

C1 3758

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 4/10/06

Depth of Well 500 (TO NEAREST FOOT)

OK 8/13/07 GOC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0324

OWNER J T S CORPORATION STREET OR RFD Clarksville Pike (Md 103) TOWN Clarksville SUBDIVISION Macheth Farm SECTION LOT 18

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

GROUTING RECORD form with fields for 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, Nominal diameter, Total depth.

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

SCREEN RECORD form with fields for screen type, 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.

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

Form with fields for NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, and CIRCLE APPROPRIATE LETTER.

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.: MWD 040 DRILLERS SIGNATURE George F. Easton

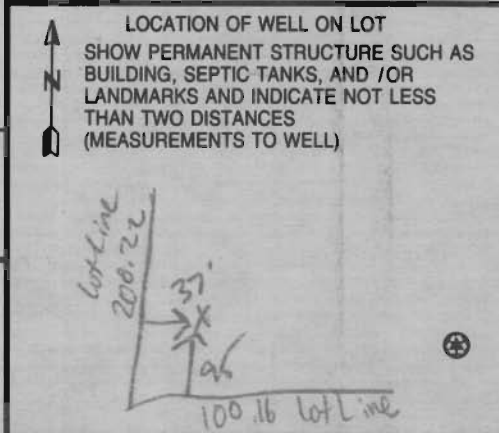
LIC. NO.: AWD 788

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

DEPTH (nearest ft.) form with a depth scale from 1 to 68 and handwritten values 48 and 500.

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 0751

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HD-95-0324 fill in this form completely

Date Received (APA) 02 24 06

OWNER INFORMATION 10173

8 MM DD YY 13

J T 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

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

5265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 2/23/2006

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

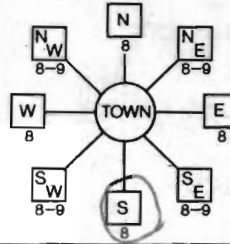
APPROX. PERMIT NUMBER HD 2004 G 018
PERMIT No. HD-95-0324

B 3 HOWARD LOCATION OF WELL

8 COUNTY 21
Macbeth Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 18 48 50
Clarksville
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

B 4 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 Ft.

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 24 PARCEL 90

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 1518543

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 3/23/06 CO SIGNATURE EXP. DATE 3/23/07

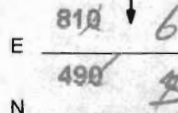
43 MM DD YY 48 NORTH GRID 495 000 EAST GRID 816 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



4/6/06 Radium (alpha + beta) Sample Taken During Yield Test. BB

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

8:15

4-6-06

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0324
 Location of property (road) Route 108, Clarksville Pct
 Subdivision MACBETH FARM Lot 18 Block _____ Plat _____ Sec. _____
 Well Driller EASTERDAY Owner JTS Corp

Depth of well 500
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 32.7

Pump set 3PS'

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 15 GPM
 Total time 2hr 15 min to reach pumping water level 265' 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 & gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	95.2	4 sec	1 gal bucket	15 gpm
9:15	154'	5 sec	"	12 gpm
9:30	195'	6 "	"	10 gpm
9:45	221'	7 "	"	8 1/2 "
10:00	236'	8 "	"	7 1/2 "
10:15	245'	10 "	"	6 "
10:30	251'	10 "	"	6 "
10:45	257'	10 "	"	6 "
11:00	264'	10 "	"	6 "
11:15	264'	11 "	"	5 1/2 "
11:30	265'	11 "	"	5 1/2 "
11:45	265'	11 "	"	5 1/2 "
12:00	265'	11 "	"	5 1/2 "

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. Freezer Co. Inc Telephone #: 410-781-4655
Address: 6321 Barnard 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. Freezer 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: CLARKSVILLE OVERLOOK Lot #: 18 Well Tag #: HO-95-0324
Site Address: 6306 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 #: SSP4H5T0221 Model #: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 5.5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 500 (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:

