

C1 57959

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Brickelbo, Susan; WELL SITE ADDRESS Mayapple Rd; TOWN Sykesville MD; SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Top Soil, Red Clay, Red Brn Clay, Brn Gray Rock, Bed Rock, Gray Rock, Broken Rock, Gray Rock.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, diameter, depth.

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns 1-21 and rows A-C, S-E, R-E, N. Includes SLOT SIZE, DIAMETER OF SCREEN, GRAVEL PACK.

DRILLERS LIC. NO. 1 MWD 598; DRILLERS SIGNATURE; LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields T, W, Q, 70, 72, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.842649; LONGITUDE 76.934149; 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.

B 1	72230	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 22 - 0101 <small>70</small> fill in this form completely <small>79</small>
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OWNER INFORMATION

Date Received (APA) 11/21/23

8 MM DD YY 13

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Wesley A. Work License No. MWD 598 76 81

Firm Name _____

Address _____

Signature _____ Date 11/20/23

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 11,000 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

1/8/24 - well grout incomplete. 3/15/24 - pump broke during the yield test. yield incomplete. Driller to go back to grout.

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

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 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. HO - 22 - 0101 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Must have steel casing of 50' or 10' into bedrock, whichever is deeper

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION 0202 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN _____ 71

SOURCES OF DRILLING WATER

1. _____

2. _____

3. _____

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 120' 37 DISTANCE FROM ROAD 31

ENTER FT OR MI 38 39

TAX MAP: 0210 BLK: _____ PARCEL 0171

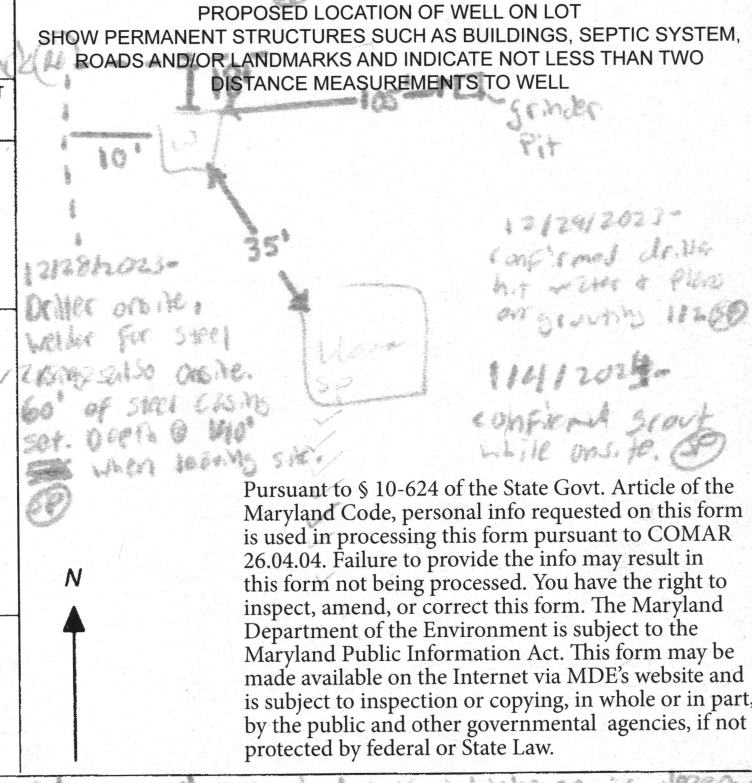
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name Howard County No. 13

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12/20/2023 43 MM DD YY 48 CO SIGNATURE 8 [Signature] EXP. DATE 12/20/2023

DON 12/28/2023 006 1144-04 007 3/18/24



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.

