
 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK (KW) 7/3/08

DATE WELL ABANDONED: 5-20-08 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - 0297

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 1621

* PERSON ABANDONING WELL: FRANK SINGLETON

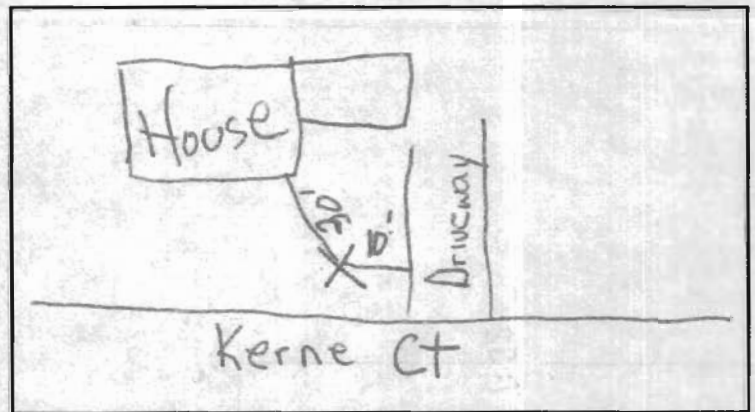
WELL DRILLERS LICENSE NUMBER: AWD 727

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: N.V. Homes

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: CLARKSVILLE
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: MAC BETH FARM
 SECTION: _____ LOT: 30
 NEAREST ROAD: KERNE CT



* TYPE OF WELL BEING ABANDONED: 19 bags bentonite

- DRILLED _____ JETTED
- _____ BORED/AUGERED _____ HAND DUG
- _____ OTHER (specify) ok - bored

- USE CODE: 3 hrs
- DOMESTIC _____ MUNICIPAL/PUBLIC
 - _____ IRRIGATION _____ INDUSTRIAL
 - _____ TEST/OBSERVATION _____ GEOTHERMAL

- * TYPE OF CASING:
- STEEL _____ PLASTIC
 - _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 198 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	198	1
top soil	1	0
VOLUME OF MATERIAL USED		
<u>19 bags Bentonite</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

040 (MWD/MSD/MGD) CIRCLE ONE

DATE

5/22/08

C1 3736

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)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER JT S CORPORATION STREET OR RFD Clarksville Pike (Md 108) TOWN Clarksville SUBDIVISION Macbeth Farm SECTION LOT 30

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

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

CASING RECORD form with fields for casing types (ST, CO, PL, OT) and MAIN CASING TYPE.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and DEPTH (nearest ft.).

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

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

WELL HYDROFRACTURED form with YES/NO options and CIRCLE APPROPRIATE LETTER (A, E, P).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type and depth.

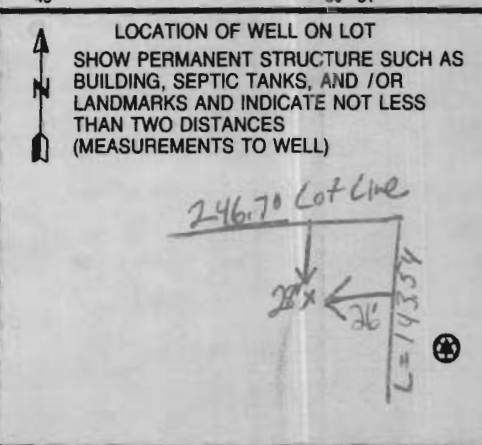
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE (G. J. Easton)

DEPTH (nearest ft.) table with columns for depth ranges and handwritten values.

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 T, W, Q.



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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA form.

B 1 **0763**
 1 2 3 6
 SEQUENCE NO. (MDE USE ONLY)

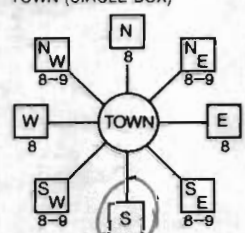

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 524124 please type

STATE PERMIT NUMBER
HO-95-0297
 70 fill in this form completely 79

Date Received (APA) **02 24 06**
 8 MM DD YY 13
OWNER INFORMATION 10185
JT S Corporation
 15 Last Name Owner First Name 34
8808 Centre Park Drive S209
 36 Street or RFD 55
Columbia, Md 21045
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL
 8 COUNTY **CCM** 21
Macbeth Farm
 23 SUBDIVISION 42
 SECTION **30** LOT **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
 Driller's Name 76 License No. 81 **WWD 040**
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 2/23/2006
 Signature Date

