

C1 3757

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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-95-0323

OWNER J T S CORPORATION STREET OR RFD Clarksville Pike (Md 108) TOWN Clarksville SUBDIVISION Macbeth Farm SECTION LOT 17

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for top soil, shale, clay, brown shale, gray mica, quartz, sand stone, and gray mica.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth, OTHER CASING (if used).

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and diameter of screen.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MW D 481

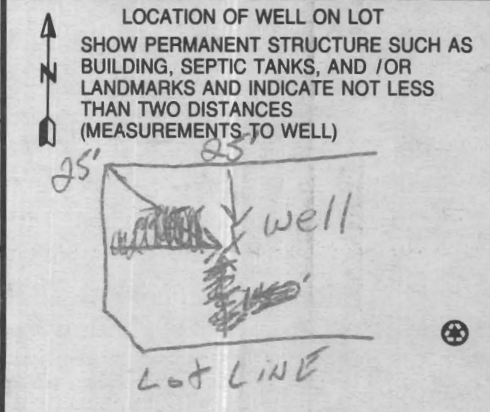
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) form with columns for casing diameters and depths.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 0750
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
524124 please type

STATE PERMIT NUMBER
110-95-0323
70 fill in this form completely 79

Date Received (APA)
02 24 06
8 MM DD YY 13

OWNER INFORMATION 10172

J T S Corporation
15 Last Name Owner First Name 34
8908 Centre Park Drive S209
36 Street or RFD 55
Columbia, Md 21045
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

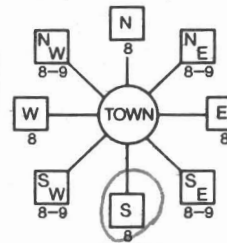
Howard CC# 21
8 COUNTY
Macbeth Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 17 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
Signature: George F. Easterday Date: 2/23/2006

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clarksville Pike (Md 108)

11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 500+ 37
DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 24 PARCEL 90

B 2

WELL INFORMATION

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)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 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 1518543
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 3/23/06 (Signature) 3/23/07
43 MM DD YY 48 GO SIGNATURE EXP. DATE
NORTH GRID 494 0 0 0 EAST GRID 816 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300
24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 39 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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

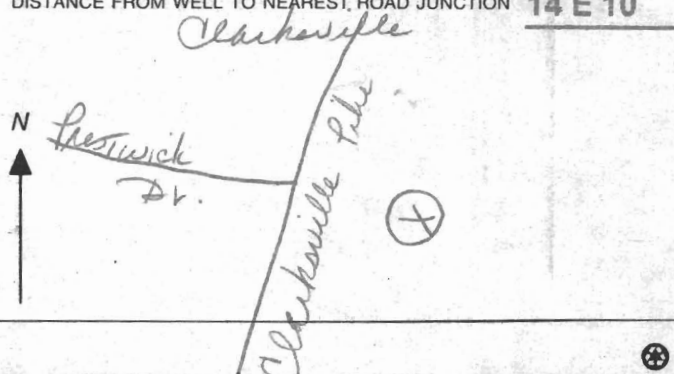
SOURCES OF DRILLING WATER

- 1.
- 2. wells
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

818 6
E
490 4
N

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 E 10



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

APPROP. PERMIT NUMBER 110 2004 G 008
PERMIT No. 110-95-0323
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

5-3-06

9:00

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0323
 Location of property (road) Route 108, Clarksville Pike
 Subdivision MACBETH FARM Lot 17 Block _____ Plat _____ Sec. _____
 Well Driller EASTERDAY Owner JTS corp

Depth of well 600 2gpm
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 35.8

I. High rate pumping -- reservoir drawdown pump set 380'
 Time pump started 9:15 Pumping rate 15 gpm
 Total time 90 min to reach pumping water level 266 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1045	266'	13 sec	1 gal bucket	4.6 Gpm
1100	266'	13 "	"	4.6 "
1115	266'	13 "	"	4.6 "
1130	266'	13 "	"	4.6 "
1145	266'	13 "	"	4.6 "
1200	266'	13 "	"	4.6 "
1215	266'	13 "	"	4.6 "
1230	267'	13 "	"	4.6 "
1245	267'	13 "	"	4.6 "
100	267	13 "	"	4.6 "
115	267	13 "	"	4.6 "
130	267	13 "	"	4.6 "
145	268	13 "	"	4.6 "
200	268	13 "	"	4.6 "

