

C-1 3898

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 ITS CORPORATION STREET OR RFD CLARKSVILLE PIKE TOWN CLARKSVILLE SUBDIVISION MARBETH FARM SECTION LOT 26

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, brown mica, Green Mica, and Gray/Blue Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 25, NO. OF POUNDS 2500, GALLONS OF WATER 150, DEPTH OF GROUT SEAL 42 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6 inch, Total depth 60 feet.

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

SCREEN RECORD: screen type or open hole (ST), diameter of screen 58 inch, slot size 1.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

- CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

LIC. NO. 1 JW D 227

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

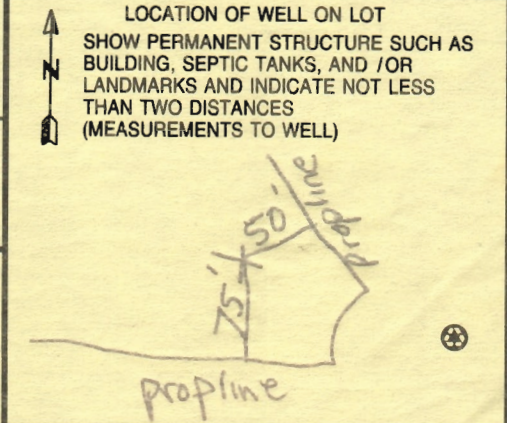
DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Includes slot size and diameter of screen.

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

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 1.6 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 29 ft. BEFORE PUMPING, 200 ft. WHEN PUMPING, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (CIRCLE) YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT (+) above LAND SURFACE, (-) below 2 (nearest) foot.



B 1 0759
1 2 3 6

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
524124
0222

STATE PERMIT NUMBER
HO-95-0293
fill in this form completely

Date Received (APA)
02 24 06

OWNER INFORMATION 10181

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

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 2/23/2006

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 NEAREST 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 DEEPEM AN EXISTING WELL
- 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 H02004G008(01)

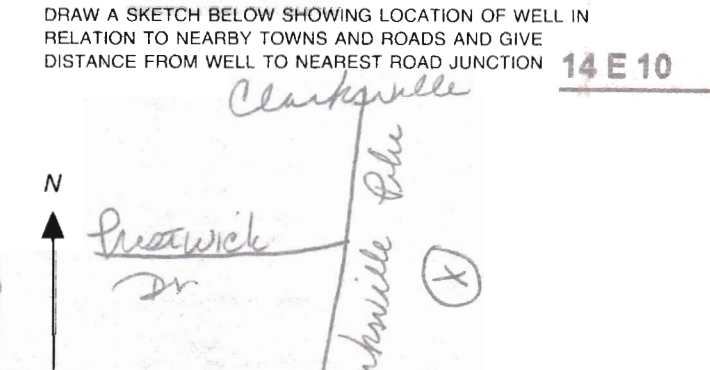
PERMIT No. HO-95-0293

LOCATION OF WELL
B 3 Howard
8 COUNTY CC# 21
Macbeth Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 26 48 50
Clarksville
52 NEAREST TOWN 74
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

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. 38 39
ENTER FT OR MI
TAX MAP: 34 BLK: 18 PARCEL 190

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13 AS18543
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/8/06 3/9/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 495 000 EAST GRID 816 000
50 55 57 63

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
E 810 816
N 490 495
000 000



SPECIAL CONDITIONS

INDICATE - DRILLING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

3-28-06
 8:30

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0293
 Location of property (road) CLARKSVILLE Pike
 Subdivision MACBETH FARM Lot 26 Block _____ Plat _____ Sec. _____
 Well Driller EASTERDAY Owner J.T.S. CORP
 Depth of well 600 3 gpm
 Distance of measuring point (M.P.) above ground 2 Ft
 Static water level (S.W.L.) below M.P. 29 Ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 Pumping rate 15 gpm
 Total time 30 min to reach pumping water level 199 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used) Pump set 380'	CALCULATED FLOW (gallons per minute)
9:45	199	30	380'	2
10:00	199	30	380'	2
10:15	199	36	380'	1.6
10:30	199	36	380'	1.6
10:45	200	36	380'	1.6
11:00	200	36	380'	1.6
11:15	200	36	380'	1.6
11:30	200	36	380'	1.6
11:45	200	36	380'	1.6
12:00	200	36	380	1.6
12:15	200	36	380	1.6
12:30	200	36	380	1.6
12:45	200	36	380	1.6
1:00	200	36	380	1.6
1:15	200	36	380	1.6
1:30	200	36	380	1.6
1:45	200	36	380	1.6
2:00	200	36	380	1.6
2:15	200	36	380	1.6
2:30	200	36	380	1.6
2:45	200	36	380	1.6
3:00	200	36	380	1.6
3:15	200	36	380	1.6
3:30	200	36	380	1.6
HD-224 3:45	200	36	380	1.6

