

C1 8973 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.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER AS16098

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 11 24 2006

Depth of Well 22 560' 26 (TO NEAREST FOOT)

OK 11/24/06

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0527

OWNER Seages Bros last name Melvin Ct first name TOWN Laurel STREET OR RFD SUBDIVISION Seagesville Knoll SECTION 46/118 LOT 6

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 16 NO. OF POUNDS 1304 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft. CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55

C3 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 399 ft. TYPE OF PUMP USED (for test) [S] submersible

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED [Y] [N] 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS LIC. NO. 1 M S D 24 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.) 53 560 A 8 9 11 15 17 21 C 23 24 26 30 32 36 R 38 39 41 45 47 51 E 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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) [X] 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) 38 273.73 35 Well Melvin Ct.

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13

Scaygs Brothers
15 Last Name Owner First Name 34

3258 Bethany Ct.
36 Street or RFD 55

Ellicott City MD. 21043
57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL

8 COUNTY 21

Scaygsville Knolls
23 SUBDIVISION 42

SECTION 44 46 LOT 6 48 50

Laurel
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) I M I
73 76 77 78

DRILLER INFORMATION

Ralph E. Wayne M SD 112
Driller's Name 76 License No. 81

Ralph E. Wayne Jr
Firm Name

17024 Handy rd just off hwy md 21271
Address

R E Wayne 30-06
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2

Melvin Ct.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 80 37
DISTANCE FROM ROAD 38 39

ENTER FT OR MI FT

TAX MAP: 46 BLK: 9 PARCEL 118

B 2 WELL INFORMATION

1 2

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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 1516098
COUNTY NAME COUNTY NO.

STATE SIGNATURE

DATE ISSUED 9/20/06 INSERT S → 41

43 MM DD YY 48 CO SIGNATURE Scott St... EXP. DATE

NORTH GRID 476 000 EAST GRID 826 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 426 826
N 476 826

000
000

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

39 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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

