

C1 3749

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" - HO-95-0315

OWNER: J T S CORPORATION; STREET OR RFD: Clarksville Pike (Md 105); TOWN: Clarksville; SUBDIVISION: Macbeth Farm; SECTION: ; LOT: 09

WELL LOG

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries for soil types like top soil, shaley clay, grey mica, Broad mica, Quartz, sand, silt.

GROUTING RECORD

WELL HAS BEEN GROUDED (Circle Appropriate Box) Y N; TYPE OF GROUING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC; NO. OF BAGS 27; NO. OF POUNDS 2700; GALLONS OF WATER 162; DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL); Nominal diameter top (main) casing (nearest inch): 6; Total depth of main casing (nearest foot): 80.

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.): 78; 600

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.: MWD 04; DRILLERS SIGNATURE: George J. Kusterling; LIC. NO.: MWD 481

Table with columns: A, C, H, S, R, E, N; rows: 1, 2, 3; values: 8, 9, 11, 15, 17, 21; 23, 24, 26, 30, 32, 36; 38, 39, 41, 45, 47, 51

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

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 O

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

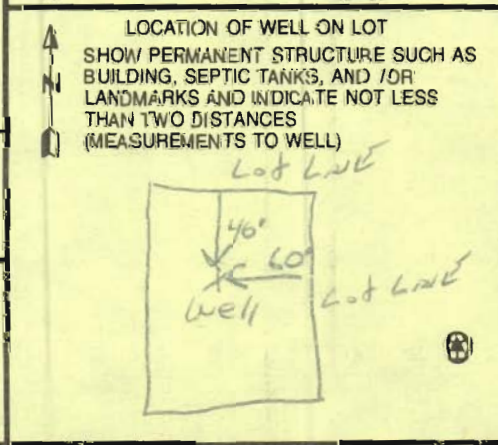
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min.) 5; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft.; WHEN PUMPING 217 ft.; TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP? YES NO; TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29; CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35; PUMP HORSE POWER 37 41; PUMP COLUMN LENGTH (nearest ft.) 43 47; CASING HEIGHT (circle appropriate box and enter casing height) above below 2 (nearest foot)



B 1 0742
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
524124 please type

STATE PERMIT NUMBER
110-95-0315
fill in this form completely

Date Received (APA) 02 24 06
8 MM DD YY 13
OWNER INFORMATION 10164
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

B 3 HOWARD LOCATION OF WELL
8 COUNTY CC# 21
Macbeth Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 9 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 2/23/2006
Signature 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 N
WEST W EAST E
SOUTH S
34 500+ 37
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 24 PARCEL 90

B 2 WELL INFORMATION
1 2 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)
 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 A 518543
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/23/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH 494 0 0 0 EAST 816 0 0 0
GRID 50 55 GRID 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. X
WRITE THE BOX NUMBER FROM THE MAP HERE
E 816 6
N 494 4
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 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
39 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

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
Clarksville
Prestwick Dr
Clarksville Pike
N

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER HO 2004 G 008
PERMIT No. 110-95-0315
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS IF NEEDED
No Radium Sample at yield test

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 Park Hill 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: N.V. Horns Telephone #: 410-379-5956
Subdivision: CLARKSVILLE OVERLOOK Lot #: 9 Well Tag #: HO-95-0315
Site Address: 12848 MACRETH FARM LANE
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STARRITE Make: Sampbell Two piece watertight cap:
Model #: SSPYE02HL-02B Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 300 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 40 (36" min) Sleeve caulked and sealed properly:

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

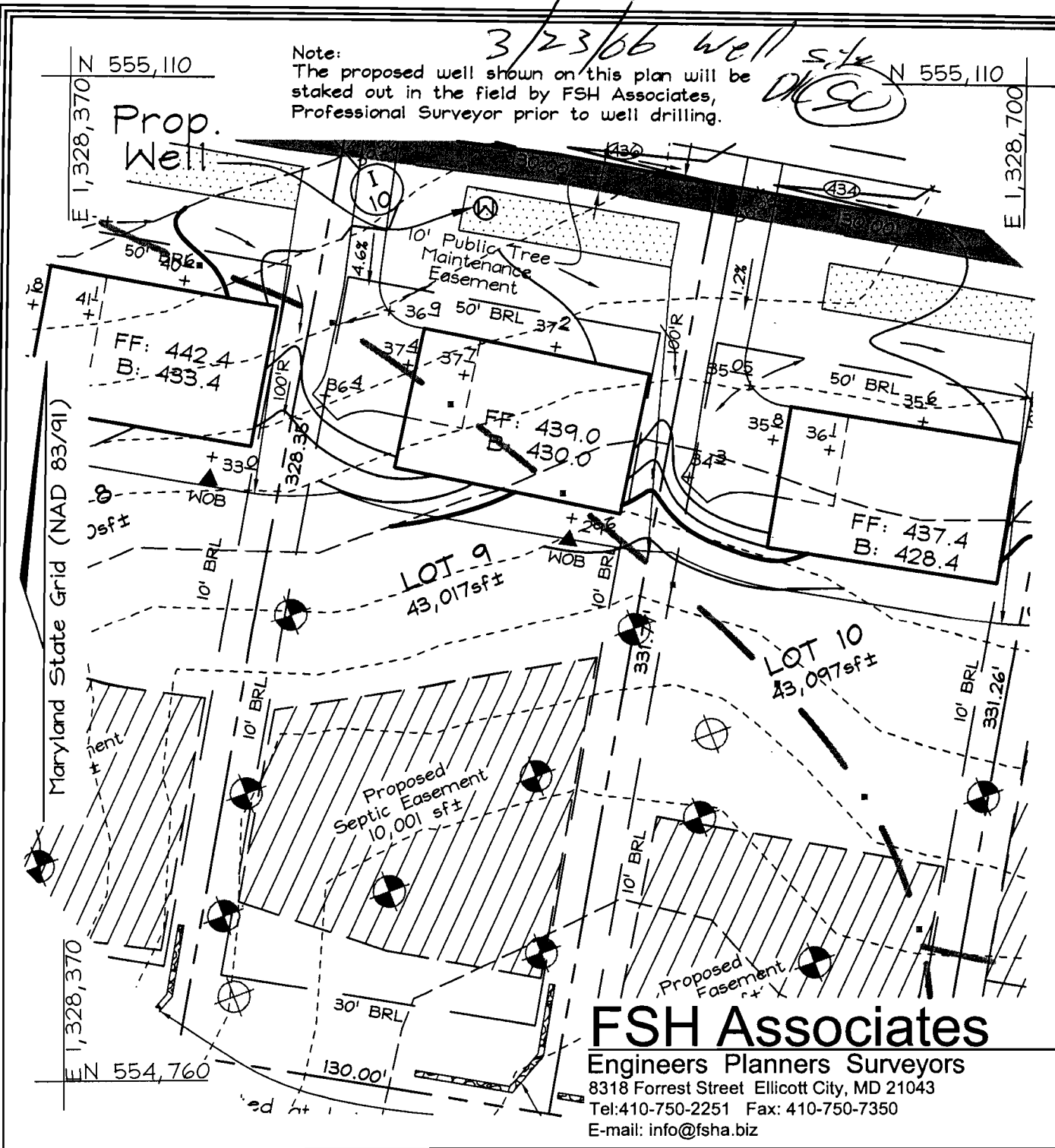
Signature of company representative responsible for installation: Robert L. Feezer date 12/4/07
INSPECTED 10/31/07

