

C1 6979

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 A 516 903

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 5 16 2007

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 1004

OWNER Highland Development Corporation, STREET OR RFD Brookline Way, TOWN Highland, SUBDIVISION Brighton Mill, SECTION, LOT 1

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, FEET (FROM, TO), check if water bearing. Rows: Sand (0-27), Mica Rock (27-220)

GROUTING RECORD

WELL HAS BEEN GROUDED (Circled Y), CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 10, NO. OF POUNDS 940

CASING RECORD

MAIN CASING TYPE ST (STEEL), Nominal diameter top (main) casing 6, Total depth of main casing 31

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

SCREEN RECORD

screen type or open hole ST (STEEL), insert appropriate code below

DEPTH (nearest ft.)

Table with columns: T, A, C, H, S, C, R, E, N and depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51-53)

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

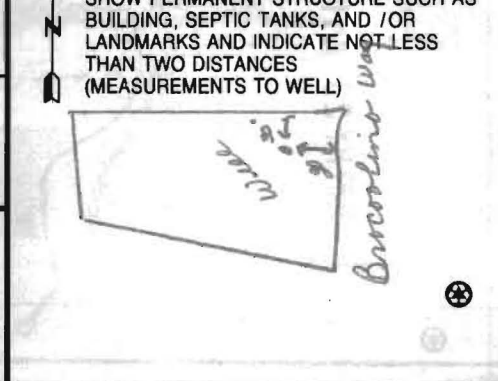
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 20, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft., WHEN PUMPING 45 ft., TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) + above LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



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

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. M S D O 24, DRILLERS SIGNATURE Joseph L. Mayne, LIC. NO. D

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

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

Highland Development Corp
P.O. Box 228
Clarksville Md 21029

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I

73 76 77 78

Howard
Brighton Mill
Highland

DRILLER INFORMATION

Driller's Name 76 License No. 81

Firm Name

Address

Signature Date

Joseph L Mayne M S D 024
Joseph L Mayne Well Drilling
5512 Ridge Rd Mt. Airy Md 21111
Joseph L Mayne 3-2-07

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37

DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 34 BLK: 2 PARCEL 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

8 12

14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME *Howard* COUNTY NO. *9516903*

STATE SIGNATURE *John Smith* INSERT S → 41

DATE ISSUED *3/26/07*

43 MM DD YY 48 CO SIGNATURE *John Smith* EXP. DATE *3/26/08*

NORTH GRID *503* 0 0 0 EAST GRID *805* 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL *300* FEET

24 28

APPROXIMATE DIAMETER OF WELL *6* INCH

NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. *well*

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E *80x5*

N *50x3*

000
000

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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)

APPROX. PERMIT NUMBER *HO 2006 G 002*

PERMIT No. *HO-95-1004*

70 71 72 73 74 75 76 77 78 79

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

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 Burnside 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: BRIGHTON MILL Lot #: 1 Well Tag #: HO-95-1004
Site Address: 13544 BROCCOLINO WAY
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RITE Make: Campbell Two piece watertight cap:
Model #: 57PYHS0122 Model#: PT 800 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 20 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 200 (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

