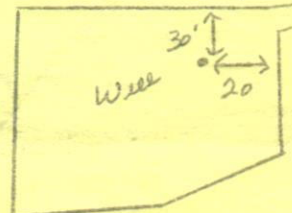
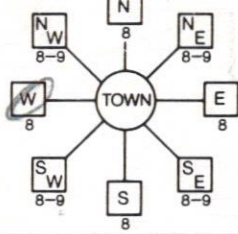
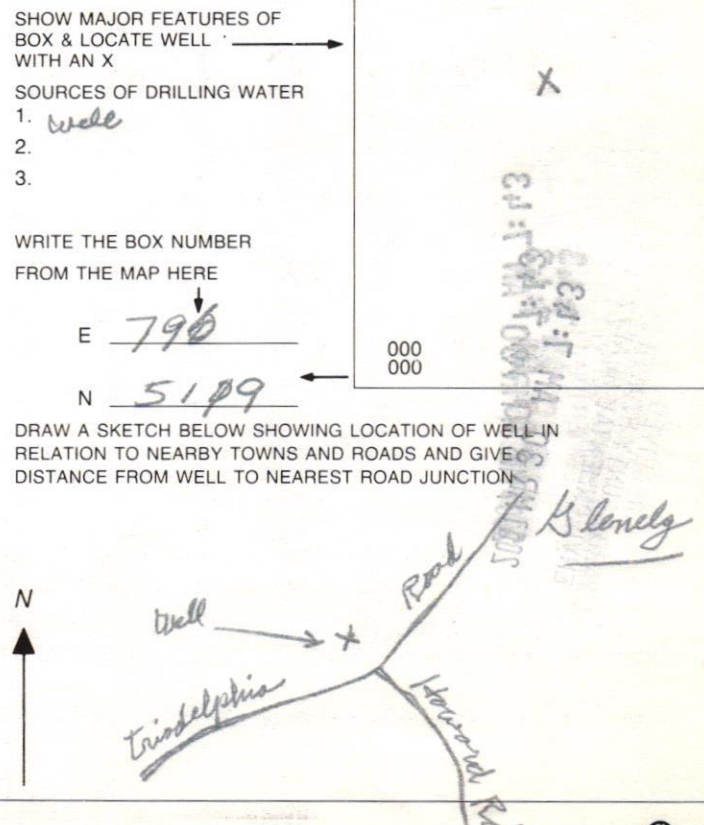


