C 1 56466 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE			
ST/CO USE ONLY DATE Received MM DD	PLETED Depth of Well 22 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PERMIT NO. FROM "PERMIT TO DRILL WELL" 19 /11 /18 50 28 29 30 31 32 33 34 35 36 37		
8 13 15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37		
OWNER	United the first name TOWN	9/11/25/11 2		
SUBDIVISION SIZIX Programme	SECTION	LOT		
WELL LOG	GROUTING RECORD yes no	C 3		
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 3		
T FEET I chec	CEMENT CIM BENTONITE CLAY BIC	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	NO. OF BAGS 46 2 NO. OF POUNDS 45 46	PUMPING RATE (gal. per min.)		
SOIL 0 5	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO WHICH BEAUTY		
SANDY	fromft. toftftft	WATER LEVEL (distance from land surface)		
brown = 22	casing CASING RECORD	BEFORE PUMPING 17 20 ft.		
Shale 3 34	types insert appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.		
SOF+ Gray	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)		
BOCK 32 105 V	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	A air P piston T turbine other		
75 -	- ST 6 35	C centrifugal R rotary (describe below)		
	60 61 63 64 66 70 E OTHER CASING (if used) diameter depth (feet)	J jet S submersible		
Well #1 - 40 Or1	C ST inch from to S	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)		
Apandoned.	Ġ — L JL JL J	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
	screen type or open hole STBR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE		
4 Anna 18 Anna 19 Anna	below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER		
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED Yes NO N	E 1 10 35 10 15 17 21	CASING HEIGHT (circle appropriate box		
CIRCLE APPROPRIATE LETTER	C H 2 33 24 26 30 32 36	+ above LAND SURFACE		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	S	below (nearest)		
E ELECTRIC LOG OBTAINED D TEST WELL CONVERTED TO PRODUCTION	R 38 39 41 45 47 51	49 / 50 51 TOOL)		
I WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED I ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AN IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOV CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTE HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF M	DIAMETER (NEAREST OF SCREEN INCH)	LATITUDE 3 _9. 33 629 LONGITUDE 7 6. 97810 (DEFAULT COORD, WGS 84)		
KNOWLEDGE.	from to	Pursuant to \$10-624 of the State Govt. Article of		
DRILLERS LIC. NO. M _ D I	GRAVEL PACK	the Maryand Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info.		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY	may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the		
LIG. NO. LURD 113	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Environment is subject to the Maryland Public		
Chil	70 72	Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	part, by the pulic and other governmental agencies, if not protected by federal or state law.		

SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER	
B 1 (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		110 17 2017	
54280	please type		H0 - 17 - 0317	
1/2 3 6	pleas	e type	fill in this form completely	
Date Received (APA)		B 3	LOCATION OF WELL	
8 MM pb vy 13	RMATION	Hour		
Raiv Ch	1-0	8 COUNTY	21	
15 Last Name Owner	First Name 34	16121K	property	
13 Last Name Owner	LINE LOS	23 SUBDIVISION	42	
36 Street or RFD	55	SECTION	LOT	
S IV 25 1 V	21280	44 46	48 50	
57 Town 70 State	72 Zip 76	Jukesi	1:1k	
DRILLER INFORMATION	72 2ip 70	52 NEAREST TOWN	71	
michael bandala	1 W 255	greet setting		
Drifler's Name	M D 76 License No. 81	B 4	1433	
F0221111	c:11.00	SOURCES OF DRILLING WATER	Uniperalogo KUAN	
Firm Name	1-11110	1. \ 1. \ 1.	11 STREET ADDRESS 30	
500 11-10-1100	1000 2100	2. 0.120	NORTH	
Address	3.4.14	3. 9/26	(CIRCLE APPROPRIATE ROY)	
. 11	7/10/18	-drilled to 100!	1700 WI32HE	
Signature	Date	0 - 5	34 37 SOUTH	
B 2 WELL INFORMATION	<	20-30 gpm	DISTANCE FROM ROAD	
1 2 APPROX. PUMPING RATE -	0 40	- installing 5'	ENTER FT OR MI 38 39	
(GAL. PER MIN.)	8 7 50 12	steel liner blc	TAX MAP: 9 BLK: 8 PARCEL 75	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	of cavina	TAX MAP: BLK: PARCEL	
USE FOR WATER (CIRCLE A	PPROPRIATE BOX)		O BE FILLED IN BY DRILLER	
D DOMESTIC POTABLE SUPPLY & RESID	ENTIAL 10/1	HEAL	TH DEPARTMENT APPROVAL	
IRRIGATION	PRICULTURAL -12 9PM	11	(12)	
F FARMING (LIVESTOCK WATERING & AC IRRIGATION)	- 6' CHAHG	COUNTY NAME	COUNTY NO.	
INDUSTRIAL COMMERCIAL DEWATER	ING	STATE		
P PUBLIC WATER SUPPLY WELL	6 m.F.	SIGNATURE	INSERT S 41	
T TEST, OBSERVATION, MONITORING	- Started pumping	DATE ISSUED	5/1/11. 7/21/19	
O OPEN LOOP GEOTHERMAL	@ 1:30 pm	43 MM DD YY 48	CO SIGNATURE EXP. DATE	
C CLOSED LOOP GEOTHERMAL	- brouk (20		DNI	
	- need to top off growt	DON: 9/21/18 (SC)	DOG: 9/25/18 (SC) DOY: 10/1/18(S	
2	77		OSED LOCATION OF WELL ON LOT	
APPROXIMATE DEPTH OF WELL	FEET 28	**************************************	RUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, IDMARKS, AND INDICATE NOT LESS THAN TWO	
24	NEAREST		NCE MEASUREMENTS TO WELL	
APPROXIMATE DIAMETER OF WELL	INCH	9/21	Dran	
METHOD OF DRILLING	(circle one)	- drilling SW com	or of how	
BORED (or Augered) JETTED	Jetted & DRIVEN	0.11	111	
30 AIR-ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	- hit water sha	low 7 1 3 The	
37 CABLE REVerse-ROTary	DRive-POINT	- having trouble	setting 40	
other	<u> </u>	gvc casing, vall	use deed	
	ENED WELLO	TVC Costroy, Vill	2	
REPLACEMENT OR DEEP (CIRCLE APPROPRIAT		9/28	3'	
N THIS WELL WILL NOT REPLACE AN EXIST			20	
THIS WELL WILL REPLACE A WELL THAT		- moved location	ns, coving	
ABANDONED AND SEALED		@ 1st site		
S THIS WELL WILL REPLACE A WELL THAT		al allina on las	COVINER	
FOR POLICY ON STANDBY WELLS	VIIVO AUTHUMITT	M ₂	rsuant to § 10-624 of the State Govt. Article of the aryland Code, personal info requested on this form	
D THIS WELL WILL DEEPEN AN EXISTING V	VELL	- Set 32 steel is	used in processing this form pursuant to COMAR	
PERMIT NUMBER OF WELL TO BE REPLACED O		casing, no dough	.04.04. Failure to provide the info may result in	
(IF AVAILABLE) 41	52	- wall great ins	is form not being processed. You have the right to spect, amend, or correct this form. The Maryland	
Not to be filled in by driller (MDE OR	COUNTY USE ONLY)	La Trace digital De	epartment of the Environment is subject to the	
*		M:	aryland Public Information Act. This form may be	
APPROP. PERMIT NUMBER	G		ade available on the Internet via MDE's website and subject to inspection or copying, in whole or in part	
	- 17 - 0217	by	the public and other governmental agencies, if not	
PERMIT No. 70 71	72 73 74 75 76 77 78 79	pro	otected by federal or State Law.	
SPECIAL CONDITIONS			_	
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED=			₩	



