

C1 3890

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

MM DD YY 3/10/06

22 500 26 (TO NEAREST FOOT)

9/13/06 O.K. (RB)

28 29 30 31 32 33 34 35 36 37 H0 - 95 - 0272

OWNER TTS CORPORATION last name first name STREET OR RFD CLARKSVILLE PIKE TOWN CLARKSVILLE SUBDIVISION MACBETH FARM SECTION LOT 4

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Includes entries like Top Soil, Brown mica, Grey mica, Quartz, Blue slate w/ quartz, 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 28 NO. OF POUNDS 2800

GALLONS OF WATER 16.8

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 47 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 52'

SCREEN RECORD

screen type or open hole [ST] [BR] [HO] [PL] [OT] DEPTH (nearest ft.) 50'

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27 ft.

WHEN PUMPING 142 ft.

TYPE OF PUMP USED (for test)

[A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [] NO [X]

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

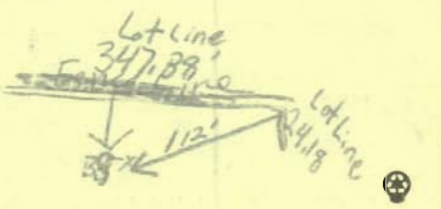
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [4] 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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MW D 040 DRILLERS SIGNATURE George F. Eustenley

LIC. NO. 1 AWD 788

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

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 0737

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0272 fill in this form completely

524124 please type

Date Received (APA)

02 24 06

OWNER INFORMATION 10159

J T S Corporation

8808 Centre Park Drive S209

Columbia, Md 21045

Town State Zip

DRILLER INFORMATION

George F. Easterday

M W D 040

L. Franklin Easterday, Inc.

9265 Brown Church Rd., MT. Airy, Md. 21771

George F. Easterday 2/23/2006

LOCATION OF WELL

Howard

Macbeth Farm

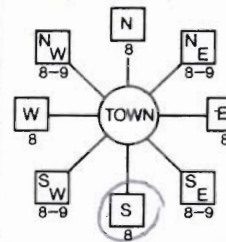
Clarksville

SECTION LOT

NEAREST TOWN

MILES FROM TOWN

DIRECTION OF WELL FROM TOWN



Clarksville Pike (Md 108)

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD

DISTANCE FROM ROAD

TAX MAP: 34 BLK: 24 PARCEL 96

WELL INFORMATION

APPROX. PUMPING RATE 5

AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER

- 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

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 3/6/06

CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING

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

REPLACEMENT OR DEEPEMED WELLS

- 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

Not to be filled in by driller

APPROX. PERMIT NUMBER HD 2004 G 008
PERMIT No. HD-95-0272

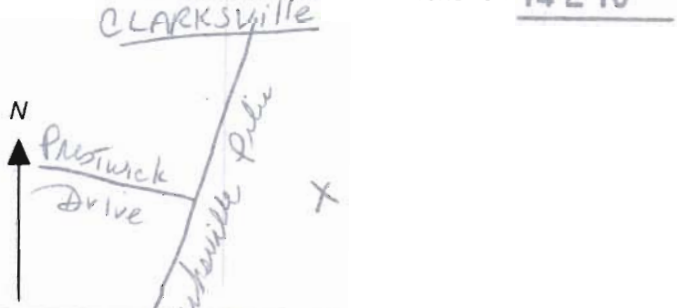
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample at yield test

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 Barnhart 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 #: 4 Well Tag #: HO-95-0272
Site Address: 12828 McBeth Farm Lane

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Stairright Make: Campbell Two piece watertight cap:
Model #: 5SP44510221 Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 6 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: _____ (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: _____ (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.

Robert L. Feezer 8/14/07
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 8/15/07
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