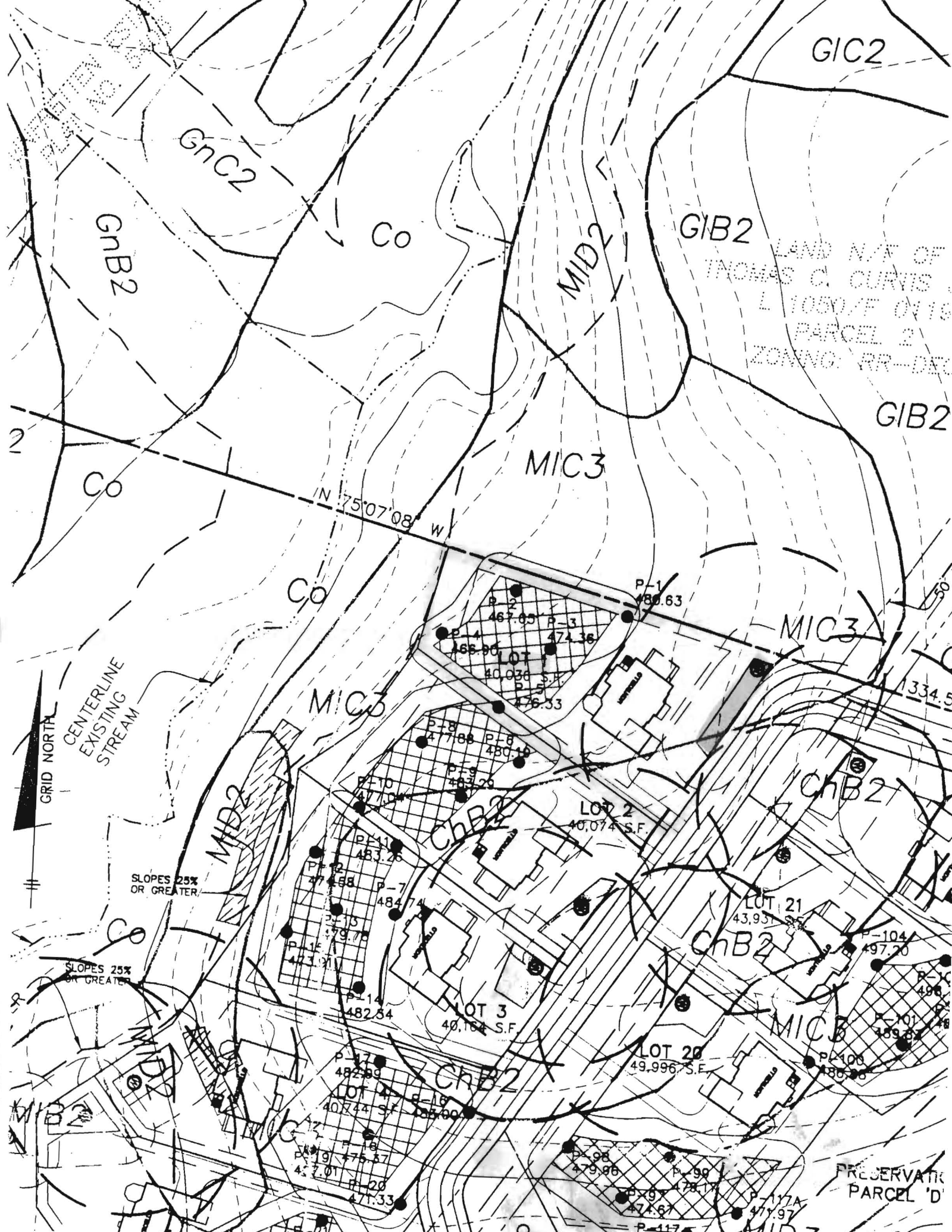
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 10'
Depth of supply line: 40" (36" min) Sleeve caulked and sealed properly:

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. Freezer date: 11/4/08
INSPECTION CALLED FOR 9/29/08

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

Date Insp. Requested: _____ Date Insp. Approved: 9/29/08 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 _____



LAND N/W/4 OF
THOMAS C. CURVIS,
L 1050/F 0119
PARCEL 2
ZONING: RR-DEC

N 75°07'08" W

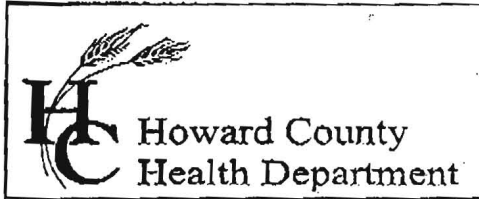
GRID NORTH
CENTERLINE
EXISTING
STREAM

SLOPES 25%
OR GREATER

SLOPES 25%
OR GREATER

PRESERVATION
PARCEL 'D'