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane

Bel Air, Maryland 21014

(410) 838-6910

Fax (410) 838-3582

WELL YIELD REPORT

		Date Test Completed:		October 1, 2018	
		Well Depth:	105	_feet	
Customer	Charbel Rizik		Permit #	HO-17-0317	
Road	1433 Underwood R	oad	Subdivision	Rizik Property	
City State	Sykesville		Section		
State	Maryland	 -	Lot #	4	

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:30 PM	Pump set @ 80'	5	12.00
1:45 PM	10	5	12.00
2:00 PM	10	5	12.00
2:15 PM	10	5	12.00
2:30 PM	10	5	12.00
2:45 PM	10	5	12.00
3:00 PM	10	5	12.00
3:15 PM	10	5	12.00
3:30 PM	10	5	12.00
3:45 PM	10	5	12.00
4:00 PM	10	5	12.00
4:15 PM	10	5	12.00
4:30 PM	10	5	12.00
	for informational purposes only. Flease n	ote the yield may increase or decr	ease
over time and the GPM	I indicated above is not a guarantee.		

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM

TEL: (410)313-1771 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: KTPlumbus Telephone #: 443-8449073 Address: Po Box 2151 West Minstern D 21158				
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Ton Direction Licensed 2145 / Licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.				
Name of Property Owner: VIKING Development Telephone #: 413 844 9073 Subdivision: Lot #: 4 Well Tag #: HO - 17 - 03 17				
Submersible Pump Data Make: Diton Make: Single Pump Capacity Model #: 117 R4 Model #: 127 R4 Model #: 1				
Piping to house Type: Poly PS1: 350 (160 psi min) Depth of supply line: L\(\frac{1}{3}\) (36" min) Piping to house PVC sleeve to undisturbed soil at wall penetration: Length of sleeve(5' minimum from foundation): Sleeve scaled properly: \(\frac{1}{3}\)				
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. Contact				
For Health Department Use Only - Not to be completed by Installer				
Date Insp. Requested: 1322 Date Insp. Approved: 1322 Inspector: Inspection Data: Pitless adaptor watertight & water supply line attleas(36" below grade Two piece cap installed and attached to easing securely Elec. conduit extends at least 18" below grade/attached to cap properly Safety rope not outside of well cap/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 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - September 17, 2022

March 17, 2022

Homeowner 1433 Underwood Road Sykesville, MD 21784

RE: Rizk Property, Lot 4

1433 Underwood Road

Building Permit: B20004288 Well Permit: HO-17-0317

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 3/16/2022. Final approval of the well line connection to the dwelling was granted on 1/13/2022. The well construction was completed on 10/2/2018. Water samples were collected on 3/4/2022.

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. 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-17-0317. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire six months from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "<u>Homeowner Fact Sheet</u>" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor

- R. Holf

Groundwater Management Section

Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:

150795

Account #:

Reference:

Viking Development Corporation

Client:

Viking Development Corporation

Location:

1433 Underwood Road

Requested By: Cary Cumberland

Sykesville, MD 21784

Source:

Well Water

Date/ Time Collected: 3/4/2022

Site:

Pressure Tank **

Date/Time Rec'd: Chlorine ppm:

3/4/2022 Free: ND

1320 Total: ND

Treatment: pH:

5.6

Collected By:

J. Yeager

0819JY

Well #:

HO-17-0317

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/5/2022 / 0930 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/5/2022 / 0930 / TSD
Nitrate	8.93	mg/L	10	Hach 10206	3/4/2022 / 1345 / CRS
Turbidity	0.30	NTU	<10	SM2130B	3/4/2022 / 1405 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	3/4/2022 / 1350 / TSD

NOTES:

- mg/L = milligrams per liter (also, parts per million) 1
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 2
- 3 NTU = Nephelometric Turbidity Units
- pH & chlorine tested on site 4
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 5 sampling.
- 6 ND:None Detected
- Visual well check: Sealed, vented cap 7
- **Sample collected Prior to Spindown Separator

Reason for Test:

Use & Occupancy

Building Permit#:

