

C1 3896

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 3/21/06

Depth of Well 22 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0291

OWNER JTS CORPORATION STREET OR RFD CLARKSVILLE PIKE TOWN CLARKSVILLE SUBDIVISION MARBETH FARM SECTION LOT 24

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Top soil, SAND, Brown mica Sandstone, Green mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 33 NO. OF POUNDS 3300 DEPTH OF GROUT SEAL 70 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 inch Total depth of main casing 74 feet

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table with columns for depth intervals (1-21, 23-26, 38-41, 45-47, 51) and slot size/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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 26 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO) 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) LAND SURFACE 2 (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)



DRILLERS LIC. NO.: MJD 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: AWD 288

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

B 1 0757
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 - 0291
fill in this form completely

Date Received (APA)
02 24 06
8 MM DD YY 13

OWNER INFORMATION 10179

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

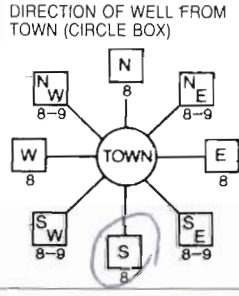
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Macbeth Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 24 48 50
Clarksville
52 NEAREST TOWN 74
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

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: George F. Easterday Date: 2/23/2006

B 4



Clarksville Pike (Md 108)
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 500+ 37
DISTANCE FROM ROAD FEET
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 18 PARCEL 190

B 2 WELL INFORMATION
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) A518543
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/8/06 CO SIGNATURE EXP. DATE 3/1/07
43 MM DD YY 48
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

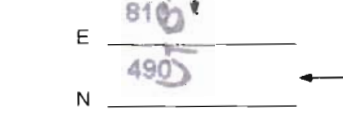
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 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 DEEPEAN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- wells
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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

APPROX. PERMIT NUMBER H02004008(01)
PERMIT No. H0-95-0291
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

12:30

3-21-06
 Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0291
 Location of property (road) CLARKSVILLE Pike
 Subdivision MACBETH FARM Lot 24 Block _____ Plat _____ Sec. _____
 Well Driller EASTERDAY Owner J.T.S. CORP

Depth of well 160 603pm
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 24ft

I. High rate pumping -- reservoir drawdown

Time pump started 2:45 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 <u>1</u> gallon bucket	FLOW METER READING (if used) <u>Pump set 140'</u>	CALCULATED FLOW (gallons per minute)
3:00	25ft	4sec		15gpm
3:15	26ft	4sec		15gpm
3:30	26ft	4sec		15gpm
3:45	26ft	4sec		15gpm
4:00	26ft	4sec		15gpm
4:15	26ft	4sec		15gpm
4:30	26ft	4sec		15gpm
4:45	26ft	4sec		15gpm
5:00	26ft	4sec		15gpm
5:15	26ft	4sec		15gpm
5:30	26ft	4sec		15gpm
5:45	26ft	4sec		15gpm
6:00	26ft	4sec	15gpm	

Truck

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 BARNETT AVE,
SYRUSO, 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 #: 24 Well Tag #: HO-95-0291
Site Address: 6330 KERNE CT
CLARKSVILLE, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA-ROBE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>S7PYH5072d1</u>	Model#: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</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>160</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

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: 5/30/08
CALL IN FOR INSPECTION 5/28/08

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

Date Insp. Requested: _____ Date Insp. Approved: 5/28/08
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 _____

