

3756

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

2 3 6 HIS NUMBER IS TO BE PUNCHED COLS. 3-6 ON ALL CARDS)

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER JT S CORPORATION STREET OR RFD Clarksville Pike (Md 108) TOWN Clarksville SUBDIVISION Macbeth Farm SECTION LOT 16

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown mica, Grey mica, Sandstone, etc.

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 3800

CASING RECORD casing types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

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

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

SCREEN RECORD screen type or open hole [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

NUMBER OF UNSUCCESSFUL WELLS: 6

WELL HYDROFRACTURED [Y] [N]

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 AWD 288

SUPERVISOR (sign. of driller or journeyman) TELESCOPE CASING

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

PUMPING TEST C 3

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 187 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)

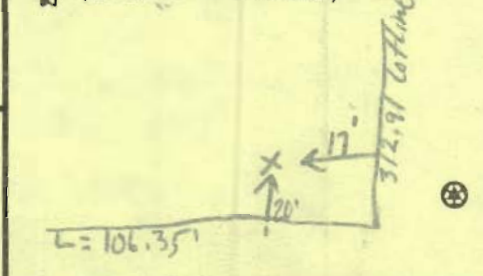
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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 [-] below LAND SURFACE (nearest foot) 2

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 0749

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER MD-95-0322

524124 please type

fill in this form completely

OWNER INFORMATION 10171
Date Received (APA) 02 24 06
JTS Corporation
8808 Centre Park Drive S209
Columbia, Md 21045

LOCATION OF WELL
Howard
Macbeth Farm
Clarksville
16
Clarksville Pike (Md 108)

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771

WELL INFORMATION
APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500
TOWN DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 500+

WELL INFORMATION
APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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 1518543
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 3/23/06
CO SIGNATURE EXP. DATE 3/23/07

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER 1. wells
WRITE THE BOX NUMBER FROM THE MAP HERE
810 7
490 4

METHOD OF DRILLING (circle one)
BORED (or Augered) AIR-ROTary
JETTED AIR-PERcussion
Jetted & DRIVEN ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary
DRive-POINT

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

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
Preswick Dr.
Clarksville Pike

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER MD 2004 G 008
PERMIT No. MD-95-0322

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

4-M-06

8:30

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0322
 Location of property (road) CLARKSVILLE PIKE
 Subdivision MACBETH FARM Lot 16 Block _____ Plat _____ Sec. _____
 Well Driller EASTERDAY Owner JTS CWP

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. 32

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 15 gpm
 Total time 30 min to reach pumping water level 187 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 \$ gallon bucket	FLOW METER READING (if used) Pump set 380	CALCULATED FLOW (gallons per minute)
9:30	187	30 sec		2 gpm
9:45	187	30 sec		2 gpm
10:00	187	30 sec		2 gpm
10:15	187	30 sec		2 gpm
10:30	187	30 sec		2 gpm
10:45	187	30 sec		2 gpm
11:00	187	30 sec		2 gpm
11:15	187	30 sec		2 gpm
11:30	187	30 sec		2 gpm
11:45	187	30 sec		2 gpm
12:00	187	30 sec		2 gpm
12:15	187	30 sec		2 gpm
12:30	187	30 sec		2 gpm
12:45	187	30 sec		2 gpm
1:00	187	30 sec		2 gpm
1:15	187	30 sec		2 gpm
1:30	187	30 sec		2 gpm
1:45	187	30 sec		2 gpm
2:00	187	30 sec		2 gpm
2:15	187	30 sec		2 gpm
2:30	187	30 sec		2 gpm
2:45	187	30 sec		2 gpm
3:00	187	30 sec		2 gpm
3:15	187	30 sec		2 gpm
HD-224 3:30	187	30 sec		2 gpm