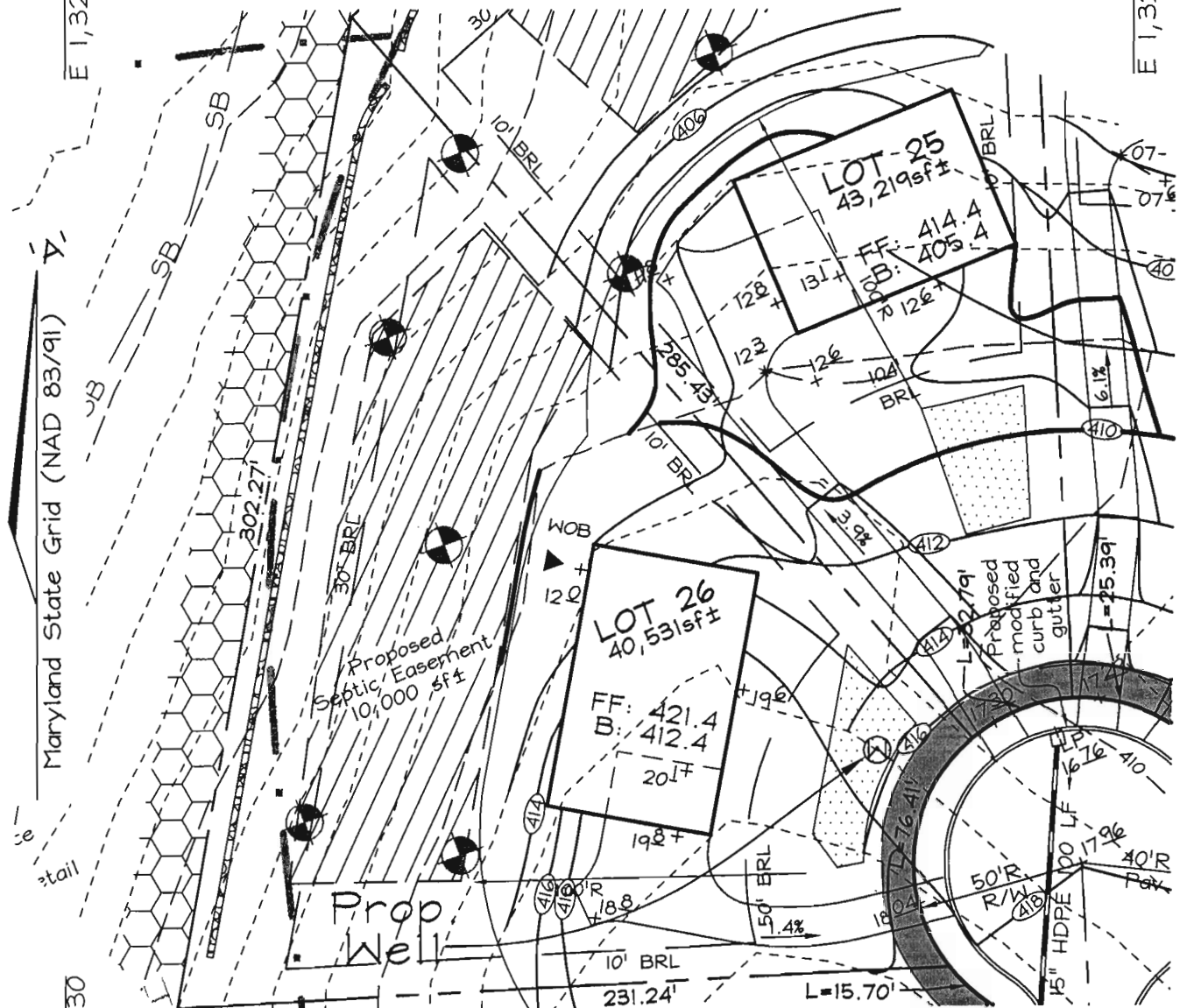
N 556,350

N 556,350

E 1,328,230

E 1,328,550

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

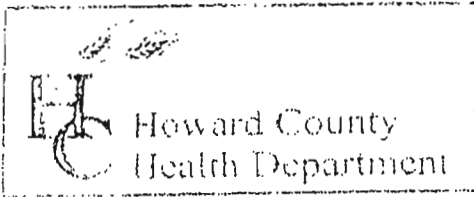
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 26 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 26

