

C1 6947

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A516903

1 2 3 4 5 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 23 2007

Depth of Well 22 450' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 1022

OWNER Highland Development Corporation STREET OR RFD Biscornino Way TOWN Highland SUBDIVISION Brighton mill SECTION LOT 19

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: Sand (0-15), Sand Stone (15-55), Gray mica Rock (55-450)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY) NO. OF BAGS 7 NO. OF POUNDS 638 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft.

CASING RECORD casing types insert appropriate code below (ST/CO/PL/OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 21

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

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

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...

DRILLERS LIC. NO. 1 MS D024 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.) 19 450

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

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

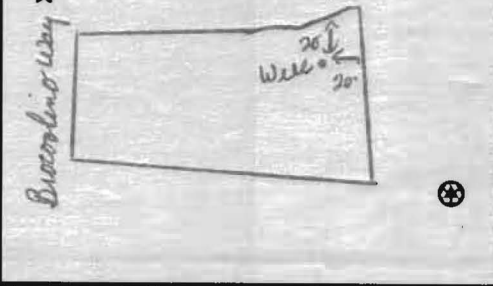
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 6 ft. WHEN PUMPING 380 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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) LAND SURFACE - below) 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)



B 1 9840

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526279

STATE PERMIT NUMBER HO-95-1022 fill in this form completely

Date Received (APA)

OWNER INFORMATION

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

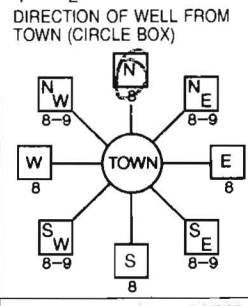
LOCATION OF WELL

Howard County Brighton Mill Highland 3 miles from town

DRILLER INFORMATION

Joseph & Mayne MS D 024 Joseph & Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21114

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brookline Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 34 FT ENTER FT OR MI TAX MAP: 34 BLK: 2 PARCEL 2

WELL INFORMATION APPROX. PUMPING RATE 500 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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 AS16903 STATE SIGNATURE DATE ISSUED 3/30/07 CO SIGNATURE EXP. DATE 3/24/08 NORTH GRID 502 000 EAST GRID 805 000

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

METHOD OF DRILLING (circle one)

Bored (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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)

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

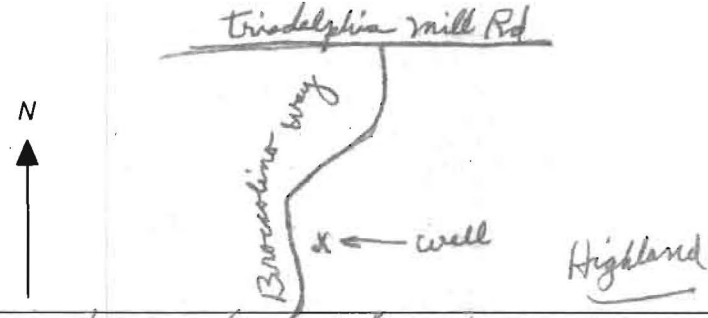
APPROX. PERMIT NUMBER HO 2006 G 002 PERMIT No. HO-95-1022

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 80x5 N 50x2

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

Ex: well house needs to be abandoned

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1022
 Location of property (road) Brookline Way
 Subdivision Brighton mill Lot 19 Block Plat Sec.
 Well Driller Joseph Mayne Owner Highland Development Corporation

Depth of well 450'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 6'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 380 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 <u>8</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	143'	3 sec		20 gpm
7:15	296	3		20
7:30	380	4		15
7:45	377	30		2
8:00	377	30		2
8:15	376	30		2
8:30	376	30		2
8:45	376	30		2
9:00	376	30		2
9:15	376	30		2
9:30	376	30		2
9:45	376	30		2
10:00	376	30		2
10:15	376	30		2
10:30	376	30		2
10:45	376	30		2
11:00	376	30		2
11:15	376	30		2
11:30	376	30		2
11:45	376	30		2
12:00	376	30		2
12:15	376	30		2
12:30	376	30		2
12:45	376	30		2
HO-104-00 1:00	376	30		2
1:15	376	30		2
1:30	376	30		2

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 Freezer Co Inc Telephone #: 410-781-4655
Address: 6321 Barnett Ave
Sykesville MD 21784

(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 Freezer 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: NV Homes Telephone #: 410-379-5756
Subdivision: Brighton Mill Lot #: 19 Well Tag #: HO-95-1022
Site Address: 13565 Broccolino Way
Clarksville MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta rite Make: Campbell Two piece watertight cap:
Model #: S704HS 10221 Model#: PA800 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 2 GPM NSF approved: Conduit min 18" E.G.:
Depth of well encountered at time of pump installation: 450 (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: 10'
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.

