

C1 6974

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 A516903

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 5 17 2007

Depth of Well 220' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 1008

OWNER Highland Development Corporation, STREET OR RFD Brooolino way, TOWN Highland md, SUBDIVISION Brighton Mill, SECTION, LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-45) and Gray Mica Rocks (45-220).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (9), NO. OF POUNDS (849/6), GALLONS OF WATER (54), DEPTH OF GROUT SEAL (0-42 ft).

CASING RECORD: MAIN CASING TYPE (S7), Nominal diameter (6), Total depth (49). Includes checkboxes for casing types (ST, CO, PL, OT).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 47.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), 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.: MSD024, DRILLERS SIGNATURE: David L. Mayne

LIC. NO.: D

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

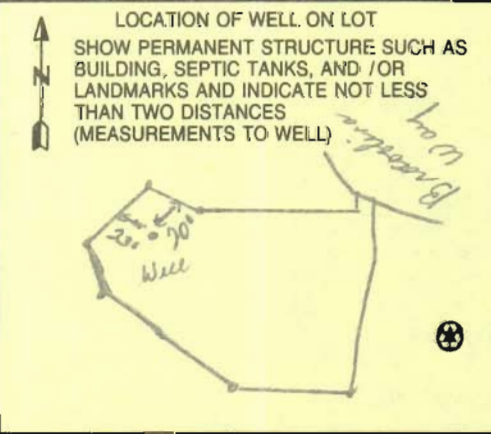
DEPTH (nearest ft.) 220, DIALOGUE: 8 9 11 15 17 21, 23 24 26 30 32 36, 38 39 41 45 47 51, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (56-60) (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: PUMPING TEST 3, HOURS PUMPED (nearest hour) 8 9, PUMPING RATE (gal. per min.) 20, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 6 ft, WHEN PUMPING 65 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES) (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 49, below 2 (nearest foot)



B 1 9826

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HD-95-1008 fill in this form completely

Date Received (APA)

OWNER INFORMATION

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

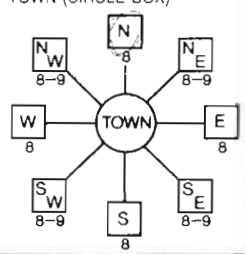
B 3 LOCATION OF WELL

Howard County Brighton Mill Highland NEAREST TOWN

DRILLER INFORMATION

Joseph & Mayne MS D024 Joseph & Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brookline Way NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 400 DISTANCE FROM ROAD ENTER FT OR MI 400 FT TAX MAP: 34 BLK: 2 PARCEL 2

B 2 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 4516903 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 3/26/08 CO SIGNATURE EXP. DATE 3/26/08 NORTH GRID 502 000 EAST GRID 804 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT

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)

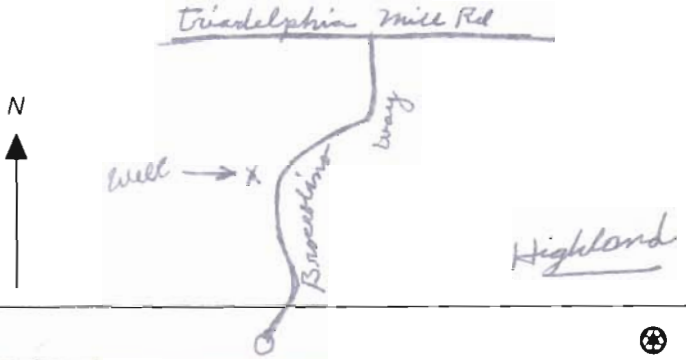
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8004 N 5002

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



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

APPROP. PERMIT NUMBER HD 2006 G 002 PERMIT No. HD-95-1008

SPECIAL CONDITIONS

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: 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. 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: MV Hornes Telephone #: 410-379-5956
Subdivision: BRIGHTON MILL Lot #: 5 Well Tag #: HO-95-1008
Site Address: 13560 BROCCOLINO WAY
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RI TE Make: Campbell Two piece watertight cap:
Model #: STPHS07221 Model#: PT 800 Screened, vented well cap:
Pump Capacity 7 GPM Depth: 48" (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: 320 (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