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

Date Insp. Requested: _____ Date Insp. Approved: 10/31/07 BB
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

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

3/23/06 well site
WCSU



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

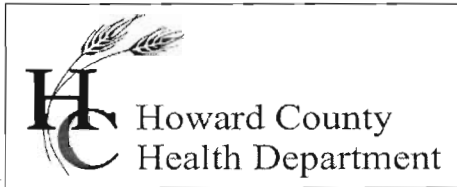
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 9 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 9

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 5, 2007

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

RE: Clarksville Overlook, Lot 9
12848 Macbeth Farm Lane
Clarksville, MD 21029
BP #: B07002390
Well Permit # HO-95-0315

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 11/26/2007. Final approval of the well line connection to the dwelling was approved on 10/31/2007.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Also, Gross Alpha and Beta samples were collected on 04/26/2006. 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-95-0315. 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.

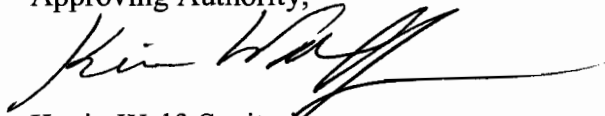
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this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

Date of Water Sample: 12/03/2007

Date of Samples for Gross Alpha and Gross Beta: 04/26/2006

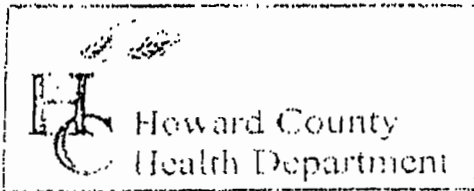
Date of Well Completion: 04/19/2006

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", with a long horizontal flourish extending to the right.

Kevin Wolf, Sanitarian
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



Send Report To:

State of Maryland
DHMH - Laboratories Admi
Division of Environmental C

MacBeth Farm
JTS Corporation Suite 200
8000 Centre Park Dr. Columbia, MD 21045

RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

5300 DORSEY HALL DR
E.C. MD 21042

LABORATORY ANALYSIS REQUEST

HOGCMBF9426

Sample Bottle No. A: _____ No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: MACBETH FARMS County: HOWARD

Sample Source: Well HO-95-0315 Location: _____
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input checked="" type="checkbox"/>

Collector: GAC

Telephone No: 410 313 1773

Date Collected: 4 / 26 / 06

Time Collected: 9:45 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

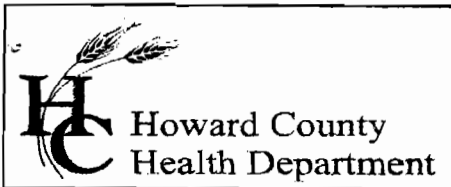
Submitters Code: Federal Project: Field Data: _____

Remarks: sampled @ initial yield test pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	604170-003	9.6 ± 1.1	5/1/04
✓	Gross Beta	4100		4.5 ± 0.7	
	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: _____ / _____ / _____

Supervisor: _____



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

June 14, 2006

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

RE: MacBeth Farm Lot 9
Well Tag: HO-95-0315

To Whom It May Concern:

A sample was collected from a yield test on April 26, 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 9.6 ± 1.1 picocuries/liter (pCi/L); while the **Gross Beta** level was 4.5 ± 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.

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: 66329
Report Date: December 4, 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@connect.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

ISO 9001:2000



Cert No. C2005-01504

Property Sampled: 12848 Macbeth Farm Road
County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 9 **Parcel #:** 90
Building Permit #: 07002390

Date/Time Collected: December 3, 2007 at 11:17 am
Date/Time Received: December 3, 2007 at 3:00 pm

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

Well Tag Number: HO-95-0315
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.5 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
 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.