

3889 (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.

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

COUNTY
NUMBER

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

DATE WELL COMPLETED
MM DD YY
4/27/06 15 20

Depth of Well
22 400 26
(TO NEAREST FOOT)
9/13/06
O.K. (PB)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-0271
28 29 30 31 32 33 34 35 36 37

OWNER J.T.S. CORPORATION
STREET OR RFD CLARKSVILLE PIKE TOWN CLARKSVILLE
SUBDIVISION MARLBETH FARM 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	
Brown mica	2	28	
Grey mica	28	50	
Sandstone	50	54	
Grey mica	54	65	
Sandstone	65	72	
Brown mica	72	75	
Sandstone	75	120	
Grey mica w/Quartz	120	128	
Sandstone	128	135	
Grey mica w/Quartz	135	205	
Quartz	205	215	
Grey mica	215	220	
Sandstone	220	270	
Grey mica w/Quartz	270	350	
Sandstone	350	355	
Grey mica w/Quartz	355	400	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
 Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 18 NO. OF POUNDS 1800
GALLONS OF WATER 108
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 38 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below
 ST CO
STEEL CONCRETE
 PL OT
PLASTIC OTHER
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40
60 61 63 64 66 70

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

SCREEN RECORD

screen type or open hole (insert appropriate code below)
 ST BR HO
STEEL BRASS OPEN HOLE
 PL OT
PLASTIC OTHER
DEPTH (nearest ft.)
1 2
40 38 400

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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. 1 MWD 040
George J. Robertson
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AWD 788

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

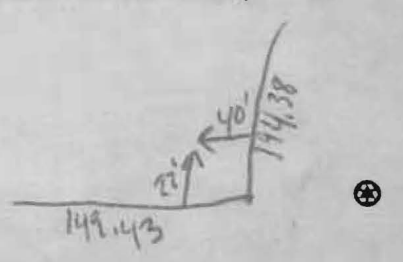
PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 24 ft.
WHEN PUMPING 108 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
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 } (nearest foot)
49 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 0736

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

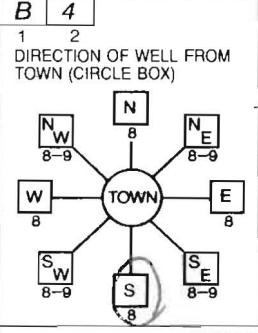
STATE PERMIT NUMBER 40-95-0271 fill in this form completely

524124

Date Received (APA) 02 24 06 OWNER INFORMATION 10158 J T S Corporation 8808 Centre Park Drive S209 Columbia, Md 21045

LOCATION OF WELL Howard Macbeth Farm Clarksville NEAREST TOWN

DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771



Clarksville Pike (Md 108) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 500

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

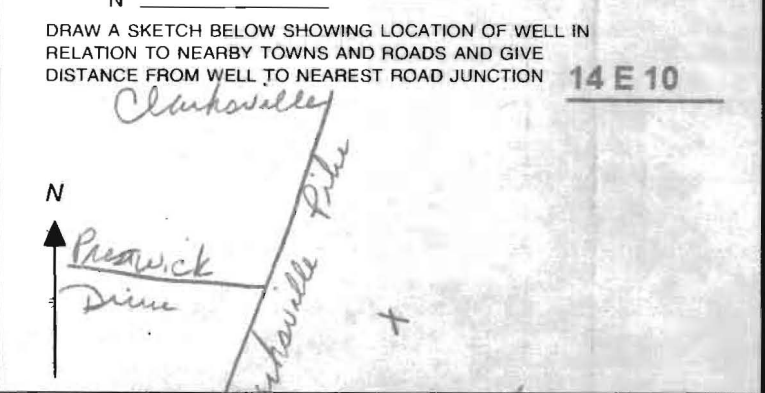
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard AS19543

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

4/25/06 Radium Sample Taken During Yield Test

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 40-2004-G-008 PERMIT No. 40-95-0271

SPECIAL CONDITIONS Note - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS IF NEEDED Radium Sample at yield test

