

C1 3729

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5/11/06



Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0302

OWNER J.T.S CORPORATION last name first name STREET OR RFD Clarksville Pike (Md 108) TOWN Clarksville SUBDIVISION Macheth Farm SECTION LOT 35

WELL LOG

Not required for driven wells

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. Includes handwritten entries: Top Soil, Brown mica, Grey mica w/ Quartz, Sandstone, etc.

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 25 NO. OF POUNDS 2500 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 68 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 60 61 63 64 66 70 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

C2

DEPTH (nearest ft.)

Table for depth measurements with columns for casing and screen diameters.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 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) T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

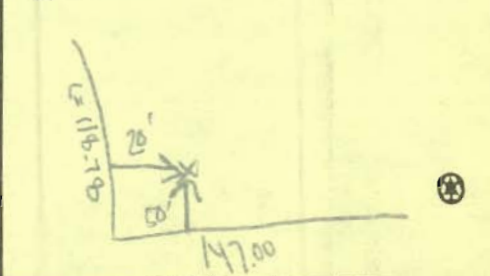
PUMPING TEST

HOURS PUMPED (nearest hour) 6/8 9 PUMPING RATE (gal. per min.) 1.4/15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 26/17 20 ft. WHEN PUMPING 454/22 25 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 49 below 49 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)

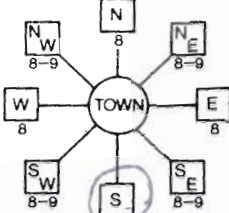



B 1 0767 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-95-0302
APPLICATION FOR PERMIT TO DRILL WELL please type 524124 **fill in this form completely**

OWNER INFORMATION 10190
 Date Received (APA) 02 24 06
 8 MM DD YY 13
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

LOCATION OF WELL
B 3 Howard COUNTY 21 CG#
Macbeth Farm
 23 SUBDIVISION 42
 SECTION 35 LOT 48 50
Clarksville
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M I 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 2/23/2006
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Clarksville Pike (Md 108)
 11 NEAR WHAT ROAD 30
 34 500+ 37
 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39
 TAX MAP: 34 BLK: 17 PARCEL 190

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
 GEO-THERMAL

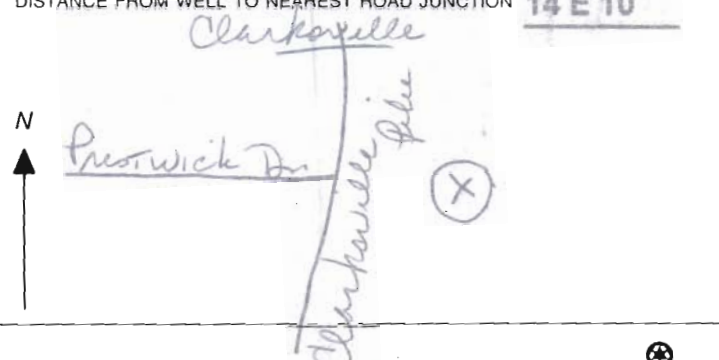
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD (13) A518543
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 3/10/06 John A. Cuyton 3/11/07
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 495 0 0 0 EAST GRID 815 0 0 0
 50 55 57 63

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

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
810
 E
490
 N
 000
 000
5/3/06
Water Sample Taken During Yield Test
(BB)

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)
 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED AVAILABLE) 41 _____ 52

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


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 ROP. PERMIT NUMBER H02004G008
 PERMIT No. HO-95-0302
 70 71 72 73 74 75 76 77 78 79

ADDITIONAL CONDITIONS
 APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

5-3-06

8:30

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - HO-95-0302
 Location of property (road) CLARKSVILLE PIKE
 Subdivision MARGARET FARM Lot 35 Block _____ Plat _____ Sec. _____
 Well Driller EASTVEDAY Owner JTS CORP

Depth of well 600 2 gpm
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 25.9

pump set 480'

