

C1 6650

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 AS13357

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8/29/05

Depth of Well 22 600 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-95-0073

OWNER T.T. S. Camp last name Buckskin Ridge Ct first name TOWN Hillcott City SUBDIVISION Buckskin Oaks SECTION 22/16/73 LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown mica, Grey mica, Quartz, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (20), NO. OF POUNDS (2000), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (30 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (60 inch), Total depth (60 feet).

OTHER CASING (if used) table with columns: diameter, depth (from, to).

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) table with columns: 1-51.

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (2 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (35 ft. before, 146 ft. when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below).

NUMBER OF UNSUCCESSFUL WELLS: 1, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE (George F. ...), LIC. NO. 1 AWD 788, GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68), MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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)

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA (74, 75, 76)

B 1 8946

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522912

STATE PERMIT NUMBER HO-95-0073 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 JTS Corp 15 Last Name Owner First Name 34 8800 Centre Park Dr. 209 36 Street or RFD 55 Columbia MD. 21045 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard 8 COUNTY 21 Buck Skin OAKS 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 GREEETH Ellwilt City 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION RALPH E. MAYNE MS D 112 76 License No. 81 RALPH E. MAYNE INC Firm Name 17024 Hardy Rd. Mt Airy MD 21071 Address Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Buckskin Ridge Ct. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 440 37 DISTANCE FROM ROAD 38 39 ENTER FT OR MI 41 TAX MAP: 22 BLK: 16 PARCEL 23

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard AS13357 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 7/26/05 CO SIGNATURE EXP. DATE 7/26/05 NORTH GRID 519 000 EAST GRID 809 000

APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 1/2 NEAREST INCH

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 520 809 N 870 519

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 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 well Buckskin Ridge Ct 440' 21: 1:22 Polley Quarter Rd

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. HO-95-0073 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

8:00 8-30-05 Review _____

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0073
 Location of property (road) Buckskin Ridge Ct
 Subdivision Buckskin Oaks Lot 2 Block 16 Plat 22 Sec. 16-73
 Well Driller Ralph Magee Owner J. T. S. Corp
 Depth of well 600 1 1/2
 Distance of measuring point (M.P.) above ground 2ft
 Static water level (S.W.L.) below M.P. 35ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 Pumping rate 15gpm
 Total time 30 min to reach pumping water level 146 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 $\frac{1}{2}$ gallon bucket | FLOW METER READING (if used) Pump set 380 | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|---|--------------------------------------|
| 9:45 | 146 | 30 sec | | 29gpm |
| 10:00 | 146 | 30 sec | | 29gpm |
| 10:15 | 146 | 30 sec | | 29gpm |
| 10:30 | 146 | 30 sec | | 29gpm |
| 10:45 | 146 | 30 sec | | 29gpm |
| 11:00 | 146 | 30 sec | | 29gpm |
| 11:15 | 146 | 30 sec | | 29gpm |
| 11:30 | 146 | 30 sec | | 29gpm |
| 11:45 | 146 | 30 sec | | 29gpm |
| 12:00 | 146 | 30 sec | | 29gpm |
| 12:15 | 146 | 30 sec | | 29gpm |
| 12:30 | 146 | 30 sec | | 29gpm |
| 12:45 | 146 | 30 sec | | 29gpm |
| 1:00 | 146 | 30 sec | | 29gpm |
| 1:15 | 146 | 30 sec | | 29gpm |
| 1:30 | 146 | 30 sec | | 29gpm |
| 1:45 | 146 | 30 sec | | 29gpm |
| 2:00 | 146 | 30 sec | | 29gpm |
| 2:15 | 146 | 30 sec | | 29gpm |
| 2:30 | 146 | 30 sec | | 29gpm |
| 2:45 | 146 | 30 sec | | 29gpm |
| 3:00 | 146 | 30 sec | | 29gpm |
| 3:15 | 146 | 30 sec | | 29gpm |
| 3:30 | 146 | 30 sec | | 29gpm |
| 3:45 | 146 | 30 sec | | 29gpm |

