

C1 0130 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 13 A41577

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 10 31 05

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0146

OWNER Warfield Kennard STREET OR RFD 14367 Howard Road TOWN Dayton SUBDIVISION Warfields SECTION LOT 2

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: Brown Shale (0-57), Blue Rock (57-130), Casay mica Rock (130-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 54 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 60 61 63 64 66 70 Total depth of main casing (nearest foot) 61

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

SCREEN RECORD

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

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, 1 2 3, 8 9 11 15 17 21, 23 24 26 30 32 36, 38 39 41 45 47 51. Values: 10, 59, 300.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

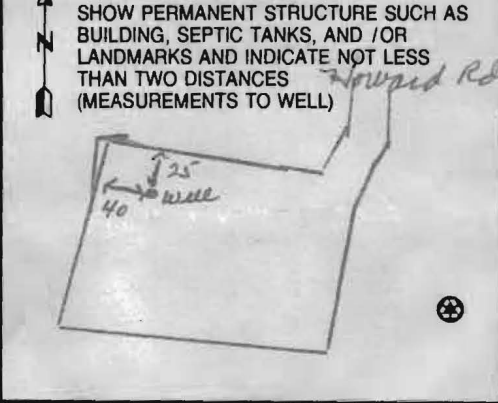
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft. WHEN PUMPING 213 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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



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 28.04.04 "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 5 D O 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)

B 1 8118

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO 95-0146 fill in this form completely

523063 please type

Date Received (APA) 08/03/05

OWNER INFORMATION

Warfield Kennard P.O. Box 30 Glenelg Md 21737

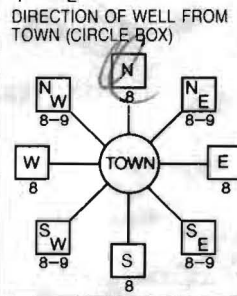
LOCATION OF WELL

Howard The Warfields Dayton Glenelg

DRILLER INFORMATION

Joseph L Mayne MS D 024 Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy, Md 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14367 Howard Rd 450 FT DISTANCE FROM ROAD TAX MAP: 21 BLK: 23 PARCEL: 207

WELL INFORMATION

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 (circled) 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 13 A41577 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S SIGNATURE DATE ISSUED 10/14/2005 Brian Baker 10/14/2006

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) AIR-PERcussion ROTARY (Hydraulic Rotary) JETTED Jetted & DRIVEN 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)

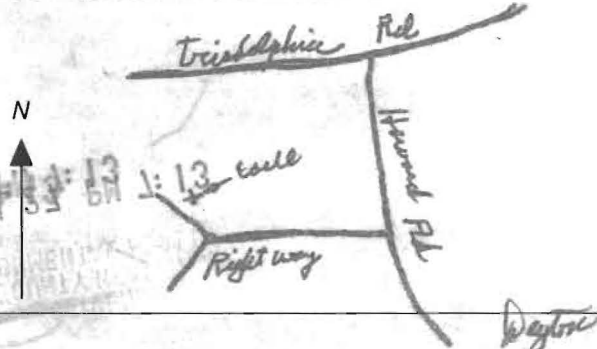
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 797 N 516

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



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

APPROP. PERMIT NUMBER HO L990G014 PERMIT No HO 95-0146

SPECIAL CONDITIONS

**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: Tri County Pump Service, Inc. Telephone #: 301-432-0330
Address: 6711 Old National Pike
Boonsboro, Md 21733

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

Name (Print): William F. Griffith License# 20135

*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 #: 443-864-3482
Subdivision: Warfields Lot #: 1002 Well Tag #: HO-95-0146 ✓
Site Address: 14307 Howard Rd
Davton, Md 21036

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta Rite</u>	Make: <u>American Granby</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7SP4002HL-04</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSP/WSC approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

Type: 1" Poly
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at well penetration: yes
Approximate length of sleeve: 200 ft
Sleeve caulked and sealed properly: yes

