

C1 3198 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A517336

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 5 13 2008

DEPTH OF WELL 22 546 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No. 95-1514

OWNER Kenneth Michalec, STREET OR RFD The Woodfield II, TOWN Dayton, SECTION 2, LOT 18

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone, Gray Mica Rock, and 2 dry wells backfilled.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (8), NO. OF POUNDS (732), GALLONS OF WATER (48), DEPTH OF GROUT SEAL (0 to 20 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (22 ft).

OTHER CASING (if used) section with diameter and depth fields.

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

NUMBER OF UNSUCCESSFUL WELLS: 2, WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), 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 MSD024, 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)

DEPTH (nearest ft.) table with columns for casing depth (8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51) and slot size (1, 2, 3).

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 (6), PUMPING RATE (1.7 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (32 ft), WHEN PUMPING (317 ft), TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+) above and enter casing height, LAND SURFACE (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). See attached

B 1	1094	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 527950	STATE PERMIT NUMBER HO - 95 - 1514 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Warfield Jr Last Name Kennard Owner First Name 34
 36 P.O. Box 30 Street or RFD 55
 57 Glennelg Town md State 21737 Zip 76

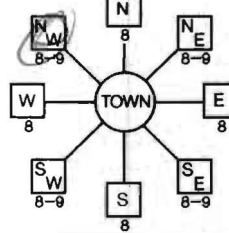
LOCATION OF WELL


B 3 Howard COUNTY 21
The Warfields II SUBDIVISION 42
 SECTION 44 LOT 18 50
Dayton NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne Driller's Name M S D 024 License No. 81
Joseph L. Mayne Well Drilling Firm Name
5512 Ridge Rd Mt. Airy Md 21771 Address
Joseph L. Mayne 12-10-2007 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


Michelle Dr. NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 30 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 27 BLK: 23 PARCEL 114

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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 13 COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 1/18/08 CO SIGNATURE John Hall EXP. DATE 1/18/09
 43 MM DD YY 48 NORTH GRID 516 000 EAST GRID 0794 000
 50 55 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. well
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE
 E 794 4
 N 516 6

5/13/08
 7DS sample collected @ well

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)

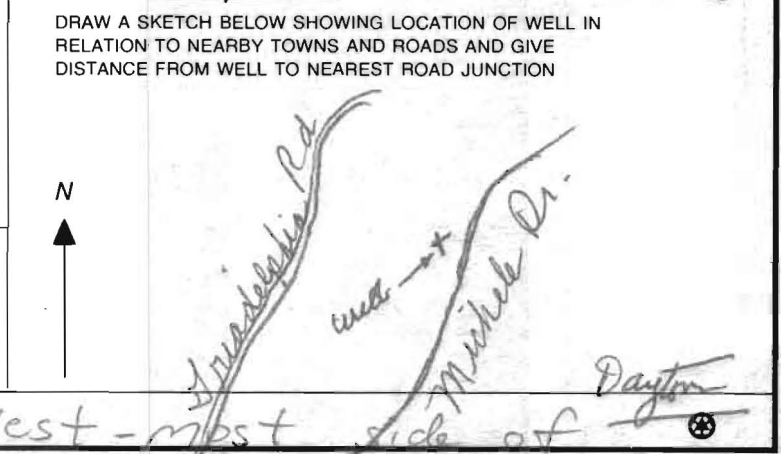
THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER H02006G009
 PERMIT No. HO-95-1514
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Start well @ West-most side of well box.

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 KARNETT AVE
SYKESVILLE, MD 21787

(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 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: NV HOMES Telephone #: 410-379-5956
Subdivision: WARFIELD ESTATE II Lot #: 18 Well Tag #: HO 95-1514
Site Address: 1491 MICHNELE DR
GLENELG, MD 21738

Submersible Pump Data

Make: STA-RITE
Model #: S7P4HS15221
Pump Capacity 7 GPM
Well Yield: 1.7 GPM

Pitless Adapter

Make: Campbell
Model#: PT 800
Depth: 42" (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:

Depth of well encountered at time of pump installation: 520 (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, 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

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 10'
Sleeve 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 12/21/10

INSPECTION CALLED IN FOR 12/6/10 A.M.