7 months ago

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 Parrott 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: M.V. Horns Telephone #: 410-379-5956
Subdivision: CLARKSVILLE OVERLOOK Lot #: 16 Well Tag #: HO-95-0322
Site Address: 1857 MARGARET FARM LN
CLARKSVILLE, MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>STA-RTTE</u>	Make: <u>Sampbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSPYNS15221</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>600</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 4/17/08
INSPECTION CALLED IN FOR 3/31/08

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

Date Insp. Requested: _____ Date Insp. Approved: 4/2/08 (LW)
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 _____

3/23/06 Well site OK (SC)

N 555,430

N 555,430

E 1,328,700

E 1,329,030

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

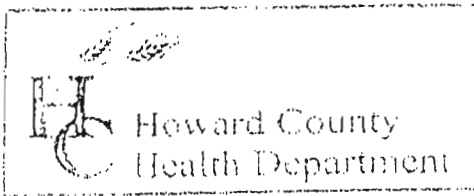
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 16 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 16

TAX MAP 34 GRID 18 & 24
 4TH ELECTION DISTRICT

PARCEL 90
 HOWARD COUNTY, MARYLAND



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:

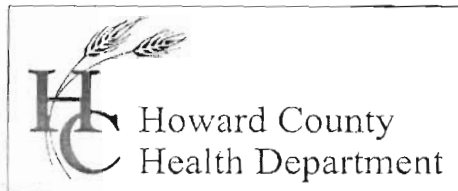
- The well site has been staked by F.S.H. ASSOCIATES,
 (professional land surveyor or company employing professional land surveyors)
 on 2-20-06 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the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

May 13, 2008

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

SENT VIA FACSIMILE 410-379-0631

RE: Clarksville Overlook, Lot 16
12857 Macbeth Farm Lane
Clarksville, MD 21029
BP #: B07004143
Well Permit # HO-95-0322

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 04/11/2008. Final approval of the well line connection to the dwelling was approved on 04/02/2008.**

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.

Also, Gross Alpha and Beta samples were collected on 04/17/2006. The Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below MCL of 50 pCi/L. In order to meet compliance, a water treatment device (Softener) was installed. In addition, post treatment Radium 226/228 samples were collected on 04/28/2008. Results were below the combined 226/228 MCL of 5pCi/l. Also on 04/28/2008 post treatment Gross Alpha and Gross Beta samples were taken and the findings were both below the targeted values. 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.

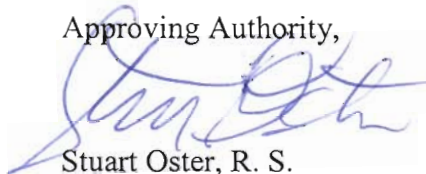
INTERIM CERTIFICATE OF POTABILITY

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-95-0322. 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.**

Dates of Water Sample:	04/28/2008
Date of Samples for Gross Alpha and Gross Beta:	04/17/2006 & 04/28/2008
Dates of Samples for Radium 226/228	04/28/2008
Date of Well Completion:	04/12/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 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:
 NV Homes, Inc
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 68104
Report Date: April 29, 2008

Property Sampled: 12857 Macbeth Farm Lane, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 16
Building Permit #: B07004143

Tax Map #: 34
Parcel #: 90

Date/Time Collected: April 28, 2008 at 10:15 am
Date/Time Received: April 28, 2008 at 1:00 pm

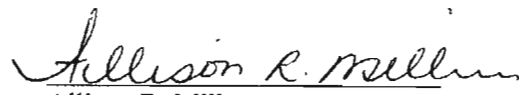
Sample Location: Pressure Tank Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-0322
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	4.6 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 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


 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.

Send Report To:

State of Maryland
DHMH - Laboratories Ad
Division of Environmental
RADIATION LABO

MacBeth Farm
JTS Corporation Suite 209
8808 Centre Park Dr. Columbia, MD 21045

201 W. Preston Street, Baltimore, Maryland 21201

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

LABORATORY ANALYSIS REQUEST

HOGC MBF16417

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

Plant/Site Name: MACBETH FARMS LOT 16 County: HOWARD

Sample Source: Well Location: HO 95-0322
(well no., lab sink, sample tap, etc.)

