

C1 3759

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" -HO-95-0325

DATE RECEIVED MM DD YY

4/3/06

22 500 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER J T S CORPORATION last name first name TOWN Clarksville STREET OR RFD Clarksville Pike (Md 108) MACHETH FARM SECTION LOT 19

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 21 NO. OF POUNDS 2100

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 46 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 50'

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

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

DEPTH (nearest ft.)

1 110 48 500' 2 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48 ft.

WHEN PUMPING 153 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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

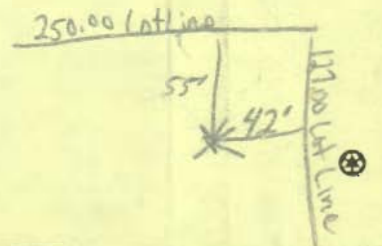
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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 26.04.04 "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 K D 040 DRILLERS SIGNATURE George F. Kuster

LIC. NO. 1 A W D 288

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

B 1 0752
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
70-95-0325

524.24 please type

fill in this form completely 79

Date Received (APA) 02 24 06
OWNER INFORMATION 10174
J T S Corporation
8808 Centre Park Drive S209
Columbia, Md 21045

Howard LOCATION OF WELL
Macbeth Farm
Clarksville
MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
2/23/2006

Clarksville Pike (Md 108)
ON WHICH SIDE OF ROAD
DISTANCE FROM ROAD Ft. 500+
TAX MAP: 39 BLK: 24 PARCEL 91

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard COUNTY NO. 1518543
STATE SIGNATURE
DATE ISSUED 3/2/06
CO SIGNATURE
NORTH GRID 50 EAST GRID 57

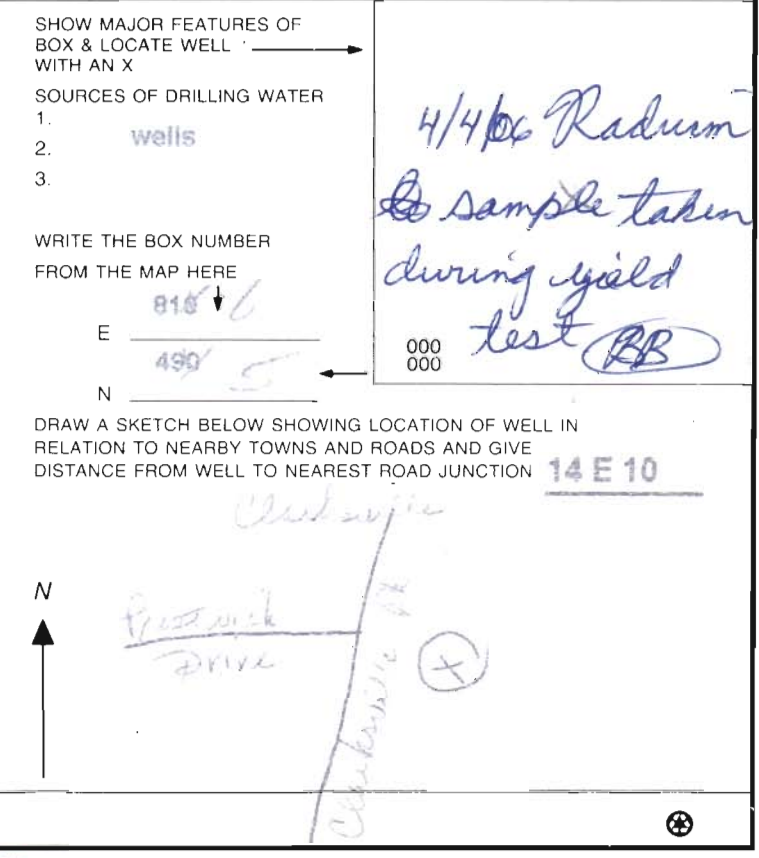
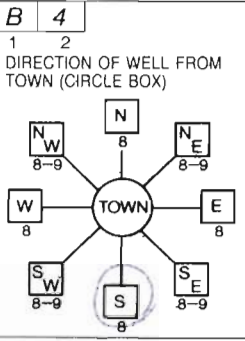
APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)
BORED (or Augered) AIR-ROTary
JETTED AIR-PERCussion
Jetted & DRIVEN ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary
DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0325
 Location of property (road) Route 108, Charksville Pike
 Subdivision MACBETH FARM Lot 19 Block _____ Plat _____ Sec. _____
 Well Driller EASTER DAY Owner JTS Corp

Depth of well 500 10 gpm
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 47.8

