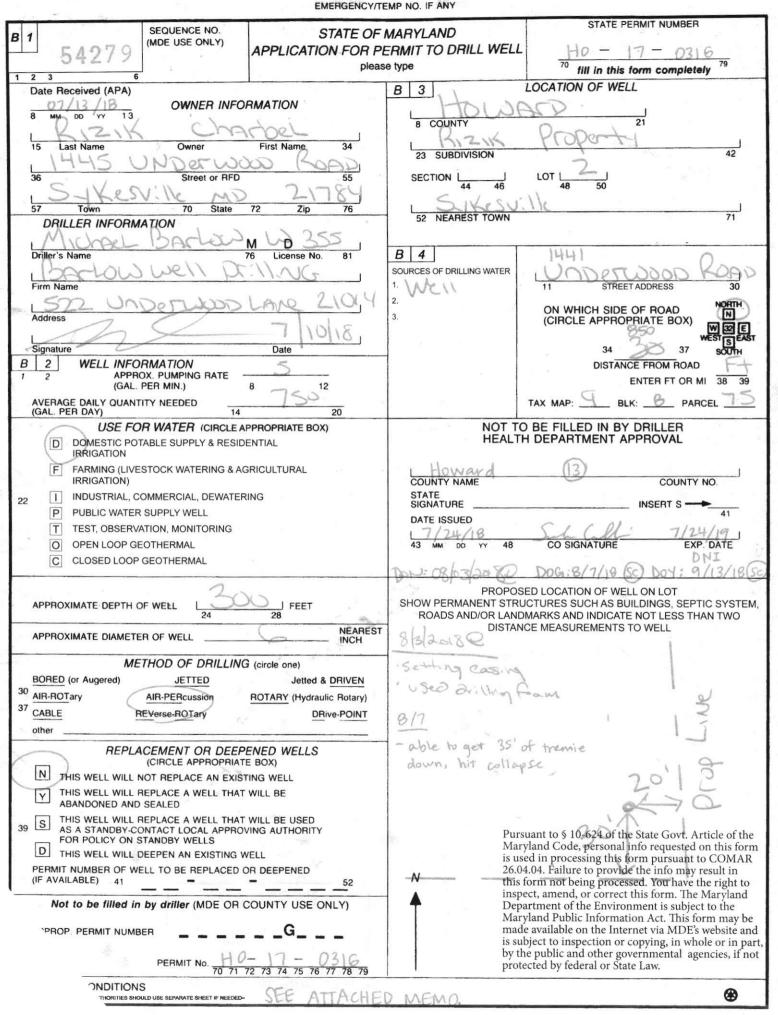
C1 56467 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
IN COLS. 3-5 ON ALE CANDS) ST/CO USE ONLY DATE Received MM DO 8 13 15		OK FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER RIZIK	Charber	<u> </u>
WELL SITE ADDRESS	SECTION	LOT 2
WELL LOG	GROUTING RECORD yes no	C 3
Not required for driven wells	WELL HAS BEEN GROUTED WELL MAS BEEN GROUTED WELL HAS BEEN GROUTED	1 2 PUMPING TEST
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET check additional sheets if needed) FROM TO bearing	CEMENT CLAY BC	4.0
Soil To b	NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	PUMPING RATE (gal. per min.)
SANDY BROWN	from $\frac{1}{48}$ TOP 52 ft. to $\frac{1}{54}$ BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
shale 6 40	casing CASING RECORD	BEFORE PUMPING
Brown 40 87	appropriate code below PLL PLL OTT OTHER	22 25 TYPE OF PUMP USED (for test)
SOFT GRAN	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	A air P piston T turbine 27 P piston T turbine 27 other (describe
ROCK 82 115	<u>60 61</u> <u>63 64</u> <u>85</u> <u>66 70</u>	J jet S submersible
ma han it	E OTHER CASING (if used) A diameter depth (feet)	27 27
ROCK IS 250 L	PL 4112, 500, 120	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
181 -		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type or open hole insert STEEL BRASS OPEN	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
in the first of the	appropriate code below BRONZE HOLE OTH HOLE OTH COTH	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) 41 41 41 41 41 41 41 4
WELL HYDROFRACTURED	$ \begin{bmatrix} 1 & 1 & 1 \\ 8 & 9 & 11 & 15 \\ C & 17 & 21 \end{bmatrix} $	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	49 LAND SURFACE (nearest) 50 51 foot)
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	E SLOT SIZE 1 2 3 N DIAMETER (NEAREST	LATITUDE 3 <u>9 33445</u> LONGITUDE 7 <u>6 9 7 8 8 8</u>
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		(DEFAULT COORD. WGS 84) Pursuant to \$10-624 of the State Govt. Article of the Maryand Code personal info. requested on
DRILLERS LIC. NO.1 M _ D I	GRAVEL PACK L	this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You
	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made
and	70 72	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.