B20004288

Date Reported:

3/7/2022

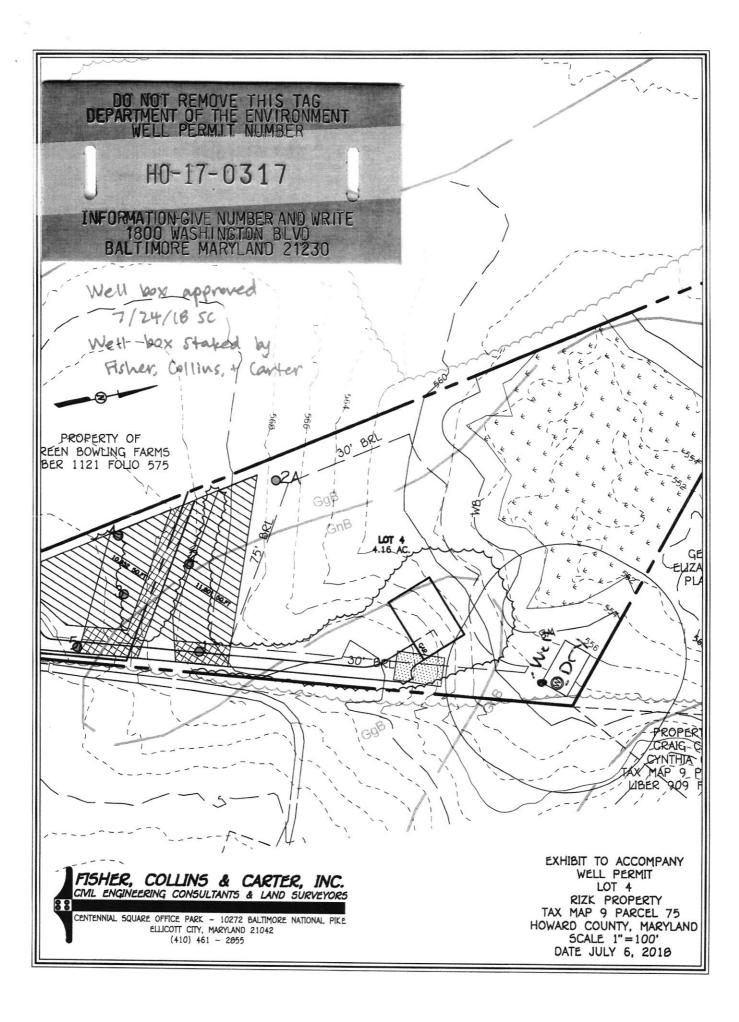
MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