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)

 34 500+ 37
 DISTANCE FROM ROAD Pt.
 ENTER FT OR MI 38 39
 TAX MAP: **34** BLK: **24** PARCEL **190**

B 2 **WELL INFORMATION**
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 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 **13** **A518543**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE **David Wright** INSERT S →
 DATE ISSUED **3/10/06** 41
 43 MM DD YY 48 CO SIGNATURE **David Wright** EXP. DATE **3/11/07**
 NORTH GRID **494** 0 0 0 EAST GRID **816** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2. wells
 3. wells
 WRITE THE BOX NUMBER FROM THE MAP HERE
816 ↓
 E **4904** ←
 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**
Clarksville
Prestwick Dr.
Clarksville
Other (X)

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 30
 CABLE REverse-ROTary DRive-POINT
 37 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
 39
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **HO 2004 G 008 (01)**
 PERMIT No. **HO-95-0297**
 70 71 72 73 74 75 76 77 78 79

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

3-30-06 8:30

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - HO-95-0297
Location of property (road) Clarksville Pike
Subdivision McBeth Farm Lot 30 Block _____ Plat _____ Sec. _____
Well Driller Kotoway Owner JTS Corp

Depth of well 200 8gpm
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 30ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 Pumping rate 15gpm
Total time _____ to reach pumping water level _____ 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 1 gallon bucket	FLOW-METER READING (if used) 180' Pump set	CALCULATED FLOW (gallons per minute)
9:20	37ft	4sec		12gpm
9:45	38ft	4sec		12gpm
9:00	39ft	4sec		12gpm
10:15	43ft	4sec		12gpm
10:30	53ft	4sec		12gpm
10:45	63ft	4sec		12gpm
11:00	72ft	4sec		12gpm
11:15	73ft	4sec		12gpm
11:30	73ft	4sec		12gpm
11:45	73ft	4sec		12gpm
12:00	73ft	4sec		12gpm
12:15	73ft	4sec		12gpm

Trailer

ATTN: MARY LOU

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: 6301 PARMESE AVE.
SYRACUSE, 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: N.V. Homes Telephone #: 410-379-5956
Subdivision: CLARKSVILLE OVERLOOK Lot #: 30 Well Tag #: HO-95-0297
Site Address: 6305 KERNE CT
CLARKSVILLE, MD 21029

NO
PUMP
IN
WELL

Submersible Pump Data
Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: 12 GPM
Depth of well encountered at time of pump installation: 200 (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

Pitless Adapter
Make: Campbell
Model#: PT 800
Depth: 42" (36" min)
NSF approved:

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Piping to house
Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10'
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: Robert L. Feezer date: 5/28/08

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____

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BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

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Address: _____

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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: _____ Lot #: 30 Well Tag #: HO-15-0297

Site Address: Marbeth Farms

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" B.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: 4-15-08 Date Insp. Approved: 4-15-08 (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