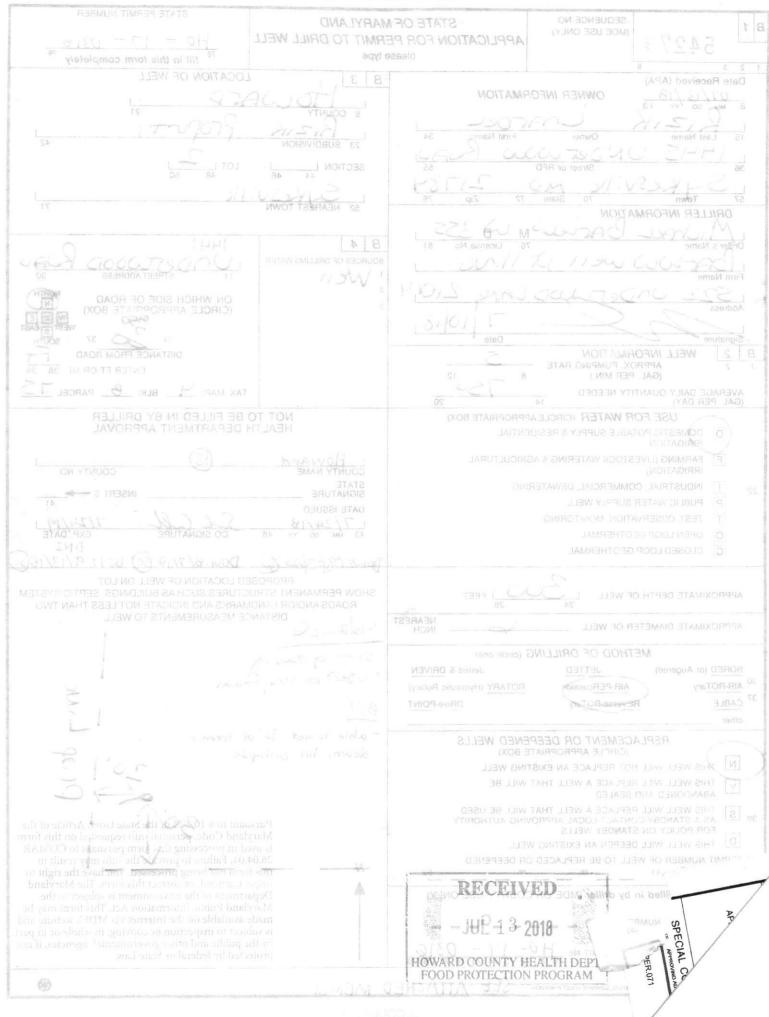
COUNTY

	M Cost and a cost a	WELL SITE ADDRESS	LI3W It benuper feld	STATE THE KIND OF FORMER	DESCRIPTION (Use additional sheets if mended)	2010	Sand Lund	Short		COLT (2001	Pock .	and and	Rock						WELL HYDHOF ACTURED	NOCIMENT STORIO	E ELACTAL LOG DETAINE TEST WEAL CONVERTED	 A NEW AND A THE SAME A	A DIGIT T PLOT THEY WITH AND COM	OHICTENS SIGNATURE		Antervise men
(WIDE INSE OWLY) (WIDE INSE OWLY)	DATE WELL COMPLE	Mark Paper 1	r quiveu wells	TIDNS PENERATED, THEIR	FEET there is the feet of the	° 7		3 3	CS OL		21 52		1222	181				NT METTE: 0		THATE LETTER	R NOTOUODRE OT S	A TWEE BEEN CONSTRUCTED IN A TWEEL CONSTRUCTION AND A TWEEL CONSTRUCTION AND A TWEER STATED IN THE ABOVE A THE STATED IN THE ABOVE	ALLE TO THE REAT OF MY		2 5 1 1 2 V	there or journand
CIMA_IVAIAM TO STATE MELL COMPLETION MOLETER MELL IN THE PORM CONFILETER MERCE THE	TED as <u>255</u> as <u>100 Netron</u> as	ALL ALL SECTION TOWN	WELL HAS BEEN GROUTED VELV	THE OF GIOMANY MATERIAL CITES ON A	CEMENT CIME SENTONITE CLAY BIC	GALLONG OF WATER 2000 CONTRACT (10 nearest poin)	# Example of the second	these casing cosines erecone		итора (Manual distance) и и и и и и и и и и и и и и и и и и и		e OTHER CASING (# used) dismolor (# dismolor)			or open hole SCREEN RECORD	expression approximate approx	S H DEPTH (nearest ft.)		12 11 11 11 11 12 12 12 12 12 12 12 12 1		12 (b cb 1) (b 86 1) (b 86 86 1)	DIVMETER DIVMETER OF SCREEN	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Note reaction to the second se	TO BE FILLED IN BY DRILLER) W Q	A TA
THIS REPORT RUST BE SUBILITED WITHIN AS DAYS AFTER WELL IS COMPLETED. COUNTY MUMBER	(a/11/18 20) ar an ar	S tranite		HOLING PUMPING TEST		15	(soches briel realt social		ss (ter tet) 032U		and the second s	In I	DRILLER INSTALLED PURP YES (0)	IC DARTER INCLUTE SOME THE SECTION	IN BOX 25 PLACE (A,CU, P.R.S.A.L.O) 28 PLACE (A,CU, P.R.S.A.L.O) 28	CAPACITY: CAPLONE PER MINUTE (to nearest gallon) 31 35	37		(ingred griters reine bill (such a signation of the second strate of the bill (such a second	LAND SURFACE	9	1.58	HOWARD COUNTY HEALTH DEPT. FOOD PROTECTION PROGRAM	tunt inte lou	RECEIVED	analishing and the Internation of the International provident of the International Constraints of the International Constraints of the International Society of Society of Society and Society of Soci