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: William F. Griffith

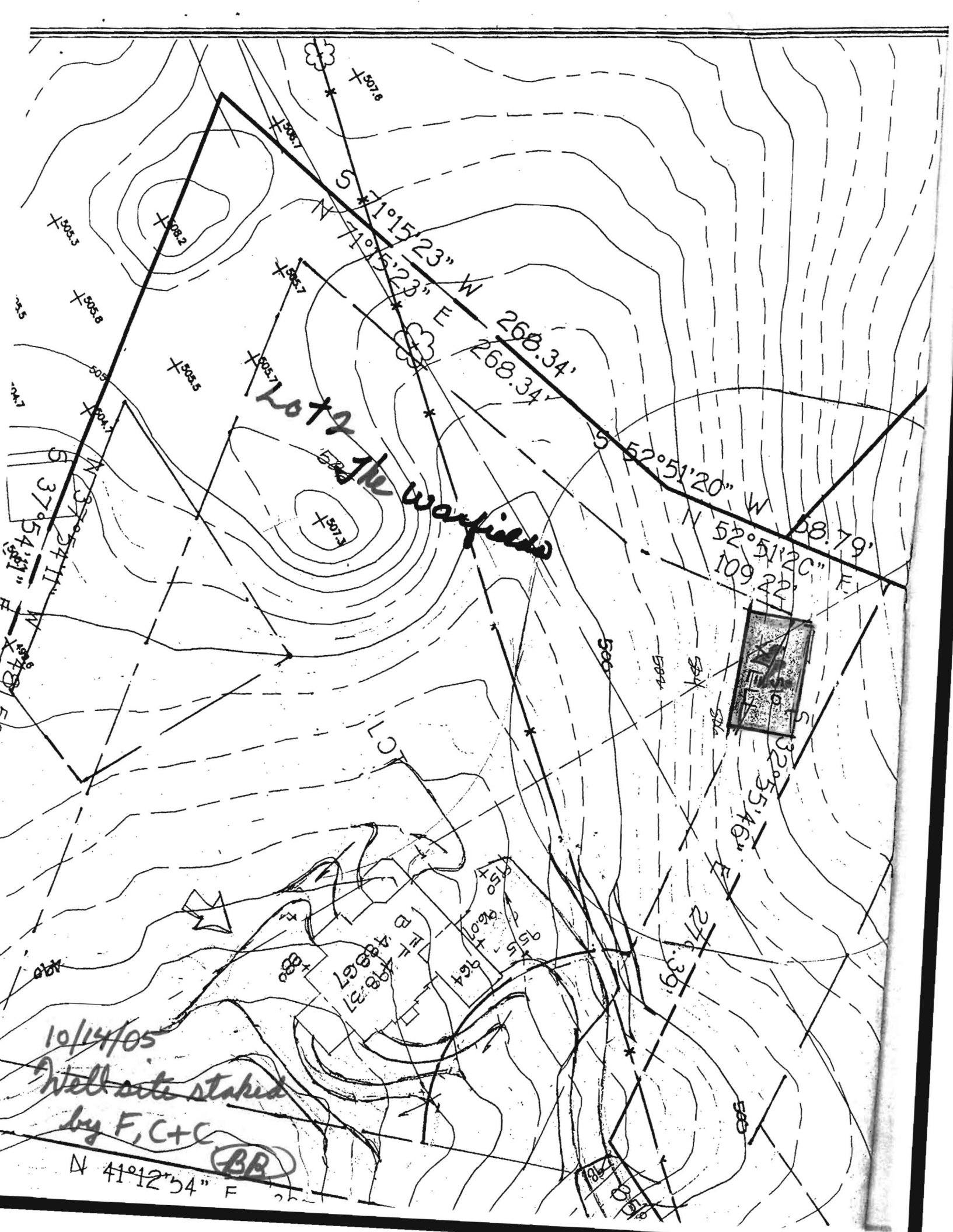
date: 9-21-06

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

Date Insp. Requested: _____ Date Insp. Approved: 11/27/06 Inspector: (KW)

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



Lot 2
The warfield

10/14/05
Well site staked
by F, C+C

N 41°12'54" E

B
488.67
498.37
964
950
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964



32°55'46" E
55.46'

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CERTIFICATE OF ANALYSIS



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

S/O Number: 60437
Report Date: November 1, 2006

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

Property Sampled: 14367 Howard Road, Retest #1

County: Howard
Subdivision: Warfield Estates
Lot #: 1002
Building Permit #: B00158229
Tax Map #: 21
Parcel #: 207

Date/Time Collected: October 31, 2006 at 12:05 pm
Date/Time Received: October 31, 2006 at 1:50 pm

Maryland State Certified
Water Quality Laboratory
No. 318

Sample Location: Pressure Tank Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0146
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Softener, Neutralizer, R/O System(Not installed)

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	14.9 mg/L as N	SM 4500D	10 mg/L as N	High
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
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.