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 15 Gpm
 Total time 1 hr 45 min to reach pumping water level 452' 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1145	452'	41 sec	1 gal bucket	1.4 Gpm
1200	452'	41 sec	"	1.4 "
1215	452'	41 "	"	1.4 "
1230	452'	41 "	"	1.4 "
1245	452'	41 "	"	1.4 "
1300	452'	41 "	"	1.4 "
1315	452'	41 "	"	1.4 "
1330	453'	41 "	"	1.4 "
1345	453'	41 "	"	1.4 "
1400	453'	41 "	"	1.4 "
1415	453'	41 "	"	1.4 "
1430	453'	41 "	"	1.4 "
1445	453'	41 "	"	1.4 "
1500	453'	41 "	"	1.4 "
1515	453'	41 "	"	1.4 "
1530	453'	41 "	"	1.4 "
1545	453'	41 "	"	1.4 "
1600	453'	41 "	"	1.4 "
1615	453'	41 "	"	1.4 "
1630	453'	41 "	"	1.4 "
1645	453'	41 "	"	1.4 "
1700	453'	41 "	"	1.4 "
1715	453'	41 "	"	1.4 "
1730	453'	41 "	"	1.4 "
1745	453'	41 "	"	1.4 "
1800	453'	41 "	"	1.4 "
1815	453'	41 "	"	1.4 "
1830	453'	41 "	"	1.4 "
1845	453'	41 "	"	1.4 "
1900	453'	41 "	"	1.4 "
1915	453'	41 "	"	1.4 "
1930	454'	41 "	"	1.4 "
1945	454'	41 "	"	1.4 "
2000	454'	41 "	"	1.4 "
2015	454'	41 "	"	1.4 "
2030	454'	41 "	"	1.4 "
2045	454'	41 "	"	1.4 "
2100	454'	41 "	"	1.4 "
2115	454'	41 "	"	1.4 "
2130	454'	41 "	"	1.4 "
2145	454'	41 "	"	1.4 "
2200	454'	41 "	"	1.4 "
2215	454'	41 "	"	1.4 "
2230	454'	41 "	"	1.4 "
2245	454'	41 "	"	1.4 "
2300	454'	41 "	"	1.4 "
2315	454'	41 "	"	1.4 "
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2345	454'	41 "	"	1.4 "
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2415	454'	41 "	"	1.4 "
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2445	454'	41 "	"	1.4 "
2500	454'	41 "	"	1.4 "
2515	454'	41 "	"	1.4 "
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2630	454'	41 "	"	1.4 "
2645	454'	41 "	"	1.4 "
2700	454'	41 "	"	1.4 "
2715	454'	41 "	"	1.4 "
2730	454'	41 "	"	1.4 "
2745	454'	41 "	"	1.4 "
2800	454'	41 "	"	1.4 "
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2945	454'	41 "	"	1.4 "
3000	454'	41 "	"	1.4 "
3015	454'	41 "	"	1.4 "
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4200	454'	41 "	"	1.4 "
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4245	454'	41 "	"	1.4 "
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7800	454'	41 "	"	1.4 "
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7830	454'	41 "	"	1.4 "
7845	454'	41 "	"	1.4 "
7900	454'	41 "	"	1.4 "
7915	454'	41 "	"	1.4 "
7930	454'	41 "	"	1.4 "
7945	454'	41 "	"	1.4 "
8000	454'	41 "	"	1.4 "
8015	454'	4		

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6321 BARNETT AVE.
SYKESTOWN, 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 #: 35 Well Tag #: HO-95-0302
Site Address: 12815 MARBET PARK LANE
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RITE Make: Campbell Two piece watertight cap:
Model #: SSP4NS15221 Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 1-4 GPM NSF approved: Conduit min 18" R.G.:
Depth of well encountered at time of pump installation: 60 (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

Pipng to house
Type: Poly
PSI: 300 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10'
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: 11/15/07
Called for inspection 12/2/07

