

C1- 3196 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. COUNTY NUMBER A 517 336

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 5 20 2008

Depth of Well 22 280 26 (TO NEAREST FOOT) 6/12/08 OK KW

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho- 95- 1557

OWNER Warfield Jr. Kenneth STREET OR RFD Michelle Dr. TOWN Dayton SUBDIVISION The Warfields II SECTION 2 LOT 48

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Sand Stone (0-22), Gray mica Rock (22-280) water 220'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 9 NO. OF POUNDS 846 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 24 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 26

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

DEPTH (nearest ft.) 24 280

E A C H S R E E N 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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 88 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

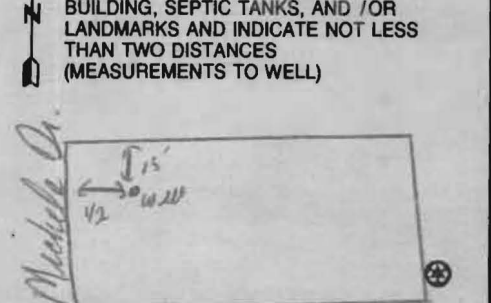
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 36 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 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 - below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



B 1 1060
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
528437 please type

STATE PERMIT NUMBER
Ho-95-1557
fill in this form completely

Date Received (APA) 12-28-08
OWNER INFORMATION
Warfield, Jr. Kennard
P.O. Box 30
Hlenelg Md 21737

B 3 LOCATION OF WELL
Howard
The Warfields II
Dayton
MILES FROM TOWN (enter 0 if in town) 4

DRILLER INFORMATION
Joseph L Mayne MS D 024
Joseph L Mayne Well Drilling
5512 Ridge Rd Mt. Airy Md 21771
Signature Date 12-19-2007

B 4
Michele Dr.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 50 FT
TAX MAP: 21 BLK: 23 PARCEL 114

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard (13) A 517336
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 2/27/03
CO SIGNATURE Kim Wolf 2/29/09
EXP. DATE
NORTH GRID 516 000 EAST GRID 0795 000

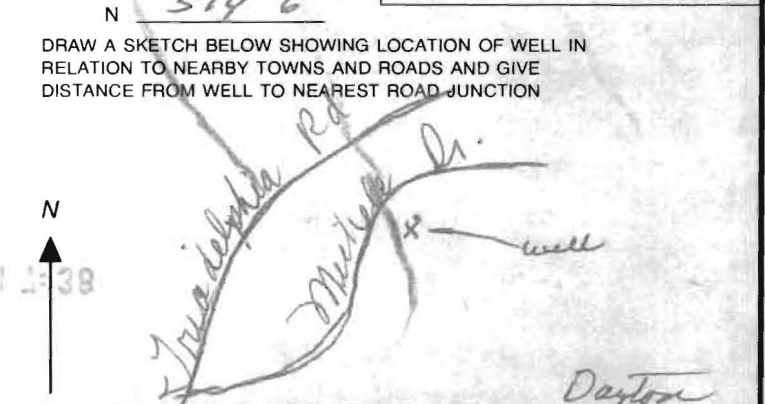
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

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

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 790 5
N 510 6

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER Ho 2006-G-009
PERMIT No. Ho-95-1557

SPECIAL CONDITIONS Drill well @ East most part of well Box.

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
SYKEVILLE, 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: MV HOMES Telephone #: 410-379-5956
Subdivision: WARFIELD ESTATES II Lot #: 48 Well Tag #: HO 95-1557
Site Address: 14886 MECHELE DR
GLENELG, MD 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STAR-RTG Make: Campbell Two piece watertight cap: ✓
Model #: S10PY14507221-01 Model#: PT 80U Screened, vented well cap: ✓
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing: ✓
Well Yield: 20 GPM NSF/WSC approved: ✓ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 280 (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 House Connection
Type: POLY PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: 200 (160 psi min) Length of sleeve(5' minimum from foundation): 10'
Depth of supply line: 42" (36" min) 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: [Signature] date: 1/24/11
INSPECTION CALLED IN FOR 1/6/11

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

Date Insp. Requested: Date Insp. Approved: Inspector:
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