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: 6307 PARSONS 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 #: 410-379-5456
Subdivision: CLARKSVILLE OVERLOOK Lot #: 17 Well Tag #: HO-95-0323
Site Address: 6300 KERNE CT
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RITE Make: Campbell Two piece watertight cap:
Model #: SSPYNS15221 Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 4.6 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 5.25 (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: 42 (36" min) Sleeve caulked and sealed properly:

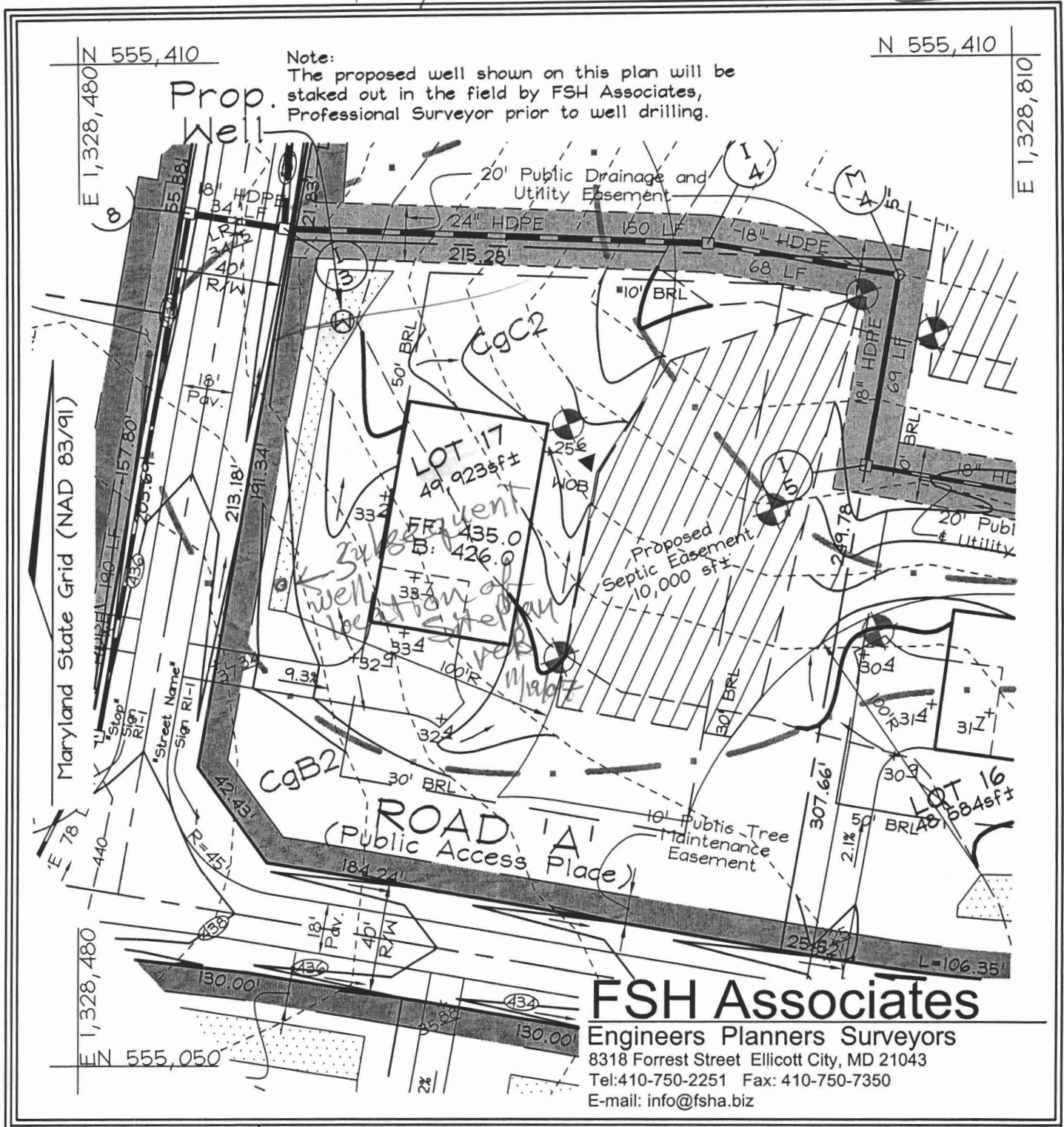
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert L. Feezer
Signature of company representative responsible for installation date 5/22/08
CALLER IN FOR INSPECTION 5/22/08

