

C1 70265

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 455 505 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, TOWN, LOT

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, FEET (FROM, TO), check if water bearing. Includes entries for Top soil, Red clay, Brown clay, Brown rock, Gray rock, Blue rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE, Nominal diameter, Total depth, OTHER CASING (if used)

SCREEN RECORD

screen type or open hole, DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LATITUDE 3, LONGITUDE 7 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04.

NUMBER OF UNSUCCESSFUL WELLS: 3

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. M D 598

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

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

B 1 72291 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** please type **STATE PERMIT NUMBER** **HO - 22 - 0106**
 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 11/20/23
 8 MM DD YY 13
 15 Last Name Owner First Name 34
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN 71

DRILLER INFORMATION
 Driller's Name MW D 598
 76 License No. 81
 Firm Name
 Address
 Signature Date 11/20/23

B 4 **SOURCES OF DRILLING WATER**
 1. 2nd well drilled, 505' deep, 4 gpm, bedrock @ 38', water @ 65', 40' casing, gravel completed.
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 205 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 010 BLK: PARCEL 013

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) 10
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000
 14 20

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
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL
 22
 3/11/2024 - Driller onsite starting to drill inside well box.
 3/15/24 - well failed to meet minimum yield requirements, driller to drill new well.

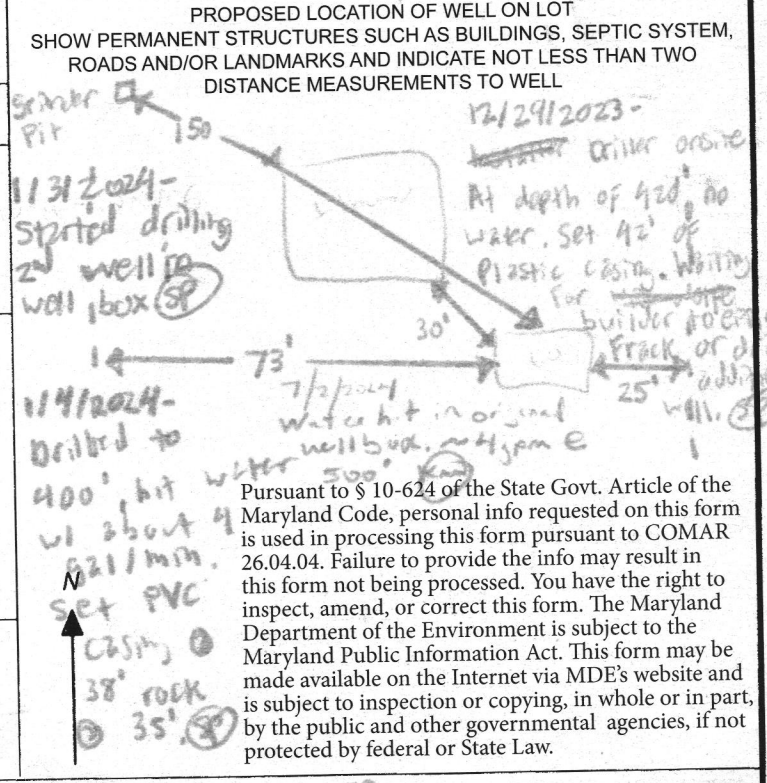
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE INSERT S 41
 DATE ISSUED 12/20/2023 12/22/2024
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON 12/29/2023 DOG 1/18/24 DOY 3/18/24

APPROXIMATE DEPTH OF WELL 200 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other

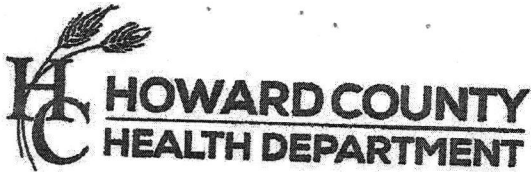
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 39
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52
 3/22/2024 - Driller @ 260' bedrock @ 38' set 50' of casing.
 11/4/2024 - Drilled to 400' hit water w/ about 4 gpm. Set PVC casing @ 38' rock @ 35'.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER G
 PERMIT No. HO - 22 - 0106
 70 71 72 73 74 75 76 77 78 79



Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on 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 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 available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SPECIAL CONDITIONS Please Notify office of drilling, geot, + yield. (S)
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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

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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
 Address: P.O. Box 63
 Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Dave C. Fogle License# MSD226

*A 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: NV Homes Telephone #: _____
 Subdivision: Brickell Property Lot #: 8 Well Tag #: HO-22-0106 ✓
 Site Address: 1734 Brickell way
marriottsville, md 21104

Submersible Pump Data

Make: Goulds
 Model #: 74810422
 Pump Capacity: 7

Pitless Adapter

Make: Campbell
 Model#: N/A
 GPM Depth: 36" (36" min)
 GPM NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 505 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

Type: 1" poly pipe
 PSI: 200 psi (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: yes

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: [Signature]

Date: 11/11/2025

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

Date Insp. Requested: 11/2/2025 Date Insp. Approved: 11/2/2025 Inspector: _____
 Inspection Data: Pitless adapter watertight & 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 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

SP
 ✓ 36"
 ✓
 ✓ 24"
 ✓
 ✓
 ✓ 25' of sleeve
 ✓
 (X)

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

MEMORANDUM

Sent via email to: Cataldo, Anthony acataldo@howardcountymd.gov

TO: Anthony Cataldo, Chief
Dept. Planning & Zoning (DPZ)

FROM: Shepsura Page
Environmental Health Specialist.
Well & Septic Program

DATE: February 24, 2025

RE: 'All-Wells-Drilled' -- **F-24-006**
Brickell Properties Lots 1-10

All wells for *Brickell Properties* subdivision have been drilled and received preliminary approval by the Health Department.

The recordation of plat **F-24-006** should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this memorandum, I can be reached at (410) 313 – 1789.

Respectfully,



Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Page, Shepsura

From: Page, Shepsura
Sent: Tuesday, June 25, 2024 4:19 PM
To: 'Luke Groom'
Cc: 'Andy Capelle'; Wolf, Kevin; Burns, Matthew
Subject: Brickell Property Lot 8- Revised Well Box
Attachments: Brickell Property Lot 8- Well Exhibit.pdf

All,
Brickell Property Lot 8 was not properly staked. It looks like the distance at 20' per the plan (see attached image) was staked 42' apart, the distance at 87' per the plan(see the attached image) was staked 63' apart.
There is also a "missing well stake" that shares a point with the existing well box, please indicate this point as the new well box stake onsite.
Please do not drill outside the original well box until the issue has been corrected.

Thanks,

Shepsura Page, EH Specialist
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-1789 (Office)
410-313-2648 (Fax)
www.hchealth.org
spage@howardcountymd.gov

*6/28/2024
Site visit w/ engineer
to confirm stakeout. Notes.
good. matches site plan. Driller needs
to drill one more line within ex.
approved well bud.
-Kenny/mtb*



twitter.com/HoCoHealth



facebook.com/HoCoHealth



instagram.com/hocohealth

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Wolf, Kevin

From: Steven Krieg -MDE- <steven.krieg@maryland.gov>
Sent: Friday, June 14, 2024 2:09 PM
To: Silvast, Zackary
Cc: Page, Shepsura; acapelle@alliedwells.com; Davis, Michael; Williams, Jeffrey; Luke Groom
Subject: Re: FW: 17040 - Brickell Property Lot 8 Well Box

Zack

I am ok with it.

Thanks

Steven Krieg, LEHS, REHS/RS
Regional Consultant
On-site Systems Division
Water and Science Administration
Maryland Department of the Environment
1800 Washington Boulevard
Baltimore, Maryland 21230
steven.krieg@maryland.gov
410-537-3680 (O)

[Website](#) | [Facebook](#) | [Twitter](#)

On Fri, Jun 14, 2024 at 1:44 PM Silvast, Zackary <zsilvast@howardcountymd.gov> wrote:

Hey Steve,

This is a lot on the shared septic system within the Brickell property. They want to continue drilling prior to an updated perc cert approval. We did not want to make the decision on MDE's behalf. Please advise. Thank you.

