224*

Driller's Name **Allen Compton** 76 License No. **M 5 D 009** 81
Firm Name **Eagles Well Drilling, LLC**
Address **P.O. Box 202 Woodbine, Md 21797**
Signature **Allen Compton** 7-27-18 Date

B 4 SOURCES OF DRILLING WATER

1. **well water**
2.
3.

11 STREET ADDRESS **All nutt lane** 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **600** 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: **34** BLK: **23** PARCEL **389**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard** COUNTY NO. **13**
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **9/18/18** CO SIGNATURE **SLC** EXP. DATE **9/18/19**
43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

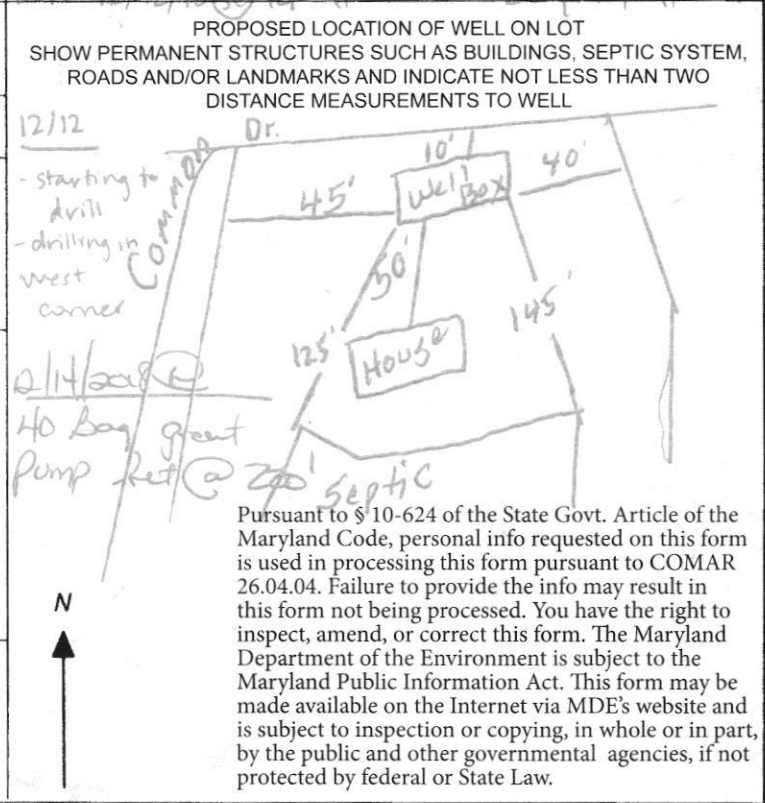
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTary DRIVE-POINT
other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER **HO 2018G005**
PERMIT No. **HO-17-0336**
70 71 72 73 74 75 76 77 78 79



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**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: Do-It Plumbing & Heating LLC Telephone #: 240 882 0069
Address: 104 Estelle Ct
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller 200 Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Duane G. Gurst 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 #: 410-480-0023
Subdivision: River Hill Lot #: 12 Well Tag #: HO-17-0336 ✓
Site Address: 13600 Olivia Way
Highland Md 21777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>Oushant</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T52-12Plus-P4-2</u>	Model#: <u>P-800-55</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>250</u> (feet) Conduit secured to well cap: <u>yes</u>		
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, <u>Cable guards</u> , 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>Black Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>10 ft</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10 ft</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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

Signature of company representative responsible for installation: [Signature] date: July 29-2022

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

Date Insp. Requested: _____ Date Insp. Approved: 7/29/22 Inspector: [Signature]
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 ✓

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

MEMORANDUM

TO: Allen Compton (MSD 009)

FROM: Sarah Collins, L.E.H.S. SEC
Howard County Health Department
Well and Septic Program

DATE: September 17, 2018

RE: Well permits for the Estates at River Hill

The following conditions apply to the well permits for the Estates at River Hill:

- A radium sample is required at the yield test for all lots.
- Sodium, chloride, and total dissolved solids samples are required at the yield test for Lots 1, 2, 3, 4, 10, and 11.
- Steel casing to 50' or 10' into competent bedrock, whichever is deeper, is required for Lots 5, 7, and 8.
- Per the Groundwater Appropriations Permit from Maryland Department of the Environment, any well less than 100' from another well AND on a lot less than one acre requires a simultaneous yield test. Lot 10 is the only lot less than one acre; any well less than 100' from Lot 10 requires a simultaneous yield test with the Lot 10 well.

