

C1 3739

SEQUENCE NO. (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.

COUNTY NUMBER

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0300

DATE Received MM DD YY

MM DD YY 4/27/06

22 400 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER J T S CORPORATION last name first name STREET OR RFD Clarksville Pike (Md 108) TOWN Clarksville SUBDIVISION Macbeth Farm SECTION LOT 33

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, Sandstone, Gray mica (facing).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 33 NO. OF POUNDS 3300 GALLONS OF WATER 198 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.)

Table for depth with columns 1-21 and slot size/diameter of screen.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 104 TYPE OF PUMP USED (for test) [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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) 50 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)

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...

DRILLERS LIC. NO. 1 M W D 040 DRILLER'S SIGNATURE

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

24000 Lot line

B 1 0766
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

524124 please type

STATE PERMIT NUMBER

HO-95-0300
fill in this form completely

Date Received (APA)

02 24 06
8 MM DD YY 13

OWNER INFORMATION 10188

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

Signature Date
George F. Easterday 2/23/2006

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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

B 3

LOCATION OF WELL

Howard COUNTY 21

Macbeth Farm

23 SUBDIVISION 42

SECTION 44 46 LOT 33 48 50

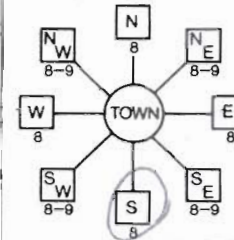
Clarksville

52 NEAREST TOWN 71

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

B 4

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.

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 23 PARCEL 190

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A518543
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 5/10/06 3/11/07

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 494 000 EAST GRID 0815 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 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)

APPROX. PERMIT NUMBER HO 2004G 008(01)

PERMIT No. HO-95-0300
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells
- 2.
- 3.

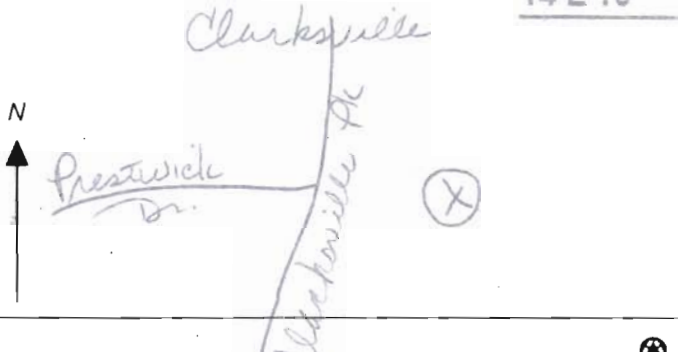
WRITE THE BOX NUMBER FROM THE MAP HERE

8105
E 4961
N

5/29/07
sample collected
@ drop pump (clean)
(mu)

8/7/06

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

M:00

5/1/06

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - HO-95-0300
 Location of property (road) Lebanonville Pike
 Subdivision Macbeth Farm Lot 33 Block _____ Plat _____ Sec. _____
 Well Driller Kastenberg Owner JTS Corp

Depth of well 400 5 gpm
 Distance of measuring point (M.P.) 2' above ground
 Static water level (S.W.L.) below M.P. 29.6

I. High rate pumping -- reservoir drawdown Pump set 380'
 Time pump started 1:15 Pumping rate 15 gpm
 Total time 30 min to reach pumping water level 104' 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)
145	104'	6 Sec	1 gal bucket	10 gpm
200	104'	6 "	"	10 "
215	104'	6 "	"	10 "
230	104'	6 "	"	10 "
245	104'	6 "	"	10 "
300	104'	6 "	"	10 "
315	104'	6 "	"	10 "
330	104'	6 "	"	10 "
345	104'	6 "	"	10 "
400	104	6 "	"	10 "
415	104	6 "	"	10 "
430	104	6 "	"	10 "
445	104	6 "	"	10 "

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.
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 #: 33 Well Tag #: HO-95-0300
Site Address: 1285 Macbeth Farm Ln
Clarksville 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SPYNS10221 Make: Campbell Two piece watertight cap:
Model #: Sta-Rite Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" E.G.:
Depth of well encountered at time of pump installation: 400 (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: 202 (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: 11/7/07
Called for inspection 10/3/07

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

Date Insp. Requested: 10/2/07 Date Insp. Approved: 10/2/07 (RM)
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