I. High rate pumping -- reservoir drawdown

Time pump started 9:45 Pumping rate 15 gpm
 Total time 30 min to reach pumping water level 142 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)
1015	142'	14 sec	1 gal bucket	4.2 gpm
1030	142'	14"	"	4.2 "
1045	142'	14"	"	4.2 "
1100	142'	14"	"	4.2 "
1115	142'	14"	"	4.2 "
1130	142	14"	"	4.2 "
1145	142	14"	"	4.2 "
1200	142	14"	"	4.2 "
1215	143	14"	"	4.2 "
1230	143	14"	"	4.2
1245	143	14"	"	4.2
100	143	14"	"	4.2
115	143	14"	"	4.2
130	143	14"	"	4.2
145	143	14"	"	4.2
200				
215				
230				
245				
300				
315				
330				
345				
400				

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,
SYKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Feezer License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: M.V. Homes Telephone #: 410-379-5956
Subdivision: CLARKSVILLE OVERLOOK Lot #: 19 Well Tag #: HO-95-0325
Site Address: 6310 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 #: SSP4HS00221 Model#: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 4.2 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 50 (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: 40 (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 12/17/07
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 10/31/07 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

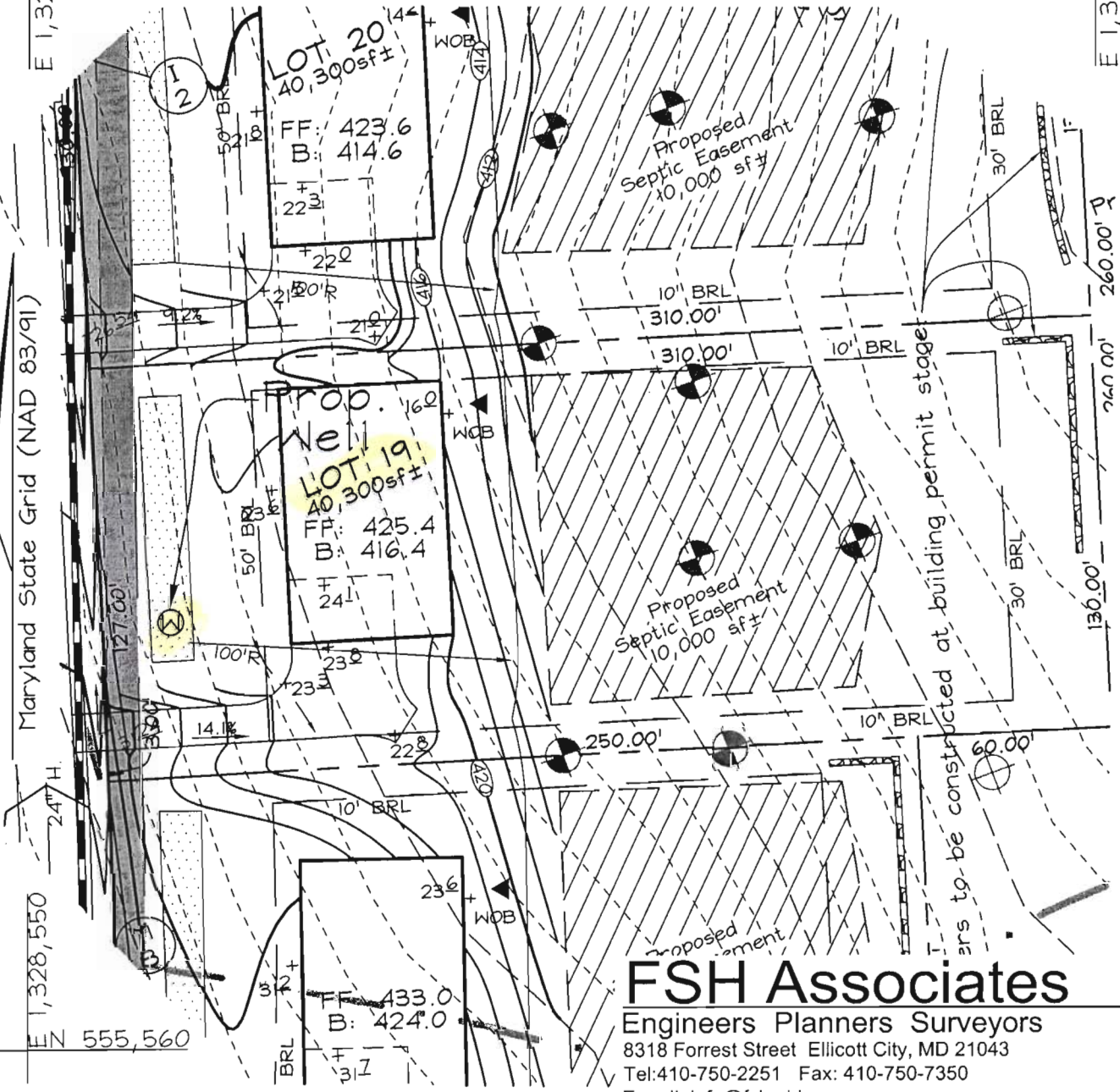
N 555,920

N 555,920

E 1,328,550

E 1,328,880

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

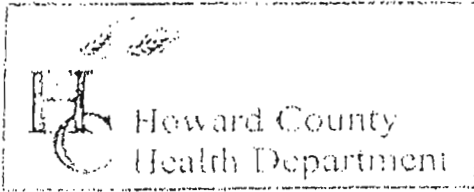
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 19 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 19

TAX MAP 34 GRID 18 & 24
 4TH ELECTION DISTRICT

PARCEL 90
 HOWARD COUNTY, MARYLAND



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

Send Report To:

Howard County
Environmental
Health

MacBeth Farm
JTS Corporation Suite 209
State of 8808 Centre Park Dr. Columbia, MD 21045
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

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

LABORATORY ANALYSIS REQUEST

HOMF19BB950325

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

Site Name: Macbeth Farm - Lot 19 County: Howard

Sample Source: Clarksville Pike Location: Well # Ho-95-0325
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

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

Date Collected: 4/4/2006 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>604014-004</u>	<u>10.4 ± 1.1</u>	<u>4/7/06</u>
✓	Gross Beta	4100		<u>2.1 ± 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			

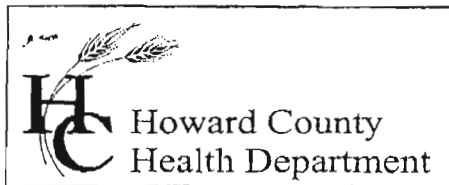
Date Received: _____ / _____ / _____

Section Chief: _____

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	HOMF19BB950325
Sample Date/Time:	4/4/2006	Lab Sample ID:	604014-004-004-1/1
Receipt Date/Time:	4/4/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	10.413 pCi/L	± 1.12 pCi/L	1.6597 pCi/L	
