

5009

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

MM DD YY 5/22/07

22 580 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER CATONSVILLE HOMES, L L C last name first name TOWN Clarksville STREET OR RFD Clarksville Pike (MD 100) SUBDIVISION Macbeth Farm SECTION LOT PA

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 31 NO. OF POUNDS 3500 GALLONS OF WATER 186 DEPTH OF GROUT SEAL (to nearest foot) 38

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3.3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 186 ft. TYPE OF PUMP USED (for test) S submersible

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, opening, Gray Mica.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

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

SCREEN RECORD screen type or open hole (S) (B) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0

Table with columns: E A C H S C R E N, DEPTH (nearest ft.), DIAMETER OF SCREEN

WELL HYDROFRACTURED (Y) (N)

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

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...

DRILLERS LIC. NO. 1 M W D 040 GEORGE F. KOSTENBERG DRILLERS SIGNATURE LIC. NO. 1 J S D 038 BRUCE THOMPSON

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

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 LAND SURFACE (-) below 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)

drilled as approved

B 1 3241

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526629 please type

STATE PERMIT NUMBER HO-95-1097 fill in this form completely

Date Received (APA) 8 MM DD YY 13 OWNER INFORMATION 10550 Catonsville Homes, LLC 15 Last Name Owner First Name 34 40753 Birmingham Way 36 Street or RFD 55 Woodstock, Md 21163 57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL 8 COUNTY 21 Macbeth Farm 23 SUBDIVISION 42 SECTION 44 46 LOT P-A Parcel A 48 50 Clarksville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 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 4/7/2007 Date

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) NORTH 32 EAST WEST S SOUTH 34 400+ 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:

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) [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 9514543 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 4/28/07 CO SIGNATURE EXP. DATE 4/24/08 NORTH GRID 495 000 EAST GRID 815 000 50 55 57 63

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

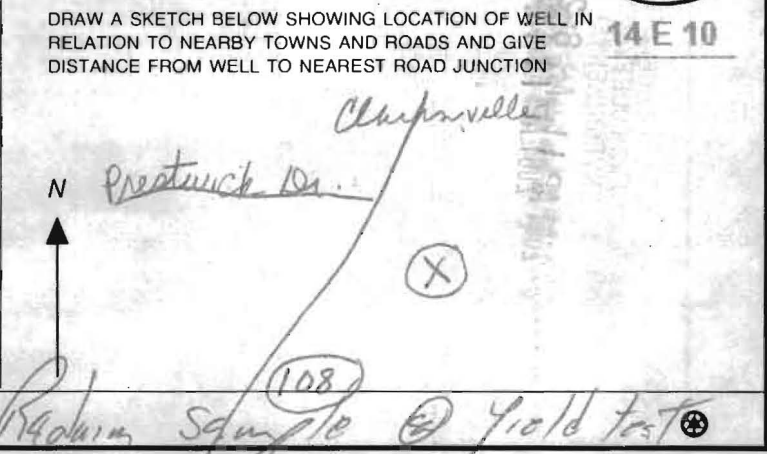
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X Yield 3.5 gpm SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 810 5 N 490 5 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 E 10

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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 [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 HO 2004 G 008(01) PERMIT No. HO-95-1097 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Need to get Radon sample @ yield test



Tuesday Well
5-22-07 8:00

Page _____ of _____
Date _____

Review _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. 140-95-1097 Election District _____
 Location of Property (road) 12799 Route 108
 Subdivision MacBeth Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller Ernstling Owner Catoxville Homes
 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. 30 FT

