

B 1 72233

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110 - 22 - 0103 fill in this form completely

1 2 3 6

Date Received (APA) 11/21/23

OWNER INFORMATION

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 M W D 598 76 License No. 81

Firm Name

Address

Signature Date 11/20/23

B 4

SOURCES OF DRILLING WATER

- 1. 2. 3.

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 295' 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 1,000 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13

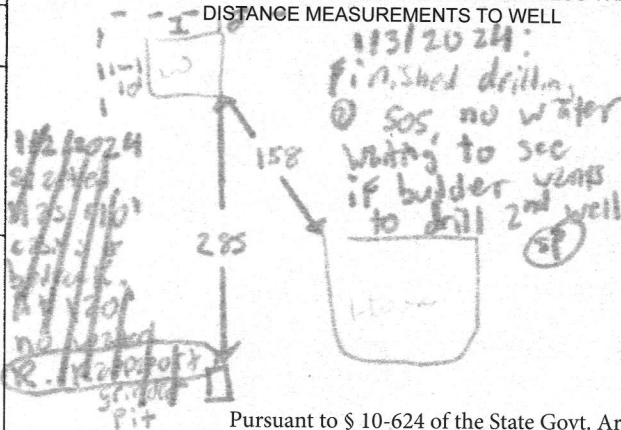
STATE SIGNATURE INSERT S 41

DATE ISSUED 12/20/2023 CO SIGNATURE EXP. DATE 12/31/2023

DATE 1/2/24 DOG 1/2/24 DOY 3/15/2024

PROPOSED LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



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METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

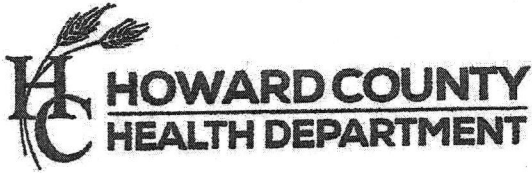
APPROP. PERMIT NUMBER G

PERMIT No. 110 - 22 - 0103

SPECIAL CONDITIONS

Please notify office of drilling, grout, & yield.

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 #: 6 Well Tag #: HO-22-0103 ✓
 Site Address: 1735 Brickell way
Marriottsville, MD 21104

Submersible Pump Data

Make: Grundfos
 Model #: THS1042 Z
 Pump Capacity _____
 Well Yield: 4

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.

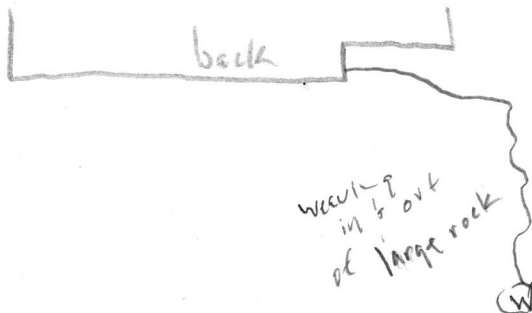
Signature of company representative responsible for installation

Date: 10/27/2025

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

Date Insp. Requested: 10/29/25 Date Insp. Approved: 10/29/25 Inspector: [Signature]
 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 ✓

(Revised form 10/24/2018)



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

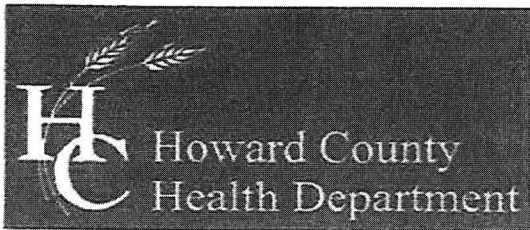
All wells for *Brickell Properties* subdivision have been drilled and received preliminary approval by the Health Department.