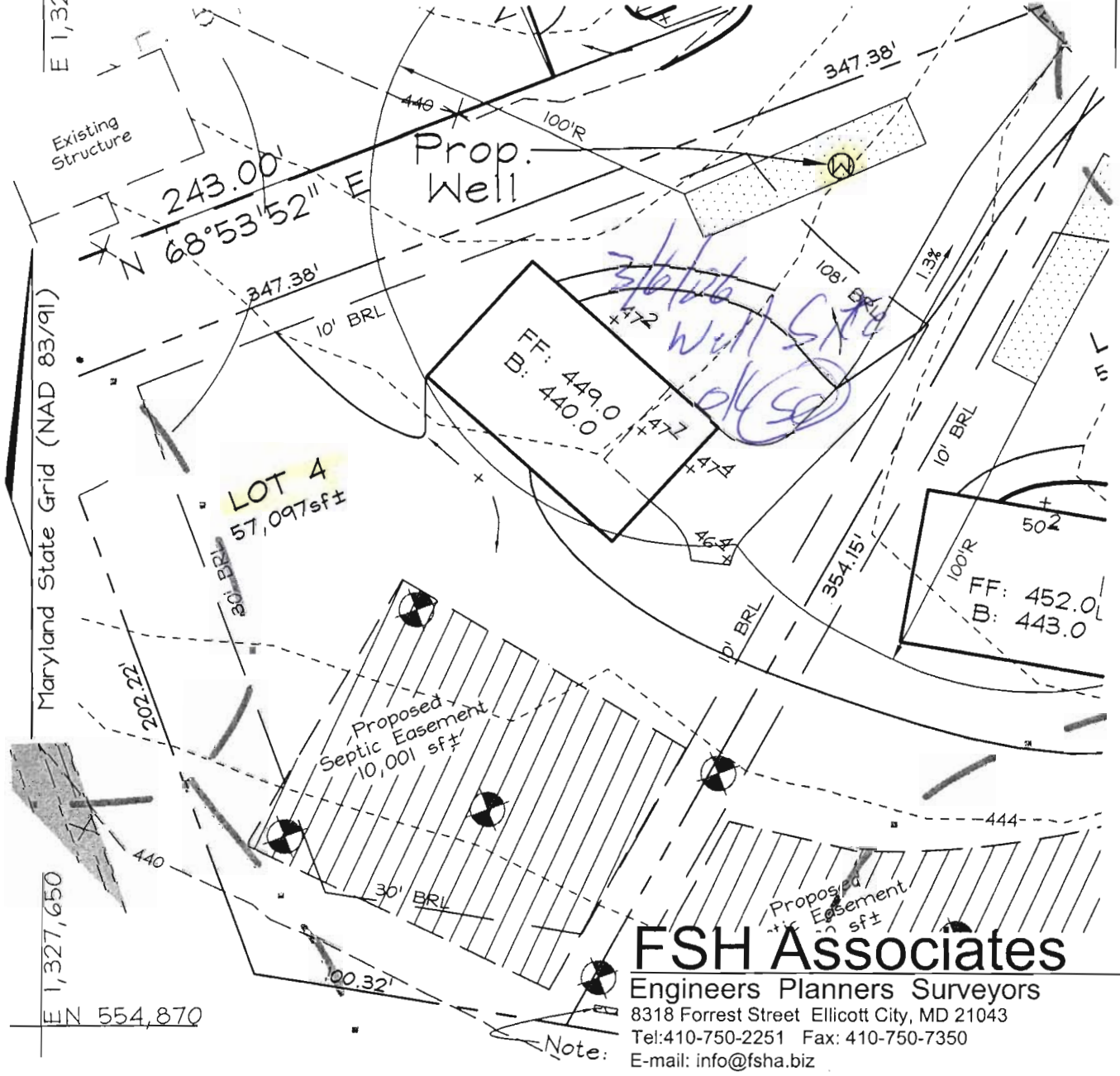
N 555,230

N 555,230

E 1,327,650

E 1,327,990

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.: 4 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 4

TAX MAP 34 GRID 18 & 24
4TH ELECTION DISTRICT

PARCEL 90
HOWARD COUNTY, MARYLAND



Howard County
Health Department

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

October 29, 2007

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

RE: MacBeth Farm, Lot 4
Clarksville Overlook
12828 MacBeth Farm Lane
Clarksville, MD 21029
BP #: B07002275
Well Permit # HO-95-0272

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 10/29/2007.** **Final approval of the well line connection to the dwelling was approved on 08/15/2007.**

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, a Gross Alpha and Beta sample was collected on 03/16/2006. 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.

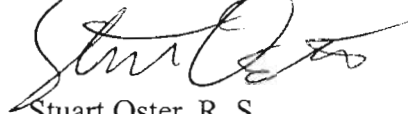
INTERIM CERTIFICATE OF POTABILITY

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-95-0272. 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.**

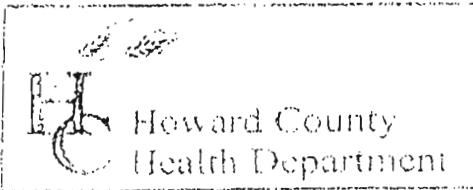
Date of Water Samples: 07/20/2007 & 09/21/2007
Date of Samples for Gross Alpha and Gross Beta: 03/16/2006
Date of Well Completion: 03/10/2006

Approving Authority,



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 J.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

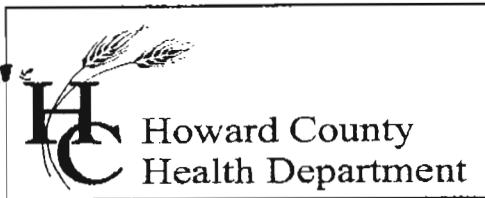
JTS CORPORATION

LOTS 1-35 MACBETH FARM

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	HOGCMBF4316R
Sample Date/Time:	3/22/2006	Lab Sample ID:	603158-016-016-1/1
Receipt Date/Time:	3/22/2006 (ASSIGNED TO TH 25 GROUP)	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	3.3943 pCi/L	± 0.6156 pCi/L	1.2272 pCi/L	
Gross Beta	6.9657 pCi/L	± 0.7384 pCi/L	2.1766 pCi/L	



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 26, 2006

Clarksville Overlook, LLC
5300 Dorsey Hall Drive
Suite 200
Ellicott City, Maryland 21042

RE: MacBeth Farm Lot 4
Well Tag: HO-95-0272

To Whom It May Concern:

A sample was collected from a yield test on March 16, 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 3.4 ± 0.6 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.0 ± 0.7 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 or to schedule additional testing.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

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

CERTIFICATE OF ANALYSIS



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

S/O Number: 64439
Report Date: July 23, 2007

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

Property Sampled: 12828 Macbeth Farm Road

County: Howard
Subdivision: Clarksville Overlook
Lot #: 4
Building Permit #: Not provided
Tax Map #: 34
Parcel #: 90

Date/Time Collected: July 20, 2007 at 8:40 am
Date/Time Received: July 20, 2007 at 2:00 pm

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

Well Tag Number: Well not observed
Well Condition: Well condition undetermined

Water Conditioning/Treatment: Not observed

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Turbidity	7.8 NTU	EPA 180.1	10 NTU	Pass
Iron	0.50 mg/L	EPA 200.8	0.3 mg/L	***

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



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: 65313
Report Date: September 24, 2007

Property Sampled: 12828 Macbeth Farm Road

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 4 **Parcel #:** 90
Building Permit #: B07002275

Date/Time Collected: September 21, 2007 at 11:15 am
Date/Time Received: September 21, 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: No Tag
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.1 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.