

C1 6977

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A516 90 3

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5 9 2007

Depth of Well 22 340 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1006

OWNER Highland Development Corporation last name Brocolino Way first name TOWN Highland Md SUBDIVISION Brighton Mill SECTION LOT 3

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. Rows: Sand (0-56), Gray Mica Rock (56-340).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 14 NO. OF POUNDS 936 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 56 ft.

CASING RECORD

Case types insert appropriate code below: ST (Steel), CO (Concrete), PL (Plastic), OT (Other). MAIN CASING TYPE ST, 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): ST (Steel), BR (Brass), HO (Open Hole), PL (Plastic), OT (Other).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N) Y

- CIRCLE APPROPRIATE LETTER: A (Well 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD 024 DRILLERS SIGNATURE [Signature]

LIC. NO. 1 D

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) 58 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

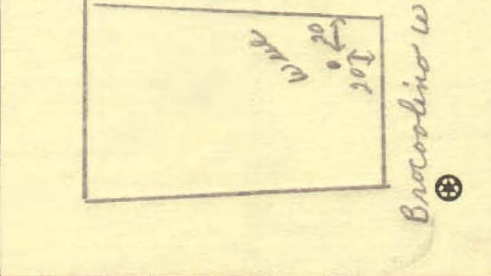
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 47 ft. WHEN PUMPING 279 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES OR 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 LAND SURFACE - below 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)



B 1 9825 SEQUENCE NO. (MDE USE ONLY)

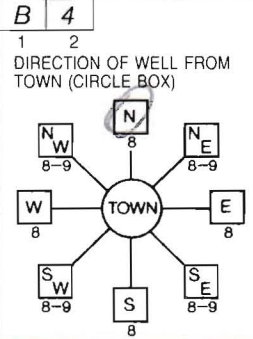
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526279

STATE PERMIT NUMBER 110-95-1006 fill in this form completely

DATE RECEIVED (APA) OWNER INFORMATION Highland Development Corp P.O. Box 228 Clarksville Md 21029

LOCATION OF WELL Howard COUNTY 21 Brighton Mill SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 Highland NEAREST TOWN 71 MILES FROM TOWN 3 M I 73 76 77 78

DRILLER INFORMATION Joseph L. Mayne MS DO24 Driller's Name 76 License No. 81 Joseph L. Mayne Well Drilling Firm Name 5517 Ridge Rd Mt Airy Md 21711 Address Joseph L. Mayne Signature 3-2-07 Date



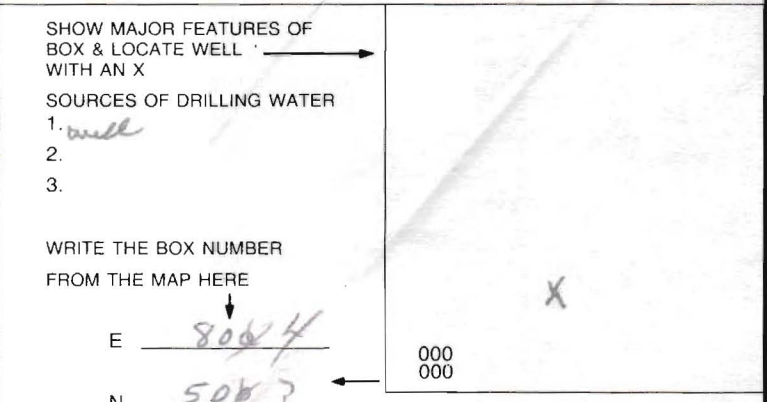
Brocollino Way NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST DISTANCE FROM ROAD 25 FT 34 37 ENTER FT OR MI 38 39 TAX MAP: 34 BLK: 2 PARCEL 2

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 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 AS16903 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/26/07 CO SIGNATURE EXP. DATE 3/26/08 NORTH GRID 50 000 EAST GRID 57 000

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 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 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 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 1102006 G 002 PERMIT No. 110-95-1006

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. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6301 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. 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: NY HOMES Telephone #: 410-379-5956
Subdivision: BRIGHTON MILL Lot #: 3 Well Tag #: HO-95-1006
Site Address: 1352 BROCCOLINO WAY
CLARKSVILLE, MD 21029

Submersible Pump Data

Make: STA-RT
Model #: 57PYH5072d
Pump Capacity: 7 GPM
Well Yield: 6 GPM

Pitless Adapter

Make: Campbell
Model #: PT 800
Depth: 42" (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 390(feet)

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 guides 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: 18'
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.