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

Date Insp. Requested: _____ Date Insp. Approved: 12/6/10 Inspector: KW OK

- 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 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 grout observed below pitless adapter

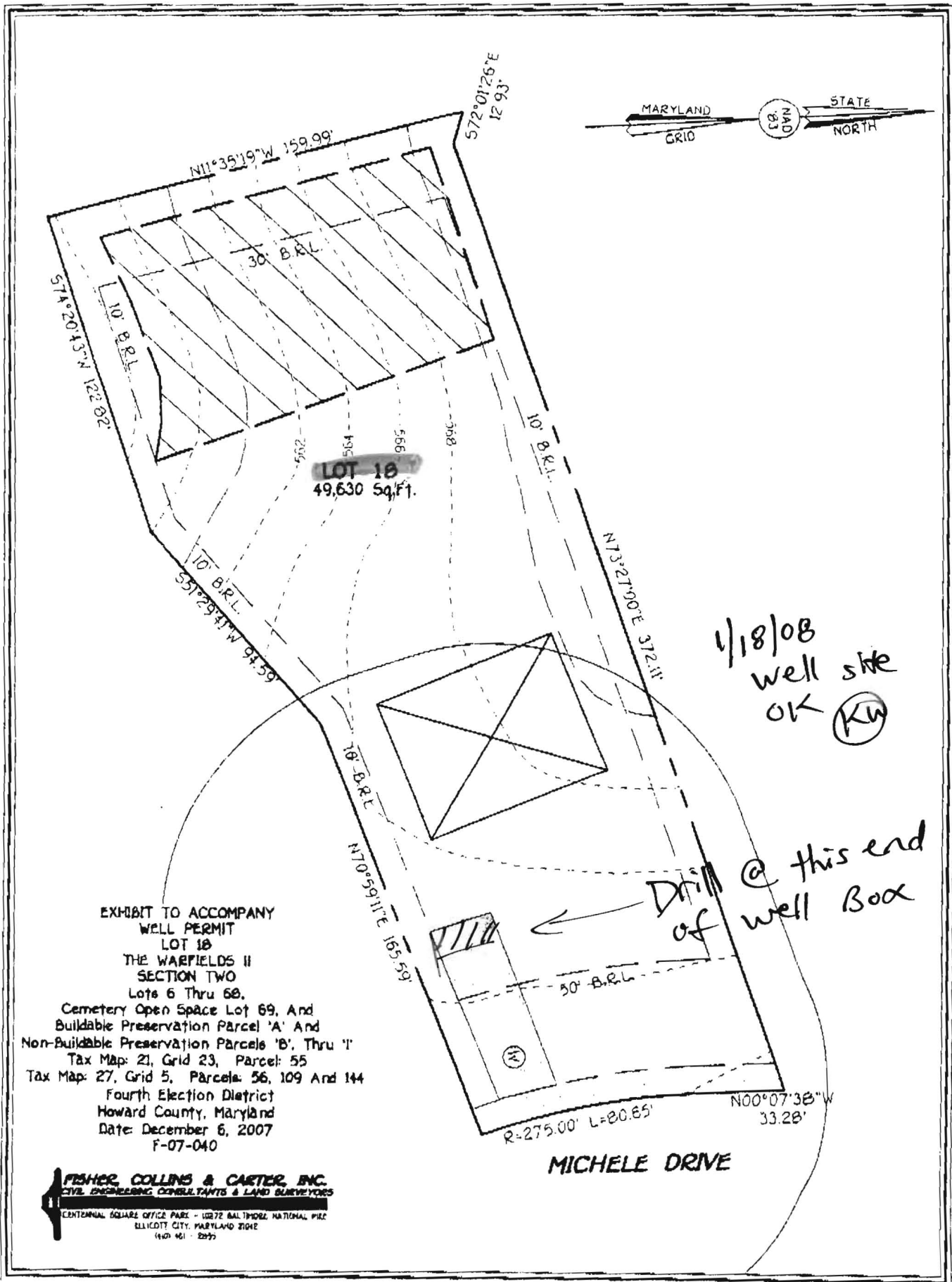


EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 18
THE WARFIELDS II
SECTION TWO
Lots 6 Thru 68.

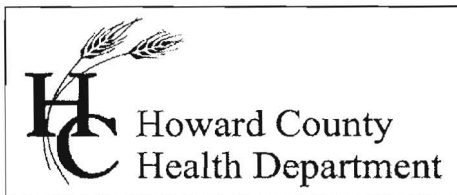
Cemetery Open Space Lot 69, And
Buildable Preservation Parcel 'A' And
Non-Buildable Preservation Parcels 'B', Thru 'I'
Tax Map: 21, Grid 23, Parcel: 55
Tax Map: 27, Grid 5, Parcels: 56, 109 And 144
Fourth Election District
Howard County, Maryland
Date: December 6, 2007
F-07-040

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 15272 BAL THORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461-2292

1/18/08
well site
OK (KW)