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

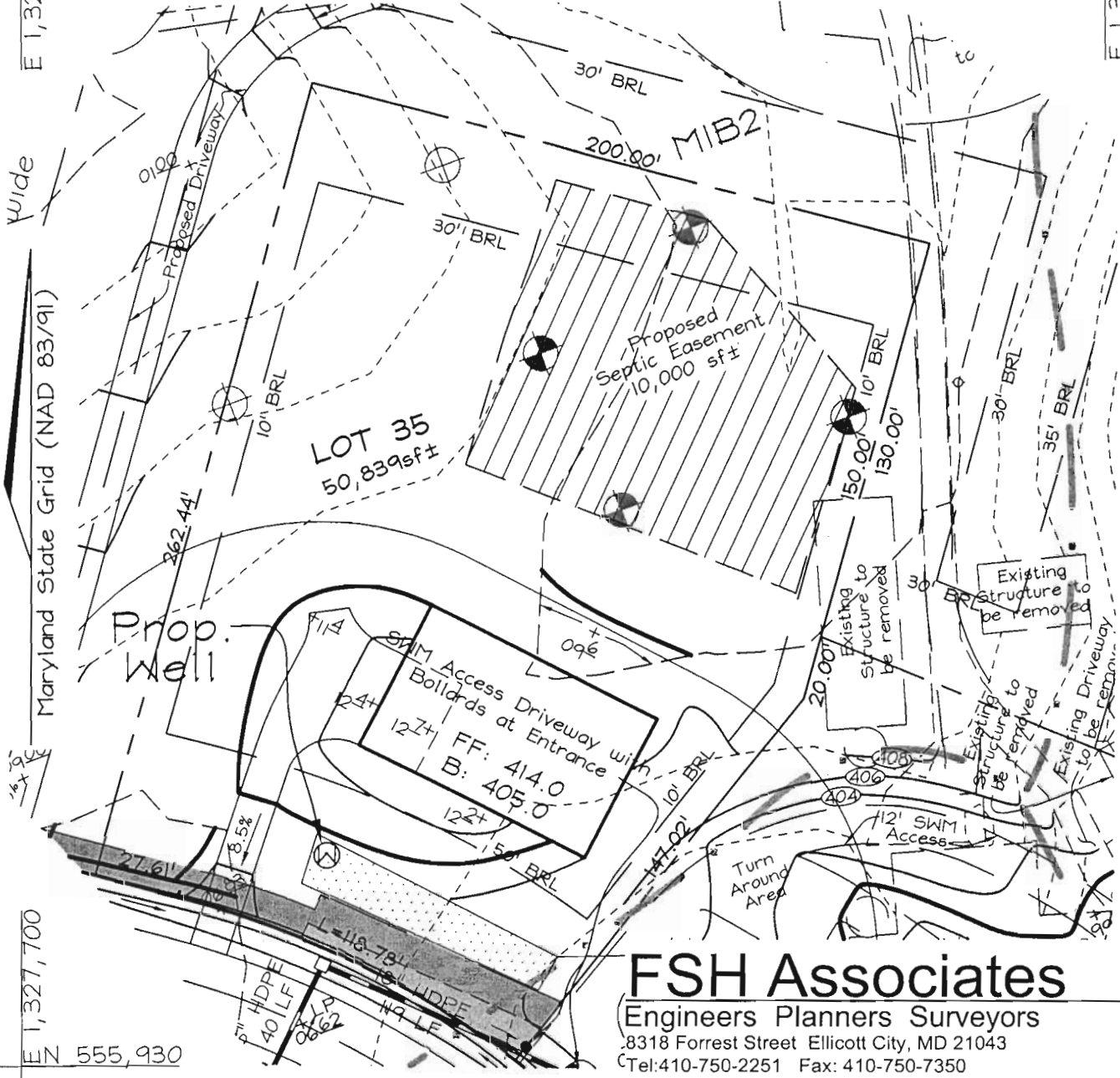
Date Insp. Requested: _____ Date Insp. Approved: 10/2/07 (KW)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of 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