- ZS

From: Luke Groom <L.groom@fcc-eng.com>
Sent: Thursday, June 13, 2024 4:28 PM
To: Page, Shepsura <spage@howardcountymd.gov>; Silvast, Zackary <zsilvast@howardcountymd.gov>
Cc: Robert Walker <RWalker@fcc-eng.com>; Matthew Demmitt <mdeemmitt@fcc-eng.com>; Frank Manalansan II <frankm@fcc-eng.com>; Taylor Faris <tfaris@elmstreetdev.com>; Andy Capelle <acapelle@alliedwells.com>; Paul

Cavanaugh <PaulC@fcc-eng.com>

Subject: 17040 - Brickell Property Lot 8 Well Box

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Shep and Zack,

Please see attached for a Lot 8 well box Exhibit at the Brickell Property. The approved Perc Certification is also attached.

We would like to stake both the approved well box and the expanded well box shown on the Exhibit on Monday to perform Lot 8 well drilling with the Health Department on site mid-next week. Allied Wells will hopefully reach water in the originally approved well box, but this request is to find water before processing an amended Perc Certification with the Health Department if required.

We appreciate your attention to this matter in this unique circumstance. Please let us know if you require any additional materials for your review. We can have paper copies delivered to the Health Department as soon as possible if needed.

Thanks,

Luke

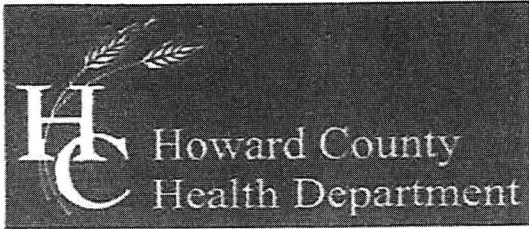
Luke A. Groom, P.E.

Project Manager

Fisher, Collins and Carter, Inc.

10272 Baltimore National Pike - Ellicott City, MD 21042

Office: 410.461.2855 x555



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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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:

Bridcell Properties 1-10 Mayapple
Subdivision/Property Name Lot # Road Name

The well site has been staked by FCC Engineering
(professional land surveyor or company employing professional land surveyors)
on 11/27/23 (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.

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – August 25, 2026

February 25, 2026

Homeowner
1734 Brickell Way
Marriottsville, MD 21104

RE: Brickell Property, Lot 8
1734 Brickell Way
Building Permit: B25002537
Well Permit: HO-22-0106

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 **2/18/2026**. Final approval of the well line connection to the dwelling was granted on **11/12/2025**. The well construction was completed on **7/2/2024**. Water samples were collected on **12/11/2025, 12/17/2025**.

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-22-0106. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

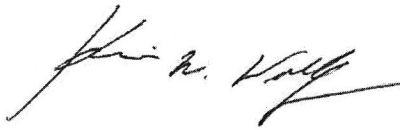
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 178147
Reference: Brickell Lot 8
Location: 1734 Brickell Way
Marriottsville, MD 21104
Date/ Time Collected: 12/11/2025 0830
Date/Time Rec'd: 12/11/2025 1100
Chlorine ppm: Free: ND Total: ND
Collected By: J. Evans 0309JE

Account #: 1933
Client: Fogle's Well Pump & Treatment
Requested By: Dave Fogle
Source: Well Water
Site: Pressure Tank
Treatment: None
pH: 6.5
Well #: HO-22-0106

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/12/2025 / 0800 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/12/2025 / 0800 / CRS
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	12/11/2025 / 1512 / CS/KR
Turbidity	1.29	NTU	<10	SM2130B	12/11/2025 / 1135 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	12/11/2025 / 1130 / KDR

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.
- 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 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B25002537

Date Reported: 12/12/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 178247 Account #: 1933
Reference: Brickell Lot 8 Client: Fogle's Well Pump & Treatment
Location: 1734 Brickell Way Requested By: Dave Fogle
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 12/17/2025 0930 Site: Pressure Tank
Date/Time Rec'd: 12/17/2025 1423 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: J. Evans 0309JE Well #: HO-22-0106

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/18/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/18/2025 / 0900 / KDR