C 1 3122	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																																												
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A 514611																																																													
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 12 28 2007	Depth of Well 22 260' 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1360																																																												
OWNER Warfield Jr STREET OR RFD Philadelphia Rd TOWN Glenn SUBDIVISION The Warfields II SECTION 3 LOT 3																																																															
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use additional sheets if needed)		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 49 ft. (enter 0 if from surface)																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: top;"> <div style="font-size: 24pt; font-family: cursive;">Sand</div> <div style="font-size: 24pt; font-family: cursive;">Gray mica</div> </td> <td style="vertical-align: top;">0</td> <td style="vertical-align: top;">49</td> <td style="vertical-align: top;">✓</td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	<div style="font-size: 24pt; font-family: cursive;">Sand</div> <div style="font-size: 24pt; font-family: cursive;">Gray mica</div>	0	49	✓	CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td style="text-align: center;">ST STEEL</td> <td style="text-align: center;">CO CONCRETE</td> </tr> <tr> <td style="text-align: center;">PL PLASTIC</td> <td style="text-align: center;">OT OTHER</td> </tr> </table> MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 53 60 61 63 64 66 67 70		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER																																														
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ST STEEL	CO CONCRETE																																																														
PL PLASTIC	OT OTHER																																																														
NUMBER OF UNSUCCESSFUL WELLS: 0		OTHER CASING (if used) diameter inch depth (feet) from to _____																																																													
WELL HYDROFRACTURED Y N		SCREEN RECORD screen type or open hole (insert appropriate code below) <table style="width:100%;"> <tr> <td style="text-align: center;">ST STEEL</td> <td style="text-align: center;">BR BRASS</td> <td style="text-align: center;">HO OPEN HOLE</td> </tr> <tr> <td style="text-align: center;">PL PLASTIC</td> <td style="text-align: center;">OT OTHER</td> <td></td> </tr> </table>		ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																																																							
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CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		DEPTH (nearest ft.) <table style="width:100%;"> <tr> <td style="width:10%;">1</td> <td style="width:10%;">2</td> <td style="width:10%;">3</td> <td style="width:10%;">4</td> <td style="width:10%;">5</td> <td style="width:10%;">6</td> <td style="width:10%;">7</td> <td style="width:10%;">8</td> <td style="width:10%;">9</td> <td style="width:10%;">10</td> <td style="width:10%;">11</td> <td style="width:10%;">12</td> <td style="width:10%;">13</td> <td style="width:10%;">14</td> <td style="width:10%;">15</td> <td style="width:10%;">16</td> <td style="width:10%;">17</td> <td style="width:10%;">18</td> <td style="width:10%;">19</td> <td style="width:10%;">20</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="10" style="font-size: 18pt;">HO 51 260</td> <td colspan="10"></td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																					HO 51 260																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																																												
HO 51 260																																																															
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.		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. 1 MSD 24 DRILLERS SIGNATURE Mark E. Mayne (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																																													
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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	1414	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526611	STATE PERMIT NUMBER HO-95-1360 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 Warfield Jr Kennard 15 Last Name Owner First Name 34 14451 Philadelphia Rd 36 Street or RFD 55 Glenelg Md 21737 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION The Wayfields II 42 SECTION 44 46 LOT 3 48 50 Glenelg 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 1/2 M I 73 76 77 78		
OWNER INFORMATION Driller's Name Joseph L Mayne M SD 024 76 License No. 81 Firm Name Joseph L Mayne Well Drilling Address 5512 Ridge Rd Mt. Airy Md 21771 Signature Joseph L Mayne 3-28-07 Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Philadelphia Rd 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> 32 EAST <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 310 37 DISTANCE FROM ROAD 310 FT ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 23 PARCEL 69		
DRILLER INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		WELL INFORMATION USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		
APPROXIMATE DEPTH OF WELL 280 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A514611 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED 12/11/2007 Brian Baker 12/11/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 519 0 0 0 EAST GRID 796 0 0 0 50 55 57 63		
METHOD OF DRILLING (circle one) BORED (or Augered) <u> JETTED </u> Jetted & <u> DRIVEN </u> 30 <u> AIR-ROTARY </u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u> CABLE </u> REVERSE-ROTARY Drive-POINT other _____		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 796 N 519 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		PERMIT NUMBER HO-95-1360 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

53' casing
49 open
20 bags

Depth of well 260'
Distance of measuring point (M.P.) above ground 1 1/2
Static water level (S.W.L.) below M.P. 42'

Time pump started 6:45 Pumping rate 20 gpm.
Total time 15 min. to reach pumping water level 46 ft. below M.P.

[illegible]

**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 Homes Telephone #: 410-379-5956
Subdivision: WARFIELD ESTATES II Lot #: 3 Well Tag #: HO-95-1360
Site Address: 19388 TRADECRAFT RD
GLENELG, MD 21721

Submersible Pump Data
Make: STA-RTTE
Model #: S7P4H507 221
Pump Capacity 7 GPM
Well Yield: 20 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: 260 (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 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: 12 (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

3/8/10
date

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

Date Insp. Requested: 3/4/10

Date Insp. Approved: 3/5/10 KW

Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒

Two piece cap installed and attached to casing securely ☒

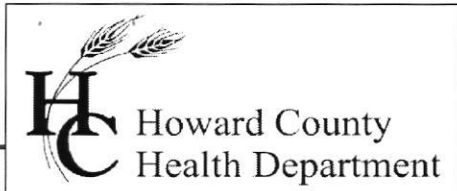
Elec. conduit extends at least 18" below grade/attached to cap properly ☒