Feel free to contact me at 410-313-6287 or SCollins@howardcountymd.gov with any questions.

Cc: Vogel Engineering, Rob Vogel (rvogel@vogeleng.com)
File

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 5, 2023

December 5, 2022

Homeowner
13600 Olivia Way
Highland, MD 21077

RE: Estates @ River Hill, Lot 12
13600 Olivia Way
Building Permit: B19003295
Well Permit: HO-17-0336

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 **5/24/2022**. Final approval of the well line connection to the dwelling was granted on **7/29/2022**. The well construction was completed on **1/16/2019**. Water samples were collected on **11/14/2022, 11/18/2022**.

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 **11/14/2022**. Results showed a Gross Alpha level of **2.0 ± 1.1 pCi/L** and **Gross Beta** level of **3.3 ± 1.1 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-17-0336. 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.**

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a 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>

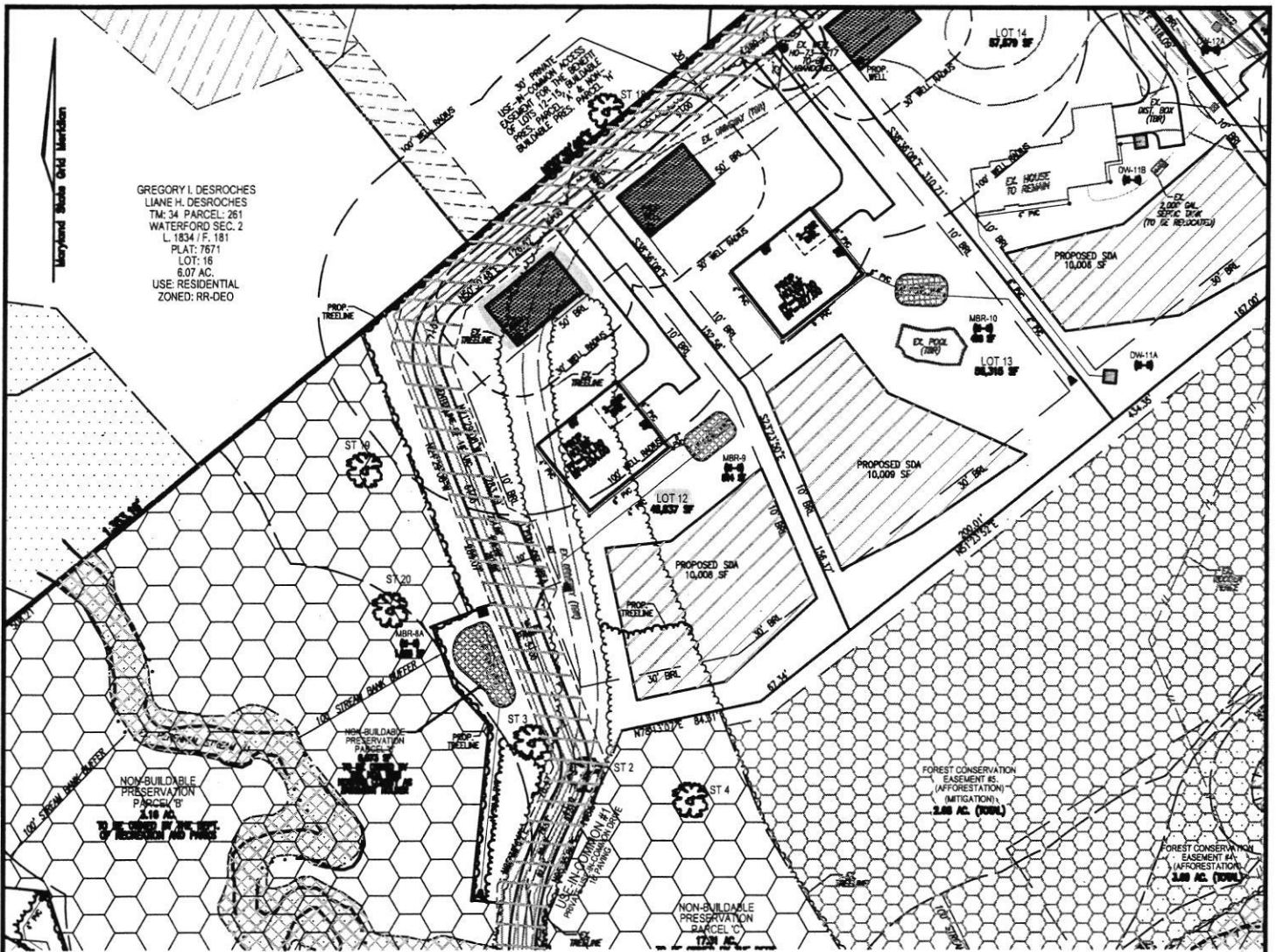
In closing, please refer to our “Homeowner Fact Sheet” for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