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B25002537

Date Reported: 12/18/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 178894	Account #: 1933
Reference: Brickell Property Lot #7	Client: Fogle's Well Pump & Treatment
Location: 1739 Brickell Way	Requested By: Dave Fogle
Marriottsville, MD 21104	Source: Well Water
Date/ Time Collected: 1/22/2026 0800	Site: Pressure Tank
Date/Time Rec'd: 1/22/2026 1021	Treatment: None
Chlorine ppm: Free: ND Total: ND	pH: 6.5
Collected By: B. Wilkerson 2383BW	Well #: HO-22-0102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/23/2026 / 0805 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/23/2026 / 0805 / KDR
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	1/22/2026 / 1613 / KDR
Turbidity	0.75	NTU	<10	SM2130B	1/22/2026 / 1625 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	1/23/2026 / 0850 / KDR

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.
- 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 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site, Chlorine level also tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B25002699

Date Reported: 1/23/2026

Wolf, Kevin

From: Hart, Amy
Sent: Wednesday, February 18, 2026 1:06 PM
To: Duong, Yeuk; Martin, Sharhonda; Williams, Jeffrey; Bernard, Dana; Wolf, Kevin
Cc: Hoffman, Mark; Miscbilling; msrour@nvrinc.com
Subject: RE: U&O Release - Brickell Property

Good afternoon. February 18, 2026, we witnessed the successful start-up of the grinder pump serving the following properties:

1739 Brickell Way – Lot 7
Marriottsville, MD 21104

1734 Brickell Way – Lot 8
Marriottsville, MD 21104

Real Property indicates that he builder still owns the property:

NVR Inc.
7080 Samuel Morris Drive, Ste 100
Columbia, MD 21046

The Bureau of Utilities releases it's hold on this property for U&O.

Thank you,
Amy

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

OK
 SP
 10/15/24

DATE WELL ABANDONED: 5/24/24 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

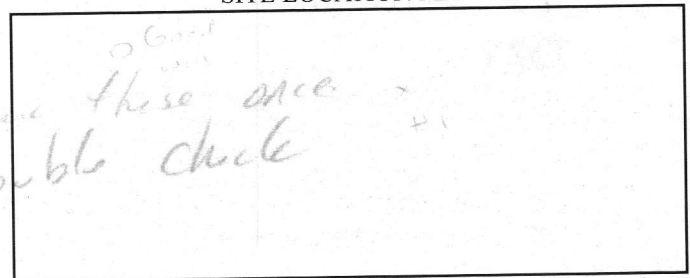
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Wesley Wolke WELL DRILLER'S LICENSE NUMBER: 0106 MWD 598
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Brookell, Susan

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Selma
 TAX MAP 000 BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: Maryland Ave



LATITUDE 39.342208

LONGITUDE 76.933401

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED _____
 _____ BORED _____ HAND DUG _____
 _____ OTHER (specify) _____

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC _____
 _____ IRRIGATION _____ INDUSTRIAL _____
 _____ TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:
 _____ STEEL _____ PLASTIC _____
 _____ CONCRETE _____ OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
<u>Bentonite Slurry</u>		
<u>Wa</u>		
VOLUME OF MATERIAL USED		
<u>600 gal</u>		

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 If yes, length removed, in feet: 40

WAS CASING RIPPED OR PERFORATED? _____ YES NO

Wesley Wolke MWD 598
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS
 CIRCLE ONE

5/24/24
 DATE

COUNTY

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 WATER WELL ABANDONMENT-SEALING REPORT FORM

Red Well #2

SUBMIT COPIES OF COMPLETED FORM TO:

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

OK
 (SF)
 10/15/2024

DATE WELL ABANDONED: 5/24/24 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

10 - 22 - 0106

* PERMIT NUMBER OF REPLACEMENT WELL:

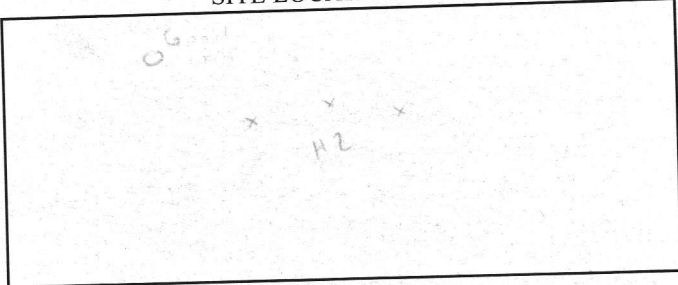
* PERSON ABANDONING WELL: B

WELL DRILLER'S LICENSE NUMBER: MWD 598
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Birkell, Susan