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: 6321 Barnett Ave.
Sykesville, 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: Bucks Ridge Lot #: 2 Well Tag #: HO-95-0073
Site Address: 13117 Bucks Ridge Ct.
Ellicott City, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sfg-Rite Make: Campbell Two piece watertight cap:
Model #: SP4FodNL-03B Model#: PT 800 Screened, vented well cap:
Pump Capacity: 5 GPM Depth: 4 1/2" (36" min) Cap secured to casing:
Well Yield: 2 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: _____ (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 _____

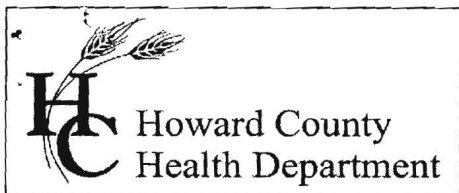
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 4 1/2" (36" min) Sleeve caulked and sealed properly:

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. Feezer 5/21/07
Signature of company representative responsible for installation date

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

Date Insp. Requested: 5/21/07 Date Insp. Approved: 5/21/07 (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



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

June 20, 2007

NVR, Inc
6085 Marshalee Drive, Suite 130
Elkridge, MD 21075

SENT VIA FACSIMILE 410-379-2430

RE: Buckskin Oaks, Lot 2
13117 Bucks Ridge Court
Ellicott City, MD 21042
BP #: B07000591
Well Permit # HO-95-0073

Dear Sirs:

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 06/20/2007. Final approval of the well line connection to the dwelling was approved on 05/21/2007.**

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.

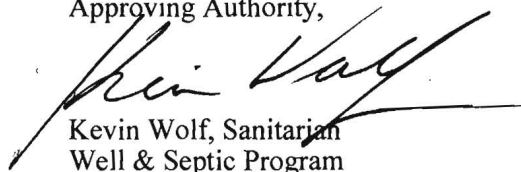
INTERIM CERTIFICATE OF POTABILITY

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-95-0073. 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 Sample(s): 06/14/2007
Date of Well Completion: 08/29/2005

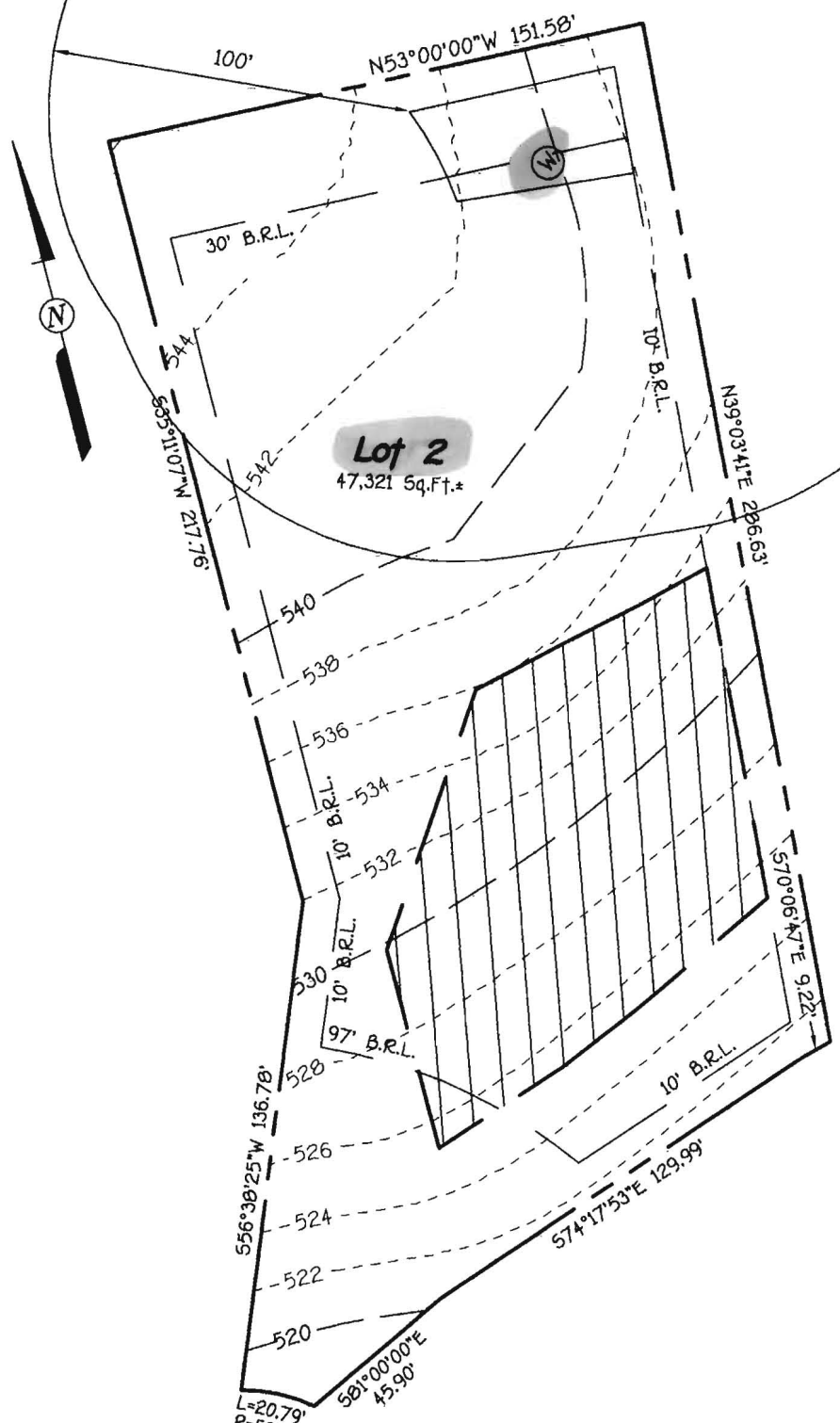
Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