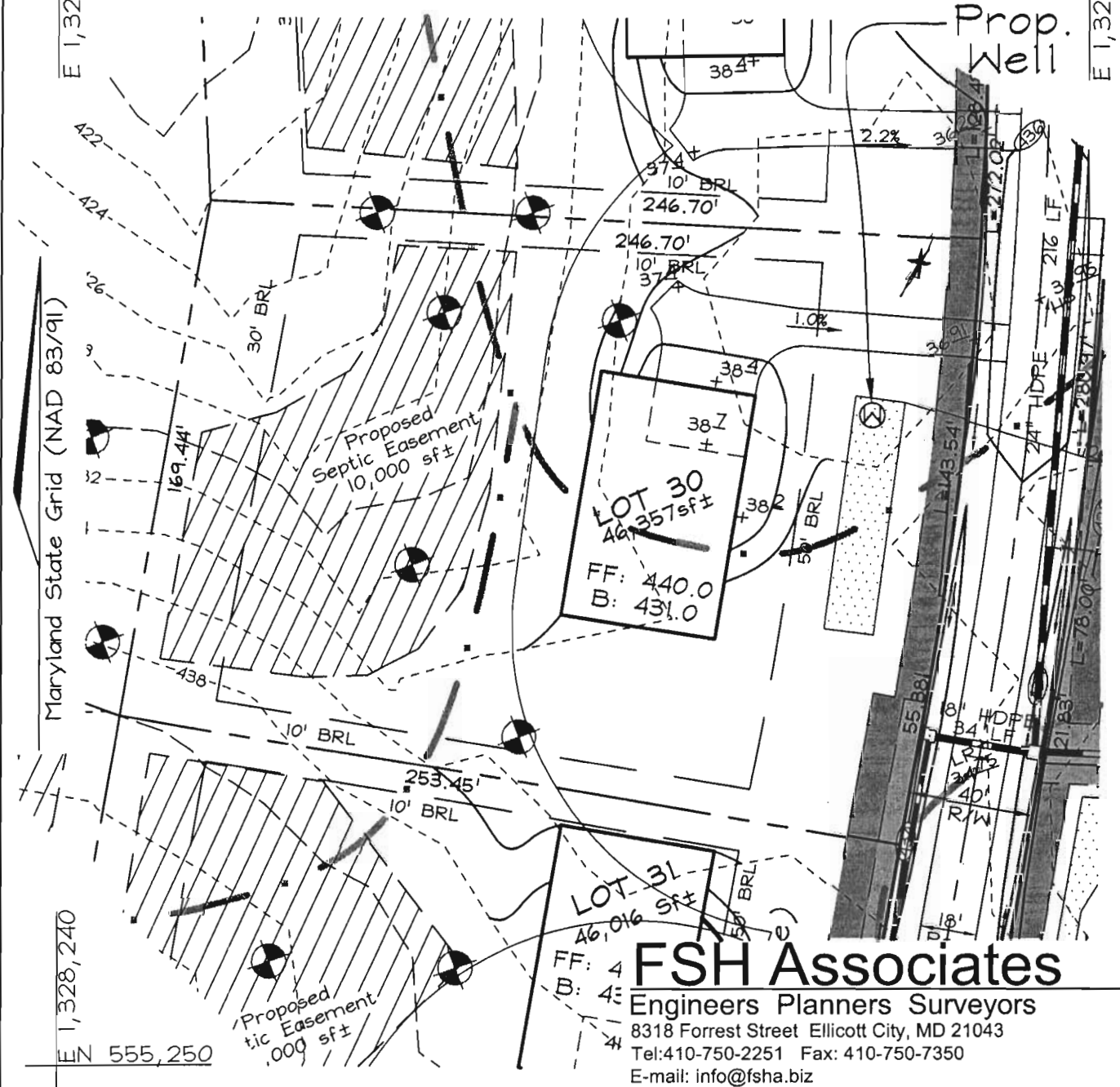
*Well Collapsed
New Well Drilled*

E 1,328,240 Z 555,620

N 555,620

E 1,328,570

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

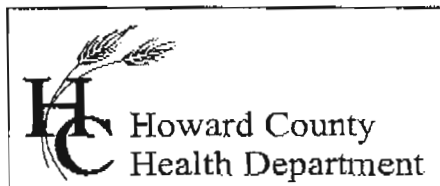
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 30 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 30

TAX MAP 34 GRID 18 & 24
4TH ELECTION DISTRICT

PARCEL 90
HOWARD COUNTY, MARYLAND



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

RECEIVED MAY 15 2006

May 10, 2006

JTS Corporation
8808 Centre Park Drive
Suite 209
Columbia, MD 21045

RE: MacBeth Farm, Lot # 30
Well Tag: HO-95-0297

To Whom It May Concern,

A sample was collected from a yield test on March 30, 2006 and submitted ^{to} GPL Laboratorics 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 activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 4.5 ± 0.8 picocuries per liter (pCi/L); while the **Gross Beta** level was 8.7 ± 0.8 pCi/L. The **Gross Alpha** result was below the maximum contamination level (MCL) of 15 pCi/L, while the **Gross Beta** was below the MCL of 50 pCi/L. At the time of testing and with respect to these parameters, your well water supply is safe for all uses.

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 concerns.