I. High Rate Pumping -- reservoir drawdown

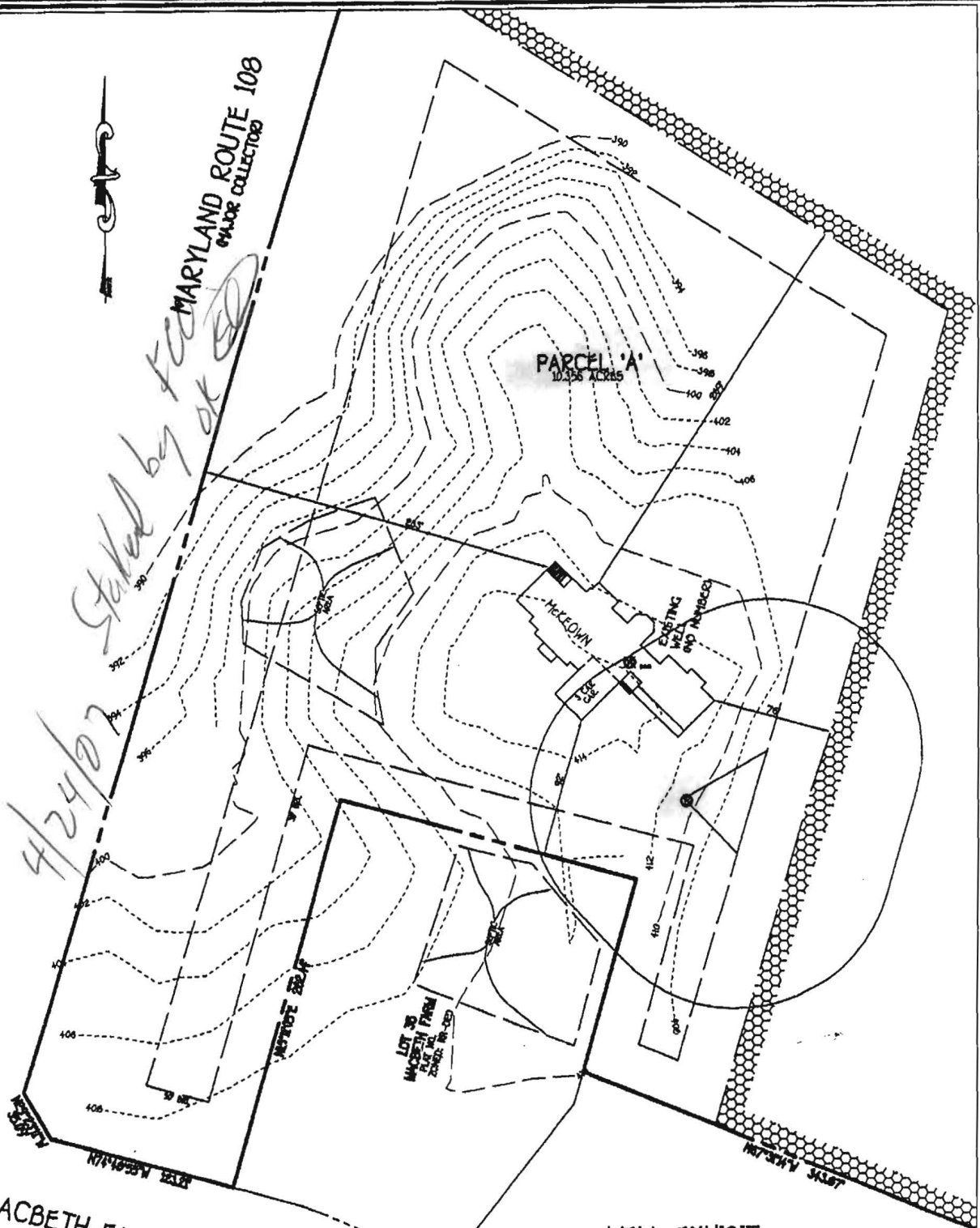
Time pump started 5:40 Pumping rate 12 GPM
 Total time 20 min to reach pumping water level 184 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>ONE</u> gal. bucket	<u>Pump SET</u> FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:00	184 FT	18 SEC	480 FT	3.3
9:15	184 FT	18 SEC		3.3
9:30	184 FT	18 SEC		3.3
9:45	184 FT	18 SEC		3.3
10:00	184 FT	18 SEC		3.3
10:15	184 FT	18 SEC		3.3
10:30	185 FT	18 SEC		3.3
10:45	185 FT	18 SEC		3.3
11:00	185 FT	18 SEC		3.3
11:15	185 FT	18 SEC		3.3
11:30	185 FT	18 SEC		3.3
11:45	185 FT	18 SEC		3.3
12:00	185 FT	18 SEC		3.3
12:15	185 FT	18 SEC		3.3
12:30	185 FT	18 SEC		3.3
12:45	185 FT	18 SEC		3.3
1:00	185 FT	18 SEC		3.3
1:15	185 FT	18 SEC		3.3
1:30	185 FT	18 SEC		3.3
1:45	185 FT	18 SEC		3.3
2:00	186 FT	18 SEC		3.3
2:15	186 FT	18 SEC		3.3
2:30	186 FT	18 SEC		3.3
2:45	186 FT	18 SEC		3.3