4-25-06 8:00

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0271
Location of property (road) CLARKSVILLE Pike
Subdivision Macbeth Farm Lot 3 Block _____ Plat _____ Sec. _____
Well Driller Kasterday Owner J.T.S. CORPORATION

Depth of well 400 129pm
Distance of measuring point (M.P.) above ground 2ft
Static water level (S.W.L.) below M.P. 24ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 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 <u>4</u> gallon bucket	FLOW METER READING (if used) Pump set 380'	CALCULATED FLOW (gallons per minute)
9:30	36ft	4sec		15gpm
9:45	65ft	4sec		15gpm
10:00	73ft	4sec		15gpm
10:15	76ft	4sec		15gpm
10:30	80ft	4sec		15gpm
10:45	88ft	4sec		15gpm
11:00	94ft	4sec		15gpm
11:15	97	4sec		15gpm
11:30	103	4sec		15gpm
11:45	108	4sec		15gpm
12:00	108	4sec		15gpm
12:15	108	4sec		15gpm
12:30	108	4sec		15gpm

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

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

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

Company Name: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 Barnett Ave,
Sykesville, MD

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License # 2122

*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: NV Homes Telephone #: 410-579-5956
Subdivision: CLARKSVILLE OVERLOOK Lot #: 3 Well Tag #: HO-95-0271
Site Address: 12829 MACBETH FARM LANE
CLARKSVILLE, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STH-RPTC</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5704NS10221</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>4.00</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>40</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

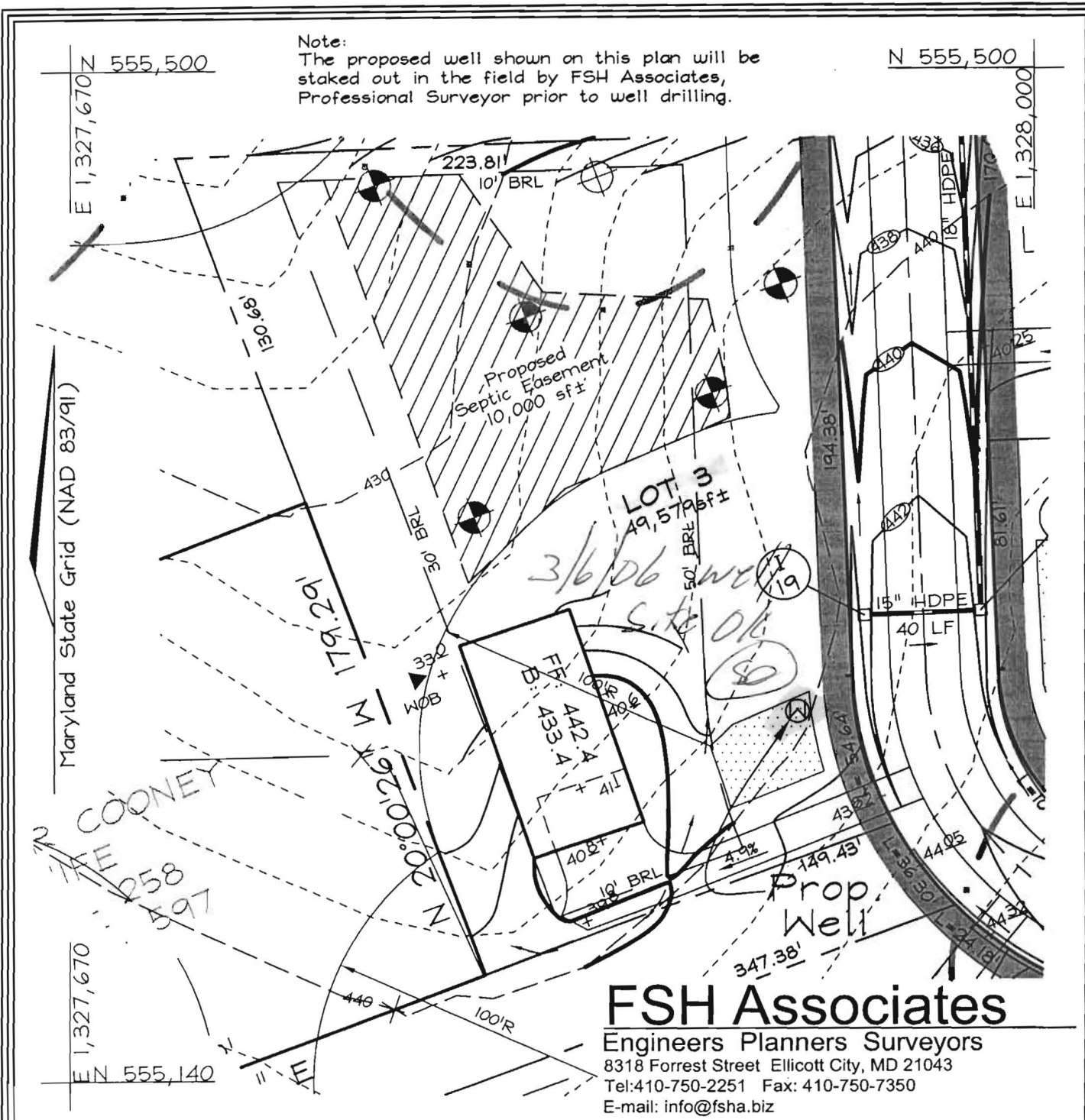
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 10/24/08
Kevin Inspected well line 10/20/08