Sincerely,


Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE, Water Mgmt., Groundwater

6305 Kerne Ct.

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	HOGCMBF30330
Sample Date/Time:	03/30/2006	Lab Sample ID:	603231-002-002-1/1
Receipt Date/Time:	03/30/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	4.4773 pCi/L	± 0.7960 pCi/L	1.8332 pCi/L	
Gross Beta	8.7134 pCi/L	± 0.8169 pCi/L	2.1683 pCi/L	

Send Report To:

MacBeth Farm
JTS Corporation Suite 209
8808 Centre Park Dr. Columbia, MD 21045

State of Maryland
DHMH - Laboratories /
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
J. Mehsen Joseph, Ph.D., Director

LABORATORY ANALYSIS REQUEST

HDGCMBF 30330

Sample Bottle No. A: _____ No. B: _____ Field Blank Bottle No. 1: _____ No. 2: _____

Plant/Site Name: Macbeth Farms Lot 30 County: HOWARD

Sample Source: well - yield test Location: HO 95-0297
(well no., lab sink, sample tap, etc.)

County: Plant No.

Collector: GAC Telephone No.: 410 313 1773

Date Collected: 3/30/06 Time Collected: 10 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: S Field Data: _____ pH _____ Chlorine _____

Remarks: _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>603231-002</u>	<u>4.5 ± 0.8</u>	<u>4/5/06</u>
✓	Gross Beta	4100		<u>8.7 ± 0.8</u>	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank #1	4004			
	Field Blank #2	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: _____ / _____ / _____

Section Chief: _____



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: 68659
Report Date: July 1, 2008

Property Sampled: 6305 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 30
Building Permit #: B0800145

Tax Map #: 34
Parcel #: 90

Date/Time Collected: June 17, 2008 at 9:35 pm
Date/Time Received: June 17, 2008 at 3:00 pm

Sample Location: R/O Tap
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: Softener, R/O

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	<0.8 +/- 0.5 pCi/L	EPA 900.0	0.8 pCi/L	Pass
Gross Beta	15.8 +/- 1.1 pCi/L	EPA 900.0	1.1 pCi/L	Pass

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



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

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

S/O Number: 68659
Report Date: July 1, 2008

Property Sampled: 6305 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 30
Building Permit #: B0800145

Tax Map #: 34
Parcel #: 90

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Date/Time Received: June 17, 2008 at 3:00 pm

Sample Location: R/O Tap
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: Softener, R/O

PARAMETER	RESULT	METHOD	DETECTION LIMIT
-----------	--------	--------	-----------------

Radiological Contaminants

Radium 226++	0.4 +/- 0.1 pCi/L	EPA 903.1	0.1 pCi/L	Pass
Radium 228++	<0.7 +/- 0.4 pCi/L	EPA Ra-05	0.7 pCi/L	Pass
Uranium++	<0.8 +/- 0.6 pCi/L	EPA 908.0	0.8 pCi/L	Pass

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



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 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: 68431
Report Date: May 28, 2008

Property Sampled: 6305 Kerne Court, 21029, Retest #1

County: Howard
Subdivision: Clarksville Overlook
Lot #: 30
Building Permit #: B07004864

Tax Map #: 34
Parcel #: 90

Date/Time Collected: May 27, 2008 at 1:01 pm
Date/Time Received: May 27, 2008 at 3:00 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-1621
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



TRACE LABORATORIES, INC
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 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: 68392

Report Date: May 22, 2008

Property Sampled: 6305 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 30
Building Permit #: B07004864

Tax Map #: 34

Parcel #: 90

Date/Time Collected: May 21, 2008 at 1:06 pm

Date/Time Received: May 21, 2008 at 3:00 pm

Sample Location: Pressure Tank Tap

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: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.4 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.4 NTU	EPA 180.1	10 NTU	Pass
pH	7.7 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	

Katherine Cannon
 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.



