

C1 3894

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 3/16/06

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0289

OWNER: JTS CORPORATION, STREET OR RFD: CLARKSVILLE PIKE, TOWN: CLARKSVILLE, SUBDIVISION: MARGARET FARM, SECTION: , LOT: 23

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 17, NO. OF POUNDS 1700, GALLONS OF WATER 102, DEPTH OF GROUT SEAL 43 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 4, METHOD USED TO MEASURE PUMPING RATE Bucket

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown mica, Green slate w/ quartz, Quartz, Brown mica, Green slate, Sandstone w/ quartz, Green slate, Sandstone w/ quartz, Greyish carbon mica, Sand w/ quartz, Granite, Grey mica w/ quartz.

CASING RECORD

MAIN CASING TYPE 55, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (insert appropriate code below), SCREEN RECORD options: ST (STEEL), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

DRILLERS LIC. NO.: MWD 040, DRILLERS SIGNATURE: George F. Gustafson

LIC. NO.: MWD 788

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

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft.

WHEN PUMPING 171 ft.

TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES

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 to 35

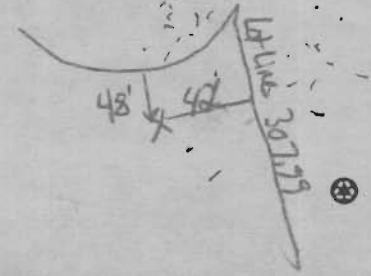
PUMP HORSE POWER 37 to 41

PUMP COLUMN LENGTH (nearest ft.) 43 to 47

CASING HEIGHT (circle appropriate box and enter casing height) + above, - below, LAND SURFACE (nearest foot) 2

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)



B 1 0755
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

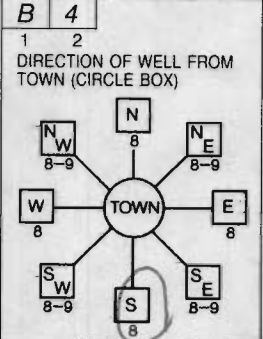
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
524124 please type

STATE PERMIT NUMBER
HO-95-0289
fill in this form completely

Date Received (APA) 02 24 06
OWNER INFORMATION 10177
JT S Corporation
Last Name Owner First Name 34
8808 Centre Park Drive S209
Columbia, Md 21045
Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL
8 COUNTY 21
Macbeth Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 22 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
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 2/23/2006
Signature Date



Clarksville Pike (Md 108)
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 500+ 37
DISTANCE FROM ROAD ft.
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 18 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)
 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
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 0 0 0 EAST GRID 816 0 0 0
50 55 57 63

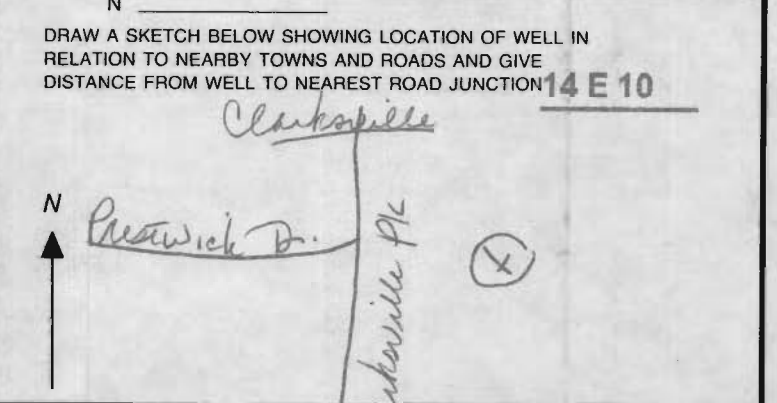
APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

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

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
810 816
E 490 495
N

3/22/06
Sample Taken
X PB

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL 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-95-0289
70 71 72 73 74 75 76 77 78 79

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

3-21-06
 8:30

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0289
 Location of property (road) CLARKSVILLE Pike
 Subdivision MARBETH FARM Lot 22 Block _____ Plat _____ Sec. _____
 Well Driller EASTERDAY Owner J.T.S. CORP