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: AN HOMES Telephone #: _____
 Subdivision: Brickell Property Lot #: 9 Well Tag #: HO-22-0101 ✓
 Site Address: 1736 Brickell Court way
Marriottsville, MD 21104

Submersible Pump Data

Make: Goulds
 Model #: 7H10422C
 Pump Capacity: 7
 Well Yield: 6
 Depth of well encountered at time of pump installation: SOS (feet)

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

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: 10/17/2025

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

Date Insp. Requested: 10/17/2025 Date Insp. Approved: 10/17/2025 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
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 29, 2026

January 29, 2026

Homeowner
1730 Brickell Way
Marriottsville, MD 21104

RE: Brickell Property, Lot 9
1730 Brickell Way
Building Permit: B25002362
Well Permit: HO-22-0101

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 **1/29/2026**. Final approval of the well line connection to the dwelling was granted on **10/7/2025**. The well construction was completed on **8/27/2024**. Water samples were collected on **11/11/2025, 11/19/2025**.

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-22-0101. 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.**

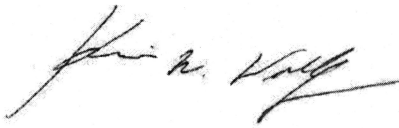
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<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 #: 177529 Account #: 1933
Reference: Brickell Lot #9 Client: Fogle's Well Pump & Treatment
Location: 1730 Brickell Way Requested By: Dave Fogle
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 11/11/2025 1200 Site: Pressure Tank
Date/Time Rec'd: 11/11/2025 1502 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Evans 0309JE Well #: HO-22-0101

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM20 9223B	11/12/2025 / 0930 / KAG
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/12/2025 / 0930 / KAG
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	11/11/2025 / 2014 / CRS
Turbidity	3.67	NTU	<10	SM2130B	11/11/2025 / 1625 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	11/11/2025 / 1600 / CRS

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 # : 25002362

Date Reported: 11/12/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 177711 Account #: 1933
Reference: Brickell Lot #9 Client: Fogle's Well Pump & Treatment
Location: 1730 Brickell Way Requested By: Dave Fogle
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 11/19/2025 0800 Site: Pressure Tank
Date/Time Rec'd: 11/19/2025 0943 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Evans 0309JE Well #: HO-22-0101

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/20/2025 / 1000 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/20/2025 / 1000 / KDR

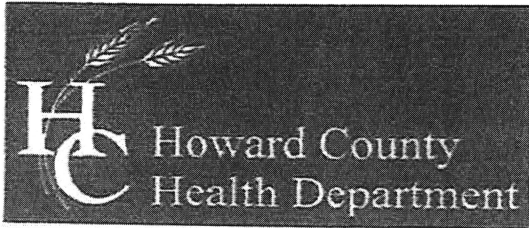
NOTES:

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- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
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- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 25002362

Date Reported: 11/20/2025



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:

