

C 1 3735

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)

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

MM DD YY 3/28/06

22 600 26 (TO NEAREST FOOT)

HO-95-0296

OWNER: J T S CORPORATION, last name first name, STREET OR RFD: Clarksville Pike (Md 108), TOWN: Clarksville, SUBDIVISION: Macheth Farm, SECTION, LOT: 29

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N, TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC, NO. OF BAGS 15 NO. OF POUNDS 1500, GALLONS OF WATER 90, DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 2.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 57 ft. WHEN PUMPING 254 ft., TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown mica, Sandstone, Grey mica w/ Quartz, Brown mica, Grey mica w/ Quartz, Sandstone, Grey mica w/ Quartz, Sandstone, Grey mica w/ Quartz, Sandstone, Grey mica w/ Quartz, Sandstone.

CASING RECORD, casing types insert appropriate code below, MAIN CASING TYPE ST, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 50.

OTHER CASING (if used) 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

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

WELL HYDROFRACTURED YES Y NO N

1 40 45 600, 2 48 9 11 15 17 21, 3 23 24 26 30 32 36, 4 38 39 41 45 47 51

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL

SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 56 60, from to

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.

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

DRILLERS LIC. NO. 1 M W D 640, DRILLERS SIGNATURE George F. Gustenbury

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

LIC. NO. 1 M W D 788

70 72 74 75 76

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

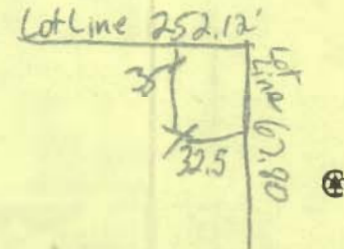
PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

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 (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, - below, LAND SURFACE 2 (nearest foot)

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 0762
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0296

524124 please type

70 fill in this form completely 79

Date Received (APA)

02 24 06

OWNER INFORMATION 10184

J T S Corporation

15 Last Name Owner First Name 34

8808 Centre Park Drive S209

36 Street or RFD 55

Columbia, Md 21045

57 Town 70 State 72 Zip 76

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 2/23/2006

Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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
- GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary
- JETTED AIR-PERcussion
- Jetted & DRIVEN ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTary
- DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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 DEEPEMED 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 H02004G008(01)

PERMIT No. H0-95-0296

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 HOWARD LOCATION OF WELL

8 COUNTY 21

Macbeth Farm

23 SUBDIVISION 42

SECTION 44 46 LOT 29 48 50

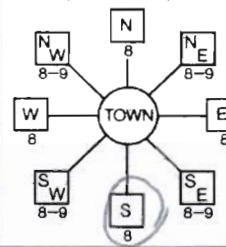
Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clarksville Pike (Md 108) 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 500+ 37 DISTANCE FROM ROAD Ft. 38 39

TAX MAP: 34 BLK: 24 PARCEL 18

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD (13) A518543

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 3/10/06 DATE 3/11/07

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 494 0 0 0 EAST GRID 816 0 0 0

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

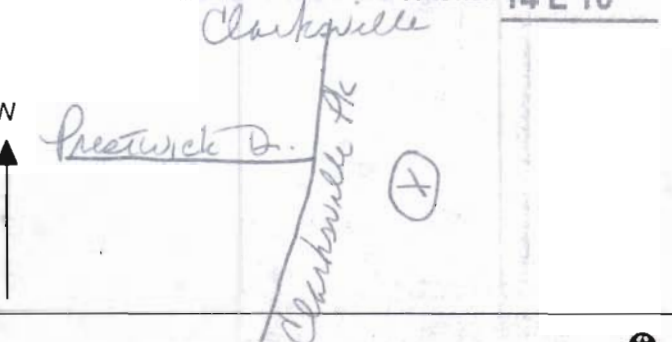
WRITE THE BOX NUMBER FROM THE MAP HERE

816

E 496

N

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 E 10



8:30 3-29-06

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - HO-95-0296
 Location of property (road) CLARKSVILLE Pike
 Subdivision MAC BETH FARM Lot 29 Block _____ Plat _____ Sec. _____
 Well Driller EASTERDAY Owner JTS CORP