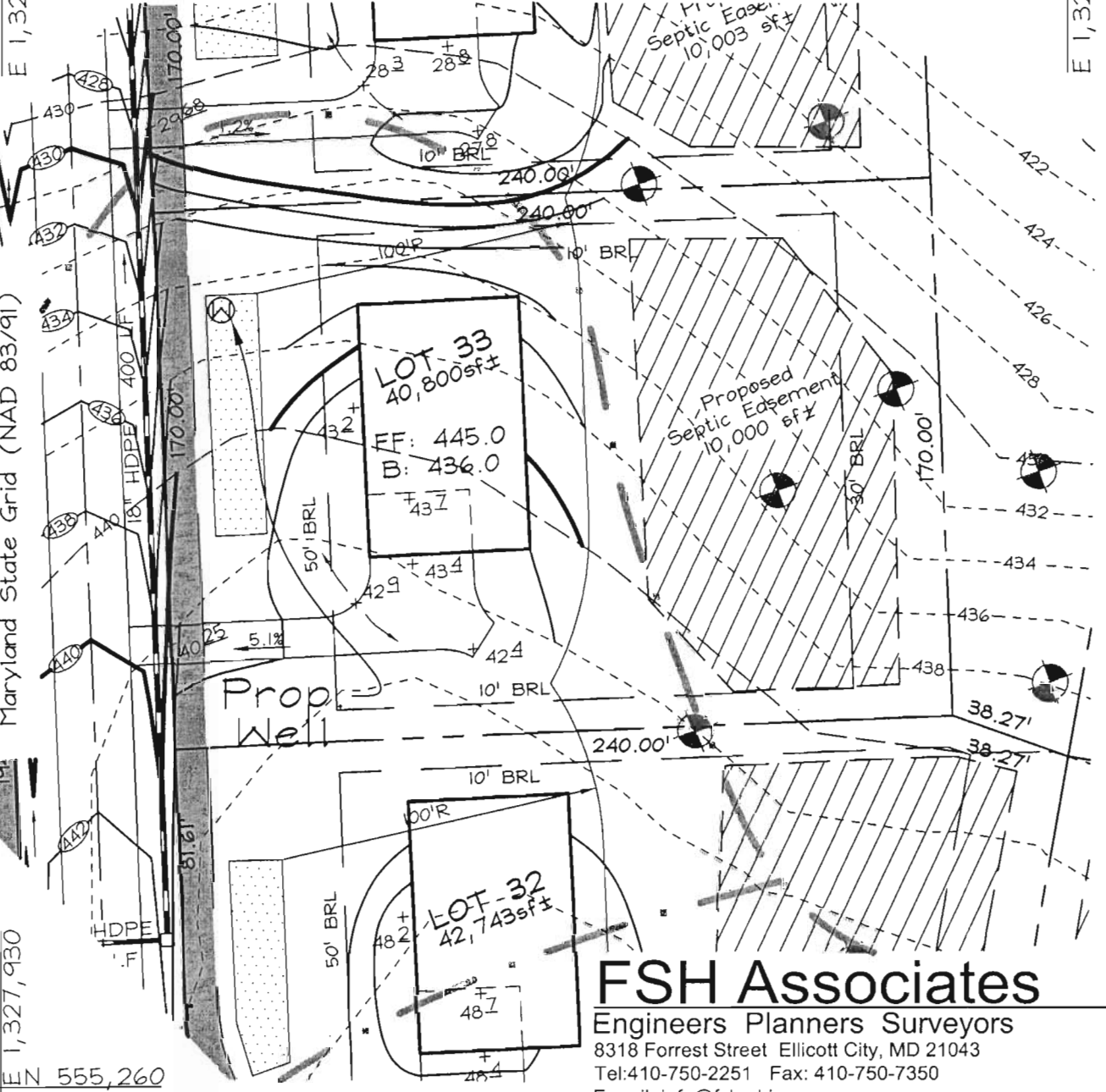
555,630

N 555,630

Note:

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

E 1,328,260



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

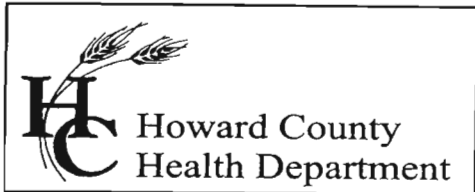
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 33 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 33

TAX MAP 34 GRID 18 & 24
 4TH ELECTION DISTRICT

PARCEL 90
 HOWARD COUNTY, MARYLAND



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 28, 2007

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

RE: MacBeth Farms, Lot #33
Well Tag: HO-95-0300

To Whom It May Concern:

A sample was collected from a yield test on May 29, 2007 and submitted to Department of Health and Mental Hygiene 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 3.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.0 ± 2.0 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the 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 (potability) 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@connext.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: 66112
Report Date: November 15, 2007

Property Sampled: 12823 Macbeth Farm Road

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 33 **Parcel #:** 90
Building Permit #: B07002273

Date/Time Collected: November 14, 2007 at 11:36 am
Date/Time Received: November 14, 2007 at 2:45 pm

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

Well Tag Number: Tag Buried *OK 12/6/07*
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 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

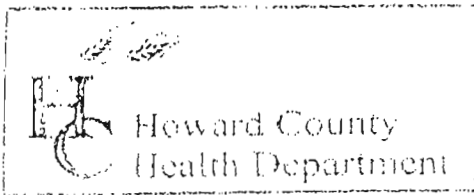
OK

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.



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:

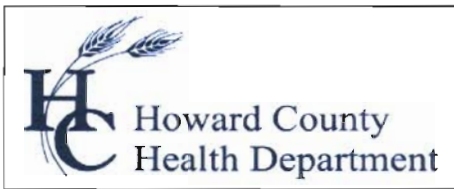
- The well site has been staked by F.S.H. ASSOCIATES,
(professional land surveyor or company employing professional land surveyors)
on 2-20-06 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the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

12/07/2007

Homeowner
12823 Macbeth Farm Road
Clarksville, MD 21029

SENT VIA FACSIMILE 410-379-2430

RE: Clarksville Overlook, Lot 33
12823 Macbeth Farm Rd.
BP # B0700~~22-3~~
Well Permit # HO-95-0300

Dear Sir/Madam:

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 11/20/2007. Final approval of the well line connection to the dwelling was approved on 10/2/2007.**

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.

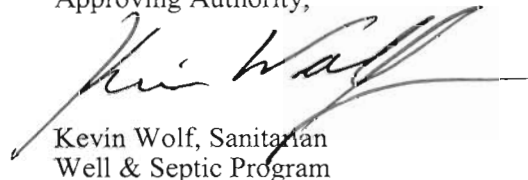
INTERIM CERTIFICATE OF POTABILITY

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-95-0300. 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: 11/14/2007
Date of Well Completion: 4/27/2006

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File