Tested By Dickie

4/24/07 Staked by [unclear]
MARYLAND ROUTE 108
MAJOR COLLECTOR

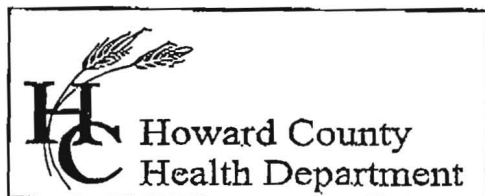


MACBETH FARM LANE
(PUBLIC ACCESS STREET)

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

WELL EXHIBIT MACBETH FARM

PARCEL 'A'
ZONED: RR-DEO
TAX MAP NO.: 34 PARCEL NO.: 90 GRID NO.: 18 & 24
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' DATE: MARCH, 2007
SHEET 1 OF 2



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

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:

Macbeth Farms Parcel A Clarksville Pike (Route 108)
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Fisher & Collins,
 (professional land surveyor or company employing professional land surveyors)
 on 4-4-07 (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 3/11/05

Catonsville Homes LLC
Chip Bean 410-442-7211

**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, 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: CHARLES A. KLEIN & SONS Telephone #: (410) 549-6960
Address: 5200 KLEIN'S MILL ROAD
SYDNEYVILLE, MD 21784

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

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

Name (Print): MICHAEL F. KLEIN License# 6522

*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: REID MCKEDWIN Telephone #: _____
Subdivision: MACARTHUR FARM Lot #: A Well Tag #: HO-9C-1097
Site Address: 18811 MACARTHUR FARM LANE

Submersible Pump Data

Make: JACUZZI
Model #: SS45-13P-52
Pump Capacity 5 GPM
Well Yield: 3.3 GPM

Pitless Adapter

Make: HARBARO
Model#: PT-800
Depth: 42" (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 580 (feet)
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

Type: POLYETHYLENE
PSI: 1" (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: _____
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.

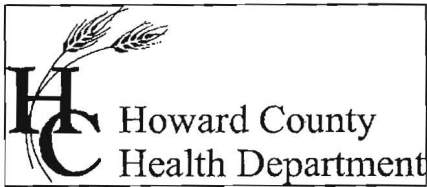
Signature of company representative responsible for installation: [Signature] date: 1/15/08

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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

3/19/08
under 2.12
BB

HD-215 (Rev. 8/00)



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

September 12, 2008

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

FAX SENT VIA FACSIMILE 410-442-2215

RE: Clarksville Overlook, Parcel A
12811 Macbeth Farm Lane
Clarksville, MD 21029
BP# B07002491
Well Tag #: HO-95-1097

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 01/16/2008. Final approval of the well line connection to the dwelling was approved on 7/31/2008.**

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 05/22/2007, 7/24/2008 and 09/02/2008. All of the Gross Alpha sample results showed findings were above the maximum contaminant level of (MCL) of 15 pCi/L suggested by the EPA. Also on 09/02/2008 after a softener and reverse osmosis system were installed, the gross alpha results were below the maximum contaminant level. All 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-95-1097. 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.