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

Date Insp. Requested: _____ Date Insp. Approved: 7/16/08 BB
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

3/23/06 well site OK (SO)



Note:
The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: info@fsha.biz

DESIGN BY: PS
DRAWN BY: CD
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Feb. 9, 2006
W.O. No.: 3165
SHEET No.: 17 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 17

TAX MAP 34 GRID 18 & 24
4TH ELECTION DISTRICT

PARCEL 90
HOWARD COUNTY, MARYLAND



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 L. Beilenson, M.D., M.P.H., Health Officer

July 22, 2008

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

RE: Clarksville Overlook, Lot 17
6300 Kerne Court
Clarksville, MD 21029
BP #: B07004578
Well Permit # HO-95-0323

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 07/14/2008.**
Final approval of the well line connection to the dwelling was approved on 07/16/2008.

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.

Also, Gross Alpha and Beta samples were collected on 05/04/2006. The Gross Alpha result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L. In order to meet compliance, a water treatment device (Neutralizer) was installed. Pre treatment Gross Alpha and Beta samples were collected 06/23/2008 with results that were high for Gross Alpha and passing for Gross Beta. Post treatment Gross Alpha and Beta samples were collected on 07/17/2008 and both results were passing. Also, post treatment Radium 226/228 samples were collected on 06/23/2008. The results were below the combined 226/228MCL of 5pCi/l. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use and Occupancy.

However, this treatment system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence to assure future compliance.

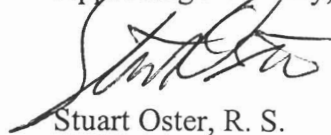
INTERIM CERTIFICATE OF POTABILITY

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-95-0323. 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.**

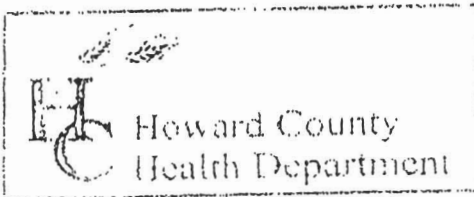
Dates of Water Sample:	06/23/2008, 07/07/2008
Date of Samples for Gross Alpha and Gross Beta:	05/04/2006, 06/23/2008, 07/17/2008
Dates of Samples for Radium	06/23/2008
Date of Well Completion:	04/27/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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:

- The well site has been staked by J.S.H. ASSOCIATES,
(professional land surveyor or company employing professional land surveyors)
on 2-20-06 (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 6/10/03

JTS CORPORATION

LOTS 1-35 MACBETH FARM



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 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
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 68909
Report Date: July 8, 2008

Property Sampled: 6300 Kerne Court, 21029, Retest #1

County: Howard
Subdivision: Clarksville Overlook
Lot #: 17
Building Permit #: B07004578

Tax Map #: 34
Parcel #: 90

Date/Time Collected: July 7, 2008 at 10:45 am
Date/Time Received: July 7, 2008 at 1:15 pm

Sample Location: Pressure Tank Tap
Sampler ID: 9813AM

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

Well Tag Number: HO-95-0323
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL	
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



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 Hunt Valley, MD 21030 USA
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 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

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

S/O Number: 68755
Report Date: June 24, 2008

Property Sampled: 6300 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 17
Building Permit #: B07004578

Tax Map #: 34
Parcel #: 90

Date/Time Collected: June 23, 2008 at 3:40 pm
Date/Time Received: June 23, 2008 at 4:15 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-0323
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.2 NTU	EPA 180.1	10 NTU	Pass
pH	7.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

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.