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard



NEAREST TOWN: Sussexville

TAX MAP 000 BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: 8

STREET ADDRESS: Mane road

LATITUDE 3 9 . 3 4 2 1 8 0

LONGITUDE 7 6 . 9 3 3 9 5

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
<u>Bentonite grout</u>	<u>Red Well #2</u>	<u>1</u>
VOLUME OF MATERIAL USED		
<u>600 gal</u>		

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 700 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: 40

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Helen A. Woods LICENSE# MWD 598

CIRCLE ONE MWD / MSD / MGS

DATE 5/24/24 *

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 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 5/24/24 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) N/A

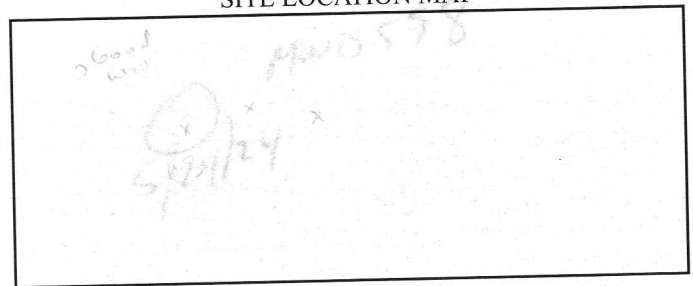
* PERMIT NUMBER OF REPLACEMENT WELL: 10 - 22 - 0106

* PERSON ABANDONING WELL: Wesley Wolfe WELL DRILLER'S LICENSE NUMBER: MWD 598
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Brookell Suman

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Sulphurville
 TAX MAP 000 BLOCK PARCEL
 SUBDIVISION: _____
 SECTION: _____ LOT: 8
 STREET ADDRESS: Apple Rd

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Pentonic grout</u>	<u>400</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>600 gal</u>		

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SIZE OF CASING: 6 INCHES IN DIAMETER