Depth of well 500 2 1/2
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 23'

I. High rate pumping -- reservoir drawdown

Time pump started 10:15 Pumping rate 156 gpm
 Total time 30 min to reach pumping water level 170 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)
10:30	170	15 sec	1 gal bucket	4 gpm
10:45	170	15 "	"	4 "
11:00	170	15 "	"	4 "
11:15	170	15 "	"	4 "
11:30	170	15 "	"	4 "
11:45	170	15 "	"	4 "
12:00	170	15 "	"	4 "
12:15	170	15 "	"	4 "
12:30	170	15 "	"	4 "
12:45	171	15 "	"	4 "
1:00	171	15 sec		4 gpm
1:15	171	15 sec		4 gpm
1:30	171	15 sec	water stop	4 gpm
1:45	171	15 sec		4 gpm
2:00	171	15 sec		4 gpm

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: 6321 PARSONS AVE,
SYRACUSE, IA, MD

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

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

Name of Property Owner: NV Homes Telephone #: 410-379-5956
Subdivision: CLARKSVILLE OVERLOOK Lot #: 22 Well Tag #: HO-95-0289
Site Address: 6322 KERNA CT
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RITE Make: Campbell Two piece watertight cap:
Model #: 55PYHS10 221 Model #: PT 800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 43" (36" min) Cap secured to casing:
Well Yield: 4 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: 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.

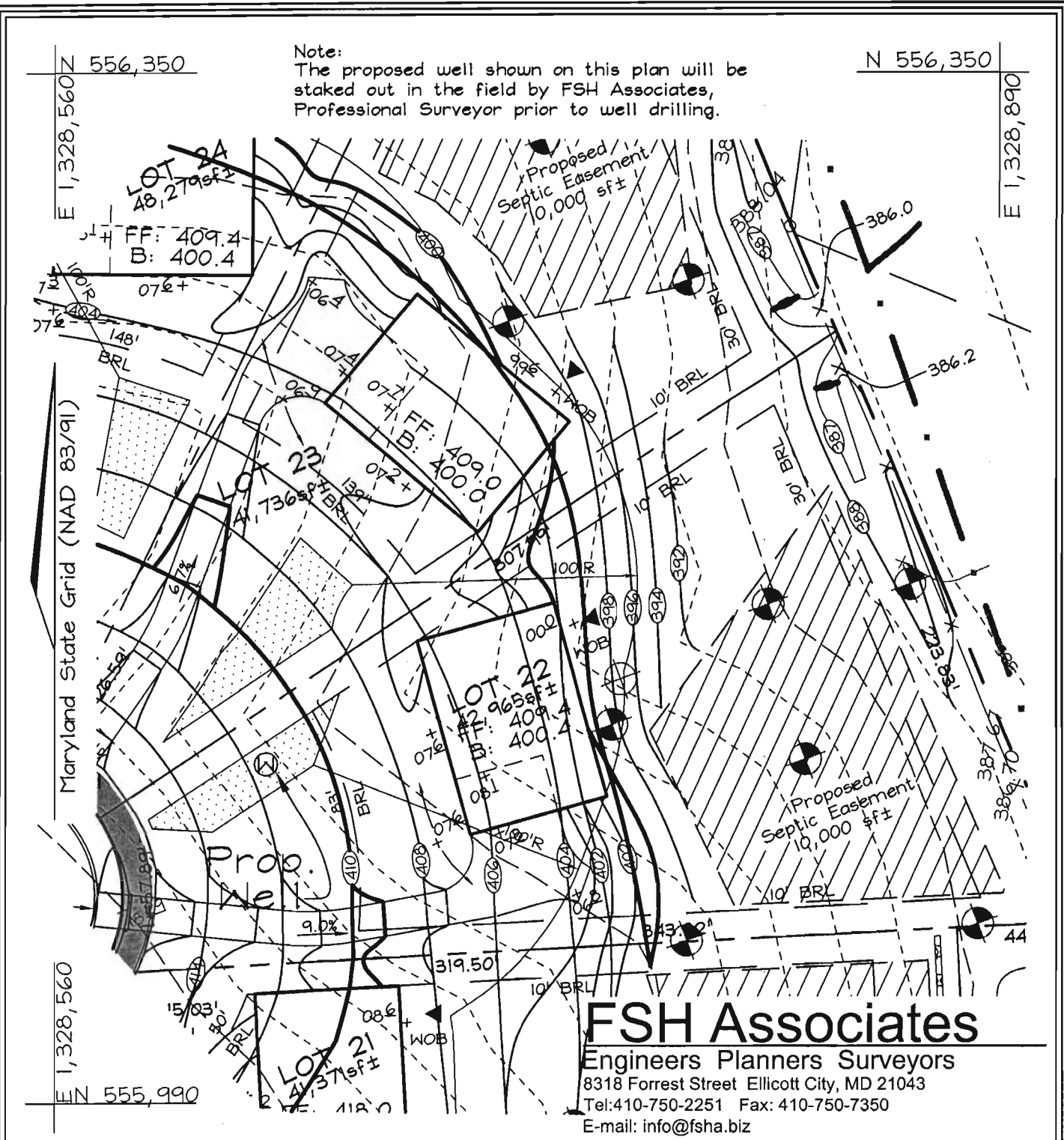
Signature of company representative responsible for installation: Robert L. Feezer date: 5/29/08
INSPECTION CALLED FOR 5/15/08