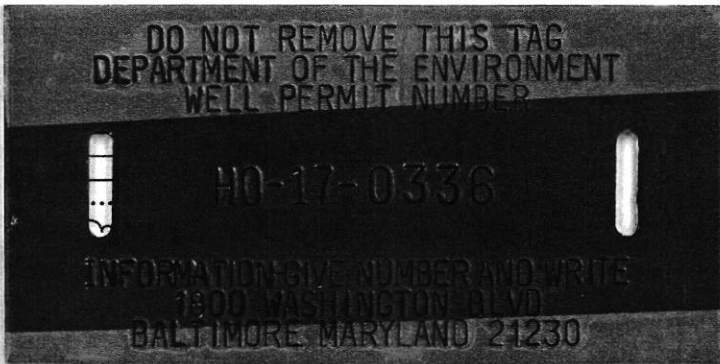
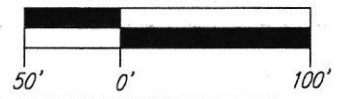
cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



GREGORY I. DESROCHES
 LIANE H. DESROCHES
 TM: 34 PARCEL: 261
 WATERFORD SEC. 2
 L. 1834 / F. 181
 PLAT: 7671
 LOT: 16
 8.07 AC.
 USE: RESIDENTIAL
 ZONED: RR-DEO

LOT 12 - WELL EXHIBIT
 SCALE: 1"=100'

SCALE 1"=100'



- WOOD FENCE
- METAL FENCE
- 100-YEAR
- RAINAGE & UTILITY (PLAT 12949)
- STATE USE-IN-COMMON EASEMENT
- PUBLIC SWM, DRAINAGE EASEMENT

- PROP. SEWAGE DISPOSAL AREA
- PROP. WELL AREA
- PROP. STORMDRAIN
- EXISTING WELL
- PROPOSED WELL



EXISTING SPECIMEN TREES



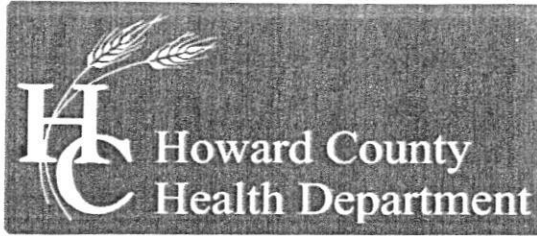
PROP. 35' PRIVATE MONUMENT EASEMENT

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 3300 N. RIDGE ROAD, SUITE 110
 ELLICOTT CITY, MD 21043
 TEL: 410.461.7666 FAX: 410.461.8961

SCALE: 1"=100'
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: JUNE 2018
 W. O. #: 15-39
 SHEET #: 1 OF 1

Well box approved 9/18/18 sc
 Well box staked by Vogel Engineering
WELL EXHIBIT - LOT 12
THE ESTATES AT RIVER HILL
 LOTS 1-15, BUILDABLE PRESERVATION PARCEL 'A'
 AND NON-BUILDABLE PRESERVATION PARCELS 'B-H'
 A RE-SUBDIVISION OF THE "GREENE PROPERTY" LOT 1
 PARCEL: 389
 TAX MAP: 34 GRID: 23
 5TH ELECTION DISTRICT

ZONED: RR-DEO
 L. 4772 / F. 265
 HOWARD COUNTY, MARYLAND



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

The Estates at River Hill 1-157 Parcel A - Allnut Lane
Subdivision/Property Name Lot # Road Name

The well site has been staked by Robert H. Vogel Engineering, Inc.
(professional land surveyor or company employing professional land surveyors)
on _____ (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.