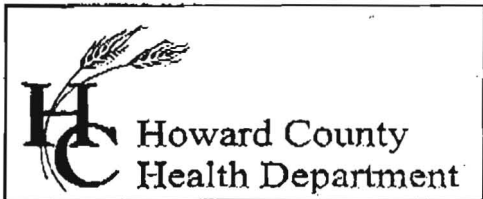
Robert L Freezer 5/17/11
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 5/3/11 MJ
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

3/30/07 Staked by Benchmark (SC)





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:

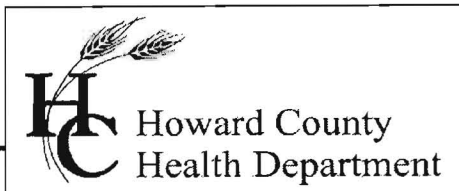
<u>Brighton mill</u>	^{thru} <u>1-22</u>	<u>Brookline way</u>
Subdivision/Property Name	Lot#	Road Name

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 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 Beilenson, M.D., M.P.H., Health Officer

May 26, 2011

Homeowner
13565 Broccolino Way
Clarksville, MD 21029

RE: Brighton Mill, Lot 19
13565 Broccolino Way
BP #: B10000738
Well Permit # HO-95-1022

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 05/23/2011. Final approval of the well line connection to the dwelling was approved on 05/03/2011.**

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.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-1022. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/16/2011
Date of Well Completion: 04/23/2007

Approving Authority,



Brian Baker R.S
Environmental Sanitarian
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.
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

S/O Number: 81331

Report Date: May 17, 2011

Property Sampled: 13565 Broccolino Way, 21029
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10000738
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Brighton Mill
Parcel: 2

Lot #: 19

Date/Time Collected in Field: May 16, 2011 @ 12:05 pm
Date/Time Received in Lab: May 16, 2011 @ 3:00 pm

Well Tag #: HO-95-1022
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Neutralizer

Table with 5 columns: PARAMETER, METHOD, MCL/*SMCL, RESULT, PASS/FAIL. Rows include Total Coliform, E. coli, Nitrate, Turbidity, pH, and Sand.

Katherine C. Higgs
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.

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5-8-2007 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) no

PERMIT NUMBER OF REPLACEMENT WELL no

PERSON ABANDONING WELL: Joseph L. Mayne

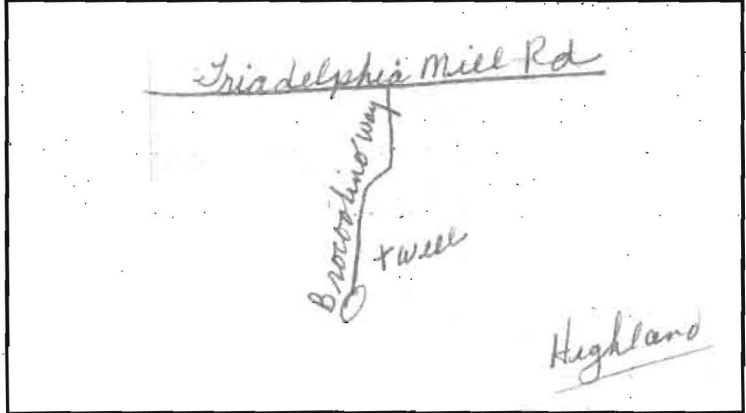
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

OWNER'S NAME: Highland Development Corp.

SITE LOCATION MAP

WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 34 BLOCK 2 PARCEL 2
 SUBDIVISION: Brighton mill
 SECTION: _____ LOT: 19
 NEAREST ROAD: Broening Way



TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGERED
- OTHER (specify) _____
- JETTED
- HAND DUG

USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL
- GEOTHERMAL

TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

SIZE OF CASING: 5 3/8 INCHES IN DIAMETER

DEPTH OF WELL: 70 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement + gravel	0	70
VOLUME OF MATERIAL USED		