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 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

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 Barnett 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 #: 410-379-5756
Subdivision: CLARKSVILLE OVERLOOK Lot #: 96 Well Tag #: HO-95-0293
Site Address: 6321 KERNE CT
CLARKSVILLE, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-RITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSPYHS152A1</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.6</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>600</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

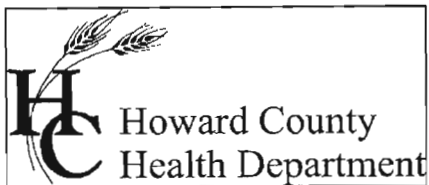
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>40"</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 9/26/08

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

Date Insp. Requested: _____ Date Insp. Approved: 9/26/08 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



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

October 28, 2008

Homeowner
6321 Kerne Court
Clarksville, MD 21029

FAX SENT VIA FACSIMILE 410-379-2430

RE: Clarksville Overlook, Lot 26
6321 Kerne Court
Clarksville, MD 21029
BP# B08001754
Well Tag #: HO-95-0293

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 09/24/2008. Final approval of the well line connection to the dwelling was approved on 09/26/2008.**

The third set of water sample results indicates 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.

Gross Alpha and Beta samples were also collected on 03/28/2006, 10/01/2008, and 10/22/2008. The first two Gross Alpha sample results exceeded the maximum contaminant level of (MCL) of 15 pCi/L suggested by the EPA. On 10/22/2008 after a reverse osmosis system was installed, the gross alpha results were below the maximum contaminant level. All the Gross Beta results were below the targeted value of 50 pCi/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-95-0293. 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.

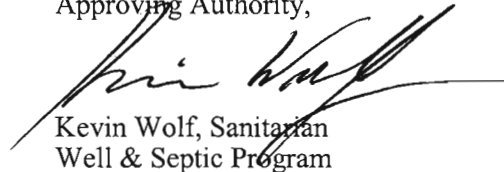
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 10/08/2008, 10/15/2008 & 10/21/2008

Date of Samples for Gross Alpha & Gross Beta: 03/28/2006, 10/01/2008 & 10/22/2008

Date of Well Completion: 03/28/2006

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", is written over a horizontal line.

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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: 70239
Report Date: October 27, 2008

Property Sampled: 6321 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 26
Building Permit #: B08001754

Tax Map #: 34
Parcel #: 90

Date/Time Collected: October 22, 2008 at 10:15 am
Date/Time Received: October 22, 2008 at 2:30 pm

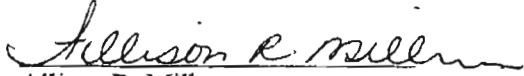
Sample Location: R/O Tap
Sampler ID: 9406NW

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

Well Tag Number: Unable to observe
Well Condition: Well condition undetermined

Water Conditioning/Treatment: R/O

PARAMETER	RESULT	METHOD	DETECTION LIMIT
Gross Alpha+	<0.6+/- 0.4 pCi/L	EPA 900.0	0.6 pCi/L
Gross Beta+	<1.1 +/-0.7 pCi/L	EPA 900.0	0.7 pCi/L


 Allison R. Milburn
 Manager-Drinking Water Testing

Samples analyzed by Laboratory #278+
 Samples analyzed by Laboratory #E83033++



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.trace labs.com / Email: info@trace labs.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: 69973

Report Date: October 9, 2008

Property Sampled: 6321 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 26
Building Permit #: B08001754

Tax Map #: 34

Parcel #: 90

Date/Time Collected: October 1, 2008 at 1:30 pm

Date/Time Received: October 1, 2008 at 3:00 pm

Sample Location: Laundry Tub Tap

Sampler ID: 5745KC

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	
Gross Alpha	20.9 +/- 2.0 pCi/L	EPA 900.0	1.4 pCi/L	HIGH
Gross Beta	24.5 +/- 1.5 pCi/L	EPA 900.0	1.3 pCi/L	Pass