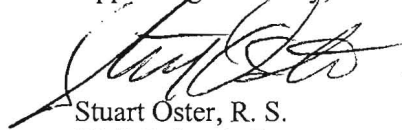
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 07/24/2008

Date of Samples for Gross Alpha & Gross Beta: 05/22/2007, 07/24/2008 & 09/02/2008

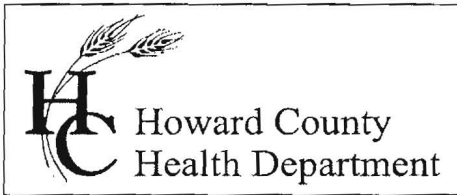
Date of Well Completion: 05/22/2007

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

July 31, 2008

Mr. & Mrs. Reid McKeown
8292 Hammond Branch Way
Laurel, MD 20723

SENT VIA FACSIMILE 410-442-2215

RE: Clarksville Overlook, Parcel A
12811 Macbeth Farm Lane
Clarksville, MD 21029
BP #: B07002491
Well Permit # HO-95-1097

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 01/16/2008. Final approval of the well line connection to the dwelling was approved on 07/31/2008.**

TEMPORARY DEVIATION

This is a **Temporary Deviation which allows an additional fifteen days for post treatment Radium 226/228 testing and installation of water treatment device(s)**. Gross Alpha and Gross Beta were tested on 05/22/2007 and 07/24/2008. Both samples showed the Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L (without water treatment devices), while the Gross Beta level was below MCL of 50 pCi/L. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards then a treatment device will have to be installed and an additional water sample will have to be collected to make sure the treatment device is working properly.

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. Sand, nitrates and turbidity levels were acceptable. The water sample results were found to be in compliance with COMAR water quality standards.

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-95-1097. 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.

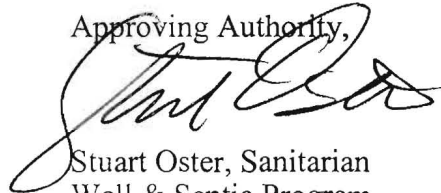
Date of Water Samples: 07/24/2008

Date of Water Samples for Gross Alpha and Gross Beta: 05/22/2007 & 07/24/2008

PENDING TESTING RADIUM 226/228

Date of Well Completion: 05/22/2007

Approving Authority,



Stuart Oster, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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

1. The Health Department will record this Agreement among the Land Records of Howard County, Maryland.
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 and radium levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

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

7/31/08
Date

[Signature]
Owner

7/31/08
Date

[Signature]
Owner

Date

Howard County Health Department

Pamela Rublter
Witness

Pamela Rublter
Witness



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:
 Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 69173
Report Date: July 25, 2008

Property Sampled: 12811 Macbeth Farm Lane, 21029

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: N/A **Parcel #:** 90
Building Permit #: 07002491

Date/Time Collected: July 24, 2008 at 12:30 pm
Date/Time Received: July 24, 2008 at 3:30 pm

Sample Location: Pressure Tank Tap
Sampler ID: 9406NW

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

Well Tag Number: HO-95-1097
Well Condition: 2-Piece Cap
 Satisfactory

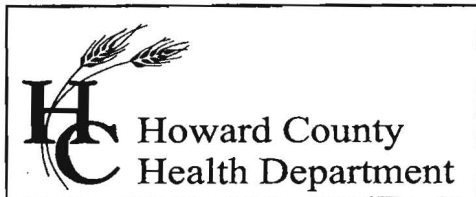
Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.8 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

Post-it® Fax Note	7671	Date	7-31-08	# of pages	2
To	MARY LOU	From	MARC		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #		Fax #	813-2648		

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.