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

Date Insp. Requested: _____ Date Insp. Approved: 6/6/08 (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
Grout seen 10' below grade - Casing was extended

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.: 22 OF 35

**WELL PERMIT PLAN
MACBETH FARM**

LOT 22

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

June 19, 2008

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

RE: Clarksville Overlook, Lot 22
6322 Kerne Court
Clarksville, MD 21029
BP #: B07004863
Well Permit # HO-95-0289

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 05/19/2008. Final approval of the well line connection to the dwelling was approved on 06/10/2008.**

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

Also, Gross Alpha and Beta sample was collected on 03/21/2006. 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.

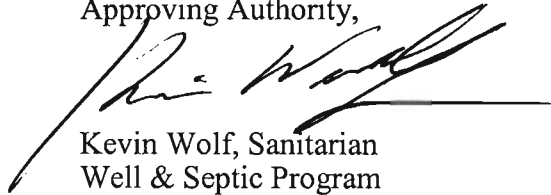
INTERIM CERTIFICATE OF POTABILITY

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-95-0289. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

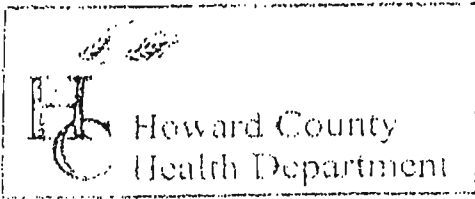
Dates of Water Sample: 06/06/2008, 06/17/2008
Date of Sample for Gross Alpha and Gross Beta: 03/21/2006
Date of Well Completion: 03/16/2006

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

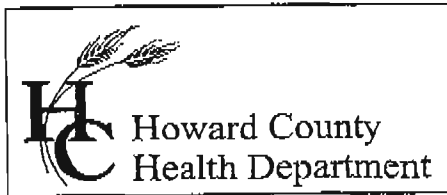
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by 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



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 # 22
Well Tag: HO-95-0289

To Whom It May Concern,

A sample was collected from a yield test on March 21, 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 2.7 ± 0.6 picocuries per liter (pCi/L); while the **Gross Beta** level was 5.9 ± 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



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: 68557
Report Date: June 9, 2008

Need Test for iron and manganese

Property Sampled: 6322 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 22
Building Permit #: B07004863

Tax Map #: 34
Parcel #: 90

Date/Time Collected: June 6, 2008 at 1:30 pm
Date/Time Received: June 6, 2008 at 3:15 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-0289
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	11.4 NTU	EPA 180.1	10 NTU	HIGH
Iron	0.42 mg/L as Fe		*0.3 mg/L as Fe	***
pH	6.6 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