E 1,327,700Z 556,300

N 556,300

E 1,328,040

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



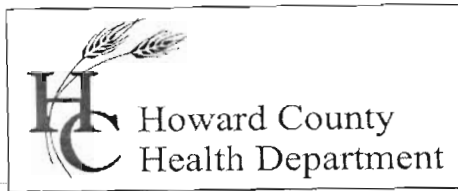
FSH Associates
 Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

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

WELL PERMIT PLAN
MACBETH FARM
 LOT 35

TAX MAP 34 GRID 18 & 24
 4TH ELECTION DISTRICT

PARCEL 90
 HOWARD COUNTY, MARYLAND



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

December 4, 2007

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

RE: Clarksville Overlook, Lot 35
12815 Macbeth Farm Lane
Clarksville, MD 21029
BP #: B07002385
Well Permit # HO-95-0302

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 12/02/2007. Final approval of the well line connection to the dwelling was approved on 10/02/2007.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of the second 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 05/03/2006. Both findings were below the maximum limit suggested by the EPA. 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-95-0302. 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.

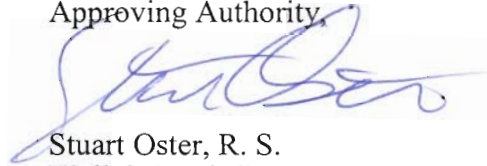
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Samples: 11/26/2007 & 12/03/2007

Date of Samples for Gross Alpha and Gross Beta: 05/03/2006

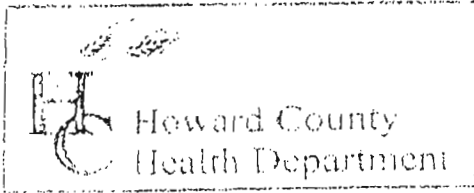
Date of Well Completion: 05/01/2006

Approving Authority,

A handwritten signature in blue ink, appearing to read "Stuart Oster", is written over a light blue rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

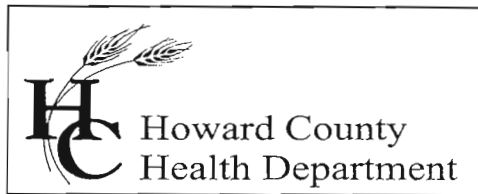
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- 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

July 7, 2006

JTS Corporation
5300 Dorsey Hall Drive
Suite 200
Ellicott City, Maryland 21042

RE: MacBeth Farm Lot 35
Well Tag: HO-95-0302

To Whom this May Concern:

A sample was collected from a yield test on May 3, 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 particle 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 5.3 ± 1.2 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.6 ± 1.0 pCi/L. Both the **Gross Alpha** and **Gross Beta** were below the **maximum contaminant levels (MCL's)** of 15 pCi/L and 50 pCi/L respectively. At the time of 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 & Occupancy. However, other standard testing will still be necessary.

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.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic File

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@comnext.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: 66225
Report Date: November 27, 2007

Property Sampled: 12815 Macbeth Farm Road

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 35 **Parcel #:** 90
Building Permit #: Not Provided

Date/Time Collected: November 26, 2007 at 3:15 pm
Date/Time Received: November 26, 2007 at 4:35 pm

Sample Location: Pressure Tank Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0302
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.3 NTU	EPA 180.1	10 NTU	Pass
pH	8.4 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

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.

CERTIFICATE OF ANALYSIS



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

S/O Number: 66332
Report Date: December 4, 2007

Trace Laboratories, Inc.
 Maryland

Property Sampled: 12815 Macbeth Farm Road

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

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 35 **Parcel #:** 90
Building Permit #: Not Provided

Date/Time Collected: December 3, 2007 at 12:07 pm
Date/Time Received: December 3, 2007 at 3:00 pm

Maryland State Certified
 Water Quality Laboratory
 No. 318

Sample Location: Pressure Tank Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0302
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

ISO 9001:2000



PERRY JOHNSON
 REGISTRARS, INC.
 Cert No. C2005-01504

PARAMETER	RESULT	METHOD	MCL	
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