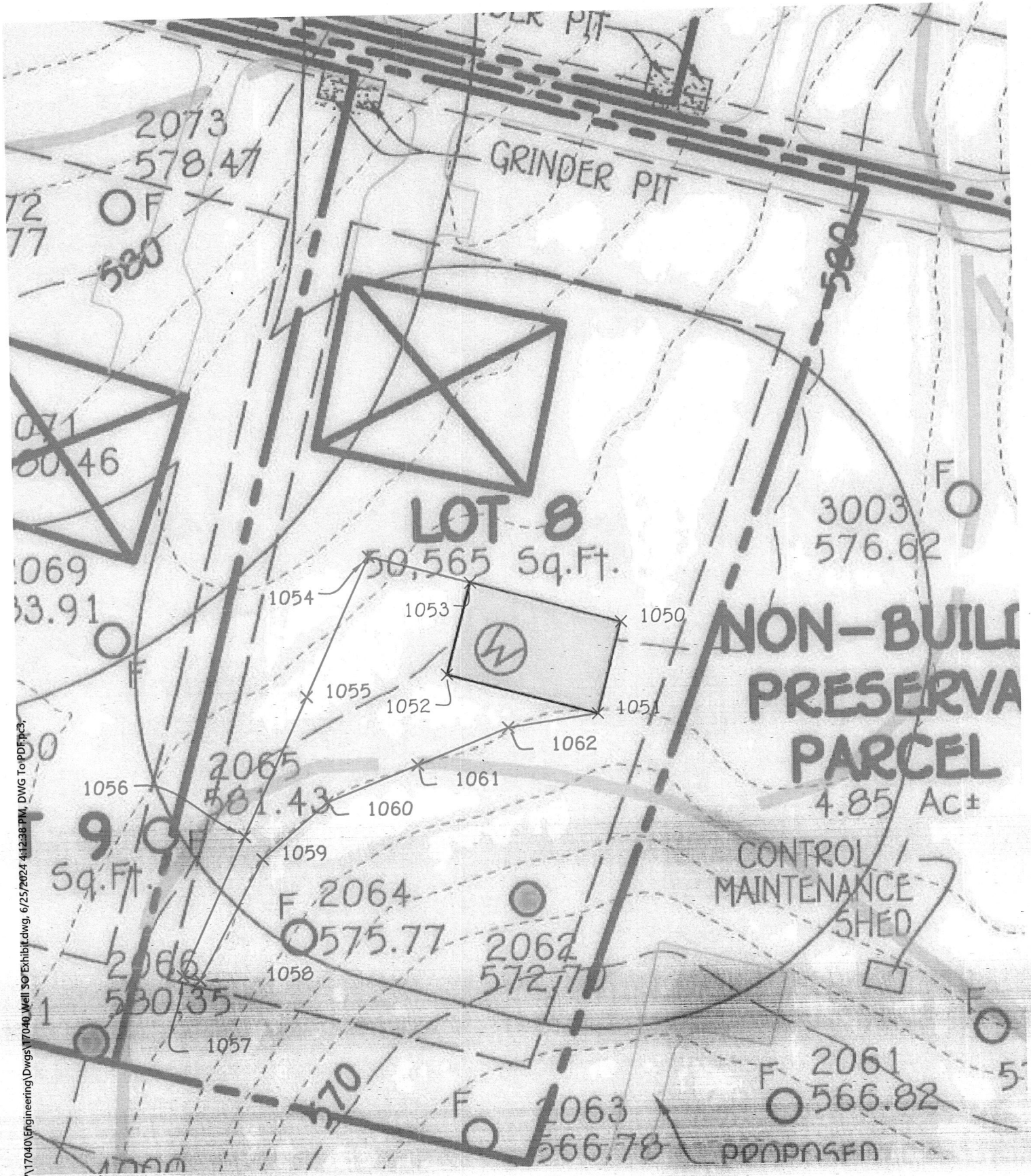
DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: 40

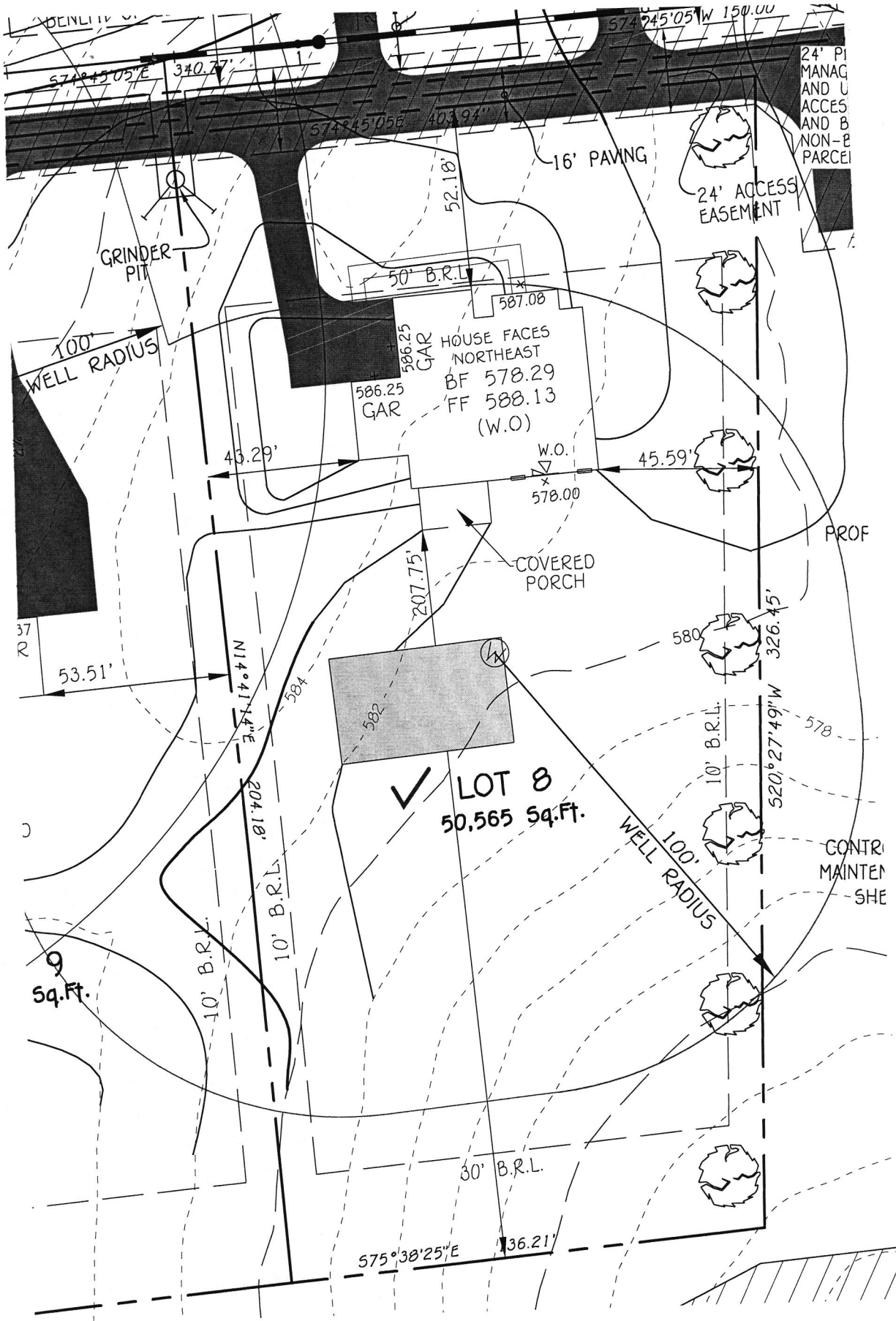
WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Wesley Wolfe LICENSE# MWD 598