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

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

June 29, 2007

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

RE: MacBeth Farm Pres. Parcel A
Well Tag: HO - 95 - 1097

To Whom It May Concern:

A sample was collected from a yield test on May 22, 2007 and submitted to the Department of Health & Mental Hygiene Laboratory 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 27.0 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 11.0 ± 2.0 pCi/L. The **Gross Alpha** result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

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

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

Sincerely,

Bert Nixon, Acting Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater

✓ well + septic file

Send Report To:

Bert Nixon

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Chemistry

RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 140-95-1097 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Marbeth Farms pos P.A County: Howard

Sample Source: Clarksville Pike Location: 140-95-1097
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: J. Wolf

Telephone No: 410-313-2645

Date Collected: 5/22/07

Time Collected: 10:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: ~6.8

pH Chlorine

Remarks: Sample preserved to pH of 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2386	27±3	05/29/07
✓	Gross Beta	4100	2386	11±2	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 5/24/07

Supervisor: S. Wilson

~~CUSTOMER COPY II~~
Program



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.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 69173
Report Date: July 29, 2008

Property Sampled: 12811 Macbeth Farm Lane, 21029

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: N/A **Parcel #:** 90
Building Permit #: 07002491

Date/Time Collected: July 24, 2008 at 12:30 pm
Date/Time Received: July 24, 2008 at 3:30 pm

Sample Location: Pressure Tank Tap **Samples Iced:** Yes
Sampler ID: 9406NW **Residual Cl₂ <0.1 mg/L:** Yes

Well Tag Number: HO-95-1097
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	20.3 +/- 2.8 pCi/L	EPA 900.0	0.9 pCi/L	High
Gross Beta	9.4 +/- 1.5 pCi/L	EPA 900.0	1.8 pCi/L	Pass

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

Samples analyzed by Laboratory #278+



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
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 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 69602-2
Report Date: September 9, 2008

Property Sampled: 12811 Macbeth Farm Lane, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: N/A
Building Permit #: 07002491

Tax Map #: 34
Parcel #: 90

Date/Time Collected: September 2, 2008 at 10:10 am
Date/Time Received: September 2, 2008 at 3:00 pm

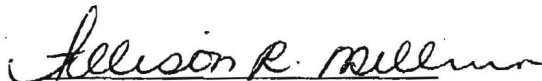
Sample Location: Laundry Tub Tap
Sampler ID: 9406NW

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

Well Tag Number: HO-95-1097
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Softener, R/O

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha+	15.6 +/- 2.2 pCi/L	EPA 900.0	1.1 pCi/L	High
Gross Beta+	5.9 +/- 1.2 pCi/L	EPA 900.0	1.7 pCi/L	Pass


 Allison R. Milburn
 Manager-Drinking Water Testing

SEP. 8. 2008 10:47AM

NO. 383 P. 2



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

3456 Hoffner Ave., Suite 201 Orlando, FL 32812

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

Certification I. D. # 278

Lab Sample I.D.: 0809019-02

Client Sample I.D. 69602-2 (12811 Macbeth Farm Lane) Laundry Tub

Sample Date / Time: 09/02/08 15:00

Results:

Gross Alpha:	15.6	Gross Beta:	5.9
Error +/-:	2.2	Error +/-:	1.2
MDL:	1.1	MDL:	1.7
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	09/04/08	Prep Date:	09/04/08
Analysis Date:	09/05/08	Analysis Date:	09/05/08
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l



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Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester: Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 69602-1
Report Date: September 9, 2008

Property Sampled: 12811 Macbeth Farm Lane, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: N/A
Building Permit #: 07002491

Tax Map #: 34
Parcel #: 90

Date/Time Collected: September 2, 2008 at 10:00 am
Date/Time Received: September 2, 2008 at 3:00 pm

Sample Location: R/O Tap
Sampler ID: 9406NW

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

Well Tag Number: HO-95-1097
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Softener, R/O