County: 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: GAC

Telephone No: 410 313 1773

Date Collected: 4 / 17 / 06

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

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: RAW H₂O sampled @ yield of well pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>0604135-08</u>	<u>21.0 ± 3.4</u>	<u>4/20/06</u>
✓	Gross Beta	4100		<u>13.2 ± 2.3</u>	
	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: _____ / _____ / _____



Florida Radiochemistry Services, Inc.

Analysis Report

Lab Sample I.D.	0604135-06	0604135-07	0604135-08	0604135-09	0604135-10
Client I.D.	HW-206-17	HW-658-17	HOGCMBF16417	HOGCMBF13417	HC7191
Gross Alpha	2.1	1.5	21.0	16.8	9.7
Error +/-	1.3	1.5	3.4	3.1	2.6
MDL	1.2	1.9	1.0	1.3	1.6
EPA Method	900.0	900.0	900.0	900.0	900.0
Prep Date	04/18/06	04/18/06	04/18/06	04/18/06	04/18/06
Analysis Date	04/19/06	04/19/06	04/19/06	04/19/06	04/19/06
Analyst	MJN	MJN	MJN	MJN	MJN
Gross Beta	5.2	3.9	13.2	15.4	6.4
Error +/-	1.9	1.8	2.3	2.4	1.8
MDL	2.6	2.6	2.7	2.7	2.4
EPA Method	900.0	900.0	900.0	900.0	900.0
Prep Date	04/18/06	04/18/06	04/18/06	04/18/06	04/18/06
Analysis Date	04/19/06	04/19/06	04/19/06	04/19/06	04/19/06
Analyst	MJN	MJN	MJN	MJN	MJN
Units	pCi/l	pCi/l	pCi/l	pCi/l	pCi/l

CERTIFICATE OF ANALYSIS



**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9999
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: 68104
Report Date: May 12, 2008

Property Sampled: 12857 Macbeth Farm Lane, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 16
Building Permit #: B07004143

Tax Map #: 34
Parcel #: 90

Date/Time Collected: April 28, 2008 at 10:15 am
Date/Time Received: April 28, 2008 at 1:00 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW
mg/L: Yes

Samples Iced: Yes
Residual Cl₂ <0.1

Well Tag Number: HO-95-0322
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Gross Alpha	<0.9 +/- 0.6 pCi/L	EPA 900.0	0.9 pCi/L
Gross Beta	5.3 +/- 0.9 pCi/L	EPA 900.0	1.2 pCi/L

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

Samples analyzed by Laboratory #E83033

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

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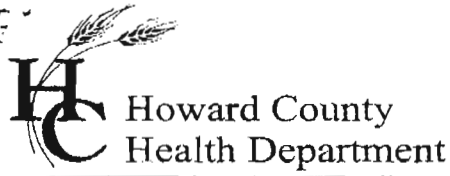
Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Radium 226	0.2 +/- 0.1 pCi/L	EPA 903.1	0.2 pCi/L
Radium 228	<0.8 +/- 0.6 pCi/L	EPA Ra-05	0.8 pCi/L
Uranium	<0.8 +/- 0.6 pCi/L	EPA 908.0	0.8 pCi/L

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

Samples analyzed by Laboratory #E83033

Breain
443 309 7779
FAX 301 354 3983
100



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 24, 2006

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

RE: MacBeth Farm Lot 16
Well Tag: HO-95-0322

To Whom It May Concern:

A sample was collected from a yield test on April 17, 2006 and submitted to Florida Radiochemistry Services 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 21.0 ± 3.4 picocuries/liter (pCi/L); while the **Gross Beta** level was 13.2 ± 2.3 pCi/L. The **Gross Alpha** result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its MCL of 50 pCi/L.

Since the **Gross Alpha** finding exceeded its MCL, additional testing for **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 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, Deputy Director
Bureau of Environmental Health

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