CIRCLE ONE MWD / MSD / MGS DATE 5/24/24



I:\2017\17040\Engineering\Dwg\17040 Well so Exhibit.dwg, 6/25/2024 4:12:38 PM, DWG To PDF.pc3
1:40



24' P
MANAG
AND U
ACCES
AND B
NON-P
PARCEL

PROF

CONTR
MAINTEN
SHE

1734 Brickell Way Marriottsville MD 21104

WELL CERTIFICATION

THE EXISTING WELL TAG NO. HO-22-XXXX, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

<p>BRICKELL PROPERTY TAX MAP: 10, GRID: 1, PARCEL: 274, ZONED: RR-DEO</p>	<p>PERMIT SITE PLAN LOT 8</p>
--	---

Page, Shepsura

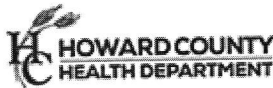
From: Page, Shepsura
Sent: Monday, December 11, 2023 9:41 AM
To: Wes Wolfe; Andy Capelle
Cc: Wolf, Kevin
Subject: Brickell Property- Well Permit Status

Good Morning Wes,

I'm currently reviewing your permit for Brickell property. The well site plan you sent in is not to scale, for new houses we require a to scale site plan. You also did not send in a well stake form. Please send a scaled site plan and a well stake form.

Thanks,

Shepsura Page, EH Specialist
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-1789 (Office)
410-313-2648 (Fax)
www.hchealth.org
spage@howardcountymd.gov



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Wolf, Kevin

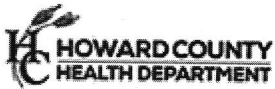
From: Page, Shepsura
Sent: Wednesday, May 22, 2024 3:56 PM
To: Luke Groom; Andy Capelle
Cc: Wolf, Kevin; Silvast, Zackary
Subject: Brickell Property Lot 8- Revised Well Box

Good Afternoon,

I have received your Grading and Sediment Control plan with the revised well box. The new location seems to meet all setbacks but to prior to approval I need a new perc cert and well site plan with the updated well box. Please include nearby septic components, the house footprint, and property lines on the well site plan.

Thanks,

Shepsura Page, EH Specialist
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-1789 (Office)
410-313-2648 (Fax)
www.hchealth.org
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