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha+	<0.9 +/- 0.6 pCi/L	EPA 900.0	0.9 pCi/L	Pass
Gross Beta+	8.4 +/- 1.3 pCi/L	EPA 900.0	1.6 pCi/L	Pass

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

SEP. 8. 2008 10:47AM

NO. 383 P. 1



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

3456 Hoffner Ave., Suite 201 Orlando, FL 32812

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

Certification I. D. # 278

Work Order #: 0809019

Date / Time Received: 09/04/08 10:05

Report Date: 09/08/08

PO Number: 5770

Report to: Trace Labs East

5 North Park Dr.

Hunt Valley, MD 21030

Attention: Allison Milburn

Lab Sample I.D.: 0809019-01

Client Sample I.D. 69602-1 (12811 Macbeth Farm Lane) R/O

Sample Date / Time: 09/02/08 15:00

Results:

Gross Alpha:	<0.9	Gross Beta:	8.4
Error +/-:	0.6	Error +/-:	1.3
MDL:	0.9	MDL:	1.6
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	09/04/08	Prep Date:	09/04/08
Analysis Date:	09/05/08	Analysis Date:	09/05/08
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l

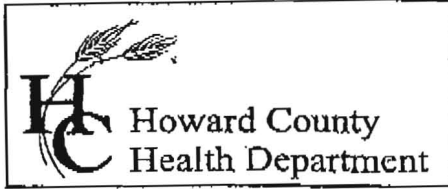
I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with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

Signed


Michael J. Naumann - President

Date

9-8-08



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

March 14, 2006

RECEIVED MAR 27 2006

MEMORANDUM

TO: Mike Johnson
 Associated Excavators Contractors
 16657 Frederick Road
 Mt. Airy, Maryland 21771
 Faxed to 410-442-0100

FROM: Stuart F. Oster, R.S.
 Bureau of Environmental Health
 Well and Septic Program

RE: 12799 Route 108 (Clarksville Pike)
 MacBeth Farm - F-06-101
 Map 34, Grids 18 & 24, Parcel 90

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing well (HO-88-1099) will be utilized for a replacement house. The following conditions are set forth by the Health Department:

Before demolition, this well must be properly disconnected and sealed off. Also, protective devices placed around it to prevent any damage. These precautions should remain in place during the demolition and construction phases.

The well (HO-88-1099) can be reconnected to the new house. A well line inspection is required for final approval when r current COMAR construi

Additionally, the stating these conditions a

BALTIMORE MD 212

14 MAR 2006



410 964 2620
 \$00.390
 03/14/2006
 Mailed From 21043
 US POSTAGE

JTS SC

Cc: FSH Associates
 MacBeth Farm, LLC
 File

MacBeth Farm, LLC
 8808 Centre Park Drive
 Suite 209
 Columbia, MD :

JTSC * 312 N1 1 COS G 09 03/22/06
 NOTIFY SENDER OF NEW ADDRESS
 : JTS CORP
 5300 DORSEY HALL DR STE 200
 ELLICOTT CITY MD 21042-7819

EC: 21042781950 *2527-04214-14-41

210427819

1.1.1...111...1.1.1 11 1 11 1 11 1 11

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4/5/07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-58-1099

* PERMIT NUMBER OF REPLACEMENT WELL

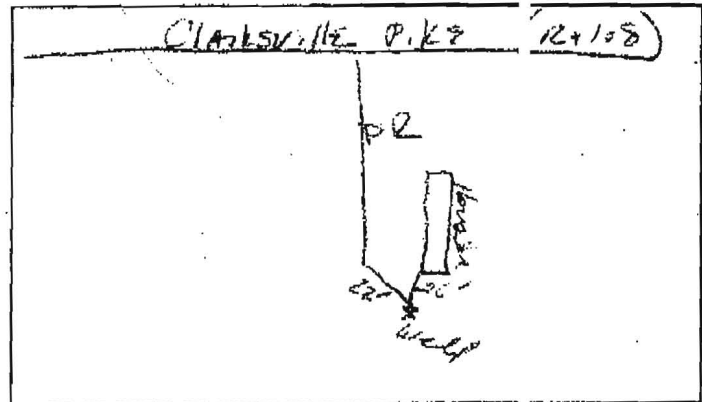
* PERSON ABANDONING WELL: Richard D. Crummett