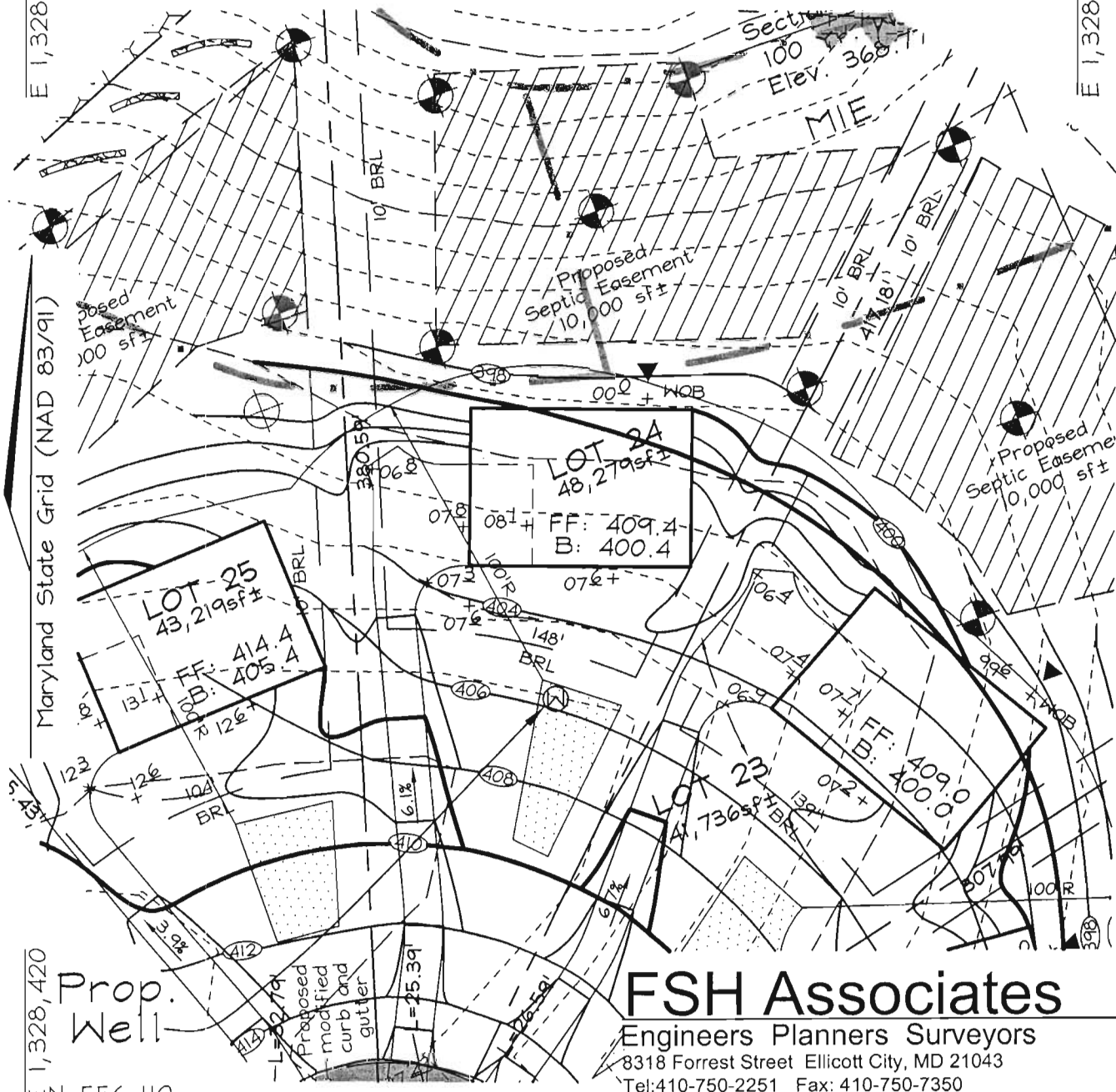
N 556,480

N 556,480

E 1,328,420

E 1,328,750

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

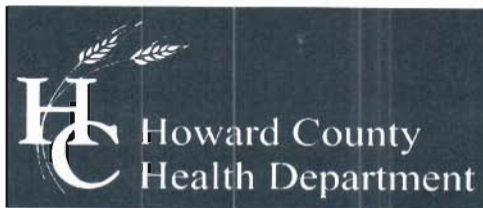
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Feb. 9, 2006
 W.O. No.: 3165
 SHEET No.: 24 OF 35

WELL PERMIT PLAN MACBETH FARM

LOT 24

TAX MAP 34 GRID 18 & 24
 4TH ELECTION DISTRICT

PARCEL 90
 HOWARD COUNTY, MARYLAND



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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 23, 2008

Homeowner
6330 Kerne Court
Clarksville, MD 21029

RE: Clarksville Overlook, Lot 24
6330 Kerne Ct.
Clarksville, MD 21029
BP #B08000243
Well Permit #HO-95-0291

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 5/14/2008. Final approval of the well line connection to the dwelling was approved on 5/28/2008**

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 raw nitrate sample results were previously documented to be 10.2 ppm. **A nitrate device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on June 20th, 2008 which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

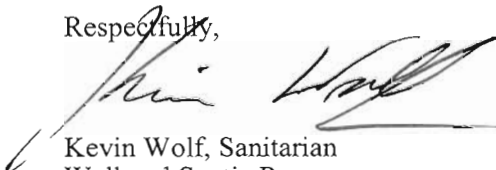
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0291. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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.