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 ☒



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

April 27, 2010

Homeowner
14388 Triadelphia Road
Glenelg, MD 21737

RE: The Warfields II, Lot 3
14388 Triadelphia Road
BP #: B09003181
Well Tag: HO-95-1360

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 03/04/2010. Final approval of the well line connection to the dwelling was approved on 03/05/2010.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

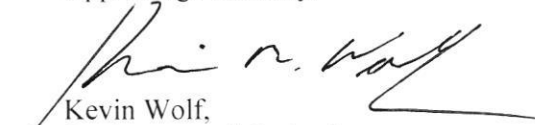
INTERIM CERTIFICATE OF POTABILITY

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-95-1360. 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: 04/26/2010
Date of Well Completion: 12/28/2007

Approving Authority,



Kevin Wolf,
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene
File

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3-27-2007 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL none

* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Kennard Wayfield Jr.

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: Howard

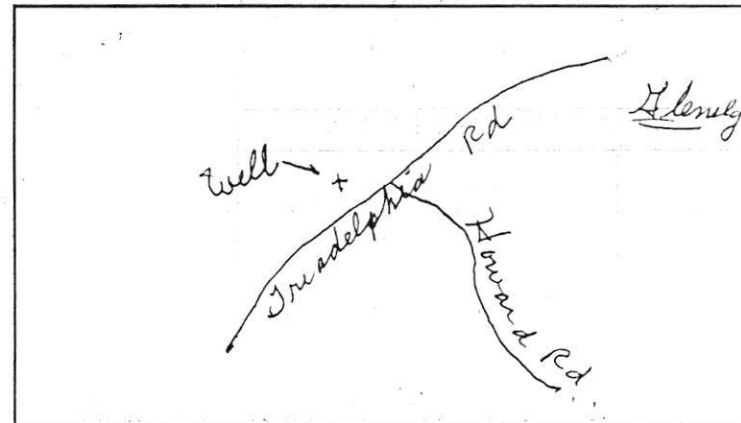
NEAREST TOWN: Glenely

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: 14394 Triadelphia Rd



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 5 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 60 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement/gravel	0.	60
VOLUME OF MATERIAL USED		

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne

024

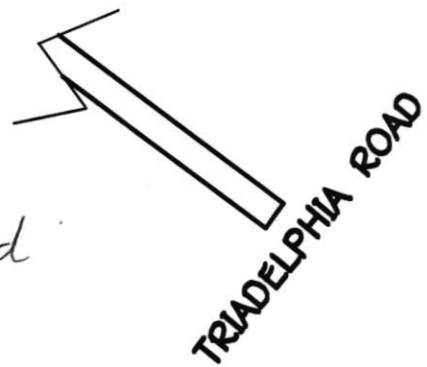
MWD/MSD/MGD

3-27-2007



12/11/07
Well Site Staked
by F, C + C.

(BB)



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

WELL LOCATION PLAN
LOT 3
ZONED: RC-DEO
TAX MAP #21
PARCEL 55,96,109 & 114
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 9, 2007



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: 77385
Report Date: April 27, 2010

Property Sampled: 14388 Triadelphia Road

County: Howard
Subdivision: Warfield Estates
Lot #: 8003
Building Permit #: B0900318
Tax Map #: 14
Parcel #: 154

Date/Time Collected: April 26, 2010 at 12:58 pm
Date/Time Received: April 26, 2010 at 3:00 pm

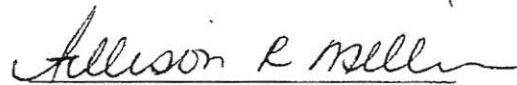
Sample Location: Pressure Tank
Sampler ID: 5745KC

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

Well Tag Number: Not observed – too muddy
Well Condition: Undetermined

Water Conditioning/Treatment: Neutralizer, Softener

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 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.