TRACE LABORATORIES, INC

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5 North Park Drive

Hunt Valley, MD 21030 USA

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Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS
Requester:

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

S/O Number: 69055**Report Date:** July 21, 2008**Property Sampled:** 6300 Kerne Court, 21029, Treated Radium**County:**

Howard

Subdivision:

Clarksville Overlook

Lot #:

17

Tax Map #: 34**Parcel #:** 90**Building Permit #:**

B07004578

Date/Time Collected: July 17, 2008 at 11:35 am**Date/Time Received:** July 17, 2008 at 1:30 pm**Sample Location:**

Powder Room Tap

Samples Iced: Yes**Sampler ID:**

9813AM

Residual Cl₂ <0.1 mg/L: Yes**Well Tag Number:**

HO-95-0323

Well Condition:2-Piece Cap
Satisfactory**Water Conditioning/Treatment:** Neutralizer

PARAMETER	RESULT	METHOD	Detection Limit	
Gross Alpha	1.5 +/- 0.7 pCi/L	EPA 900.0	0.9 pCi/L	Pass
Gross Beta	2.9 +/- 0.8 pCi/L	EPA 900.0	1.2 pCi/L	Pass

post treatment

Allison R. Milburn

Manager-Drinking Water Testing

JUL. 21. 2008 10:44AM

NO. 091 P. 3



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407) 382-7744

Certification I. D. # 278

Work Order #: 0807124
Date / Time Received: 07/18/08 10:00
Report Date: 07/21/08
PO Number: 5510

Report to: Trace Labs East
5 North Park Dr.
Hunt Valley, MD 21030
Attention: Allison Milburn

Lab Sample I.D.: 0807124-01

Client Sample I.D. 69055 (6300 Kerne Ct) Treated

Sample Date / Time: 07/17/08 14:30

Results:

Gross Alpha:	1.5	Gross Beta:	2.9
Error +/-:	0.7	Error +/-:	0.8
MDL:	0.9	MDL:	1.2
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	07/18/08	Prep Date:	07/18/08
Analysis Date:	07/19/08	Analysis Date:	07/19/08
Analyst:	MJN	Analyst:	MJN
Units	pCi/l	Units	pCi/l

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards. The test results in this report relate only to the samples received.

Signed


Michael J. Naumann - President

Date

7-21-08



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 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
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 68755
Report Date: July 1, 2008

Property Sampled: 6300 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 17
Building Permit #: B07004578

Tax Map #: 34
Parcel #: 90

Date/Time Collected: June 23, 2008 at 3:40 pm
Date/Time Received: June 23, 2008 at 4:15 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-0323
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	17.4 +/- 3.1 pCi/L	EPA 900.0	2.0 pCi/L	High
Gross Beta	7.9 +/- 1.6 pCi/L	EPA 900.0	2.0 pCi/L	Pass

Pre Treatment

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



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Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

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

S/O Number: 68755
Report Date: July 9, 2008

Property Sampled: 6300 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 17
Building Permit #: B07004578

Tax Map #: 34
Parcel #: 90

Date/Time Collected: June 23, 2008 at 3:40 pm
Date/Time Received: June 23, 2008 at 4:15 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-0323
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer

Table with 4 columns: PARAMETER, RESULT, METHOD, DETECTION LIMIT

Radiological Contaminants

Table with 5 columns: Contaminant, Result, Method, Detection Limit, Pass/Fail

post treatment

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

JUL. 8. 2008 8:55AM

NO. 020

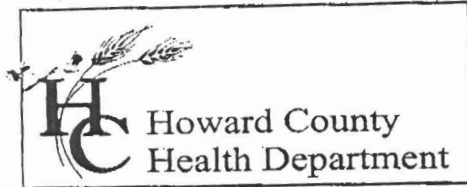
P. 3/3



Florida Radiochemistry Services, Inc.