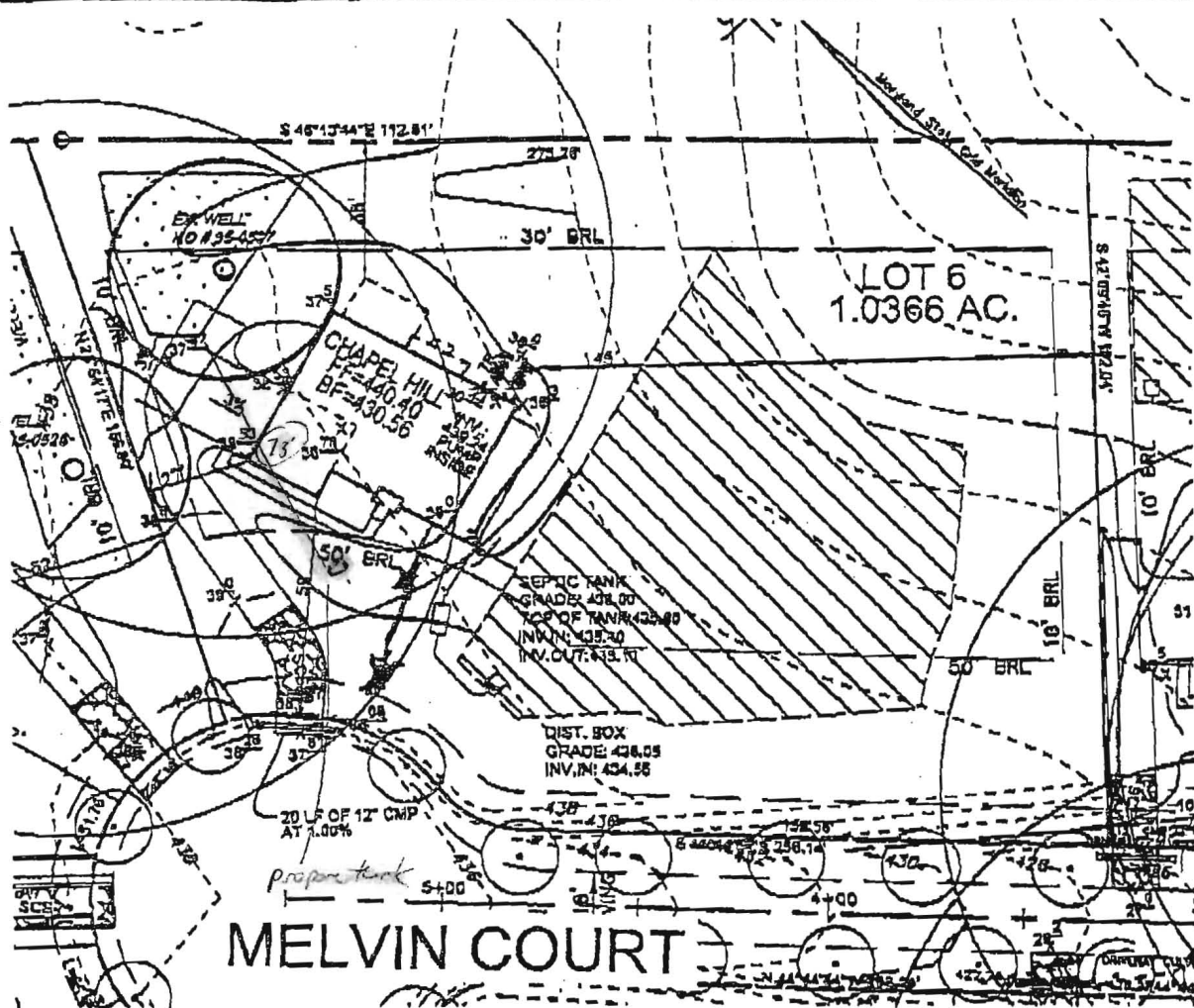
N ↑

OLD Columbia rd

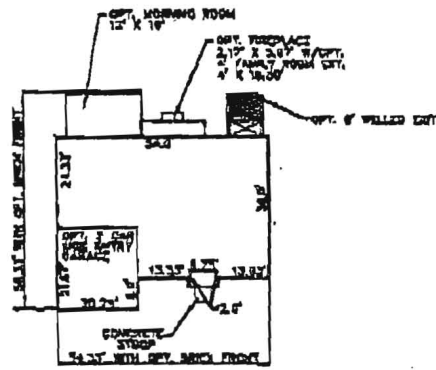
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HD-95-0527
70 71 72 73 74 75 76 77 78 79



THE EXISTING WELL SHOWN ON LOT 6 TAG NO. HO-95-0527 HAVE BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. BUILDING OF LOT 6 GROSS FLOOR AREA: 3,300 SF.



ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410-461-7888
 ELICOTT CITY, MD 21043 FAX: 410-461-8981