2 COUNTY

EMERGENCY/TEMP NO. IF ANY





MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane (410) 838-6910

Bel Air, Maryland 21014 Fax (410) 838-3582

WELL YIELD REPORT

		Date Test Completed:		September 13, 2018				
		Well Depth:	250	_feet				
Customer	Charbel Rizik		Permit #	HO-17-0316				
Road	1441 Underwood Ro	ad	Subdivision	Rizik Property				
City	Sykesville	-	Section					
State	Maryland	-	Lot #	2				

Time		Water Level feet Pump set @ 150'		Time to Fill 1-gallon bucket seconds		G.P.M.
1:45 PM		21		4		15.00
2:00 PM	the second se	99		12		5.00
2:15 PM		106		15		4.00
2:30 PM		106		15		4.00
2:45 PM		106		15		4.00
3:00 PM		106		15		4.00
3:15 PM		106		15		4.00
3:30 PM		106		15		4.00
3:45 PM		106		15		4.00
4:00 PM		106		15		4.00
4:15 PM		106		15		4.00
4:30 PM		106		15		4.00
4:45 PM		106		15		4.00
5:00 PM		106		15		4.00
5:15 PM		106		15		4.00
	*The water level in th	e well on the adjoining lo	t was 40 feet	when we began pumping		
	and remained at 40 f	eet for the duration of ou	r test.			
				e yield may increase or dec	rease	
		above is not a guarante		14		



Lockwood

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 Henlth Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.01.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name:	K+1	Plumbing		Telephone #:	443	344-9573
Address;	Po Bo	2151				
	west -	inster MD	21158	e R		

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: Mary Le	schwood Telepho	one #: 443 844 9073
Subdivision: Site Address: 1441 Underwood RC	Lot #:	2 Well Tag #: HO - 17 - 314 (ST)
Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Delton	Make: 5mmons	Two piece watertight cap: <u>\</u>
Model #: 112 RU	Model#: 15225B	Screened, vented well cap:
Pump Capacity 1/2 GPM	Depth: 45 (36" min)	Cap secured to casing:
Well Yield: GPM	NSF/WSC approved:	
Depth of well encountered at time of pur		
If pump capacity exceeds well yield, a lo		
Torque arrestors, Cable guards, or other		
Safety rope, if used, attached to brass	rope adapter or other accept	table method inside of well casing
Piping to house Type: PSIV5 PSI: 250 (160 psi min) Depth of supply line: 14 4 (36" min)	Length of sleeve(5' minimu	
	age reserve area. If this <u>can</u>	ptic tank, pump chamber, sewage piping, not be accomplished, contact this office for
For Health Depa	rtment Use Only - Not to be	completed by Installer
Date Insp. Requested: 113/22 Inspection Data: Pitless adapter waterti Two piece cap installe Elec. conduit extends Safety rope not outsid Correct well tag attach Water supply line slee	Date Insp. Approved ght & water supply line a lea ed and attached to easing secur at least 18" below grade attac	$\frac{122}{436"}$ Inspector $36"$ 45" rely hed to cap property $49"$ over finished grade $23"$
-		



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 7, 2022

March 7, 2022

Homeowner 1441 Underwood Road Sykesville, MD 21784

RE: Rizk Property, Lot 2 1441 Underwood Road Building Permit: B20004289 Well Permit: HO-17-0316

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 3/4/2022. Final approval of the well line connection to the dwelling was granted on 1/13/2022. The well construction was completed on 8/10/2018. Water samples were collected on 2/14/2022, 2/17/2022, 2/24/2022.