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

Date Insp. Requested: _____ Date Insp. Approved: 10/22/08 (KW)
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

Note:
 The proposed well shown on this plan will be
 staked out in the field by FSH Associates,
 Professional Surveyor prior to well drilling.



FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

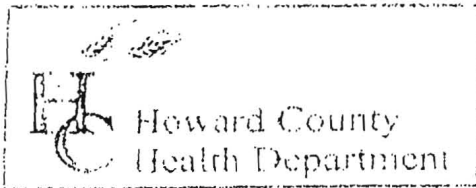
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 3 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 3

TAX MAP 34 GRID 18 & 24
 4TH ELECTION DISTRICT

PARCEL 90
 HOWARD COUNTY, MARYLAND



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:

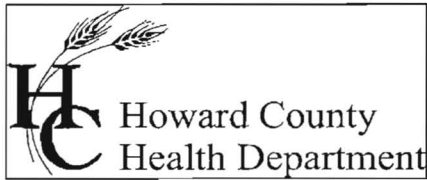
- The well site has been staked by F.S.H. ASSOCIATES,
(professional land surveyor or company employing professional land surveyors)
on 2-20-06 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the 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

JTS CORPORATION

LOTS 1-35 MACBETH FARM



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

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

December 4, 2008

NV Homes
6085 Marshalee Drive, #130
Elkridge, MD 21075

FAX SENT VIA FACSIMILE 410-442-2215

RE: Clarksville Overlook, Lot 3
12824 Macbeth Farm Lane
Clarksville, MD 21029
BP# B08002268
Well Tag #: HO-95-0271

Dear Sir:

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 11/21/2008. Final approval of the well line connection to the dwelling was approved on 10/22/2008.**

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.

Gross Alpha and Beta samples were also collected on 10/27/2008 & 11/20/2008. On 10/27/008 both findings were above the maximum contamination level suggested by the EPA. A reverse osmosis system was installed. Then on 11/20/2008 the water from the tap with the reverse osmosis device samples were taken again. The Gross Alpha results were below the targeted value of 15 pCi/L. The Gross Beta results were below the targeted value of 50 pCi/L. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

However, this treatment system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence to assure future compliance.

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-95-0271. 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.