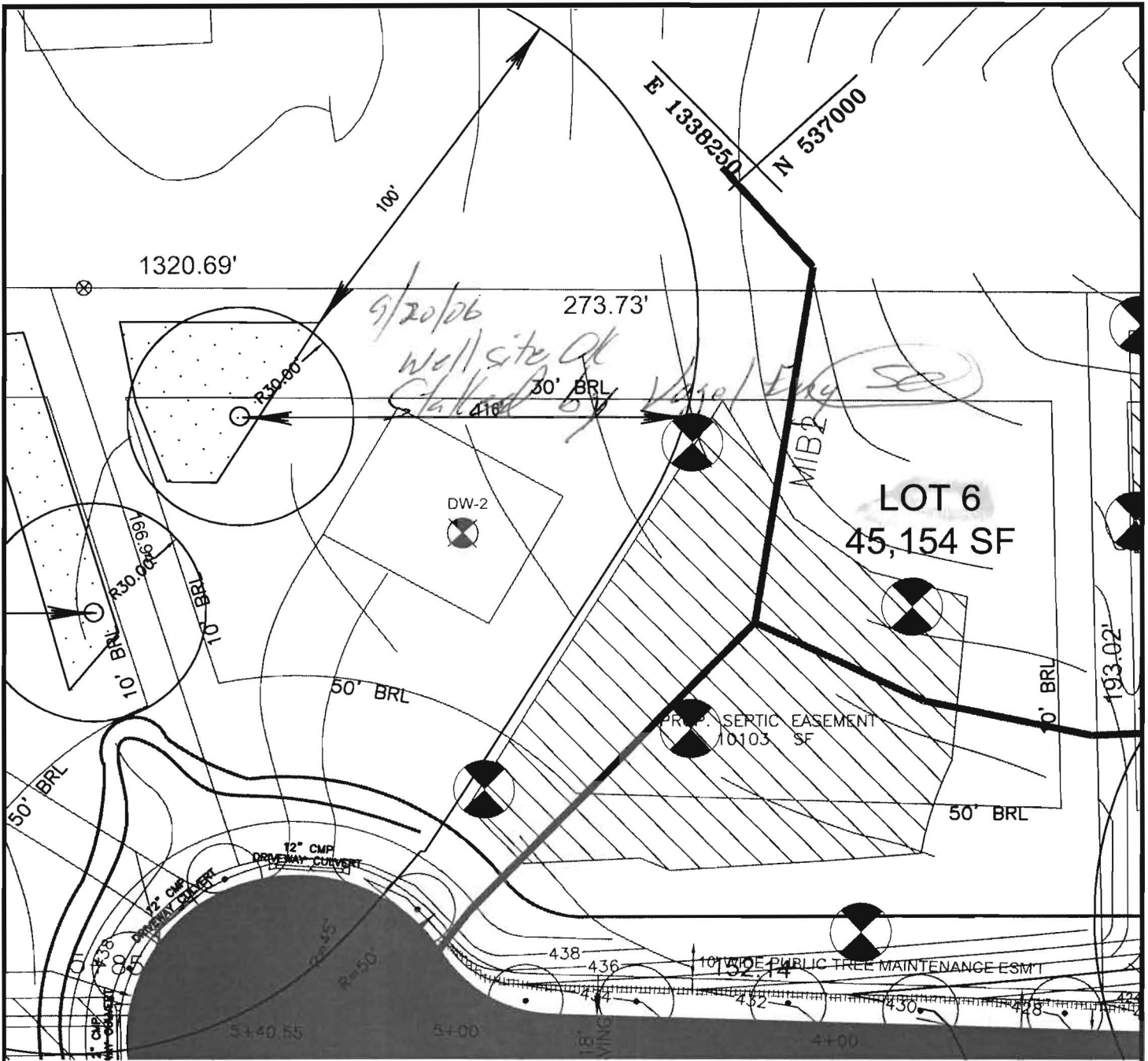
NV HOMES SCAGGSVILLE KNOLLS

SCALE: 1"=50'
 DRAWN BY: HS
 CHECKED BY: JTD
 DATE: SEPTEMBER, 2010
 W. O. #: 04-49
 SHEET # 1 OF 1

F-06-091
 LOT 6
 11210 MELVIN COURT
 TAX MAP 46 BLOCK 3&9
 5TH ELECTION DISTRICT
 PARCEL 118
 HOWARD COUNTY, MARYLAND

No. 0213 P. 1/01

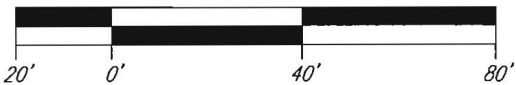
Dec. 29. 2010 9:39AM NVR



WELL PLAT - LOT 6

GRAPHIC SCALE 1"=40'

SCALE: 1" = 40'



WELL PLAT LEGEND

-  SEPTIC EASEMENT
-  PROPOSED WELL AREA

SCALE 1" = 40'
 DRAWN BY R.T.
 CHECKED BY R.H.V.
 DATE AUGUST 22, 2006
 W. O. # 2014031
 SHEET# 6 OF 8

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.461.7666 FAX: 410.461.8961

SCAGGSVILLE KNOLLS

TAX MAP#46 GRID 3 & 9
 5TH ELECTION DISTRICT

WELL PLATS

PARCEL 118
 HOWARD COUNTY, MARYLAND

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 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 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: MAPLE RIDGE ESTATES Lot #: 6 Well Tag #: HO-95-0527
Site Address: 11210 MELVIN CT
LAUREL, MD 20723

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GROUND FOS Make: CamBetti Two piece watertight cap: [checked]
Model #: 55Q10-410 Model #: PTR00 Screened, vented well cap: [checked]
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: [checked]
Well Yield: 1 GPM NSF/WSC approved: [checked] Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 560 (feet) Conduit secured to well cap: [checked]
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

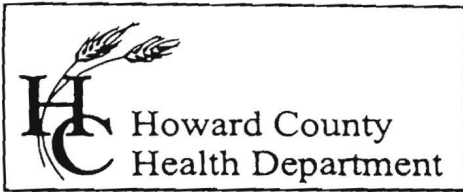
Piping to house House Connection
Type: Poly PVC sleeve to undisturbed soil at wall penetration: [checked]
PSI: 200(160 psi min) Length of sleeve(5' minimum from foundation): 10'
Depth of supply line: 42" (36" min) Sleeve sealed properly: [checked]

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: 2/8/11
INSPECTION CALLED IN FOR 2/7/11

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

Date Insp. Requested: Date Insp. Approved: 2/7/11 Inspector: [signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]



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:

Scaggsville Knolls 6 MELVIN CT.
Subdivision/Property Name Lot# Road Name

- The well site has been staked by VOGEL ENGINEERING,
(professional land surveyor or company employing professional land surveyors)
on Sept 8 2006 (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



Howard County
Health Department

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

March 2, 2011

Homeowner
11210 Melvin Court
Laurel, MD 20723

RE: Scaggsville Knolls, Lot 6
11210 Melvin Court
BP #: B10003213
Well Tag: HO-95-0527

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 02/07/2011. Final approval of the well line connection to the dwelling was approved on 02/07/2011.**

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, is a copy 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-95-0527. 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: 02/21/2011
Date of Well Completion: 11/24/2006

Approving Authority,



Kevin M. Wolf, R. S., R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
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: 80460

Report Date: February 22, 2011

Property Sampled: 11210 Melvin Court, 20723
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003213
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 46

Subdivision: Scaggsville Knolls (Maple Ridge Estates)
Parcel: 118 **Lot #:** 1

Date/Time Collected in Field: February 21, 2011 @ 11:00 am
Date/Time Received in Lab: February 21, 2011 @ 3:45 pm

Well Tag #: HO-95-0527
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Neutralizer

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	3.4 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.9 Units	***
Sand		Negative	Negative	

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.