WELL DRILLERS LICENSE NUMBER: W20 014

CIRCLE MWD/MSD/MGD

* OWNER'S NAME: CATONSVILLE ELEY

SITE LOCATION MAP



* WELL LOCATION: Howard
 COUNTY: Howard
 NEAREST TOWN: CATONSVILLE
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: MAC PETER FARMS
 SECTION: _____ LOT: _____
 NEAREST ROAD: 1299 Route 108

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- JETTED
- BORED/AUGERED
- HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC
- MUNICIPAL/PUBLIC
- IRRIGATION
- INDUSTRIAL
- TEST/OBSERVATION
- GEOTHERMAL

* TYPE OF CASING:

- STEEL
- PLASTIC
- CONCRETE
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 117 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: 3

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Full Dirt	110	2
	2	0
VOLUME OF MATERIAL USED		
10 Bags Bentonite		

SIGNATURE: Richard D. Crummett
MASTER WELL DRILLER OR SUPERVISING SANITARIAN

040
LICENSE #

(MWD) MSD/MGD
CIRCLE ONE

4-24-07
DATE

12799
Clarksville
Pike

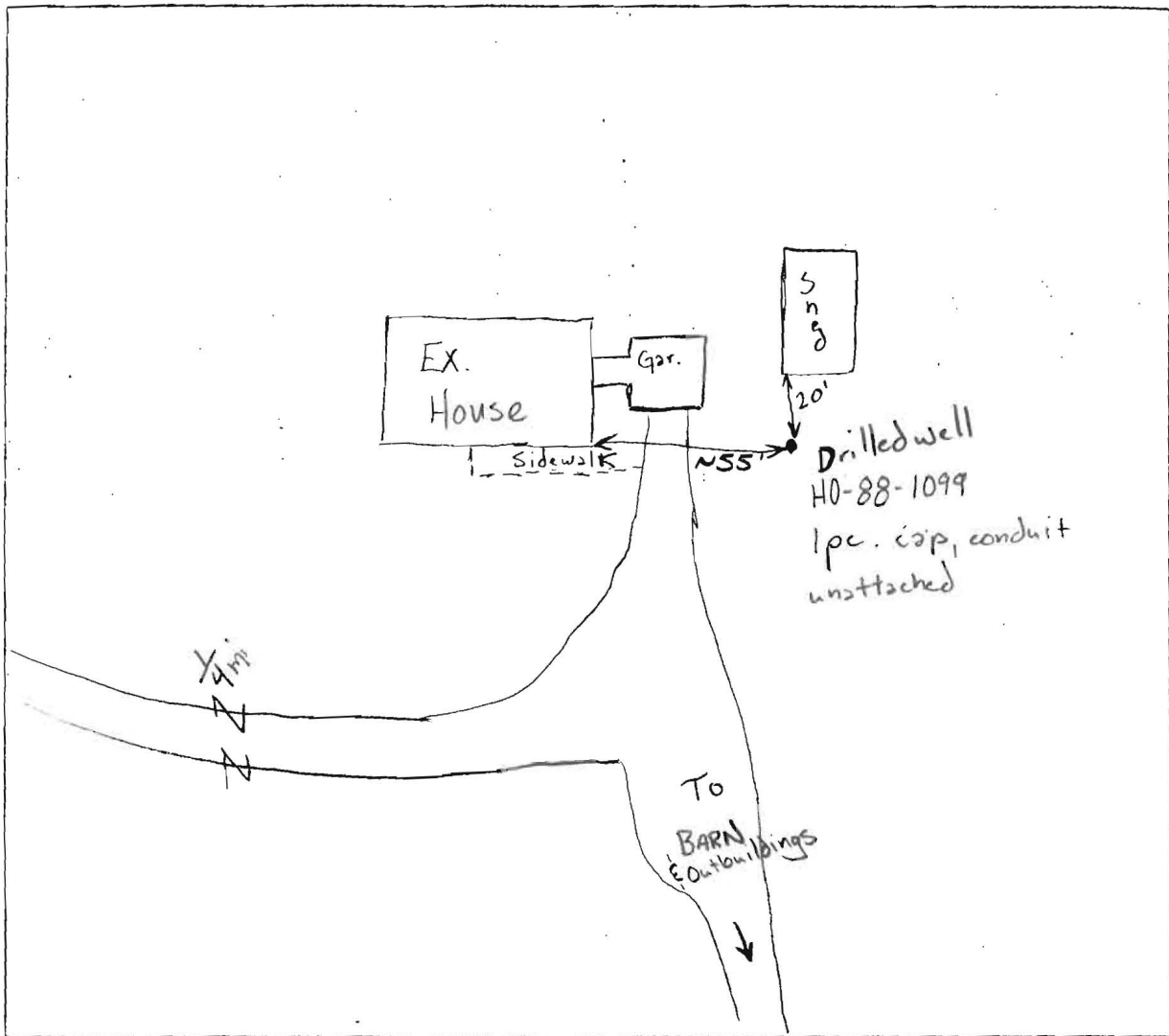
C1 1219 SEQUENCE NO. (OPTIONAL USE ONLY) <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)</small>		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
ST/CO USE ONLY DATE RECEIVED		DATE WELL COMPLETED 7/20/89		DEPTH OF WELL TO NEAREST FOOT 360	
OWNER Smith last name		first name Max		PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-88-11299	
STREET OR RFD 12799 Rt. 108		TOWN Clarksville		COUNTY NUMBER A15208	
SUBDIVISION		SECTION		LOT	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 952 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft.		C3 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 20 METHOD USED TO MEASURE PUMPING RATE PRK WATER LEVEL (distance from land surface) BEFORE PUMPING 10 WHEN PUMPING 27.5 TYPE OF PUMP USED (for test) A piston P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible	