Gross Beta	2.1275 pCi/L	± 0.7362 pCi/L	2.9539 pCi/L	U



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

May 18, 2006

Clarksville Overlook, LLC
5300 Dorsey hall Drive
Suite 200
Ellicott City, Maryland 21042

RE: MacBeth Farm Lot 19
Well Tag: HO-95-0325

To Whom It May Concern:

A sample was collected from a yield test on April 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. 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 10.4 ± 1.1 picocuries/liter (pCi/L); while the **Gross Beta** level was 2.1 ± 0.7 pCi/L. Both the **Gross Alpha** and **Gross Beta** were below the maximum contaminant levels (MCL's) of 15 pCi/L and 50 pCi/L respectively. At the time of 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 & Occupancy. However, other standard testing will still be necessary.

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 schedule additional testing.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

CC: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic File

CERTIFICATE OF ANALYSIS


**Trace Laboratories, Inc.
Maryland**

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

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000


Registered Firm


 PERRY JOHNSON
REGISTRARS, INC.

Cert No. C2005-01504

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

S/O Number: 66538
Report Date: December 19, 2007

Property Sampled: 6310 Kerne Court

County: Howard
Subdivision: Clarksville Overlook
Lot #: 19
Building Permit #: B07003183

Tax Map #: 34
Parcel #: 90

Date/Time Collected: December 18, 2007 at 1:00 pm
Date/Time Received: December 18, 2007 at 3:30 pm

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

Well Tag Number: HO-95-0525
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.1 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Kate Common RR
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.



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

December 26, 2007

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

RE: Clarksville Overlook, Lot 19
6310 Kerne Court
Clarksville, MD 21029
BP #: B07003133
Well Permit # HO-95-0325

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 12/04/2007.**
Final approval of the well line connection to the dwelling was approved on 10/31/2007.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Also, Gross Alpha and Beta sample was collected on 04/04/2006. Both findings were below the maximum limit suggested by the EPA. 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.

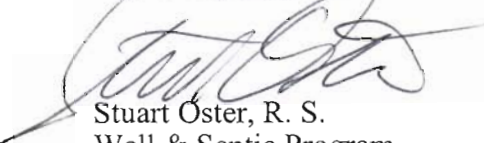
INTERIM CERTIFICATE OF POTABILITY

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-95-0325. 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: 12/18/2007
Date of Sample for Gross Alpha and Gross Beta: 04/04/2006
Date of Well Completion: 04/03/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File