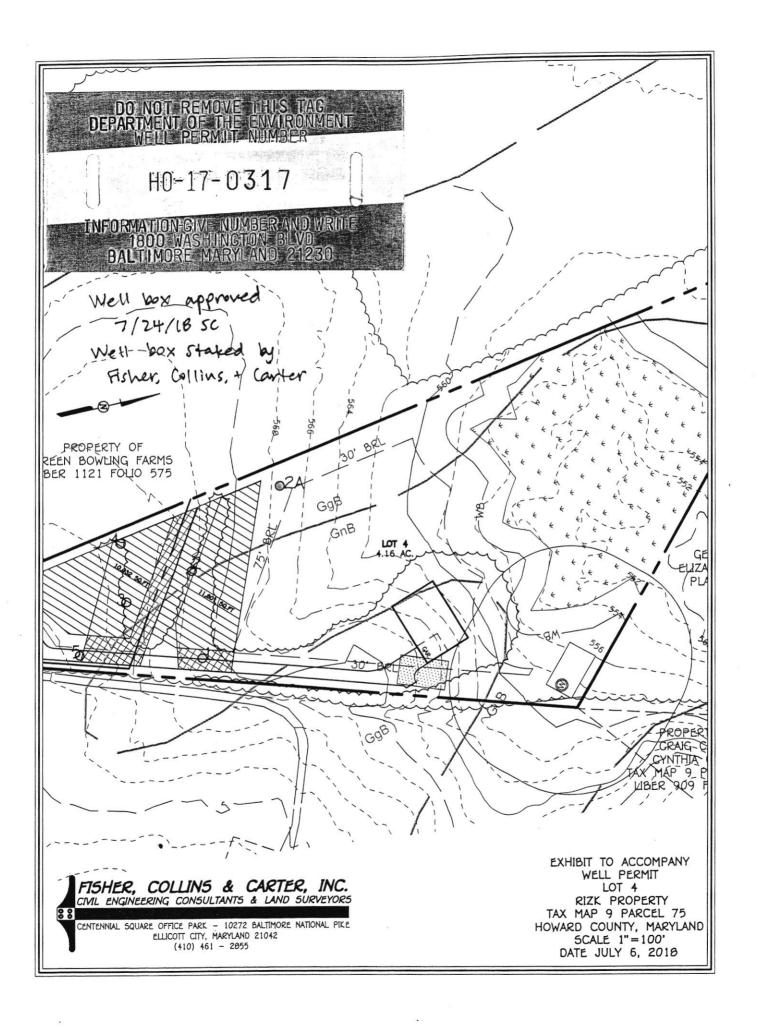
****	WATER WELL ABANDONMENT-SE	ALING REPORT FORM	****	*****
* * *	BMIT COPIES OF COMPLETED FORM TO: COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if addr WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGR TE WELL ABANDONED: (mo	AM	HOLE)	2
*	PERMIT NUMBER OF ABANDONED WELL (if any)	140_ 1	1_0	01/
*	PERMIT NUMBER OF REPLACEMENT WELL:		_	
*	PERSON ABANDONING WELL: Michael Barlow W OWNER'S NAME: Charlock Rizik		MBER: MWD / MSD / M	
*		SITE LOC	ATION MAP	a 10 1 8
*	WELL LOCATION: COUNTY: NEAREST TOWN: TAX MAP BLOCK PARCEL SUBDIVISION: SECTION: LOT: STREET ADDRESS:		20,2	Lines
	LATITUDE 3 9. 33 6 27			
	LONGITUDE 7 . 9 78 10	LOG OF SEAL	ING MATERIA	L ET
		MATERIAL	FROM	TO
*	TYPE OF WELL BEING ABANDONED: DRILLEDJETTED BOREDHAND DUG OTHER (specify)	Drill Cuthings - HOL Collingsed to A Depth of 15	40	15
*	USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL	Cement	15	0
		VOLUME OF N	MATERIAL USED	
DEI WA	TYPE OF CASING: STEELPLASTIC OTHER (specify) E OF CASING:INCHES IN DIAMETER TH OF WELL:FEET DEEP S ANY CASING REMOVED?YESNO If yes, length removed, in feet: S CASING RIPPED OR PERFORATED?YESNO	Pursuant to § 10-624 of the Maryland Code, personal is used in processing this 26.04.04. Failure to provious this form not being proces inspect, amend, or correct Department of the Environ Maryland Public Information amade available on the Interest is subject to inspection or by the public and other go protected by federal or St	info requested on form pursuant to O de the info may re ssed. You have the t this form. The M onment is subject to tion Act. This form ernet via MDE's we copying, in whole overnmental agen-	this form COMAR sult in right to aryland o the n may be rebsite and o or in part,
	355	MWD / MSD / M	1GS 10/2	118

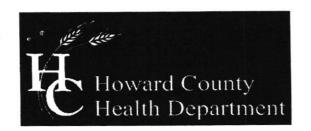
CIRCLE ONE

DATE

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#







Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:	Lots 2+4	UnderWood	ROAD
Subdivision/Property Name	Lot #	Road Name	_
The well site has been stal (professional land surveyor or co	employing pr		3
	• • •	will call the Health Depar fy the proposed well site lo	
This sheet, along with two copies of a permit application.	an acceptable well s	site plan, must be attached to the	e green well