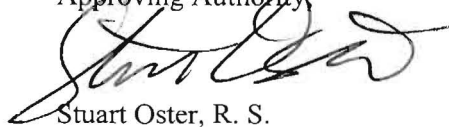
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/10/2008

Date of Samples for Gross Alpha & Gross Beta: 10/27/2008 & 11/20/2008

Date of Well Completion: 04/27/2006

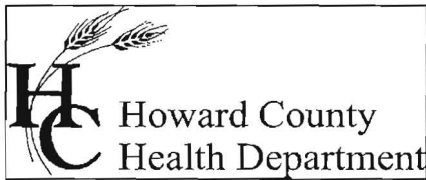
Approving Authority



Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

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

November 24, 2008

NVR, Inc
6085 Marshalee Drive, Suite 130
Elkridge, MD 21075

SENT BY FACSIMILE 301-854-3983

RE: Macbeth Farm, Lot 3
Clarksville Overlook
12824 Macbeth Farm Lane
Clarksville, MD 21029
BP #: B08002268
Well Permit # HO-95-0271

Dear Sir:

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 11/21/2008. Final approval of the well line connection to the dwelling was approved on 10/22/2008.**

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.

Also, Gross Alpha and Beta samples were collected on 10/27/2008 and both were above the maximum contamination level. **A treatment device must be installed and water must be retested within 30 days.** See Radium Agreement.

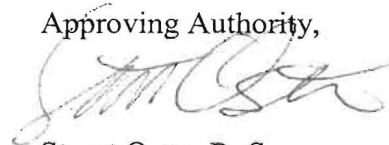
TEMPORARY DEVIATION FOR RADIUM

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-95-0271. 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: 11/10/2008
Gross Alpha & Gross Beta: 10/27/2008
Date of Radium Test: 10/27/2008
Date of Well Completion: 04/27/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 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: NV Homes, Inc
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 70443
Report Date: November 11, 2008

Property Sampled: 12824 MacBeth Farm Lane, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 3
Building Permit #: B08002268

Tax Map #: 34
Parcel #: 90

Date/Time Collected: November 10, 2008 at 12:55 pm
Date/Time Received: November 10, 2008 at 3:05 pm

Sample Location: Pressure Tank Tap
Sampler ID: 5745KC

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0271
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener, Sediment Filter, Carbon Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.4 NTU	EPA 180.1	10 NTU	Pass
pH	5.3 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC
 A Mettler Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.trace-labs.com / Email: info@trace-labs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester: NV Health
 Attn: Buddy
 6085 Marshalee Drive, Suite 103
 Elkridge, Maryland 21075

AK Number: 70618
Report Date: December 1, 2008

Property Sampled: 12824, Wicbeth Farm Lane, 21079

County: Howard
Subdivision: Wicbeth Overlook
Lot #: 1
Building Permit #: 12000218

City/Map #: 3
Parcel #: 9

Date/Time Collected: November 20, 2008 at 1:23 pm
Date/Time Received: November 20, 2008 at 3:53 pm

Sample Location: 4101 Tap
Sampler ID: 12000218

Site Was Identified:
 Treatment Cap < 0.5 mg/L: Yes

Well Tag Number: Variable positive
Well Condition: Well condition undetermined

Water Conditioning Treatment: None

PARAMETER	RESULT	UNIT	METHOD	DETECTION LIMIT	STATUS
Gross Alpha	<	10ML	EP4-10.0	0.5 10ML	Pass
Gross Beta	<	10ML	EP4-10.0	1.4 10ML	Pass

James R. Millard
 James R. Millard
 Manager-Drinking Water Testing



TRACE LABORATORIES, INC

A Methode Electronics, Inc. Company

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:

NV Homes, Inc
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 70276**Report Date:** November 19, 2008**Property Sampled:** 12824 Marbeth Farm Lane, 21029**County:** Howard**Subdivision:** Christiansville Overlook**Lot #:** 3**Building Permit #:** B08002263**Tax Map #:** 34**Parcel #:** 90**Date/Time Collected:** October 27, 2008 at 11:45 am**Date/Time Received:** October 27, 2008 at 3:00 pm**Sample Location:** Pressure Tank Tap**Sampler ID:** 57-3&C**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** Unable to observe**Well Condition:** Well condition undetermined**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Gross Alpha+	52.1 +/- 1.8 pCi/L	EPA 900.0	1.6 pCi/L
Gross Beta+	28.1 +/- 2.0 pCi/L	EPA 900.0	1.8 pCi/L
Radium 226++	1.9 +/- 0.4 pCi/L	EPA 903.1	0.2 pCi/L
Radium 228++	2.0 +/- 0.5 pCi/L	EPA Ra-05	0.8 pCi/L
Uranium++	36.4 +/- 3.2 pCi/L	EPA 903.0	0.6 pCi/L