7/26/05 Well site OK (S)



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

**Bucks
 Ridge
 Court**

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 2
 BUCKSKIN OAKS
 TAX MAP 22 GRID 16 PARCEL 73
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50'
 DATE JUNE 28, 2005

K:\Drawings 3130716 FOLLY QUARTER ROAD\Exhibits\30716 Well Lot 2.dwg, 6/28/2005 9:29:54 AM

**FISHER, COLLINS
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.
Mark L. Robel, P.L.S.
Aldo M. Vitucci, P.E.

June 27, 2005

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Dr.
Columbia, MD 21046-4544

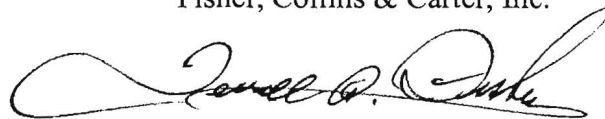
Attn: Mr. John Boris

RE: F-05-61
Buckskin Oaks
Well Stakeout Certification

Dear John:

This is to certify to Buckskin Oaks, LLC that the outline for the individual well boxes on Lots 1 thru 4 of the Buckskin Oaks subdivision have been staked via a field survey by Fisher, Collins & Carter, Inc. on June 23, 2005 based on the signed Preliminary Equivalent Sketch Plan (SP-01-05) signed by the Health Officer and does not require a site inspection.

Very truly yours,
Fisher, Collins & Carter, Inc.



Terrell A. Fisher, P.E., L.S.



WO #30716
c.c. Mr. J. Thomas Scrivener

CERTIFICATE OF ANALYSIS

Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connxt.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
NV Homes, Inc
Attn: Buddy
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

S/O Number: 63893
Report Date: June 15, 2007

Property Sampled: 13117 Bucks Ridge Court

County: Howard
Subdivision: Bucks Ridge
Lot #: 2
Building Permit #: B07000591

Tax Map #: 22
Parcel #: 569

Date/Time Collected: June 14, 2007 at 9:30 am
Date/Time Received: June 14, 2007 at 1:45 pm

Sample Location: Pressure Tank
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Well not observed
Well Condition: Well condition undetermined

Water Conditioning/Treatment: None

| PARAMETER | RESULT | METHOD | MCL/*SMCL | |
|----------------|----------------|-----------|----------------|------|
| Nitrate | <1.0 mg/L as N | SM 4500D | 10 mg/L as N | Pass |
| Turbidity | 1.2 NTU | EPA 180.1 | 10 NTU | Pass |
| pH | 6.4 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
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.

443-864-2823