Lot Number	Area (S.F.)	Notes
LOT 1	467.05	
LOT 2	40,074	S.F.
LOT 3	40,162	S.F.
LOT 4	40,744	S.F.
LOT 20	49,996	S.F.
LOT 21	43,931	S.F.
LOT 22	482.54	
LOT 23	474.58	
LOT 24	475.37	
LOT 25	471.33	
LOT 26	482.90	
LOT 27	482.90	
LOT 28	475.37	
LOT 29	471.33	
LOT 30	475.37	
LOT 31	483.26	
LOT 32	474.58	
LOT 33	479.70	
LOT 34	473.91	
LOT 35	484.71	
LOT 36	482.54	
LOT 37	482.90	
LOT 38	475.37	
LOT 39	471.33	
LOT 40	475.37	
LOT 41	471.33	
LOT 42	475.37	
LOT 43	471.33	
LOT 44	475.37	
LOT 45	471.33	
LOT 46	475.37	
LOT 47	471.33	
LOT 48	475.37	
LOT 49	471.33	
LOT 50	475.37	
LOT 51	471.33	
LOT 52	475.37	
LOT 53	471.33	
LOT 54	475.37	
LOT 55	471.33	
LOT 56	475.37	
LOT 57	471.33	
LOT 58	475.37	
LOT 59	471.33	
LOT 60	475.37	
LOT 61	471.33	
LOT 62	475.37	
LOT 63	471.33	
LOT 64	475.37	
LOT 65	471.33	
LOT 66	475.37	
LOT 67	471.33	
LOT 68	475.37	
LOT 69	471.33	
LOT 70	475.37	
LOT 71	471.33	
LOT 72	475.37	
LOT 73	471.33	
LOT 74	475.37	
LOT 75	471.33	
LOT 76	475.37	
LOT 77	471.33	
LOT 78	475.37	
LOT 79	471.33	
LOT 80	475.37	
LOT 81	471.33	
LOT 82	475.37	
LOT 83	471.33	
LOT 84	475.37	
LOT 85	471.33	
LOT 86	475.37	
LOT 87	471.33	
LOT 88	475.37	
LOT 89	471.33	
LOT 90	475.37	
LOT 91	471.33	
LOT 92	475.37	
LOT 93	471.33	
LOT 94	475.37	
LOT 95	471.33	
LOT 96	475.37	
LOT 97	471.33	
LOT 98	475.37	
LOT 99	471.33	
LOT 100	475.37	
LOT 101	471.33	
LOT 102	475.37	
LOT 103	471.33	
LOT 104	475.37	
LOT 105	471.33	
LOT 106	475.37	
LOT 107	471.33	
LOT 108	475.37	
LOT 109	471.33	
LOT 110	475.37	
LOT 111	471.33	
LOT 112	475.37	
LOT 113	471.33	
LOT 114	475.37	
LOT 115	471.33	
LOT 116	475.37	
LOT 117	471.33	
LOT 118	475.37	
LOT 119	471.33	
LOT 120	475.37	
LOT 121	471.33	
LOT 122	475.37	
LOT 123	471.33	
LOT 124	475.37	
LOT 125	471.33	
LOT 126	475.37	
LOT 127	471.33	
LOT 128	475.37	
LOT 129	471.33	
LOT 130	475.37	
LOT 131	471.33	
LOT 132	475.37	
LOT 133	471.33	
LOT 134	475.37	
LOT 135	471.33	
LOT 136	475.37	
LOT 137	471.33	
LOT 138	475.37	
LOT 139	471.33	
LOT 140	475.37	
LOT 141	471.33	
LOT 142	475.37	
LOT 143	471.33	
LOT 144	475.37	
LOT 145	471.33	
LOT 146	475.37	
LOT 147	471.33	
LOT 148	475.37	
LOT 149	471.33	
LOT 150	475.37	
LOT 151	471.33	
LOT 152	475.37	
LOT 153	471.33	
LOT 154	475.37	
LOT 155	471.33	
LOT 156	475.37	
LOT 157	471.33	
LOT 158	475.37	
LOT 159	471.33	
LOT 160	475.37	
LOT 161	471.33	
LOT 162	475.37	
LOT 163	471.33	
LOT 164	475.37	
LOT 165	471.33	
LOT 166	475.37	
LOT 167	471.33	
LOT 168	475.37	
LOT 169	471.33	
LOT 170	475.37	
LOT 171	471.33	
LOT 172	475.37	
LOT 173	471.33	
LOT 174	475.37	
LOT 175	471.33	
LOT 176	475.37	
LOT 177	471.33	
LOT 178	475.37	
LOT 179	471.33	
LOT 180	475.37	
LOT 181	471.33	
LOT 182	475.37	
LOT 183	471.33	
LOT 184	475.37	
LOT 185	471.33	
LOT 186	475.37	
LOT 187	471.33	
LOT 188	475.37	
LOT 189	471.33	
LOT 190	475.37	
LOT 191	471.33	
LOT 192	475.37	
LOT 193	471.33	
LOT 194	475.37	
LOT 195	471.33	
LOT 196	475.37	
LOT 197	471.33	
LOT 198	475.37	
LOT 199	471.33	
LOT 200	475.37	



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

TO ALL INTERESTED PARTIES

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

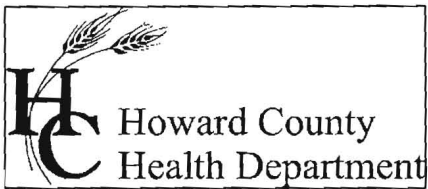
Well Site Location:
Brighton Mill ^{thru} 1-22 Brookline Way
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Benchmark
 (professional land surveyor or company employing professional land surveyors)
 on will be staked by 3-30(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 3/11/05



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

November 13, 2008

NVR, Inc.
6085 Marshalee Drive, Ste. 130
Elkridge, MD 21075

RE: Brighton Mill, Lot 1
13544 Broccolino Way
Clarksville, MD 21029
BP# B08002094
Well Tag #: HO-95-1004

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 10/10/2008. Final approval of the well line connection to the dwelling was approved on 09/29/2008.**

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.

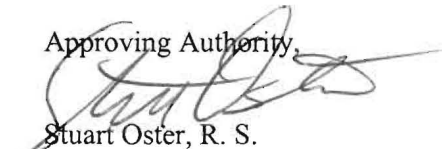
INTERIM CERTIFICATE OF POTABILITY

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-95-1004. 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: 11/10/2008
Date of Well Completion: 05/16/2007

Approving Authority,


Stuart Oster, R. S.
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: 70442
Report Date: November 11, 2008

Property Sampled: 13544 Broccolino Way, 21029

County: Howard
Subdivision: Brighton Mill
Lot #: 1
Building Permit #: B08002094

Tax Map #: 34
Parcel #: 2

Date/Time Collected: November 10, 2008 at 12:33 pm
Date/Time Received: November 10, 2008 at 3:05 pm

Sample Location: Pressure Tank Tap
Sampler ID: 5745KC

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

Well Tag Number: HO-95-1004
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
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

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.