Allison R. Milburn

Manager-Drinking Water Testing

Samples analyzed by Laboratory #2378--

Samples analyzed by Laboratory #233033--

OCT. 30. 2008 12:51PM

NO. 699 P. 1



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffman Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407) 382-7744

Certification I. D. # 278

Work Order #: 0810202

Date / Time Received: 10/23/08 11:03

Report Date: 10/30/08

PO Number: 5776

Report to: Trace Labs East

5 North Park Dr.

Hunt Valley, MD 21030

Attention: Allison Milburn

Lab Sample I.D.: 0810202-01

Client Sample I.D. (07276-12824 Macbeth Farm Ln)

Sample Date / Time: 10/27/08 15:50

Results:

Gross Alpha:	52.1	Gross Beta:	28.1
Error +/-:	4.5	Error +/-:	2.0
MDL:	1.6	MDL:	1.8
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	10/23/08	Prep Date:	10/28/08
Analysis Date:	10/29/08	Analysis Date:	10/29/08
Analyst:	MJN	Analyst:	MJN
Units:	pCi/l	Units:	pCi/l

I do hereby affirm that this report contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAP Standards. The test results in this report relate only to the samples received.

Signed

Michael J. Naumann
Michael J. Naumann - President

Date 10-30-08

NOV. 26. 2008 01:44 PM

NO. 01 2 1



Florida Radiochemistry Services, Inc.

Contact: Michael J. Neumann

2400 - 10th Ave Suite 201, Ocala, FL 32813

Phone: 352-343-1111 Fax: 352-343-1110

Certificate I.D. #07

Work Order #: 081131

Date / Time Recd: 11/21/08 11:35

Report Date: 11/22/08

PO Number: 811

Report to: Grace L. East

51 North 1st St.

Sumner, FL 32081

Attention: Alison Minburn

Lab sample ID: 1111

Client Sample ID: 06. 12824 Macbeth Farm (M)

Sample Date: 11/21/08

Results

Gross Amt:	<1.4	Gross Beta:	<1.4
Net Amt:	0.8	Net Beta:	0.8
MDE:	1.4	MDE:	1.4
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	11/21/08	Prep Date:	11/21/08
Analysis Date:	11/22/08	Analysis Date:	11/22/08
Analysis Method:	MDN	Analysis Method:	MDN
Analysis Unit:	pCi/l	Analysis Unit:	pCi/l

I do hereby affirm that the results reported herein are a true and accurate representation of the sample received and that this information was obtained in accordance with the requirements of the Florida Department of Environmental Protection. The results in this report relate only to the sample received.

Signed:

Michael J. Neumann
 Michael J. Neumann
Alison Minburn
 Alison Minburn

11-22-08

NOV. 20. 2008 2:11PM

NO. 805 P. 2/2



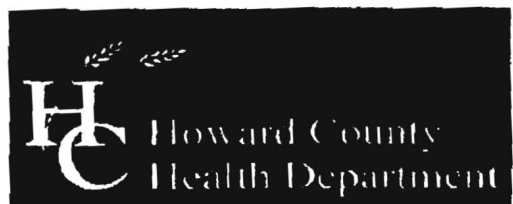
Florida Radiochemistry Services, Inc.