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



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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: 70221
Report Date: October 22, 2008

Property Sampled: 6321 Kerne Court, 21029, Retest #2

County: Howard
Subdivision: Clarksville Overlook
Lot #: 26
Building Permit #: B08001754

Tax Map #: 34
Parcel #: 90

Date/Time Collected: October 21, 2008 at 12:30 pm
Date/Time Received: October 21, 2008 at 3:10 pm

Sample Location: Powder Room Tap
Sampler ID: 9406NW

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	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	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: 70164

Report Date: October 16, 2008

Property Sampled: 6321 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 26
Building Permit #: B08001754

Tax Map #: 34

Parcel #: 90

Date/Time Collected: October 15, 2008 at 11:25 am

Date/Time Received: October 15, 2008 at 3:45 pm

Sample Location: Powder Room Tap
Sampler ID: 9406NW

Samples Iced: Yes

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0293

Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

Allison R. Milburn

Allison R. Milburn
 Manager-Drinking Water Testing



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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: 70067
Report Date: October 9, 2008

Property Sampled: 6321 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 26
Building Permit #: B08001754

Tax Map #: 34
Parcel #: 90

Date/Time Collected: October 8, 2008 at 2:00 pm
Date/Time Received: October 8, 2008 at 3:15 pm

Sample Location: Pressure Tank Tap
Sampler ID: 9406NW

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

Well Tag Number: No Tag
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener

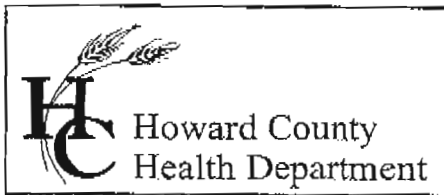
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.8 NTU	EPA 180.1	10 NTU	Pass
pH	7.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

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.



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 9, 2006

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

RE: MacBeth Farm Lot 26
Well Tag: HO-95-0231

To Whom It May Concern:


A sample was collected from a yield test on March 28, 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 52.5 ± 2.6 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.0 ± 1.0 pCi/L. 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.

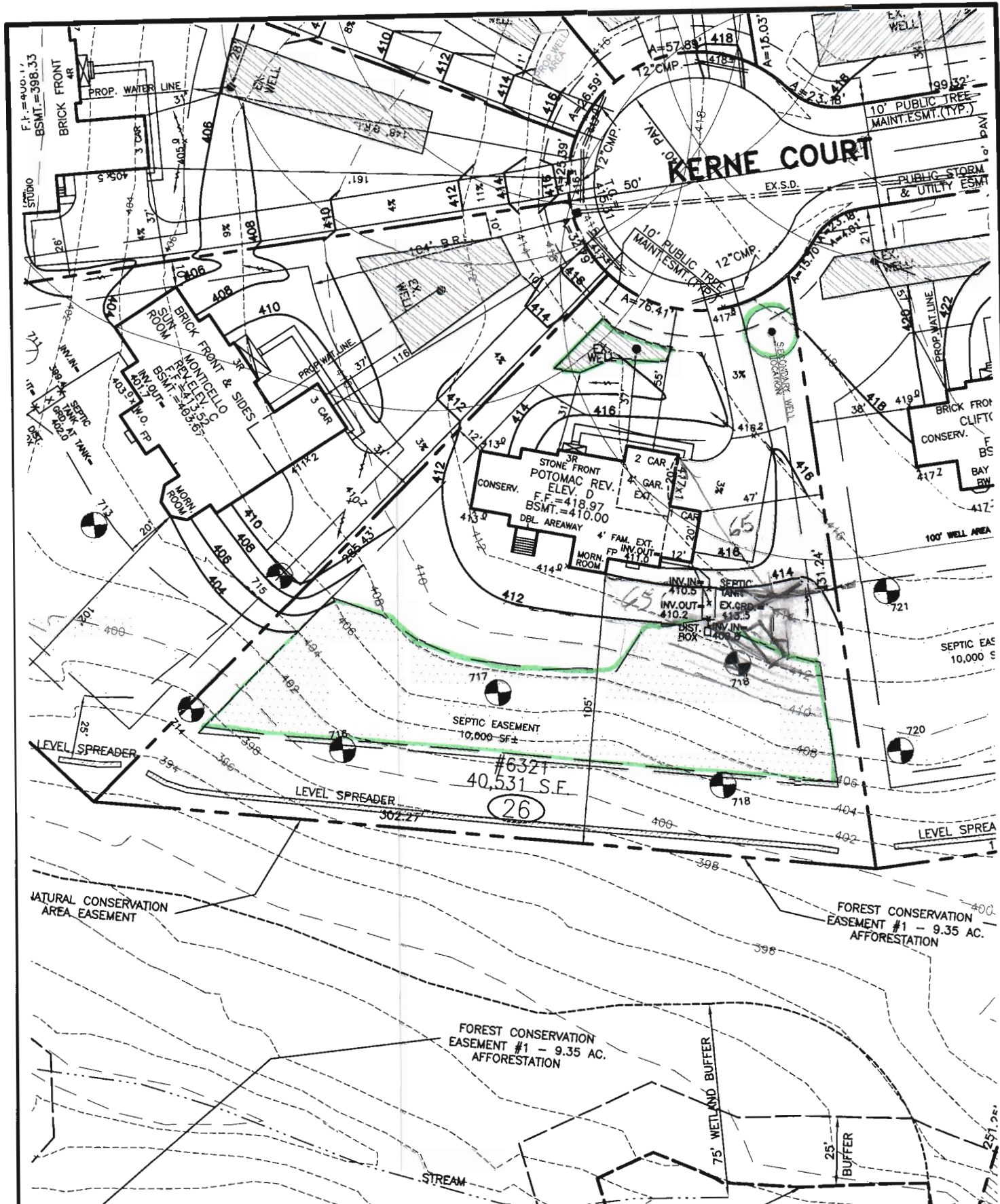
Since the **Gross Alpha** finding exceeded its MCL, additional testing for **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results confirming that levels are in conformance with existing standards.