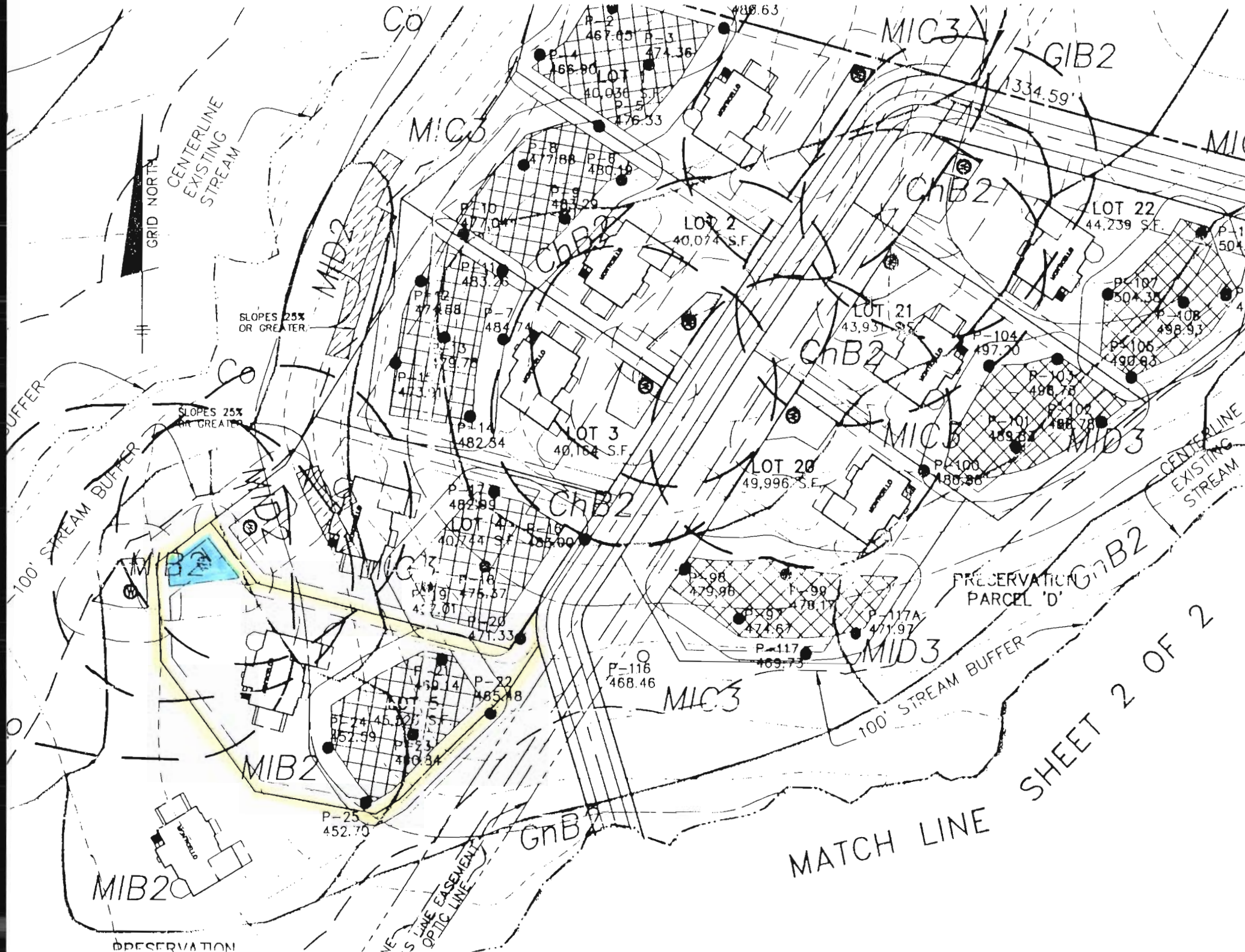
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 18'
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly:

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: 5/22/08
Inspection called for 4/15/08

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

Date Insp. Requested: _____ Date Insp. Approved: 6/23/08 BB/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



CENTERLINE
EXISTING
STREAM

SLOPES 25%
OR GREATER

SLOPES 25%
OR GREATER

100' STREAM BUFFER

100' STREAM BUFFER

PRESERVATION
PARCEL 'D'

VE
S LANE EASEMENT
OPTIC LINE

MATCH LINE SHEET 2 OF 2

MIB2

PRESERVATION



3607 well stated by Beachmark



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 23, 2008

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

301-854-3983

SENT VIA FACSIMILE 240-379-2430

RE: Brighton Mill, Lot 5
13560 Broccolino Way
Clarksville, MD 21029
BP #: B08000234
Well Permit # HO-95-1008

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 06/23/2008. Final approval of the well line connection to the dwelling was approved on 06/23/2008.**

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- 95-1008. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 06/16/2008
Date of Well Completion: 05/11/2007

Approving Authority,

Brian Baker

Brian Baker, 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: 68646
Report Date: June 17, 2008

Property Sampled: 13560 Broccolino Way, 21029

County: Howard
Subdivision: Brighton Mill
Lot #: 5
Building Permit #: B08000234

Tax Map #: 34
Parcel #: 2

Date/Time Collected: June 16, 2008 at 8:37 am
Date/Time Received: June 16, 2008 at 3:00 pm

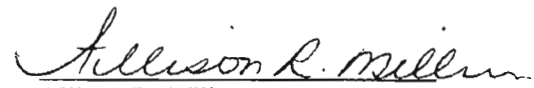
Sample Location: Pressure Tank Tap
Sampler ID: 6308KW

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

Well Tag Number: HO-95-1008
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Not Observed

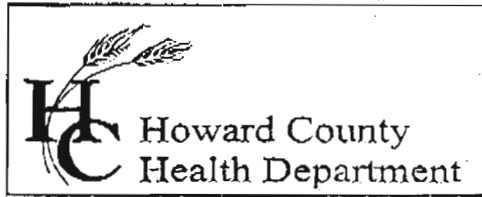
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.5 NTU	EPA 180.1	10 NTU	Pass
pH	7.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


 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.



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>	^{thru} <u>1-22</u>	<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