Further more, under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0291 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 6/6/2008, 6/20/2008
Date of Radium Sample(s): 3/21/2006
Date of Well Completion: 3/21/2006

Respectfully,



Kevin Wolf, Sanitarian
Well and 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: 68559
Report Date: June 9, 2008

Property Sampled: 6330 Kerne Court, 21029

County: Howard
Subdivision: Clarksville Overlook
Lot #: 24
Building Permit #: B08000143

Tax Map #: 34
Parcel #: 90

Date/Time Collected: June 6, 2008 at 1:49 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-95-0291
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	10.2 mg/L as N	SM 4500D	10 mg/L as N	FAIL
Turbidity	1.2 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 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

Katherine Danna
 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: 68734
Report Date: June 23, 2008

Property Sampled: 6330 Kerne Court, 21029, Retest

County: Howard
Subdivision: Clarksville Overlook
Lot #: 24
Building Permit #: B08000243

Tax Map #: 34
Parcel #: 90

Date/Time Collected: June 20, 2008 at 2:37 pm
Date/Time Received: June 20, 2008 at 3:45 pm

Sample Location: R/O Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-0291
Well Condition: 2-Piece Cap
 Satisfactory

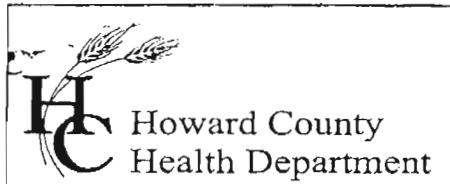
Water Conditioning/Treatment: Neutralizer R/O

PARAMETER	RESULT	METHOD	MCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

OK

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

MCL=Maximum Contamination Level



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

April 24, 2006

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

RE: MacBeth Farm Lot 24
Well Tag: HO-95-0291

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 particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your water supply.

Results from this screening revealed a **Gross Alpha** of 0.8 ± 0.4 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.2 ± 0.8 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

Send Report To:

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

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

LABORATORY ANALYSIS REQUEST

HO MF24 950291

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

Plant/Site Name: _____ County: Howard

Sample Source: Macbeth Farm-Lot 24 Location: Well # HO-95-0291
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

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

Date Collected: 3/21/2006 Time Collected: _____ a.m. 4:00 p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

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

Remarks: Initial Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>603158-014-014</u>	<u>0.8 ± 0.4</u>	<u>4/3/06</u>
✓	Gross Beta	4100		<u>7.2 ± 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			

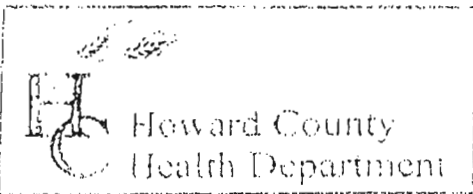
Date Received: _____ / _____ / _____

Section Chief: _____

Analytical Summary Report

Client Name:	Howard County Health Department	Client Sample ID:	HOMF24950291
Sample Date/Time:	3/22/2006	Lab Sample ID:	603158-014-014-1/1
Receipt Date/Time:	3/22/2006	Sample Matrix:	WATER
Prepared Date/Time:		Analytical Method:	ALPHA/BETA BY METHOD 900.0

Isotope	Result	Uncertainty 1σ	MDA	Q
Gross Alpha	0.8879 pCi/L	± 0.4928 pCi/L	2.0706 pCi/L	U
Gross Beta	7.2097 pCi/L	± 0.8148 pCi/L	2.6807 pCi/L	



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:

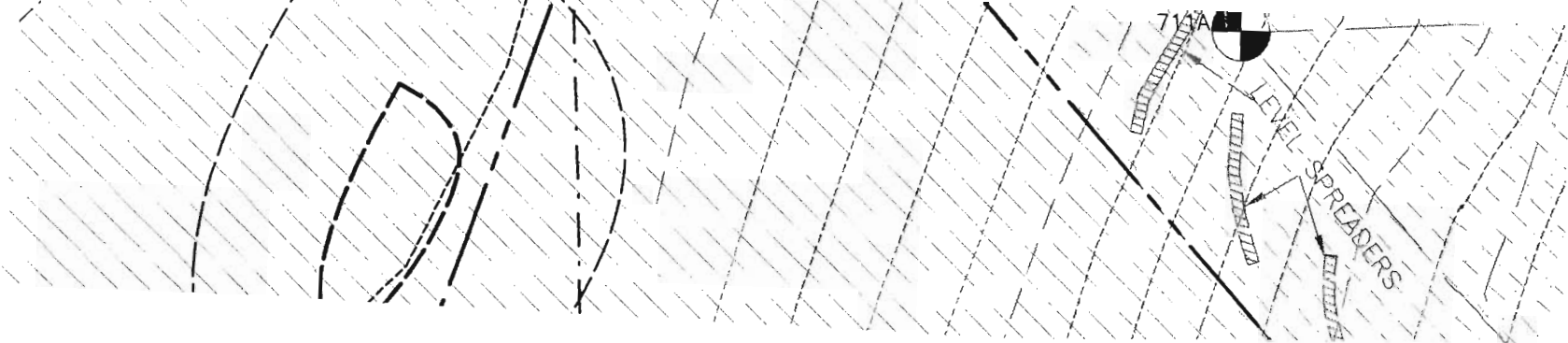
- The well site has been staked by F.S.H. ASSOCIATES,
 (professional land surveyor or company employing professional land surveyors)
 on 2-20-06 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the 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



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

GNC

3/11/08
 DATE