High Turbidity - Install Sediment Filter and Test For Iron and Turbidity Again

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

MCL=Maximum Contamination Level
 *SMCL=Secondary Maximum Contamination Level
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC
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: 68657
Report Date: June 18, 2008

Property Sampled: 6322 Kerne Court, 21029, Retest

County: Howard
Subdivision: Clarksville Overlook
Lot #: 22
Building Permit #: B07004863

Tax Map #: 34
Parcel #: 90

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

Sample Location: Pressure Tank Tap & Kitchen Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-0289
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer

Table with 4 columns: PARAMETER, RESULT, METHOD, MCL. Rows include Turbidity (Raw) with result 3.1 NTU and Turbidity (Treated) with result <1.0 NTU.

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



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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: 68657
Report Date: June 19, 2008

Property Sampled: 6322 Kerne Court, 21029, Retest

County: Howard
Subdivision: Clarksville Overlook
Lot #: 22
Building Permit #: B07004863

Tax Map #: 34
Parcel #: 90

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

Sample Location: Kitchen Tap
Sampler ID: 6308KW

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

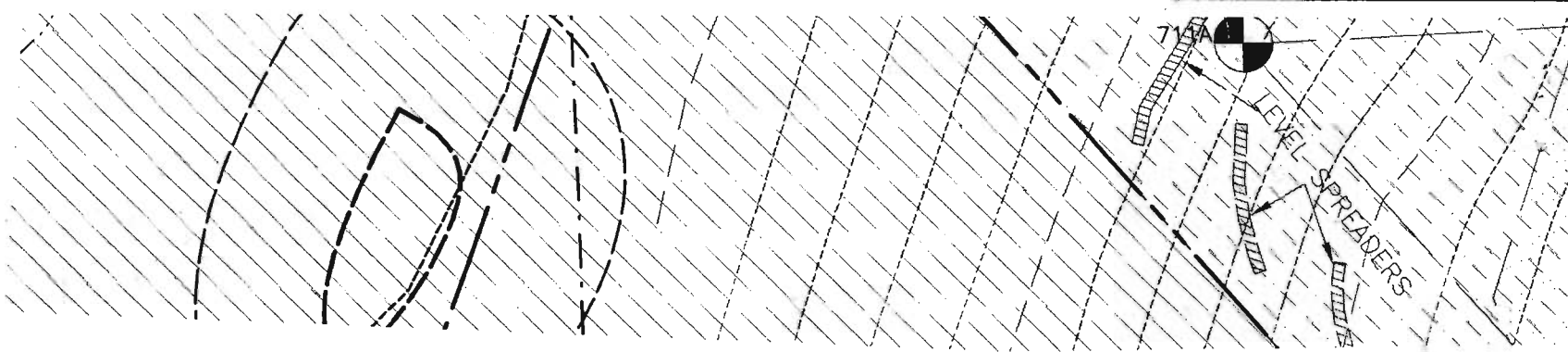
Well Tag Number: HO-95-0289
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/SMCL*	
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
Iron	<0.10 mg/L	HACH 8008	0.30 mg/L*	Pass

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

MCL=Maximum Contamination Level
 *SMCL=Secondary Maximum Contamination Level



NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. EXISTING GRADING SHOWN IS FIELD RUN TOPO BY MRA ON 04/02/07
3. PERCOLATION TEST FEE RECEIPT NUMBER - A518543
4. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
5. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
6. ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEPTIC RESERVE AREAS ON AND WITHIN 100 FEET OF THE PROPERTY AND 200 FEET DOWNSLOPE HAVE BEEN SHOWN.

APPROVED: FOR PRIVATE WATER AND SEWERAGE SYSTEMS

for *Michael J. Davis*
 COUNTY HEALTH OFFICER
 HOWARD COUNTY HEALTH DEPARTMENT

GAC

3/14/08
 DATE