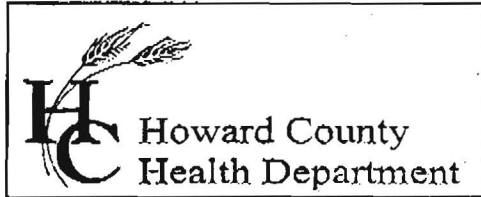
Signature of company representative responsible for installation: Robert L. Feezer date: 11/20/08

INSPECTION CALLED IN FOR 11/3/08 P.M.

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

Date Insp. Requested: _____ Date Insp. Approved: 11/17/08 (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



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:

| | | |
|---------------------------|---------------------------|----------------------|
| <u>Brighton mill</u> | <u>1-22</u> th | <u>Brookline way</u> |
| 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 3-13-07 (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

December 3, 2008

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

RE: Brighton Mill, Lot 3
13552 Broccolino Way
Clarksville, MD 21029
BP# B08002163
Well Tag #: HO-95-1006

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 11/07/2008. Final approval of the well line connection to the dwelling was approved on 11/17/2008.**

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-95-1006. 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: 12/01/2008
Date of Well Completion: 05/09/2007

Approving Authority,


Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 A Viennese Electronics, Inc. Company
 5 North Park Drive
 Ellicott City, MD 21030 USA
 Telephone: 410-584-9099 / Fax: 410-584-9117
 Website: www.traceinc.com / Email: info@traceinc.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester: NV Home
 6085 Marsden Drive Suite 130
 Elkridge, Maryland 21075
Request Number: 10714
Report Date: December 1, 2008

Property Sampled: 13552 Brookline Way, 21029

County: Howard
Subdivision: Brighton Hill
Lot #:
Building Permit #: 033008149
Parcel #: 1
Parcel #: 2

Date/Time Collected: December 1, 2008 at 11:20 pm
Date/Time Received: December 1, 2008 at 11:20 pm

Sample Location: Pressure Tank Tap
Sampler ID: 10714
Samples Used: Yes
Residual Cl₂ < 0.1 mg/L: Yes

Well Tag Number: 0-35-1-05
Well Condition: 1 Piece
 1.5 inch

Water Conditioning/Treatment: Neutralizer

| PARAMETER | RESULT | METHOD | MCL/SMCL | |
|----------------|--------|-----------|--------------|------|
| Nitrate | 0 | SM 4501D | 10 mg/L as N | Pass |
| Turbidity | 0 | EPA 815.1 | 10 NTU | Pass |
| pH | 7.5 | EPA 815.1 | 6.5-8.5 | *** |
| Sand | 0 | | Negative | |
| Total Coliform | 0 | SM 9221A | Absent | Pass |
| E.coli | 0 | SM 9218A | Absent | Pass |

Christina R. Miller
 Analyst
 Maryland Drinking Water Testing

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



TRACE LABORATORIES, INC
 A Menlo Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21038 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.trace-lab.com / Email: info@trace-lab.com

Maryland State Certified Laboratory # 313

CERTIFICATE OF ANALYSIS

Requester:
 NV Homes, Inc
 Attn: Buck
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21071

S/C Number: 70714
Report Date: December 3, 2008

Property Sampled: 13552 Brocton Way, 21019

County: Howard
Subdivision: Brighton Hill
Lot #: 2
Building Permit #: E08002163

Tap Map #: 2
Parcel #: 2

Date/Time Collected: December 1, 2008 at 11:20 pm
Date/Time Received: December 1, 2008 at 3:30 pm

Sample Location: Pressure Tank Tap
Sampler ID: SP-SKC

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

Well Tag Number: 10-05-1006
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

| 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 1801 | 10 NTU | Pass |
| pH | 6.7 | EPA 15.1 | 6.5-8.5 Units | Pass |
| Sand | Negative | | Negative | |
| Total Coliform | Absent | SM 9223 | Absent | Pass |
| E.coli | Absent | SM 9222 | Absent | Pass |

William R. Millman
 William R. Millman
 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