CERTIFICATE OF ANALYSIS

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

S/O Number: 68491
Report Date: June 18, 2008

Property Sampled: 6305 Kerne Court, 21029, Radionuclides

County: Howard
Subdivision: Clarksville Overlook
Lot #: 30
Building Permit #: B07004864

Tax Map #: 34
Parcel #: 90

Date/Time Collected: June 2, 2008 at 9:15 am
Date/Time Received: June 2, 2008 at 3:00 pm

Sample Location: Kitchen Tap
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: Neutralizer, Softener

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
<i>Radiological Contaminants</i>				
Radium 226++	<0.2 +/- 0.1 pCi/L	EPA 903.1	0.2 pCi/L	Pass
Radium 228++	<1.0 +/- 0.6 pCi/L	EPA Ra-05	1.0 pCi/L	Pass
Uranium++	44.2 +/- 4.0 pCi/L	EPA 908.0	0.8 pCi/L	High

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



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Trace Labs	Date / Time Received	Work order #
		06/03/08 10:27	0806010
Client Contact:	Allison Milburn		
Client P.O.			
Project I.D.	68491		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0806010-01	68491	06/02/08 15:20	Ra226, Ra228, U
	6305 Kerne Ct		

Analysis Results

Radium 226	<0.2	Radium 228	<1.0
Error +/-	0.1	Error +/-	0.6
MDL	0.2	MDL	1.0
EPA Method	903.1	EPA Method	Ra-05
Prep Date	06/06/08	Prep Date	06/06/08
Prep Time	09:50	Prep Time	09:50
Analysis Date	06/16/08	Analysis Date	06/16/08
Analysis Time	10:40	Analysis Time	11:08
Analyst	MJN	Analyst	PJ
Uranium	44.2		
Error +/-	4.0		
MDL	0.8		
EPA Method	908.0		
Prep Date	06/06/08		
Prep Time	15:00		
Analysis Date	06/07/08		
Analysis Time	07:13		
Analyst	MJN		
Units	pCi/l	Units	pCi/l



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Trace Labs	Date / Time Received	Work order #
Client Contact:	Allison Millburn	06/18/08 10:18	0808123
Client P.O.	5510		
Project I.D.	68659		

Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0808123-01	68659 6305 Kerne Ct R/O Sample	6/17/2008 15:16	Ra226, Ra228, U

Analysis Results

Radium 226	0.4	Radium 228	<0.7
Error +/-	0.1	Error +/-	0.4
MDL	0.1	MDL	0.7
EPA Method	903.1	EPA Method	Ra-05
Prep Date	6/19/2008	Prep Date	6/19/2008
Prep Date	09:40	Prep Date	09:40
Analysis Date	06/26/08	Analysis Date	06/26/08
Analysis Time	11:47	Analysis Time	12:02
Analyst	MJN	Analyst	PJ
Uranium	<0.8		
Error +/-	0.8		
MDL	0.8		
EPA Method	908.0		
Prep Date	06/24/08		
Prep Time	14:10		
Analysis Date	06/25/08		
Analysis Time	07:07		
Analyst	MJN		
Units	pCi/l	Units	pCi/l



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 #: 0806123
Date / Time Received: 06/18/08 10:18
Report Date: 06/20/08
PO Number: 5510

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

Lab Sample I.D.: 0806123-01

Client Sample I.D. 68659 (6305 Kerne Ct R/O Sample)

Sample Date / Time: 06/17/08 15:15

Results:

Gross Alpha:	<0.8	Gross Beta:	15.8
Error +/-:	0.5	Error +/-:	1.1
MDL:	0.8	MDL:	1.1
EPA Method:	900.0	EPA Method:	900.0
Prep Date:	06/18/08	Prep Date:	06/18/08
Analysis Date:	06/19/08	Analysis Date:	06/19/08
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
Michael J. Naumann - President

Date 6-20-08

*LM w/ results
6-20-08
9:55 AM*

Send Report To:

Bert Nixon

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Chemistry

RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 40-95-1621 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Clarks with over clock lot 30 County: Howard

Sample Source: Kern Ct 6305 Location: 40-95-1621
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wolf

Telephone No: 410-313-2645

Date Collected: 5/12/08

Time Collected: 11:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

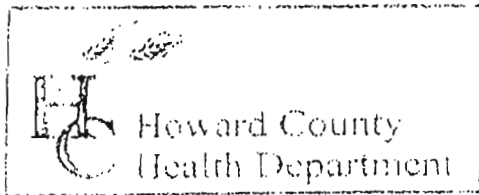
Field Data: _____

Remarks: Sample collected @ end of yard

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2472	119 ± 8	05/14/08
✓	Gross Beta	4100	2472	27 ± 3	11
	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: 05/12/08

Supervisor: S. Wise



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 F.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