DESCRIPTION (Use additional sheets if needed) Sand Stone Gassy Mica		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE S1 Nominal diameter top (main) casing (nearest inch) 4 Total depth of main casing (nearest foot) 39		PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (nearest foot) (-) below	
FEET FROM TO 0 25 25 360		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 C2 DEPTH (nearest ft.) 4 0 11 13 15 20	
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) from to		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)	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.01 "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 IN BOX 68		DRILLER'S IDENT. NO. DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA		DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	

Clarksville County

SITE INSPECTION SHEET

OWNER: Max Smith PHONE #: _____
ADDRESS: 12799 Rt 108 CONTRACTOR: _____
SUBDIVISION: Tobe Macbeth Farms LOT: Buildable pres. parc "A" WELL TAG #: H0-88-1099
PROPOSAL: _____ COUNTY #: A15209

LOCATION DIAGRAM



COMMENTS: Well should be ok to keep as long as it is brought up to spec.

DATE: _____ INSPECTOR: _____

P 15371 A 15209
DATE 7/13/70 5/8/70

12799
Location Route 108 APPLICATION
Left side of Rt. 108 Hold ()
Approved (✓)
Rejected ()
Lot _____

Applicant Ray W. Smith INSTALLATION
Owner Ray & Elizabeth Smith Hold ()
Approved (✓)
Permittee Ray Smith Approved
Date 9/1/70

HO-88-1099

Drilled well
1pc cap, conduit