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



07-08-08 REV.PER CURRENT PERC.CERT (TB)
 06/17/08 REV. 1 CAR GAR. DIMS. (TB)
 06/12/08 REV. LOCATION OF 1 CAR GAR. (TB)
 06/03/08 REV. FROM WALKOUT TO AREAWAY. (TB)

THE SEPTIC RESERVE AREA AND THE WELL AREA SHOWN ARE BASED ON THE REVISED PERCOLATION CERTIFICATION BY BENCHMARK ENGINEERING,INC. APPROVED ON JUNE 23, 2008.

NOTE: THE 1 CAR FRONT LOAD GARAGE IS NOT TYPICAL FOR THIS HOUSE. ARCHITECTURAL DRAWINGS SHOWING THIS GARAGE WILL NEED TO BE OBTAINED FOR PERMIT AND STAKEOUT.

THE EXISTING WELL SHOWN ON THIS PLAN, WELL TAG #HO-95-0293 HAS BEEN FIELD LOCATED BY MORRIS & RITCHIE ASSOC. INC, PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

EJECTOR REQUIRED TO SEWER BASEMENT.

SETBACKS: RR-DEO

FRONT YARD: AS SHOWN
 SIDE YARD: 10' MIN.
 REAR YARD: 30' MIN.

DIRT IMPORT REQUIRED: 100 YDS.±
 DIRT EXPORT REQUIRED: 000 YDS.±

BUILDER
 N.V.HOMES
 6085 MARSHALEE DRIVE, SUITE 130
 ELKBRIDGE, MARYLAND 21075
 PH.:410-379-5956



MORRIS & RITCHIE ASSOCIATES, INC.
 ENGINEERS, ARCHITECTS, PLANNERS, SURVEYORS, & LANDSCAPE ARCHITECTS
 3445-A Box Hill Corporate Center Drive
 Abingdon, Maryland 21009
 (410) 515-9000
 Fax: (410) 515-9002

SITE AND GRADING PLAN
 FOR
CLARKSVILLE OVERLOOK
 (A.K.A. MACBETH FARMS)
LOT 26 #6321 KERNE COURT

4TH ELECTION DISTRICT HOWARD CO., MARYLAND

SCALE: 1"=50' DATE: APRIL 1, 2008 DRAWN BY: TB DESIGN BY: TB REVIEW BY: DA JOB NO. 14948