

C1 6955

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

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 4^{MM} 26^{DD} 2007^{YY}

Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1019

OWNER Highlands Development Corporation STREET OR RFD Brookline Way TOWN Highland Md SUBDIVISION Brighton Mill SECTION LOT 16

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries for Sand and Gray Mica Rock.

GROUTING RECORD form including fields for GROUTED status, MATERIAL (CM, BC), BAGS (15), POUNDS (7410), and DEPTH OF GROUT SEAL (51).

CASING RECORD form including MAIN CASING TYPE (ST), Nominal diameter (6), and Total depth (53).

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

SCREEN RECORD form including screen type (ST, BR, HO) and slot size.

WELL HYDROFRACTURED form with checkboxes for YES and NO.

Legend for well status letters: A (abandoned), E (electric log), P (production).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. MS DO 24 and signature of Joseph L. Mayne.

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

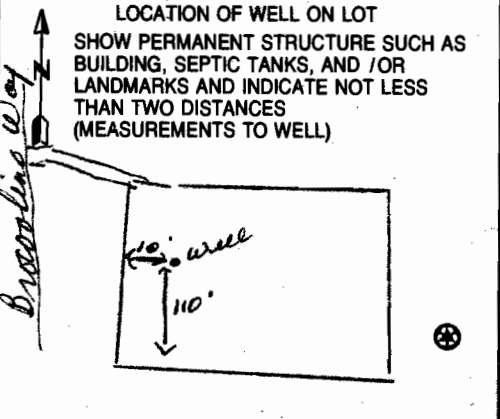
DEPTH (nearest ft.) table with handwritten values for 51 and 220.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields for T, W, Q, and other data.

PUMPING TEST form including HOURS PUMPED (3), PUMPING RATE (10), and TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form including DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), and CAPACITY (31 GPM).



B 1 9837

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HD-95-1019 fill in this form completely

Date Received (APA)

OWNER INFORMATION

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

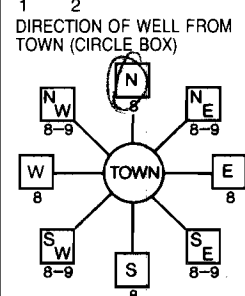
LOCATION OF WELL

Howard County Brighton Mill Highland 3 miles from town

DRILLER INFORMATION

Joseph L. Mayne MS D 024 Joseph L. Mayne Well Driller 5512 Ridge Rd Mt. Airy Md 21111

DIRECTION OF WELL FROM TOWN



Brooklino Way 180 FT distance from road 34 180 37 TAX MAP: 34 BLK: 2 PARCEL 2

APPROX. PUMPING RATE 5 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 1516903 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 3/30/07 CO SIGNATURE EXP. DATE 3/30/08 NORTH GRID 502000 EAST GRID 805 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

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

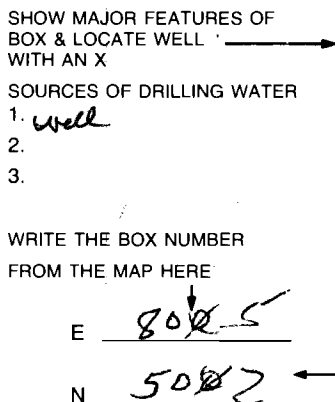
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 (IF AVAILABLE)

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

APPROX. PERMIT NUMBER HD 2006 G002 PERMIT No. HD-95-1019



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

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 BARNETT 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: NV Homes Telephone #: 410-379-5956
Subdivision: BRIGHTON MILL Lot #: 16 Well Tag #: HO 95-1019
Site Address: 13579 BROCCALINO WAY
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STP4HS05221 Make: Campbell Two piece watertight cap:
Model #: STA-RITE Model#: PT 800 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 220 (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