Depth of well 600 2 1/2
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 576 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 1370
 Total time 45 to reach pumping water level 253.6 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) Pump set 300	CALCULATED FLOW (gallons per minute)
9:30	253.6	25		2.4
9:45	253.6	25		2.4
10:00	253.6	25		2.4
10:15	253.6	25		2.4
10:30	253.6	25		2.4
10:45	253.6	25		2.4
11:00	253.6	25		2.4
11:15	253.6	30		2.4 gpm
11:30	253.6	30		2.4 gpm
11:45	253.6	30		2.4 gpm
12:00	253.6	30		2.4 gpm
12:15	253.6	30		2.4 gpm
12:30	253.6	30		2.4 gpm
12:45	253.6	30		2.4 gpm
1:00	253.6	30		2.4 gpm
1:15	253.6	30		2.4 gpm
1:30	253.6	30		2.4 gpm
1:45	253.6	30		2.4 gpm
2:00	253.6	30		2.4 gpm
2:15	253.6	30		2
2:30	253.6	30		2
2:45	253.6	30		2
3:00	253.6	30		2
3:15	253.6	30		2

HD-224 3:30 253.6 30 2 D.P.M

ALLEGANY 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, 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: 6321 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 #: 410-379-5956
Subdivision: CLARKSVILLE OVERLOOK Lot #: 29 Well Tag #: HO-95-0296
Site Address: 6309 Kerne Ct
CLARKSVILLE, MD 21029

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: STA-RT Make: Campbell Two piece watertight cap:
Model #: 55P4HS15221 Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42.11 (36" min) Cap secured to casing:
Well Yield: 2 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house **House Connection**
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 40 (36" min) Sleeve caulked and sealed properly:

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

Signature of company representative responsible for installation: Robert L. Feezer date: 12/17/07

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

Date Insp. Requested: _____ Date Insp. Approved: 12/4/07 (BB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