Drill @ this end
of well Box

MICHELE DRIVE



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

January 12, 2011

Homeowner
14891 Michele Drive
Glenelg, MD 21737

RE: Warfields II, Lot 18
14891 Michele Drive
Glenelg, MD 21737
BP #B10002631
Well Permit #HO-95-1514

Dear Sir/Madam,

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 01/12/11. Final approval of the well line connection to the dwelling was approved on 12/06/2010.**

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 raw nitrate sample results were previously documented to be 10.4 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 01/11/2011 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence.**
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

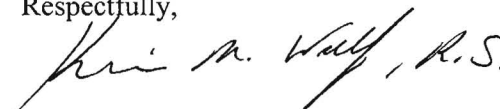
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-1514 **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-1568 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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(s): 01/06/2011, & 01/11/2011
Date of Well Completion: 5/13/2008

Respectfully,



Kevin M. Wolf, R.S./R.E.H.S.
Environmental Sanitarian
Well and 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.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

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

S/O Number: 80065

Report Date: January 12, 2011

Nitrate Retest

Property Sampled: 14891 Michele Drive, 21737
Sample Location: Reverse Osmosis (R/O) Line
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002631
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: Warfields
Parcel: 114

Lot #: 18

Date/Time Collected in Field: January 11, 2011 @ 12:48 pm
Date/Time Received in Lab: January 11, 2011 @ 2:53 pm

Well Tag #: HO-95-1514
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Neutralizer, Softener, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

Katherine C Higgs
 Katherine C. Higgs
 Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA



TRACE LABORATORIES, INC

5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

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

S/O Number: 80021

Report Date: January 7, 2011

Property Sampled: 14891 Michele Drive, 21737
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002631
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: Warfields
Parcel: 114

Lot #: 18

Date/Time Collected in Field: January 6, 2011 @ 11:35 am

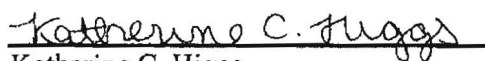
Date/Time Received in Lab: January 6, 2011 @ 3:15 pm

Well Tag #: HO-95-1514

Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Neutralizer, Softener

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	10.4 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 Units	***
Sand		Negative	Negative	


Katherine C. Higgs
Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203

Lab No. Date Received

0003839 214 8

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
D

Bottle Number 140-95-1514 Name HCHD County Howard County Code 13

Source Wardfield II - Lot 18 Triadelphia Rd. Data Category Code 4f

Collected: Date 5-13-08 Time 1:00 pm Collector & Phone K. Wolf 410-313-2645 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community Non-community Private Other <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency Routine Recheck Special <input type="checkbox"/>	Federal Project <input type="checkbox"/>
Landfill <input type="checkbox"/>	Other <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>		
Stream <input type="checkbox"/>		MCL <input type="checkbox"/>		
Other <input type="checkbox"/>				

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid

pH 6.8 Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: Sample collected @ end of 6 hr yield test

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
<u>∞</u>	Dissolved Solids		<u>213. 5/20/08</u>
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief Azoka I. Katumuluwa

Date Reported MAY 28 2008

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St.

P.O. Box 2355, Baltimore, Maryland 21203

Lab No. Date Received

WATER ANALYSIS

Do not write above this line.

S Bottle Number 40-95-1514 Name HCHD County Howard County Code 13

A Source Warfield's II - Lot 18 Trialdphia Rd. Data Category Code 4f

M Collected: Date 5-13-08 Time 1:00 pm Collector & Phone K. Wilf 410-313-2645 Submitter Code

P CHECK (one per box)

L Drinking Water Community Non-community Source (raw water) Emergency Routine Landfill Private Distribution (treated) Recheck Stream Other MCL Special Federal Project

E

I

D

F Plant No. Sampling Station Preservation: Iced Acid Type of Acid

I pH 6.8 Chlorine: Free Total Specific Conductance

E Notes to Lab/Remarks: Sample collected @ end of GAC yield test

L

D

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
<input checked="" type="checkbox"/>	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief _____

Date Reported _____

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 1/7/2011 WELL PERMIT #: HO - 95 - 1514

PROPERTY OWNER: AV Homes, Inc.
SUBDIVISION & LOT #: Warfields (W7)
PROPERTY ADDRESS: 14891 Michele Drive Grosse Pointe, MI 48137

CONDITIONS:

- 1) The well installed under permit # HO - 95-1514 has been documented to have a nitrate level of 10.4 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 41 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95-1514 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

X. [Signature] - Mandee Dhanjal

Prospective Owner's Day Time Phone Number(s)

(248-476-6548)