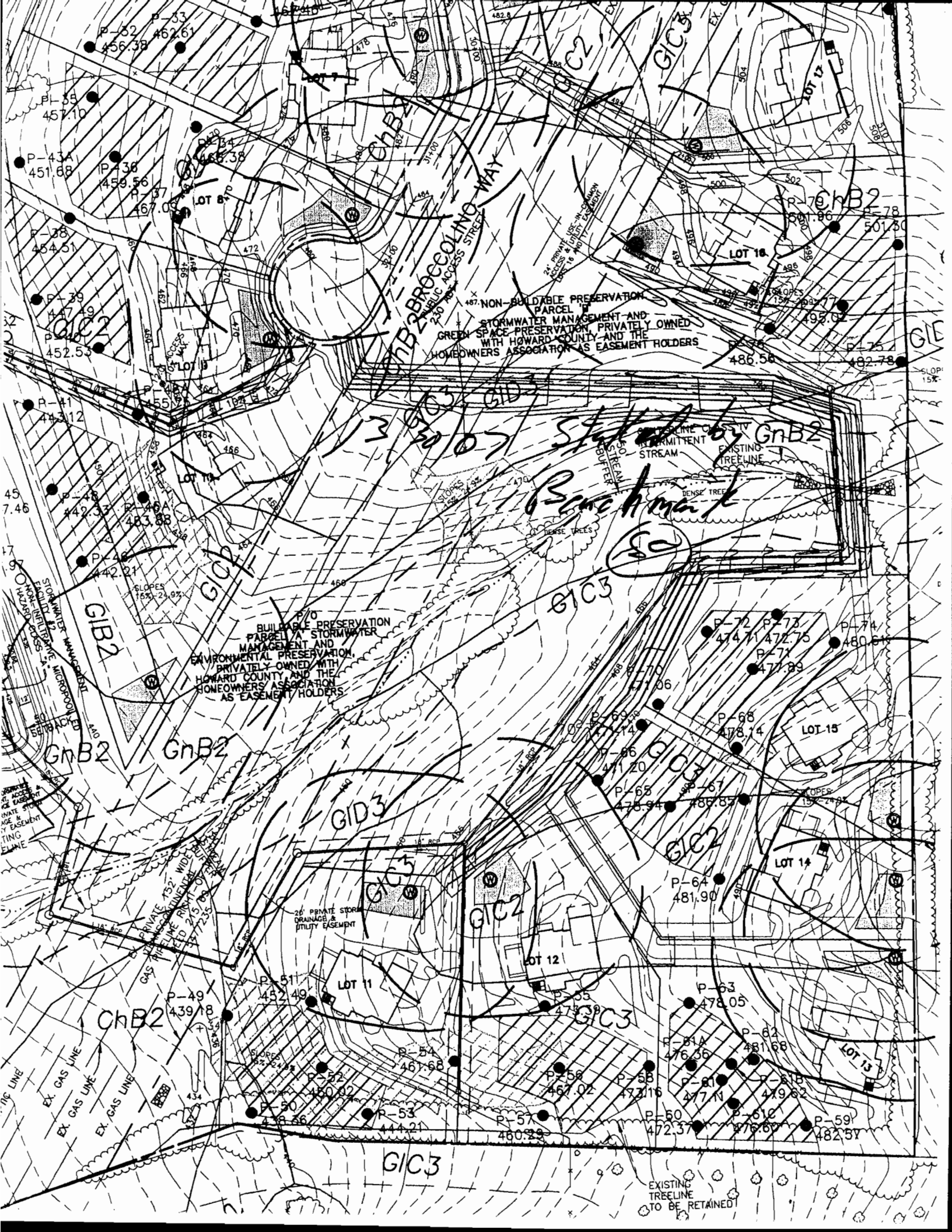
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 14'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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: 4/20/09
INSPECTION CALLED IN FOR WED 4/18/09 A.M.

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

Date Insp. Requested: _____ Date Insp. Approved: 4/20/09 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 _____

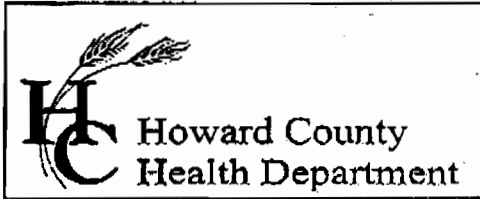


487 NON-BUILDABLE PRESERVATION PARCEL
STORMWATER MANAGEMENT AND GREEN SPACE PRESERVATION, PRIVATELY OWNED WITH HOWARD COUNTY AND THE HOMEOWNERS ASSOCIATION AS EASEMENT HOLDERS

470 BUILDABLE PRESERVATION PARCEL AT STORMWATER MANAGEMENT AND ENVIRONMENTAL PRESERVATION, PRIVATELY OWNED WITH HOWARD COUNTY AND THE HOMEOWNERS ASSOCIATION AS EASEMENT HOLDERS

13 30107
Benchmark
50

EXISTING TREELINE 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:

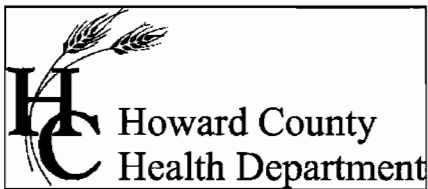
Brighton mill 1th-22 Brookline way
 Subdivision/Property Name Lot# Road Name

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

May 19, 2009

Homeowner
13579 Broccolino Way
Clarksville, MD 21029

SENT VIA FACSIMILE 301-854-3983

RE: Brighton Mill, Lot 16
13579 Broccolino Way
BP# B08002093
Well Tag #: HO-95-1019

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 05/18/2009. Final approval of the well line connection to the dwelling was approved on 04/08/2009.**

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.

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-95-1019. 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: 04/29/2009
Date of Well Completion: 04/26/2007

Approving Authority,

Stuart Oster, 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: 72329
Report Date: April 30, 2009

Property Sampled: 13579 Broccolino Way, 21029

County: Howard
Subdivision: Brighton Mill
Lot #: 16
Building Permit #: B08002093

Tax Map #: 34
Parcel #: 2

Date/Time Collected: April 29, 2009 at 11:38 am
Date/Time Received: April 29, 2009 at 3:00 pm

Sample Location: Pressure Tank Tap
Sampler ID: 5745KC

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

Well Tag Number: HO-95-1019
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	4.2 NTU	EPA 180.1	10 NTU	Pass
pH	7.0 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.