

C1 0135 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.

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

COUNTY NUMBER 13 A41569

ST/CO USE ONLY DATE RECEIVED MM DD YY 11 10 05

DATE WELL COMPLETED MM DD YY 12 2 05 DEPTH OF WELL 220 TO NEAREST FOOT

PERMIT NO. FROM PERMIT TO DRILL WELL HO-95-0151

OWNER Warfield Kennard STREET OR RFD 14353 Howard Road TOWN Dayton SUBDIVISION K+D Stables SECTION LOT 2

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: Brown Shale (0-108), Blue Rock (108-133), Gray Mica Rock (133-240).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 90 BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) PLASTIC CONCRETE OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 111

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) PLASTIC BRASS BRONZE OPEN HOLE OTHER

DEPTH (nearest ft.) 110 240

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 Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

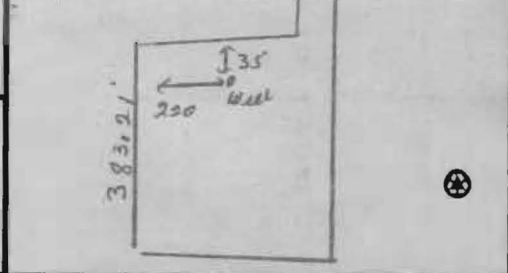
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 70 ft. WHEN PUMPING 74 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (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 () below LAND SURFACE (nearest foot) 1

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) 135 220



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (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. 1 MSD 024 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 7 8121

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0151 fill in this form completely

523067 please type

Date Received (APA) 08/04/05

OWNER INFORMATION

Warfield Kennard P.O. Box 30 Alleneeg md 21737

LOCATION OF WELL

Howard K+D Stables Dayton 3 miles from town

DRILLER INFORMATION

Joseph & Mayne MS D 024 5512 Ridge Rd Mt. Airy 21771

B 4

Direction of well from town, near what road, on which side of road, distance from road, tax map.

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, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-Thermal.

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A41569 County Name, State Signature, Date Issued, CO Signature, North Grid, East Grid.

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

Bored, Jetted, Jetted & Driven, Air-Rotary, Air-PerCussion, 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 deepen an existing well.

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX PERMIT NUMBER HO 1990G014 PERMIT No. HO-95-0151

SPECIAL CONDITIONS

Sketch area showing major features of box, sources of drilling water, and location of well in relation to nearby towns and roads.

**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: Tri-County Pump Service Inc Telephone #: 301-432-0330
Address: 6711 Old National Pike
Beardons, Md. 20713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E. Galt License# 20135
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Harry Travel Telephone #: 301-252-5517
Subdivision: H-D Station Lot #: 0002 Well Tag #: HO-95-0151
Site Address: 14353 Howard Rd
Beardons, Md 20736

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Sta-Ko Make: Carbell Two piece watertight cap: YES
Model #: 73P41022H-04 Model#: _____ Screened, vented well cap: YES
Pump Capacity 7 GPM Depth: 36" (36" min) Cap secured to casing: YES
Well Yield: 15 GPM NSF/WSC approved: YES Conduit min 18" E.G.: YES
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house **House Connection**
Type: Poly PVC sleeve to undisturbed soil at well penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 20 ft
Depth of supply line: 36" (36" min) Sleeve caulked and sealed properly: YES

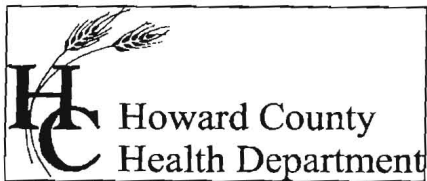
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: William E. Galt date: 7-25-06

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

Date Insp. Requested: _____ Date Insp. Approved: 8/25/06 Inspector: (KW)
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate groud observed below pitless adapter ✓

8/25/06
Talked w/ Bill
(Plumber K+D)
Everything ok.
(KW)



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 25, 2006

NVR, Inc.
6085 Marshalee Drive, Suite 130
Elkridge, MD 21075

RE: K & D Stables, Lot 2
14343 Howard Road
Glenelg, MD 21737
BP #: B00158281
Well Permit # HO-95-0151

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 07/19/2006. Final approval of the well line connection to the dwelling was approved on 08/25/2006.**

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-95-0151. 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: 08/08/2006
Date of Well Completion: 11/10/2005

Approving Authority

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



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

S/O Number: 07-1538
Report Date: August 9, 2006

TRACE LABORATORIES
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

Property Sampled: 14343 Howard Road
County: Howard
Subdivision: Warfield Estates
Lot #: 2002
Building Permit #: B00158281
Tax Map #: 21
Parcel #: 207


Date/Time Collected: August 8, 2006 at 11:50 am
Date/Time Received: August 8, 2006 at 12:55 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0151
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.4 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


Heather R. Beam
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.