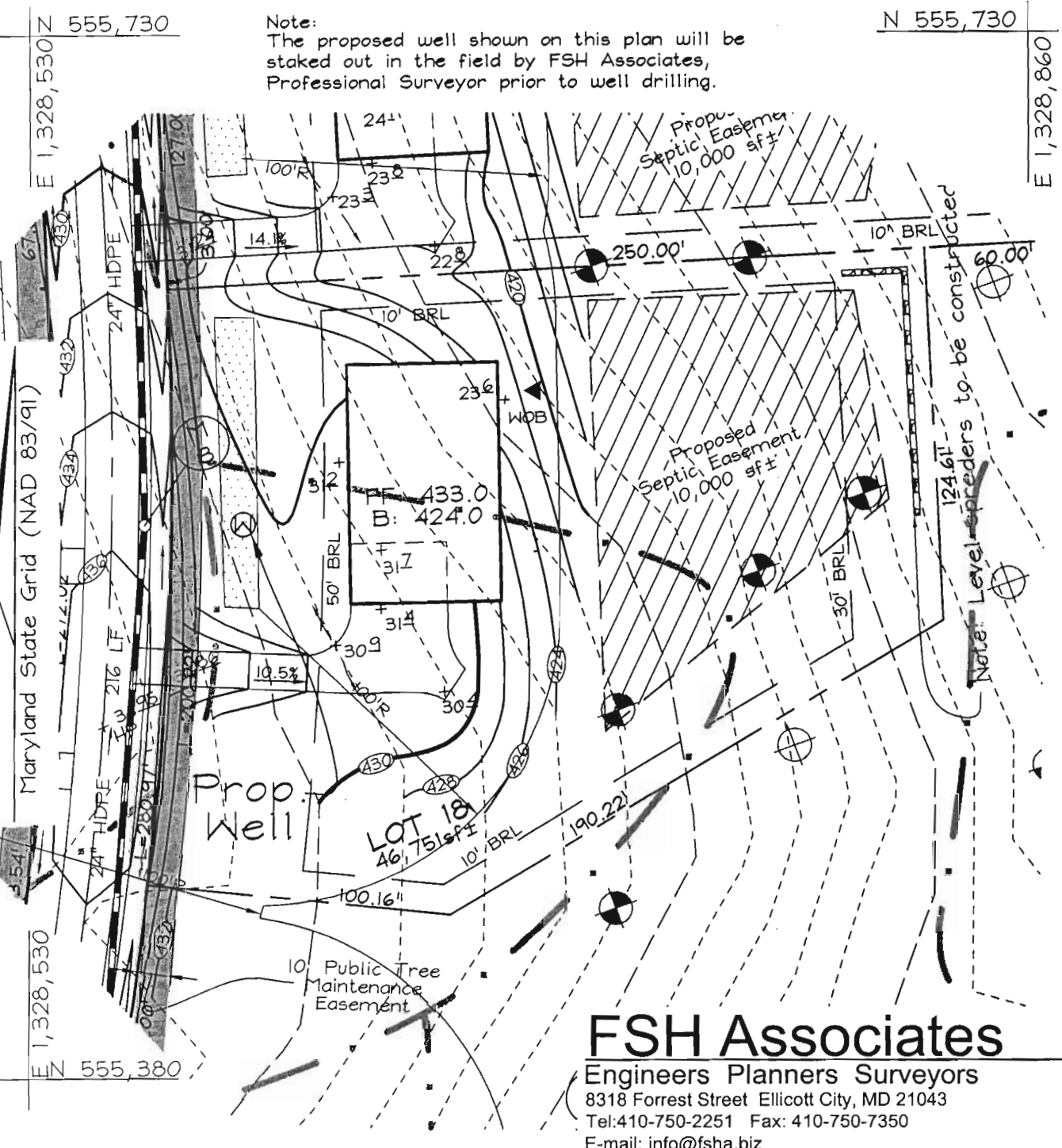
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Freezer date: 3/6/08

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

Date Insp. Requested: _____ Date Insp. Approved: 3/6/08 (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

3/23/06 well site plan



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

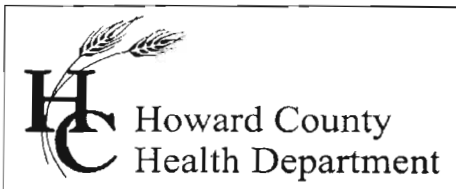
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1" = 50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 18 OF 35

**WELL PERMIT PLAN
 MACBETH FARM**

LOT 18

TAX MAP 34 GRID 18 & 24
 4TH ELECTION DISTRICT

PARCEL 90
 HOWARD COUNTY, MARYLAND



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

April 8, 2008

Homeowner
6306 Kerne Court
Clarksville, MD 21029

RE: Clarksville Overlook, Lot 18
6306 Kerne Ct.
Clarksville, MD 21029
BP # B07002393
Well Permit # HO-95-0324

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 4/8/2008. Final approval of the well line connection to the dwelling was approved on 2/25/2008.**

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.