Analysis Report

Lab Sample I.D.	0806184-02	0806184-03
Client I.D.	68755	68771
Radium 226	0.6	0.1
Error +/-	0.2	0.1
MDL	0.2	0.1
EPA Method	903.1	903.1
Prep Date	06/26/08	06/26/08
Analysis Date	07/07/08	07/07/08
Analyst	MJN	MJN
Radium 228	1.8	<0.8
Error +/-	0.7	0.5
MDL	0.9	0.8
EPA Method	Ra-05	Ra-05
Prep Date	06/26/08	06/26/08
Analysis Date	07/07/08	07/07/08
Analyst	PJ	PJ
Uranium	15.8	<0.6
Error +/-	2.4	0.6
MDL	0.7	0.6
EPA Method	908.0	908.0
Prep Date	06/26/08	06/26/08
Analysis Date	06/26/08	06/26/08
Analyst Initials	MJN	MJN
Units	pCi/l	pCi/l



Bureau of Environmental Health
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

June 5, 2006

JTS Corporation
5300 Dorsey hall Drive
Suite 200
Ellicott City, Maryland 21042

RE: MacBeth Farm Lot 17
Well Tag: HO-95-0323

To Whom It May Concern:

A sample was collected from a yield test on May 4, 2006 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 14.0 ± 1.8 picocuries/liter (pCi/L); while the **Gross Beta** level was 10.0 ± 1.3 pCi/L. With the margin of error, the **Gross Alpha** result exceeded its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its MCL of 50 pCi/L.

Since the **Gross Alpha** finding (with margin of error) exceeded its MCL, additional testing for **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results confirming that levels are in conformance with existing standards. These tests are in addition to the standard parameters required for Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to discuss additional testing requirements.

Sincerely,


Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic property file



Send Report To:
Howard County
Environmental
Health

State of Maryland
 DHMH - Laboratories Administr
 Division of Environmental Cher
RADIATION LABORATORY
 201 W. Preston Street, Baltimore, Maryland 21201
 John M. DeBoy, Dr. P.H., Director

MacBeth Farm
 JTS Corporation Suite 209
 8808 Centre Park Dr. Columbia, MD 21045
 (410) 964-5522

HOGCMBE1754 **LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: _____ No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Site Name: Macbeth Farm - Lot 17 County: Howard
 Sample Source: Rt. 108, Clarksville Location: Well # HO-95-0323
 (well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input checked="" type="checkbox"/>

Collector: ~~XXXXXXXXXX~~ GAC Telephone No: (410) 313-XXXX 1773
 Date Collected: 5/18/2006 Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Taken During Well Yield Test ^{pH} _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>605040-006</u>	<u>14.0 ± 1.0</u>	<u>5/9/06</u>
✓	Gross Beta	4100		<u>10.0 ± 1.3</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: _____ / _____ / _____

Supervisor: _____

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	HOGCMBF1754
Receipt Date/Time:	5/4/2006	Lab Sample ID:	605040-004-004-1/1
Prepared Date/Time:	5/5/2006	Sample Matrix:	WATER
Analysis Date/Time:	5/5/2006 1:54:00 PM	Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 2σ	MDA	Q
Gross Alpha	14.0283 pCi/L	± 1.7864 pCi/L	0.9527 pCi/L	
Gross Beta	10.0509 pCi/L	± 1.2819 pCi/L	1.698 pCi/L	

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL
WITH AN ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and HOWARD M. & RENEE F. RICHARD ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 6300 KERNE CT, CLARKSVILLE MD 21031 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # —, Block # —, Parcel # —, Deed Reference # — and Tax Account # — ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-95-0323 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL
WITH AN ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and HOWARD M. & RENEE F. RICHARD ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 6300 KERNE GT, CHARKSVILLE MD 21049 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # —, Block # —, Parcel # —, Deed Reference # — and Tax Account # — ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-95-0323 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

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WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Health Department will record this Agreement among the Land Records of Howard County, Maryland.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta and radium levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

X 7-19-08
 Date
 X 7-19-08
 Date

 Date

X [Signature]
 Owner
 X [Signature] Richard
 Owner

 Howard County Health Department