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

*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: _____ Telephone #: _____
Subdivision: Warfield II Lot #: 48 Well Tag #: HO-95-1557 ✓ *OK*
Site Address: 14886 Michele Dr

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____ date _____

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

Date Insp. Requested: 1/6/2011 Date Insp. Approved: 1/6/2011
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 3" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

*M.J.
Approved*

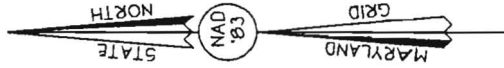
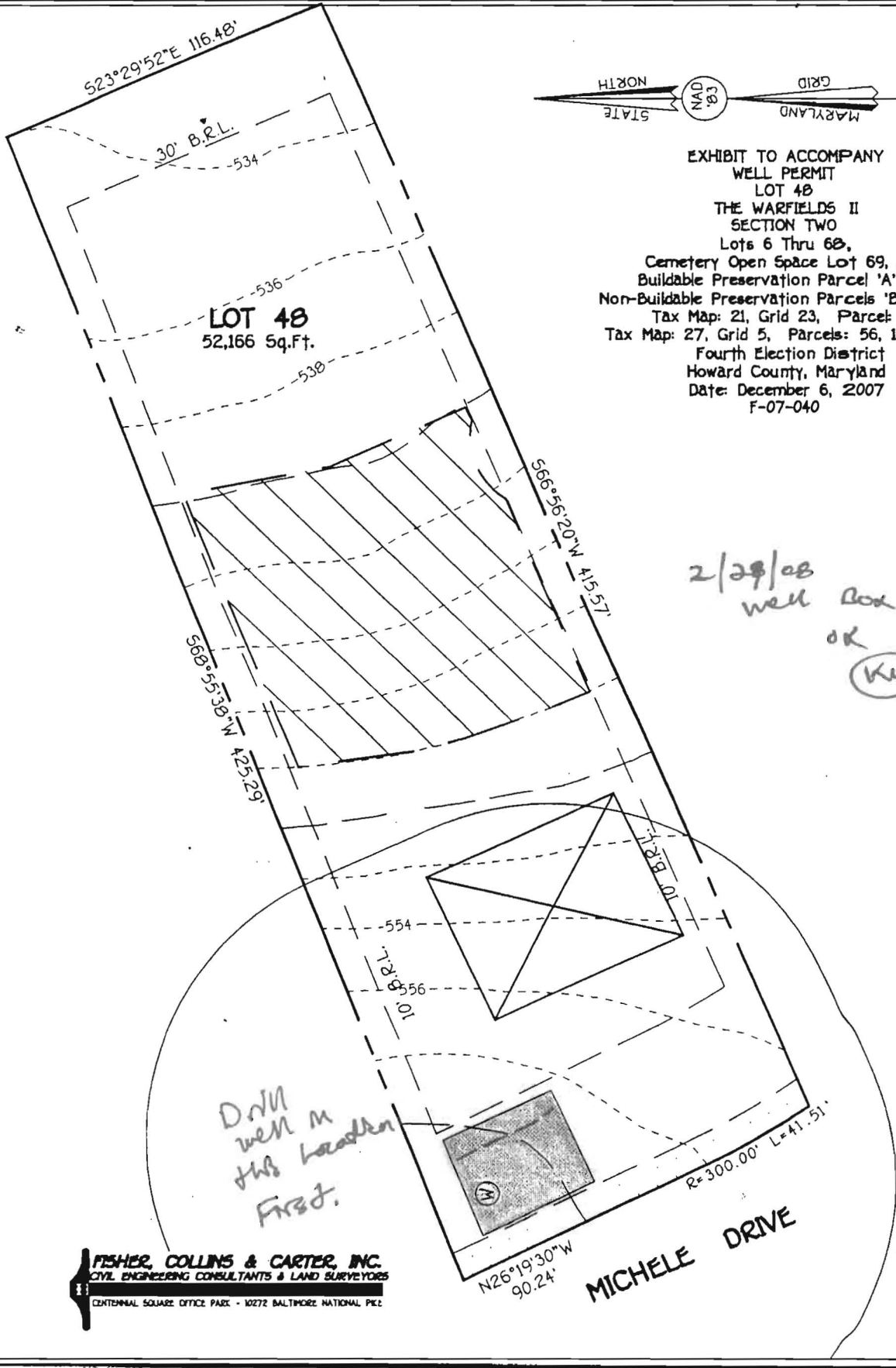
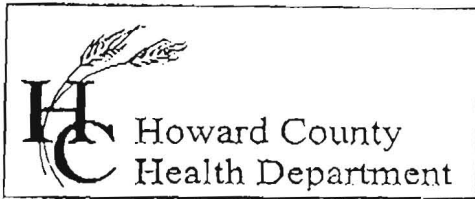


EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 48
THE WARFIELDS II
SECTION TWO
Lots 6 Thru 68,
Cemetery Open Space Lot 69, And
Buildable Preservation Parcel 'A' And
Non-Buildable Preservation Parcels 'B', Thru 'I'
Tax Map: 21, Grid 23, Parcel: 55
Tax Map: 27, Grid 5, Parcels: 56, 109 And 144
Fourth Election District
Howard County, Maryland
Date: December 6, 2007
F-07-040

2/29/08
well box
OK
(KW)

D.M.
well in
this location
First.

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE



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:

The Woodfield II 14 Lots Michelle Dr & Road B
 Subdivision/Property Name Lot# Road Name

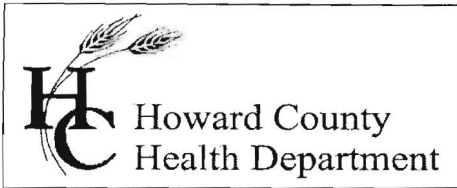
The well site has been staked by Fish Collins & Carter
 (professional land surveyor or company employing professional land surveyors)
 on 12-2007 (date) and does not require a site inspection.

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

Lot 31, 32, 33, 35, 36, 37, 38, 39, 40,
41, 42, 43, 44, 48,



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

February 2, 2011

Homeowner
14886Michele Drive
Glenelg, MD 21737

RE: Warfields II, Lot 48
14886Michele Drive
Glenelg, MD 21737
BP #B10001901
Well Permit #HO-95-1557

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 12/3/2010. Final approval of the well line connection to the dwelling was approved on 01/06/2011.**

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 raw nitrate sample results were previously documented to be 21.4 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 10/22/2010 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)

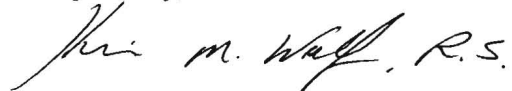
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-1557 **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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): 1/26/2011, & 02/01/2011
Date of Well Completion: 05/20/2008

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.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: 80248

Report Date: February 2, 2011

Property Sampled: 14886 Michele Drive, 21737
 Sample Location: Reverse Osmosis (R/O) Line
 Residual Chlorine: <0.1 mg/L

Building Permit #: B10001901
 Sampler ID #: 9813AM
 Samples Iced: Yes

County: Howard
 Map: 27

Subdivision: The Warfields
 Parcel: 114

Lot #: 48

Date/Time Collected in Field: February 1, 2011 @ 2:30 pm
 Date/Time Received in Lab: February 1, 2011 @ 3:35 pm

Well Tag #: HO-95-1557
 Well Condition: 2-Piece Cap, Satisfactory

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



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:

S/O Number: 80205

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

Report Date: January 27, 2011

Property Sampled: 14886 Michele Drive, 21737
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10001901
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields
Parcel: 114

Lot #: 48

Date/Time Collected in Field: January 26, 2011 @ 1:30 pm
Date/Time Received in Lab: January 26, 2011 @ 2:30 pm

Well Tag #: HO-95-1557
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Neutralizer, Softener

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	21.4 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	

Allison R. Milburn
Allison R. Milburn
Manager - Drinking Water

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.

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 1/28/2011 WELL PERMIT #: HO - _____ - _____

PROPERTY OWNER: NV Homes selling to Nam Cho
SUBDIVISION & LOT #: Warfields (W7) Lot 8048
PROPERTY ADDRESS: 14880 Michele Drive
Glenely, MD 21737

CONDITIONS:

- 1) The well installed under permit # HO - - has been documented to have a nitrate level of 21.4mg 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 <1mg 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 - - . 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**]

 _____

Prospective Owner's Day Time Phone Number(s)

(H) 410-734-9233 (cell) 443-415-6070