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-17-0316. 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



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

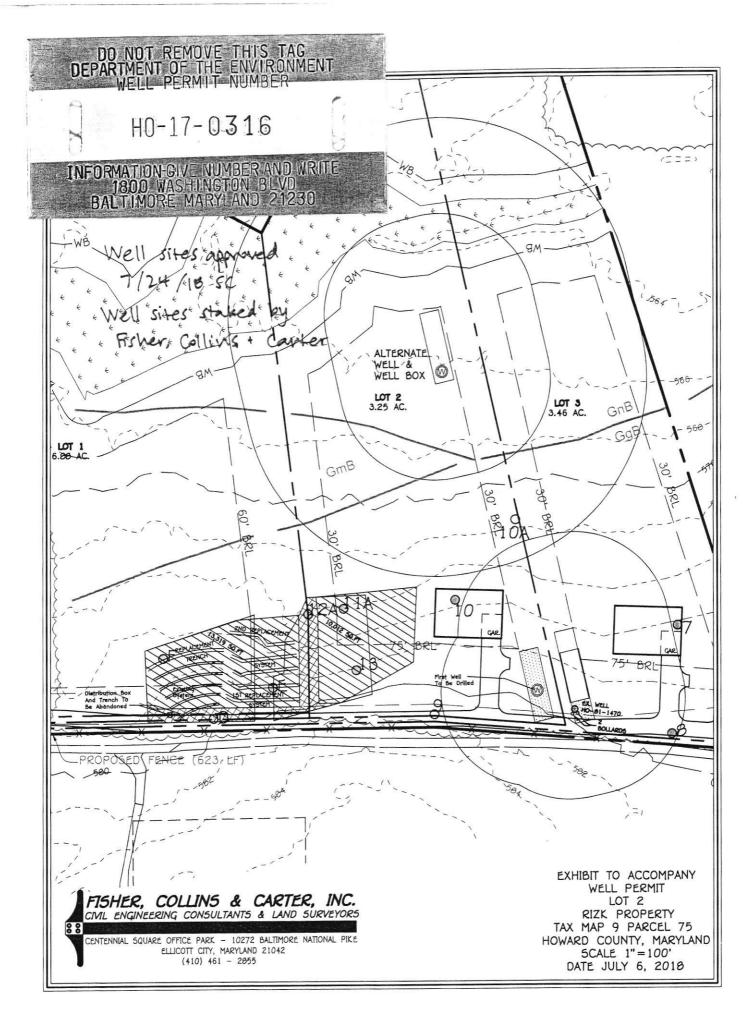
In closing, please refer to our "<u>Homeowner Fact Sheet</u>" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

- h. Vall

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor Groundwater Management Section Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits Community Hygiene Program File



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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: RIZIK Property	Lots 2+4	UNDERWOOD	ROAD
Subdivision/Property Name	Lot #	Road Name	
The well site has been sta (professional land surveyor or con on 7/6/19	company employing pro	$\frac{CONins + Continuents}{\frac{1}{1}}$	

□ 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.

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Rizk Property - Lot 2

FILE INQUIRY NOTES

1441 Underwood Rd.

DATE	RESULTS OF REVIEW FOR FILE									
-	p with Barlow									
1125/10	Emailed Mike Isom + Tony Fertita a copy of the memo									
	that accompanies the well permit. (SC)									
	The helpthyphyres the well permit by									
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	- 4									
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P										
,	y · · · · · ·									
•										

Collins, Sarah

From: Sent: To: Subject: Attachments: Collins, Sarah Thursday, August 02, 2018 8:42 AM Mike Isom Radium testing & Rizk well HO-81-1470.pdf

Hi Mike,

For initial radium sampling from a well, the State Lab charges \$54.34 for gross alpha/beta testing.

The well on lot 3 of the Rizk property had a yield of 5gpm in 1986 (completion report attached). It would be a good idea to monitor the water level of this well when you're doing the yield test at the well on lot 2. Thanks for pointing this out.