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



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:

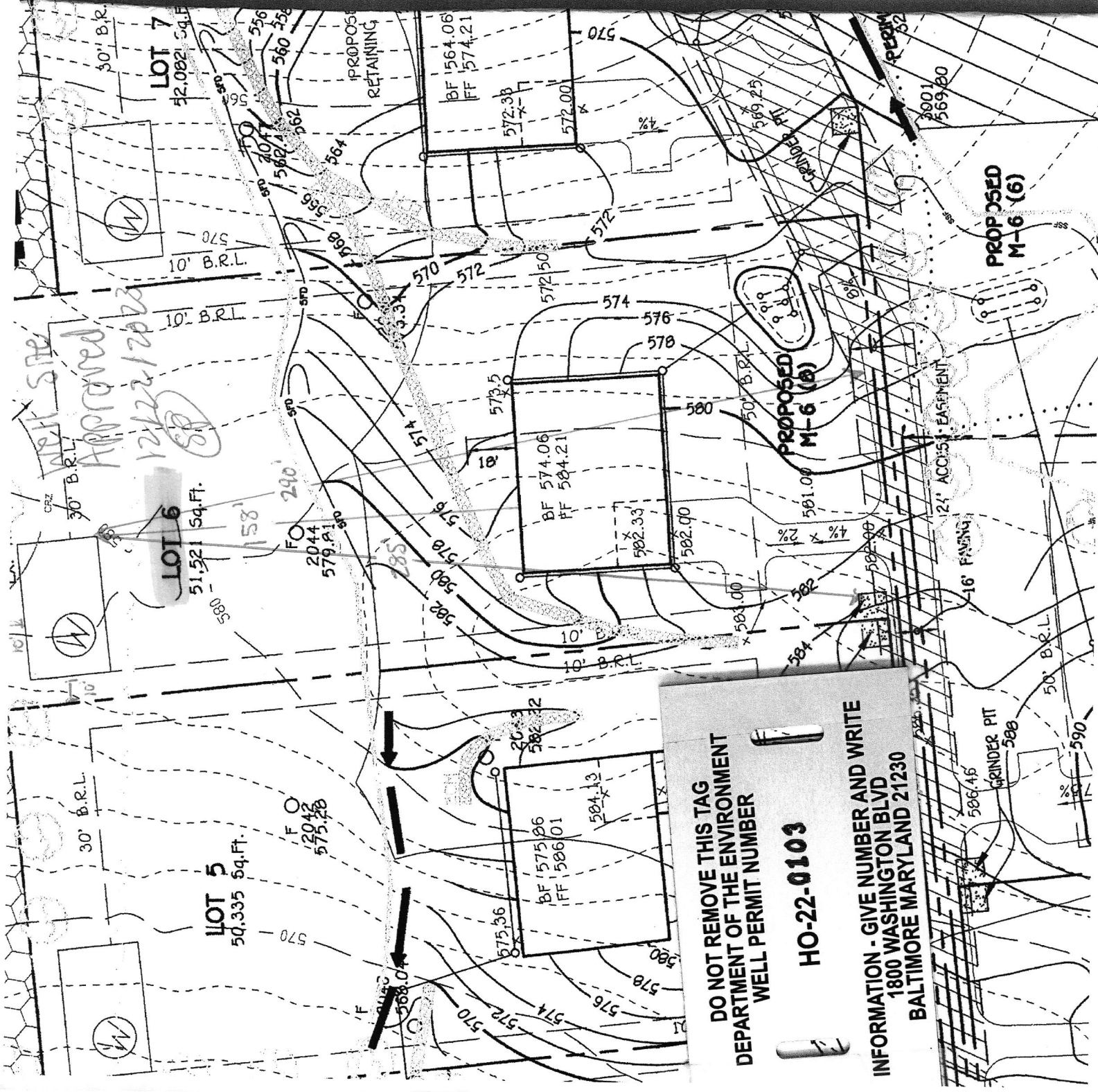
Well Site Location:

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.



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-22-0103

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

GRINDER PIT
 586.45

 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

unsuccessful well 2
 OK
 2/24/2025
 SP

DATE WELL ABANDONED: 1/22/24 (month/day/year)

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

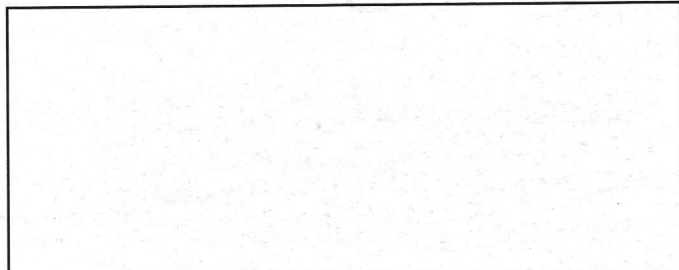
* PERMIT NUMBER OF REPLACEMENT WELL: N/A