CERTIFICATE OF ANALYSIS



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

S/O Number: 60173
Report Date: October 18, 2006

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

Property Sampled: 14367 Howard Road

County: Howard
Subdivision: Warfield Estates **Tax Map #:** 21
Lot #: 1002 **Parcel #:** 207
Building Permit #: B00158229

Date/Time Collected: October 17, 2006 at 11:05 am
Date/Time Received: October 17, 2006 at 1:26 pm

Maryland State Certified
 Water Quality Laboratory
 No. 318

Sample Location: Pressure Tank Tap
Sampler ID: 7334JB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0146
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	14.5 mg/L as N	SM 4500D	10 mg/L as N	High
Turbidity	1.1 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Heather R. Beam
 Heather R. Beam
 Manager- Drinking Water Testing

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CERTIFICATE OF ANALYSIS



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

S/O Number: 60539
Report Date: November 7, 2006

TRACE LABORATORIES
 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

Property Sampled: 14367 Howard Road, Whole House Nitrate Removal System

County: Howard
Subdivision: Warfield Estates **Tax Map #:** 21
Lot #: 1002 **Parcel #:** 207
Building Permit #: B00158229

Date/Time Collected: November 6, 2006 at 10:35 am
Date/Time Received: November 6, 2006 at 12:45 pm

Maryland State Certified
 Water Quality Laboratory
 No. 318

Sample Location: Powder Room Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0146
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Softener, Neutralizer,
 Whole House Nitrate Removal System

PARAMETER	RESULT	METHOD	MCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

Heather R. Beam
 Heather R. Beam
 Manager- Drinking Water Testing

MCL=Maximum Contamination Level

CERTIFICATE OF ANALYSIS



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Maryland State Certified
 Water Quality Laboratory
 No. 318

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

S/O Number: 60437
Report Date: November 1, 2006

Property Sampled: 14367 Howard Road, Retest #1

County: Howard
Subdivision: Warfield Estates **Tax Map #:** 21
Lot #: 1002 **Parcel #:** 207
Building Permit #: B00158229

Date/Time Collected: October 31, 2006 at 12:05 pm
Date/Time Received: October 31, 2006 at 1:50 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0146
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Softener, Neutralizer, R/O System(Not installed)

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	14.9 mg/L as N	SM 4500D	10 mg/L as N	High
Total Coliform	Absent	SM 9223B	Absent	Pass
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Heather R. Beam
 Heather R. Beam
 Manager- Drinking Water Testing

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

S/O Number: 60173
Report Date: October 18, 2006

Property Sampled: 14367 Howard Road

County: Howard
Subdivision: Warfield Estates
Lot #: 1002
Building Permit #: B00158229

Tax Map #: 21
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 Heather R. Beam
 Manager- Drinking Water Testing

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S/O Number: 60539
Report Date: November 7, 2006



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Property Sampled: 14367 Howard Road, Whole House Nitrate Removal System

County: Howard
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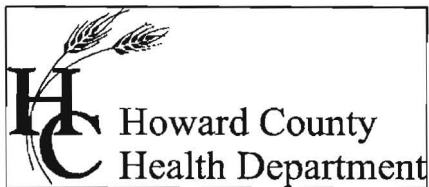
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Heather R. Beam
Manager- Drinking Water Testing

MCL=Maximum Contamination Level



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

11/27/06

NVR, Inc.
6085 Marshalee Drive, Suite 140
Elkridge, MD 21075

SENT VIA FACSIMILE: (410)531-9681

RE: The Warfields, Lot 2
14367 Howard Road
Glenelg, MD 21737
BP #: B00158229
Well Permit # HO-95-0146

To Whom It May Concern:

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 11/27/06. Final approval of the well line connection to the dwelling was approved on 11/27/06.**

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 14.9 ppm. **A nitrate device 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 reported on November 7, 2006, which indicates a nitrate level of <1.0 ppm.**

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)

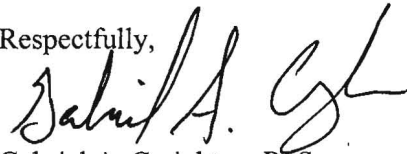
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0146. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 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): 10/18/2006, 11/01/2006 & 11/07/2006

Date of Well Completion: 10/31/2005

Respectfully,



Gabriel A. Creighton, R. S.
Well and Septic Program

GAC

cc: Building Inspector's office
Community Hygiene Program
File