Have a good day, Sarah

Sarah Collins, L.E.H.S. Howard County Health Department Bureau of Environmental Health 8930 Stanford Blvd. Columbia, MD 21045 <u>SCollins@howardcountymd.gov</u> 410-313-6287

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

REPORT OF ANALYSIS

Laboratory ID #:	150487			Account #:	4226	
Reference:	Rizk Property	Lot 2		Client:	Viking Develo	opment Corporation
Location:	1441 Underw	ood Road		Requested By	Ũ	
	Sykesville, M	D 21784		Source:	Well Water	
Date/ Time Collected	: 2/14/2022	1418		Site:	Pressure Tank	t l
Date/Time Rec'd:	2/14/2022	1512		Treatment:	Prior to Sedin	nent Filter
Chlorine ppm:	Free: ND	Total:	: ND	pH:	6.3	
Collected By:	R. Ott	0266F	RO	Well #:	HO-17-0316	
PARAMETERS		RESULTS	UNITS R	EFERENCE N	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total,	MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/15/2022 / 1000 / MEH
Bacteria, E. coli, MPN		<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/15/2022 / 1000 / MEH
Nitrate		8.64	mg/L	10	Hach 10206	2/15/2022 / 0915 / CRS
Sand		>5	mg/L	5	Visual/Gravimetric	2/15/2022 / 1020 / CRS
Turbidity		1.49	NTU	<10	SM20 2130B	2/15/2022 / 0840 / MEH

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.

1

- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test :Use & OccupancyBuilding Permit # :B20004289

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

REPORT OF ANALYSIS

Laboratory ID #:	150549			Account #:	4226
Reference:	Rizk Propert	y Lot 2		Client:	Viking Development Corporation
Location:	1441 Underv	wood Road		Requested By:	Cary Cumberland
	Sykesville, N	AD 21784		Source:	Well Water
Date/ Time Collected:	2/17/2022	1443		Site:	Pressure Tank
Date/Time Rec'd:	2/17/2022	1534		Treatment:	Sediment Filter bypassed
Chlorine ppm:	Free: ND	Total:	ND	pH:	6.4
Collected By:	R. Ott	0266H	RO	Well #:	HO-17-0316
PARAMETERS		RESULTS	UNITS	REFERENCE M	ETHOD DATE/TIME/ANALYST
Sand		>5	mg/L	5 V	isual/Gravimetric 2/17/2022 / 1605 / TSD

NOTES:

- 1 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 2 ND:None Detected
- 3 pH & Chlorine level tested on site
- 4 Visual well check: Sealed, vented cap

Reason for Test :Use & OccupancyBuilding Permit # :B20004289

Date Reported: <u>2/18/2022</u>

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

REPORT OF ANALYSIS

Laboratory ID #:	150548			Account #:	4226	
Reference:	Rizk Proper	ty Lot 2		Client:		lopment Corporation
Location:	1441 Under	wood Road		Requested By	•	*
	Sykesville, N	MD 21784		Source:	Well Water	
Date/ Time Collected:	: 2/17/2022	1413		Site:	Powder Roor	n Sink Tap
Date/Time Rec'd:	2/17/2022	1534		Treatment:	Sediment Filt	ter
Chlorine ppm:	Free: ND	Total	: ND	pH:	5.8	
Collected By:	R. Ott	02661	RO	Well #:	HO-17-0316	
PARAMETERS		RESULTS	UNITS	REFERENCE M	METHOD	DATE/TIME/ANALYST
Sand		ND	mg/L	5	Visual/Gravimetric	2/17/2022 / 1605 / TSD

NOTES:

- 1 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 2 ND:None Detected
- 3 pH & Chlorine level tested on site
- 4 Visual well check: Sealed, vented cap

Reason for Test :Use & OccupancyBuilding Permit # :B20004289

Date Reported: 2/18/2022

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

REPORT OF ANALYSIS

Laboratory ID #:	150678		Account #:	4226
Reference:	Rizk Property L	Lot 2	Client:	Viking Development Corporation
Location:	1441 Underwood Road		Requested By:	Cary Cumberland
	Sykesville, MD	21784	Source:	Well Water
Date/ Time Collected:	2/24/2022	1108	Site:	Pressure Tank
Date/Time Rec'd:	2/24/2022	1425	Treatment:	Prior to Sediment Filter
Chlorine ppm:	Free: ND	Total: ND	pH:	5.8
Collected By:	J. Yeager	0819JY	Well #:	HO-17-0316
PARAMETERS	RI	ESULTS UNITS	REFERENCE ME	THOD DATE/TIME/ANALYST

PARAMETERS	RESULIS	UNIIS	REFERENCE	METHOD	DATE/INVIE/ANALISI	
Sand	ND	mg/L	5	Visual/Gravimetric	2/24/2022 / 1545 / TSD	

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory

Reason for Test :Use & OccupancyBuilding Permit # :B20004289