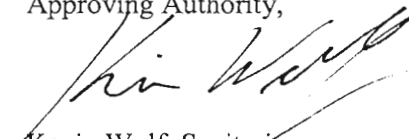
INTERIM CERTIFICATE OF POTABILITY

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-95-0324. 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.**

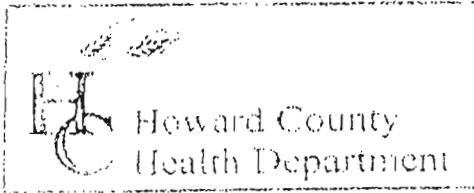
Date of Water Samples: 3/18/2008, 4/3/2008
Date of Well Completion: 4/10/2006
Date of Radium Samples: 4/6/2006

Approving Authority,



Kevin Wolf, Sanitarian
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

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: 67597
Report Date: March 19, 2008

Property Sampled: 6306 Kerne Court

County: Howard
Subdivision: Clarksville Overlook **Tax Map #:** 34
Lot #: 18 **Parcel #:** 90
Building Permit #: B07002393

Date/Time Collected: March 18, 2008 at 12:54 pm
Date/Time Received: March 18, 2008 at 2:00 pm

Sample Location: Pressure Tank Tap
Sampler ID: 0095JF
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Tag Buried
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	5.5 NTU	EPA 180.1	10 NTU	Pass
pH	6.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	<u>PRESENT</u>	SM 9223B	Absent	FAIL
E.coli	<u>Absent</u>	SM 9223B	Absent	

Katherine Cannon FR
 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
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: 67814
Report Date: April 4, 2008

Property Sampled: 6306 Kerne Court, 21029, Retest

County: Howard
Subdivision: Clarksville Overlook
Lot #: 18
Building Permit #: Not Provided

Tax Map #: 34
Parcel #: 90

Date/Time Collected: April 3, 2008 at 10:40 pm
Date/Time Received: April 3, 2008 at 3:45 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: None

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

Send Report To:

Howard County
Environmental
Health

State of Maryland
DHMH - Laboratories Act
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201
J. Mehsen Joseph, Ph.D., Director

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

LABORATORY ANALYSIS REQUEST

MF18BB950324

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

Site Name: Macbeth Farm - Lot 18 County: Howard
Sample Source: Route 108 Location: Well # HO-95-0324
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

Collector: Brian Baker Telephone No.: (410) 313-2643

Date Collected: 4/6/2006 Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

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

Remarks: Taken During Well Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>72104039-016</u>	<u>12.8 ± 1.2</u>	<u>4/11/06</u>
✓	Gross Beta	4100		<u>5.0 ± 0.7</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			

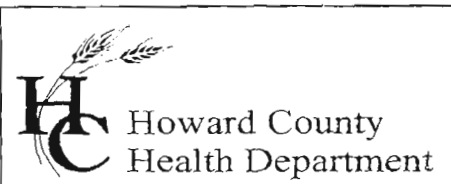
Date Received: _____ / _____ / _____

Section Chief: _____

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	MF18BB950324
Sample Date/Time:	4/6/2006	Lab Sample ID:	604039-006-006-1/1
Receipt Date/Time:	4/6/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	12.7817 pCi/L	± 1.2133 pCi/L	1.6047 pCi/L	
Gross Beta	4.907 pCi/L	± 0.6924 pCi/L	1.977 pCi/L	



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website: www.hchealth.org

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

May 12, 2006

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

RE: MacBeth Farm, Lot # 18
Well Tag: HO-95-0324

To Whom It May Concern,

A sample was collected from a yield test on April 6, 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 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 12.8 ± 1.2 picocuries per liter (pCi/L); while the **Gross Beta** level was 5.0 ± 0.7 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