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

February 7, 2019

Tim Keane
Trinity Homes
3625 Park Avenue
Ellicott City, Maryland 21043

RE: Estates at River Hill Lot 12
Allnutt Lane
Well Tag: HO - 17 - 0336

Dear Mr. Keane:

A sample was collected during a yield test on December 14, 2018 and submitted to the Maryland Department of Health 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 24.7 ± 3.6 picocuries/liter (pCi/L), while the **Gross Beta** level was 9.2 ± 2.2 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 standard of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

At the time of testing and with respect to these parameters, the well water supply **does not meet** EPA regulatory standards. Additional testing **for these parameters** will be required to secure the future Use & Occupancy. Additional raw water samples for **short and long term Gross Alpha and Gross Beta**, plus **Radium 226 / 228** will be needed to assess any future treatment needs. Alternatively, treatment such as a water softener system or point of use reverse osmosis (R/O) could be considered. If installed, post-treated sampling for **short and long term Gross Alpha, Gross Beta** and **Radium 226 / 228** will be **required**. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed to help secure Use & Occupancy.

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 schedule additional testing.

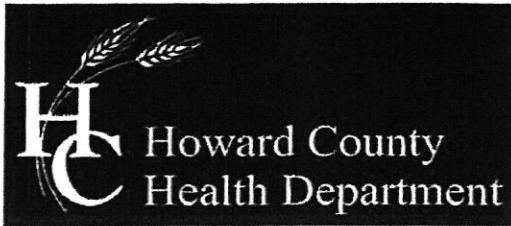
Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓ cc: Property file



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

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

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Jing Liu and Jason Ni ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 13600 Olivia Way, Hyland MD 20777 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 34, Block # 23, Parcel # 389, Deed Reference # _____ and Tax Account # 05-601940 ("the Property").

LOT 12

WHEREAS, the Property lacks an available public drinking water source and is required to have and 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-17-0336 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.

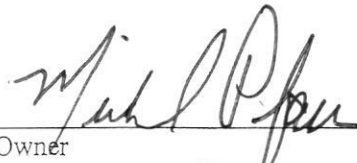
NOW THEREFORE, the parties have agreed to the following terms and conditions:

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

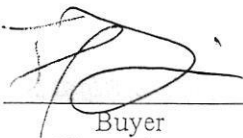
shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

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 warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

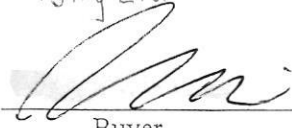


Owner Date
MICHAEL P. FAWCETT 6/11/21



Buyer Date
Jing Liu 5/28/21

Owner Date



Buyer Date
Jason H. Ni 5/28/2021



Howard County Health Department Date
6/11/21

SEND REPORT TO:

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: ACAD County: HOWARD

Sample Source: WEGMANS DISULFID Location: LAB
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A FIELD BLANK Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County 13 Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <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"/>

Submitters Code: 4 F Federal Project:

Collector: CABANIG, J Telephone No.: 410 313 2643

Date Collected: 12/17/2018 Time Collected: 08:15 a.m. _____ p.m.

Field pH: 7.0 Field Chlorine: NEG

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	1278	EPA900.0	<2.0	12/19/18	N/A	12/20/18
<input type="checkbox"/>	Gross Beta	4100	1278	EPA900.0	<4.0	12/19/18	N/A	12/20/18
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 12/18/18 Received By: _____
Data Release Signature: [Signature] Date: 12/18/18

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 155747 Account #: 4035
Reference: Estates at River Hill Lot 12 Client: Trinity Quality Homes, Inc.
Location: 13600 Olivia Way Requested By: Michael Pfau
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 11/14/2022 1055 Site: Pressure Tank
Date/Time Rec'd: 11/14/2022 1404 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Yeager 0819JY Well #: HO-17-0336