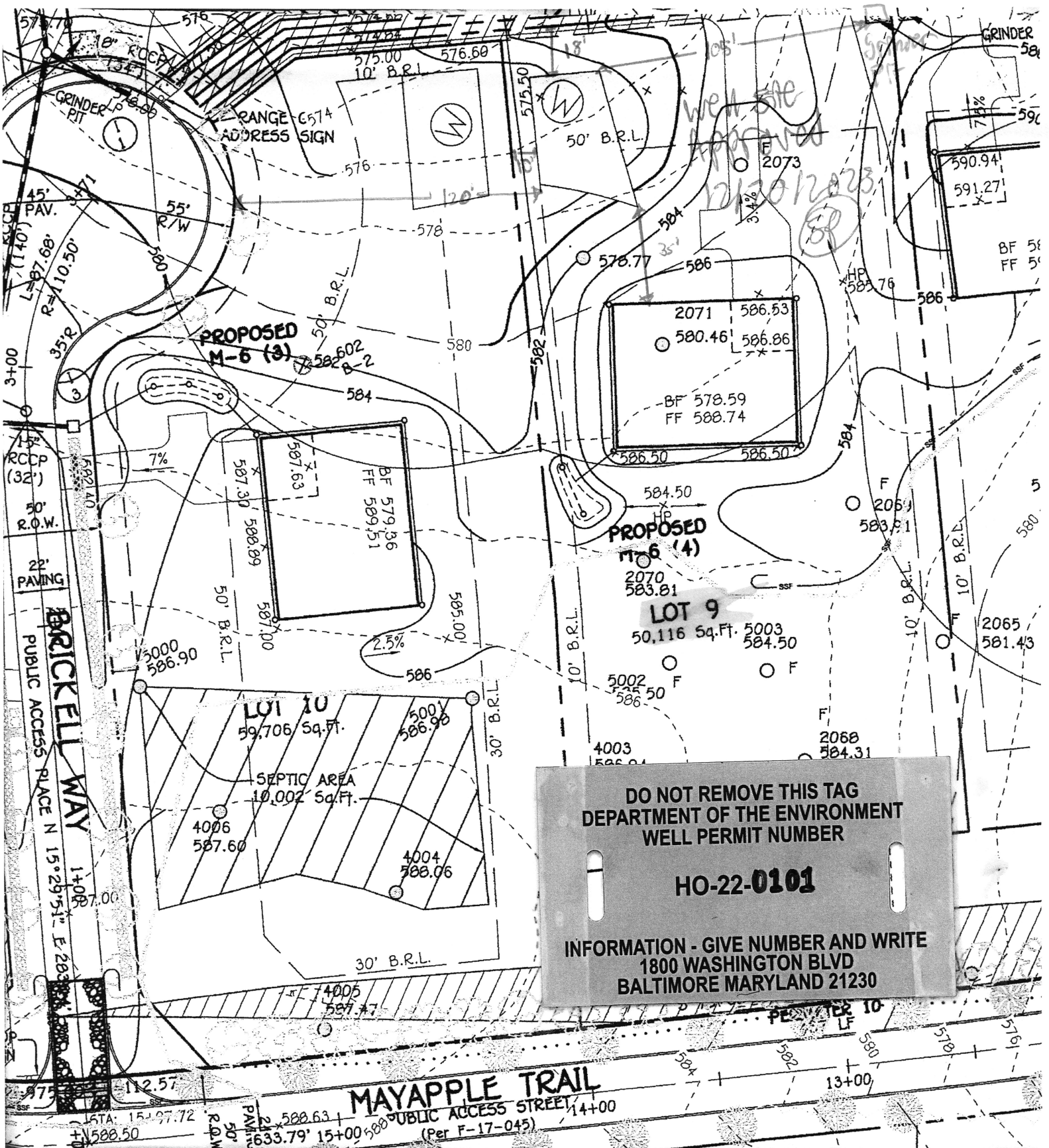
Well Site Location:

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-22-0101

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

MAYAPPLE TRAIL
 PUBLIC ACCESS STREET 14+00
 (Per F-17-045)

STA: 15+97.72
 +N 588.50

588.63
 633.79 15+00

14+00
 (Per F-17-045)

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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instagram.com/hocohealth

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Wolf, Kevin

From: Srour, Matthew <msrour@nvrinc.com>
Sent: Thursday, January 29, 2026 1:11 PM
To: Wolf, Kevin
Subject: Fw: U&O Release - Brickell Property

WARNING!!!

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unless you recognize the sender and know for sure that the content is safe

See below

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Message classified as NVR - Business Use Only by Srour, Matthew

From: Hart, Amy <AHart@howardcountymd.gov>
Sent: Thursday, January 29, 2026 1:09 PM
To: Duong, Yeuk <YDuong@howardcountymd.gov>; Martin, Sharhonda <smmartin@howardcountymd.gov>; Williams, Jeffrey <jewilliams@howardcountymd.gov>; Bernard, Dana <dbernard@howardcountymd.gov>; Williams, Jeffrey <jewilliams@howardcountymd.gov>
Cc: Hoffman, Mark <jahoffman@howardcountymd.gov>; Miscbilling <Miscbilling@howardcountymd.gov>; Srour, Matthew <msrour@nvrinc.com>
Subject: [Ext] U&O Release - Brickell Property

Good afternoon. On January 29, 2026, we witnessed the successful start-up of the grinder pump serving the following properties:

1731 Brickell Way – Lot 5
1727 Brickell Way – Lot 4
1730 Brickell Way – Lot 9
Marriottsville, MD 21104

Real Property indicates that the builder still owns the property:

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

The Bureau of Utilities releases its hold on this property for U&O.

Thank you,
Amy

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