555,820

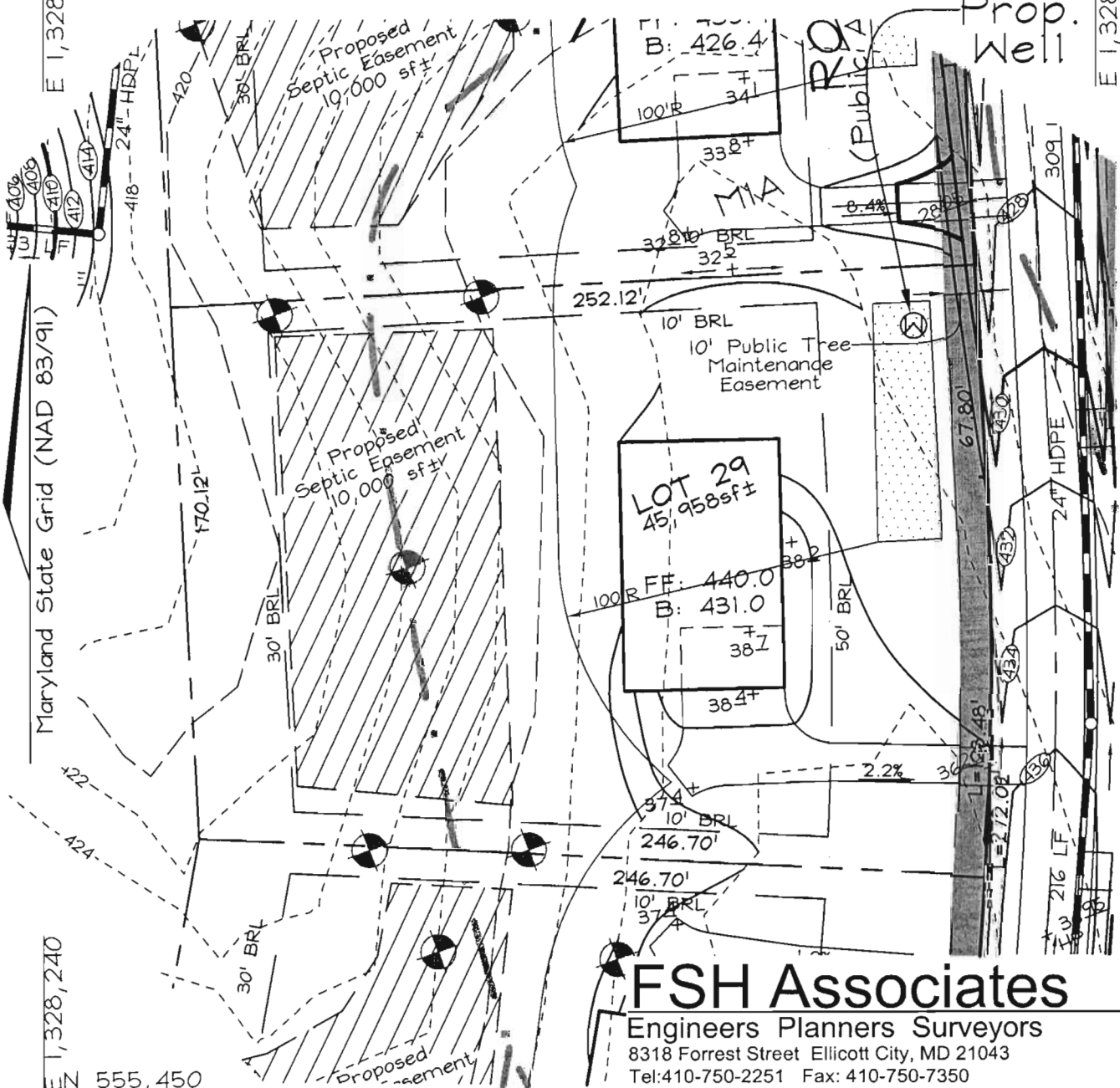
N 555,820

E 1,328,240Z

E 1,328,570

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

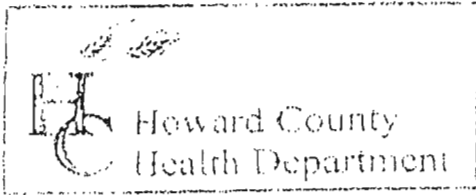
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 29 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 29

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

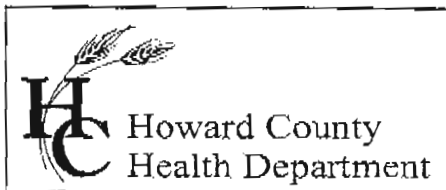
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- 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, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

May 10, 2006

JTS Corporation
8808 Centre Park Drive
Suite 209
Columbia, MD 21045

RE: MacBeth Farm, Lot # 29
Well Tag: HO-95-0296

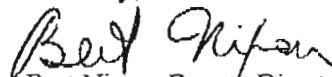
To Whom It May Concern,

A sample was collected from a yield test on March 29, 2006 and submitted ^{to} GPL 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 activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 8.0 ± 0.7 picocuries per liter (pCi/L); while the **Gross Beta** level was 7.6 ± 0.5 pCi/L. The **Gross Alpha** result was below the maximum contamination level (MCL) of 15 pCi/L, while the **Gross Beta** was below the MCL of 50 pCi/L. At the time of testing and with respect to these parameters, your well water supply is safe for all uses.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or concerns.

Sincerely,


Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE, Water Mgmt., Groundwater

CERTIFICATE OF ANALYSIS



**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connex.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

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

S/O Number: 66630
Report Date: January 2, 2008

Property Sampled: 6309 Kerne Court

County: Howard
Subdivision: Clarksville Overlook
Lot #: 29
Building Permit #: B07003345
Tax Map #: 34
Parcel #: 90

Date/Time Collected: December 28, 2007 at 10:14 am
Date/Time Received: December 28, 2007 at 1:00 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0296
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer

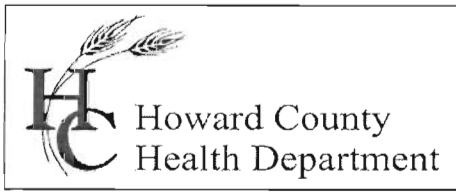
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.1 NTU	EPA 180.1	10 NTU	Pass
pH	8.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
 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.



Bureau of Environmental Health
7178 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

January 7, 2008

NV Homes, Inc.
6085 Marshalee Drive, Suite 130
Elkridge, MD 21075

RE: Clarksville Overlook, Lot 29
6309 Kerne Court
Clarksville, MD 21029
BP #: B07003345
Well Permit # HO-95-0296

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 01/03/2008.**
Final approval of the well line connection to the dwelling was approved on 12/04/2007.

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 03/29/2006. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its 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.

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-95-0296. 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.**

Dates of Water Sample: 12/28/2007
Date of Samples for Gross Alpha and Gross Beta: 03/29/2006
Date of Well Completion: 03/28/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File