

C1 6956

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 A 516 903

1 2 3 6 (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 7 25 2007

Depth of Well 22 400' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 95 - 1013

OWNER Highland Development Corporation last name first name TOWN Highland STREET OR RFD Brighton Mill SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-56, Gray Mica Rock 56-400.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 20, NO. OF POUNDS 1880, GALLONS OF WATER 120, DEPTH OF GROUT SEAL 0-56.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 60.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

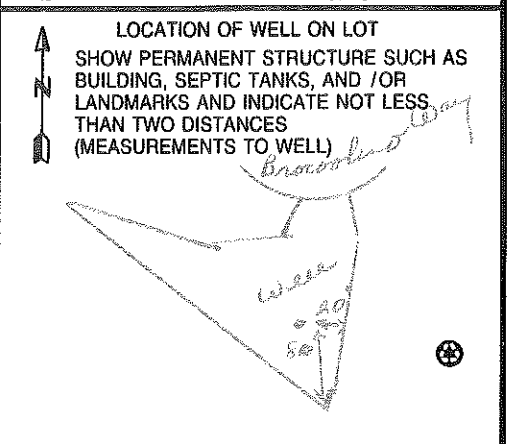
DEPTH (nearest ft.) 58, 400. A C H S C 3 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED IF WELL 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

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 1.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 2, WHEN PUMPING 355.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S) submersible, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47.



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

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 MS DO 24, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 D

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

B 1 9831

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-1013

526279 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Highland Development Corp
P.O. Box 228
Clarksville Md 21029

B 3 LOCATION OF WELL

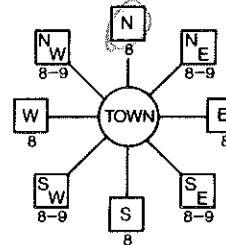
Howard
Brighton Mill
Highland
MILES FROM TOWN (enter 0 if in town) 3

DRILLER INFORMATION

Joseph E Mayne M S D 024
Joseph E Mayne Well Drilling
5512 Ridge Rd Mt Airy Md 21771
Joseph E Mayne 3-2-07

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brookline Way
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 350
TAX MAP: 34 BLK: 2 PARCEL 2

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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
COUNTY NAME
STATE SIGNATURE
DATE ISSUED 3/23/07
CO SIGNATURE
NORTH GRID 501 000 EAST GRID 804 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 402006 G 002
PERMIT No. 40-95-1013

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

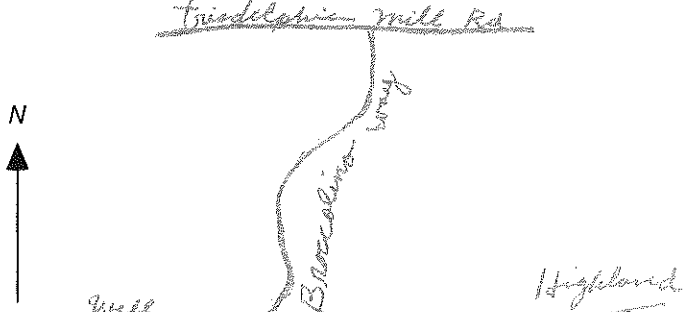
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 804 4
N 501 1

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1013
 Location of property (road) Brookline Way
 Subdivision Brighton mill Lot 10 Block Plat Sec.
 Well Driller Joseph Mayne Owner Highland Development Corp.

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2 1/2'
 Static water level (S.W.L.) below M.P. 2'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm.
 Total time 45 min to reach pumping water level 355' 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	152'	3 sec.	N/A	20 gpm.
7:00	279	3		20
7:15	355	4		1.5
7:30	353	40		1.5
7:45	353	40		1.5
8:00	353	40		1.5
8:15	352	40		1.5
8:30	352	40		1.5
8:45	352	40		1.5
9:00	351	40		1.5
9:15	351	40		1.5
9:30	351	40		1.5
9:45	351	40		1.5
10:00	351	40		1.5
10:15	351	40		1.5
10:30	351	40		1.5
10:45	350	40		1.5
11:00	350	40		1.5
11:15	350	40		1.5
11:30	350	40		1.5
11:45	350	40		1.5
12:00	350	40		1.5
12:15	350	40		1.5
12:30	350	40		1.5