Sample Login

Client:	Trace Labs	Date / Time Received	Work order #
Client Contact:	Alicia Smith	10/28/08 11:03	0810202
Client P.O.	5700		
Project I.D.	7020		
Lab Sample I.D.	Client Sample I.D.	Sample Del. Time	Analysis Requested
0810202-01	7020 12824 Highway Farm Ln	10/27/08 15:50	Ra226, Ra228, U

Analysis Results

Radium 226		Radium 226	3.7
Error +/-	0.1	Error +/-	0.7
MDL	0.1	MDL	0.8
EPA Method	9030	EPA Method	Ra-06
Prep Time	10/30/08	Prep Time	10/30/08
Prep Date	11/01/08	Prep Date	07:30
Analysis Date	11/05/08	Analysis Date	11/05/08
Analysis Time	16:00	Analysis Time	13:37
Analyst	M...	Analyst	PJ
Uranium	0.0		
Error +/-	0.0		
MDL	0.0		
EPA Method	9140		
Prep Date	11/05/08		
Prep Time	14:00		
Analysis Date	11/05/08		
Analysis Time	08:00		
Analyst	M...		
Units	Bq/L	Units	pCi/l



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

Temporary Radium Agreement

A review of records indicates that required sampling for **Gross Alpha & Gross Beta** was not performed during the well yield test for 12824 Macbeth Farm Ln Clarksville, MD 21029

Properties not tested or initially found to have an elevated **Gross Alpha** and/or **Gross Beta**, are required to have appropriate treatment installed and additional testing performed.

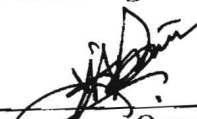
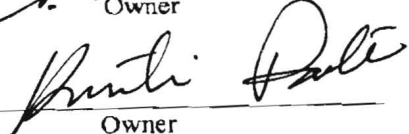
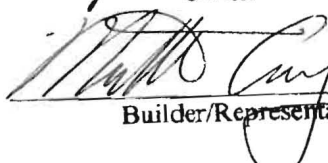
Pre-treatment sampling for **Gross Alpha, Gross Beta** and **Radium** was conducted on 11/20/08 and the **Radium** sample results are pending.

Since all other sampling, construction and inspection requirements have been satisfied, an **Initial Certificate of Potability (ICOP)** will be issued with the following addendum and agreement:

If the results for the initial **Gross Alpha, Gross Beta** and **Radium** are all within established standards, then the ICOP remains valid and only testing for standard potability parameter(s) will be needed to secure the **Final Certificate of Potability (FCOP)**.

If any of these parameters are found to exceed existing standards, then further measures including the possible need for additional treatment and/or further testing shall occur until the **Gross Alpha, Gross Beta** and **Radium** results are within established standards. At that time, the ICOP will be deemed valid and only testing for standard potability parameter(s) will be needed to secure the **FCOP**.

The undersigned have read and agreed with the provisions as established above.

X 	Owner	<u>11/23/08</u>	Date
	Owner	<u>11-23-08</u>	Date
	Builder/Representative	<u>11/21/08</u>	Date
_____	Health Department Representative	_____	Date

Lot 3 Block 1

Community Clarksville Overlook

WATER WELL ACKNOWLEDGMENT

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12824 Macbeth and located in the Clarksville Overlook Community (the "Property") Farm Lane

By signing below, Purchaser acknowledges they have been informed of and understand the following information relating to the Property.

This community is located within an area of Howard County which contains higher than normal levels of radium in some water wells. Due to this occurrence, the County is requiring (i) certain remediation treatment devices to be installed on those wells selected by the County, (ii) each property owner to enter into an Agreement for Approval of an Individual Drinking Well With an On-Site Treatment System (attached hereto and made a part hereof), and (iii) disclosure of these matters by the homebuilder to the home purchaser.

Please refer to Sections 12.0, 12.3 and 15.0 in the NVHomes Homeowner's Manual for a description of the limited warranty provided for plumbing and for water wells.

For more information regarding the radium in water wells or about the Howard County requirements, please contact the Howard County Health Department, Bureau of Environmental Health at www.hchealth.org.

ACKNOWLEDGED BY PURCHASER:

Purchaser: [Signature]

Purchaser: _____

Date: 07/27/08