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

* OWNER'S NAME: Bridell Susan

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Silver Spring
 TAX MAP 0010 BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: 6
 STREET ADDRESS: _____



LATITUDE 3 9 . 3 4 3 3 4 2

LONGITUDE 7 6 . 9 3 3 3 1 7

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite Grout</u>	<u>505</u>	<u>Ø</u>
VOLUME OF MATERIAL USED		
<u>750 gal</u>		

* 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) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 505 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 If yes, length removed, in feet: 30

WAS CASING RIPPED OR PERFORATED? _____ YES NO

Wesley A Wolfe MWD 598 MWD / MSD / MGS 1/22/24
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# CIRCLE ONE DATE

COUNTY

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

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

Unsure about
OK
2/24/2025
(SP)

DATE WELL ABANDONED: 1/22/24 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) NA

* PERMIT NUMBER OF REPLACEMENT WELL: HO - 22 - 0103

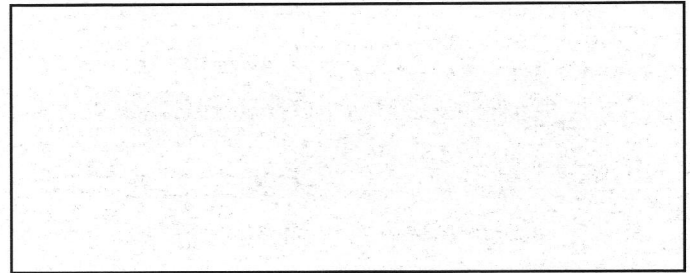
* PERSON ABANDONING WELL: Wesley Wolke WELL DRILLER'S LICENSE NUMBER: MWD 598

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Brentell Sam

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Leesville
TAX MAP 0910 BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: 6
STREET ADDRESS: Marygrove Rd



LATITUDE 3 9 . 2 4 3 3 4 7

LONGITUDE 7 6 . 9 3 3 3 1 1

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Portland Grout</u>	<u>700</u>	<u>Ø</u>
VOLUME OF MATERIAL USED		
<u>600 gal.</u>		

* 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) _____

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: 30

WAS CASING RIPPED OR PERFORATED? _____ YES NO

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

MWD / MSD / MGS
CIRCLE ONE

1/22/24
DATE

COUNTY



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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – August 11, 2026

February 11, 2026

Homeowner
1735 Brickell Way
Marriottsville, MD 21104

RE: Brickell Property, Lot 6
1735 Brickell Way
Building Permit: B25002519
Well Permit: HO-22-0103

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 **2/10/2026**. Final approval of the well line connection to the dwelling was granted on **10/29/2025**. The well construction was completed on **1/10/2024**. Water samples were collected on **11/21/2025**.

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-22-0103. 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.**

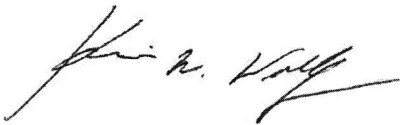
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<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 #: 177803 Account #: 1933
Reference: Brickell Lot 6 Client: Fogle's Well Pump & Treatment
Location: 1735 Brickell Way Requested By: Dave Fogle
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 11/21/2025 1300 Site: Pressure Tank
Date/Time Rec'd: 11/21/2025 1525 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Evans 0309JE Well #: HO-22-0103

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/22/2025 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/22/2025 / 1000 / LLO
Nitrate.	1.32	mg/L (as N)	10	EPA 300.0	11/21/2025 / 2118 / KDR
Turbidity	5.51	NTU	<10	SM2130B	11/21/2025 / 1625 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	11/21/2025 / 1630 / KDR
Iron	0.32	mg/L	0.3*	Hach 8146	11/21/2025 / 1635 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND = None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 25002519