0302

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: 6301 PARMESE 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: MV HOMES Telephone #: 410-379-5956
Subdivision: BRIGHTON MILL Lot #: 10 Well Tag #: HO-95-1013
Site Address: 13590 BROCCOLINO WAY
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RIE Make: Campbell Two piece watertight cap:
Model #: S7P4HS1022 Model #: PT 800 Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 1.5 GPM NSF approved: Conduit min 18" B.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: 200 (160 psi min) Approximate length of sleeve: 18'
Depth of supply line: 42 (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: 3/16/09
CALLLED IN FOR INSPECTION 3/11/09

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

Date Insp. Requested: _____ Date Insp. Approved: 3/12/09 *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



487. NON-BUILDABLE PRESERVATION PARCEL
STORMWATER MANAGEMENT AND GREEN SPACE PRESERVATION, PRIVATELY OWNED WITH HOWARD COUNTY AND THE HOMEOWNERS ASSOCIATION AS EASEMENT HOLDERS

P/O BUILDABLE PRESERVATION PARCEL AT STORMWATER ENVIRONMENTAL PRESERVATION, PRIVATELY OWNED WITH HOWARD COUNTY AND THE HOMEOWNERS ASSOCIATION AS EASEMENT HOLDERS

3/30/07
Staked by Benchmark

CENTERLINE CLASS IV INTERMITTENT STREAM

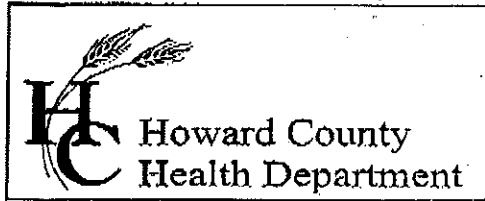
EXISTING FREELINE

DENSE TREES

20' PRIVATE STORM DRAINAGE & UTILITY EASEMENT

FORESTRY AND WOODS PRESERVATION EASEMENT
PRIVATE STORM DRAINAGE & UTILITY EASEMENT
STING FREELINE

EXISTING FREELINE TO BE RETAINED!



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

TO ALL INTERESTED PARTIES

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

Well Site Location:

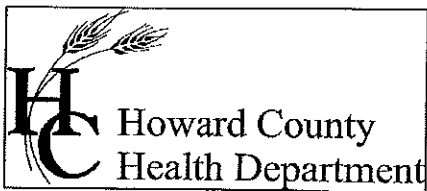
<u>Brighton mill</u>	<u>1-22</u>	<u>Brookline way</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Benchmark
 (professional land surveyor or company employing professional land surveyors)
 on will be staked by 3-13-07 (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 3/11/05



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

March 31, 2009

Homeowner
13590 Broccolino Way
Clarksville, MD 21029

SENT VIA FACSIMILE 301-854-3983

RE: Brighton Mill, Lot 10
13590 Broccolino Way
BP# B08003647
Well Tag #: HO-95-1013

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 03/16/2009. Final approval of the well line connection to the dwelling was approved on 03/12/2009.**

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.

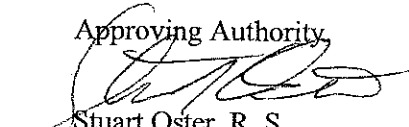
INTERIM CERTIFICATE OF POTABILITY

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-95-1013. 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: 03/27/2009
Date of Well Completion: 04/25/2007

Approving Authority


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 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: Bridgett Droegemeyer
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 71914
Report Date: March 30, 2009

Property Sampled: 13590 Broccolino Way, 21029

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B08002324

Tax Map #: 14
Parcel #: 44

Date/Time Collected: March 27, 2009 at 10:38 am
Date/Time Received: March 27, 2009 at 1:25 pm


Sample Location: Pressure Tank Tap
Sampler ID: 5745KC

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

Well Tag Number: HO-95-1649
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.3 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.