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/15/2022 / 0915 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/15/2022 / 0915 / TSD
Nitrate.	0.51	mg/L	10	EPA 300.0	11/14/2022 / 1517 / MEW
Turbidity	10.9	NTU	<10	SM2130B	11/15/2022 / 0845 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	11/15/2022 / 0830 / TSD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 pH & Chlorine level tested on site
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 **Sample collected prior to Softener/Sediment Filter

Reason for Test : Use & Occupancy

Building Permit # : B19003295

Date Reported: 11/15/2022

Reviewed By:



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 155868 Account #: 4035
Reference: Estates at River Hill Lot 12 Client: Trinity Quality Homes, Inc.
Location: 13600 Olivia Way Requested By: Michael Pfau
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 11/18/2022 1220 Site: Kitchen Tap
Date/Time Rec'd: 11/18/2022 1348 Treatment: Softener/Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Yeager 0819JY Well #: HO-17-0336

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.05	mg/L	0.3*	Hach 8146	11/18/2022 / 1515 / MEW
Turbidity	0.59	NTU	<10	SM2130B	11/18/2022 / 1550 / MEW

NOTES:

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

Reason for Test : Use & Occupancy

Building Permit # : B19003295

Date Reported: 11/21/2022

Reviewed By: Loi Oe

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 155867 Account #: 4035
Reference: Estates at River Hill Lot 12 Client: Trinity Quality Homes, Inc.
Location: 13600 Olivia Way Requested By: Michael Pfau
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 11/18/2022 1200 Site: Pressure Tank
Date/Time Rec'd: 11/18/2022 1348 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Yeager 0819JY Well #: HO-17-0336

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	1.39	mg/L	0.3*	Hach 8146	11/18/2022 / 1515 / MEW
Turbidity	17.1	NTU	<10	SM2130B	11/18/2022 / 1550 / MEW

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 pH & Chlorine level tested on site
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 **Sample collected prior to Softener/Sediment Filter

Reason for Test : Use & Occupancy

Building Permit # : B19003295

Date Reported: 11/21/2022

Reviewed By: Loi Ob

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 155870 Account #: 4035
Reference: Estates at River Hill Lot 12 Client: Trinity Quality Homes, Inc.
Location: 13600 Olivia Way Requested By: Michael Pfau
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 11/18/2022 1220 Site: Kitchen Tap
Date/Time Rec'd: 11/18/2022 1348 Treatment: Softener/Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Yeager 0819JY Well #: HO-17-0336

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Manganese	ND	mg/L	0.05*	EPA 200.8	11/29/2022 / 1255 / MBC

NOTES:

- * SMCL = Secondary Maximum Contaminant Level
- Manganese Detection Limit: 0.005 mg/L
- mg/L = milligrams per liter (also, parts per million)
- Sub-contracted to Reference Lab #320
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

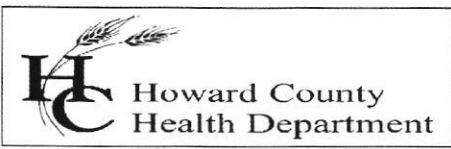
Building Permit # : B19003295

Date Reported: 12/5/2022

Reviewed By: Catherine C. Holland

copy number 1111

Invoice



Bureau of Environmental Health
Attn: Bert Nixon, Director

DATE: JANUARY 3, 2019
DATES OF SERVICE: DECEMBER 14 & 17, 2018
INVOICE #: 2018-007

8930 Stanford Boulevard, Columbia, MD 21045
Phone 410-313-2640 Fax 410-313-2648
www.hchealth.org

BILL TO: Tim Keane
Trinity Homes
3625 Park Avenue
Ellicott City, Maryland 21043

COMMENTS: Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
12/14/18	Gross Alpha/Beta testing performed for Lot 12 Estates at River Hill HO - 17 - 0336		\$45.00
12/17/18	Gross Alpha/Beta testing performed for Lot 14 Estates at River Hill HO - 17 - 0338		\$45.00
			AMOUNT DUE
			\$90.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2018-007
Site Information	Estates at River Hill Lots 12 & 14
Amount Due	\$90.00

Receipt received 1/31/19

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**