Date Reported: 11/24/2025

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



twitter.com/HoCoHealth



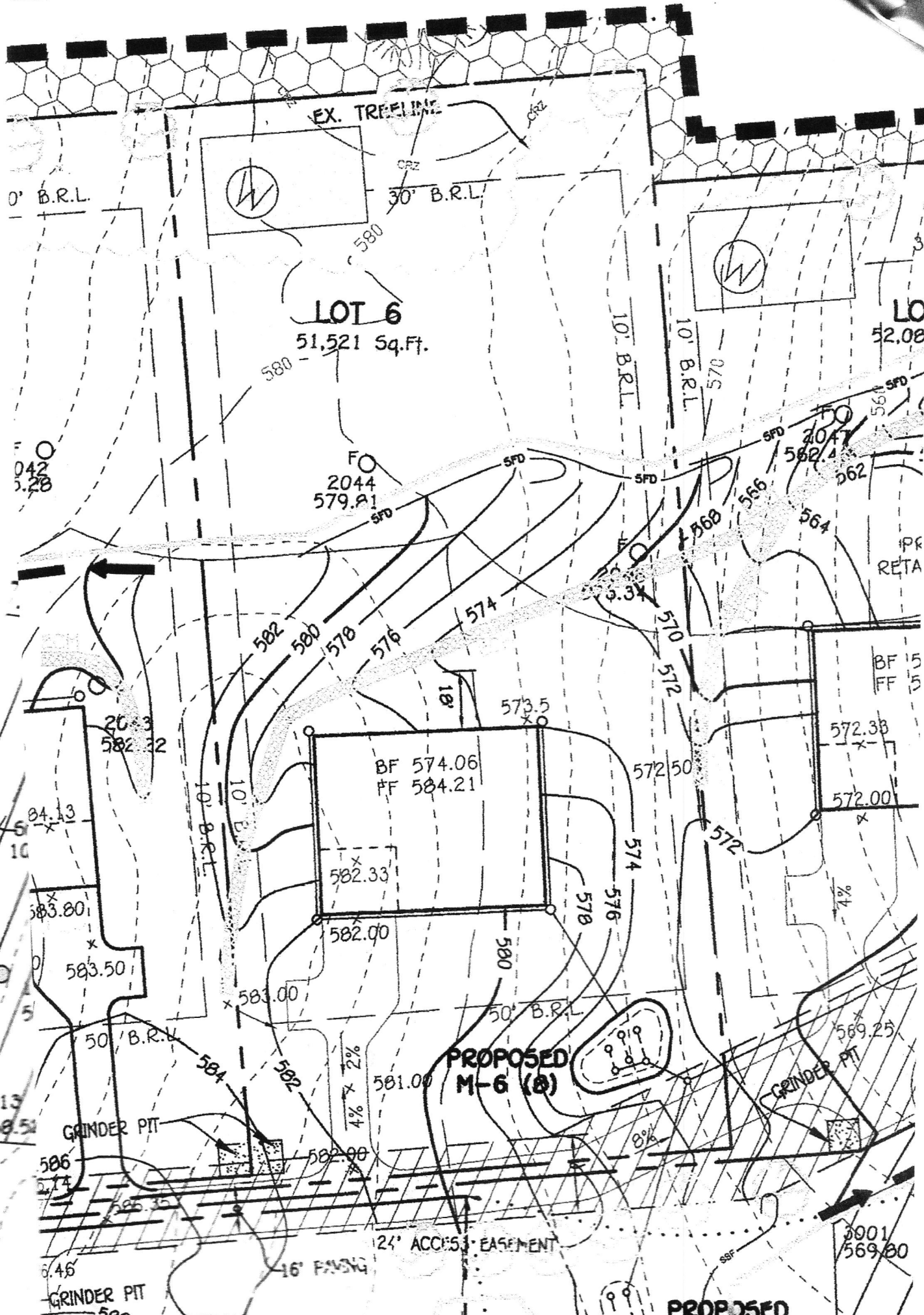
facebook.com/HoCoHealth



instagram.com/hocohealth

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-W-964.01

PROPOSED

0' B.R.L.

EX. TREELINE

30' B.R.L.

LOT 6
51,521 Sq.Ft.

LO
52.08

042
5.28

FO
2044
579.81

FO
2047
582.4

IPR
RETA

BF 5
FF 5

BF 574.06
PF 584.21

572.38

572.00

84.43
10

583.80
583.50

1013
558.51

GRINDER PIT

PROPOSED
M-6 (8)

GRINDER PIT

569.25

586
574

GRINDER PIT
58a

24' ACCESS EASEMENT

16' FASNG

3001
569.80

PROPOSED

-W-964.01