

C1 76980

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY DATE RECEIVED 07/24/24

DATE WELL COMPLETED 1-23-24

Depth of Well 405 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-22-0111

OWNER: Pockell, Susan; WELL SITE ADDRESS: Maple Rd; TOWN: Sykesville MD; SUBDIVISION: SECTION 1 LOT 3

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 like Top Soil, Bin May, Bedrock, Gray Rock, Broken Rock.

GROUTING RECORD

WELL HAS BEEN GROUDED (Y/N); TYPE OF GROUING MATERIAL (CEMENT, BENTONITE CLAY); NO. OF BAGS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, CO, PL, OT); Nominal diameter top (main) casing; Total depth of main casing

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); insert appropriate code below

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51

PUMPING TEST

HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min.) 4; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft, WHEN PUMPING 242 ft

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O); CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT

LATITUDE 39.34460; LONGITUDE 76.931070; (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.

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL; MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING; LOG INDICATOR; OTHER DATA

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-22-0111

fill in this form completely

B 1 72233

SEQUENCE NO. (MDE USE ONLY)

please type

OWNER INFORMATION: Date Received (APA) 11/21/23, Last Name Susan, First Name Susan, Street or RFD 46203, Town, State, Zip 76

DRILLER INFORMATION: Driller's Name MWD 598, License No. 81, Firm Name, Address, Signature, Date

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 8 1,000, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one): BORED (or Augered), JETTED, Jettied & 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

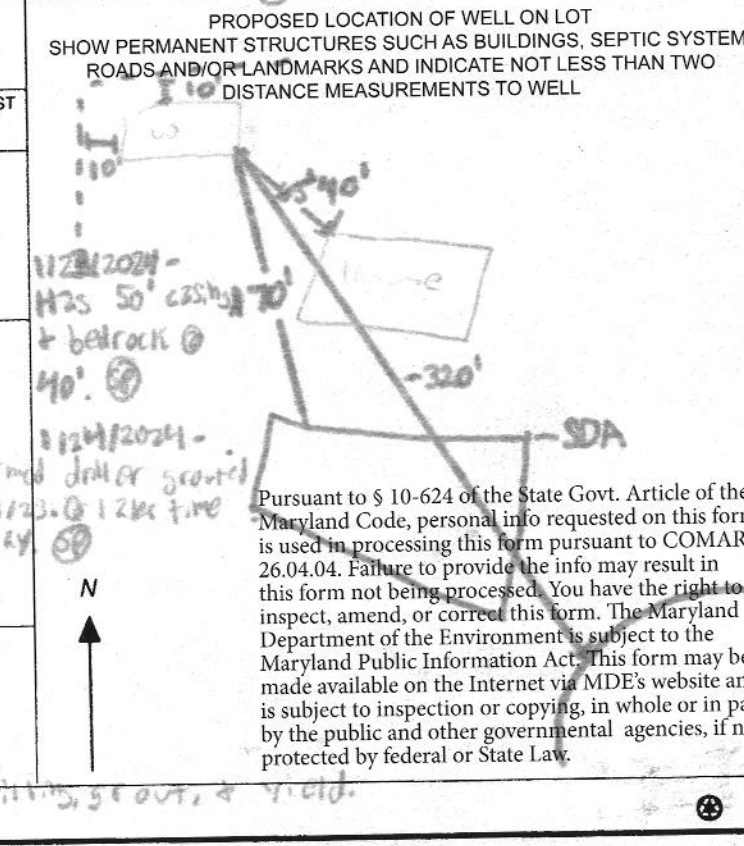
Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER, PERMIT No. HO-22-0111

SPECIAL CONDITIONS: NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL: COUNTY Howard, SUBDIVISION 0302, SECTION 44 46, LOT 48 50, NEAREST TOWN

SOURCES OF DRILLING WATER: STREET ADDRESS, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 320', ENTER FT OR MI, TAX MAP, BLK, PARCEL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard, COUNTY NO. 13, STATE SIGNATURE, DATE ISSUED 1/13/2024, CO SIGNATURE, EXP. DATE



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.



**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.

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

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 #: 3 Well Tag #: HO-22-0111 ✓  
 Site Address: 1719 Brickell Way  
Marriottsville MD 21104

**Submersible Pump Data**

Make: Goulds  
 Model #: 74507422  
 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: 40.5 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

11/11/2025

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

Date Insp. Requested: 11/12/2025 Date Insp. Approved: 11/21/2025 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 ✓

36"  
 24"



**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – August 4, 2026

February 4, 2026

Homeowner  
1719 Brickell Way  
Marriottsville, MD 21104

**RE: Brickell Property, Lot 3**  
**1719 Brickell Way**  
**Building Permit: B25002663**  
**Well Permit: HO-22-0111**

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 **2/2/2026**. Final approval of the well line connection to the dwelling was granted on **11/12/2025**. The well construction was completed on **1/23/2024**. Water samples were collected on **1/9/2026, 1/13/2026, 1/20/2026**.

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-22-0111. 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>

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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

DENOTES EXISTING TREES TO REMAIN

ERODIBLE SOILS

REFORESTATION PLANTING

PRESERVA

MATCHLINE

NON-BUILD

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

HO-22-0111

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

LOT 3  
59,780 Sq.Ft.

PROPOSED  
M-6 (5)

PROPOSED  
M-2 (1)

Op. DISCONNECT DN N-2(1)

SCPTIC AREA  
16,370 Sq.Ft.

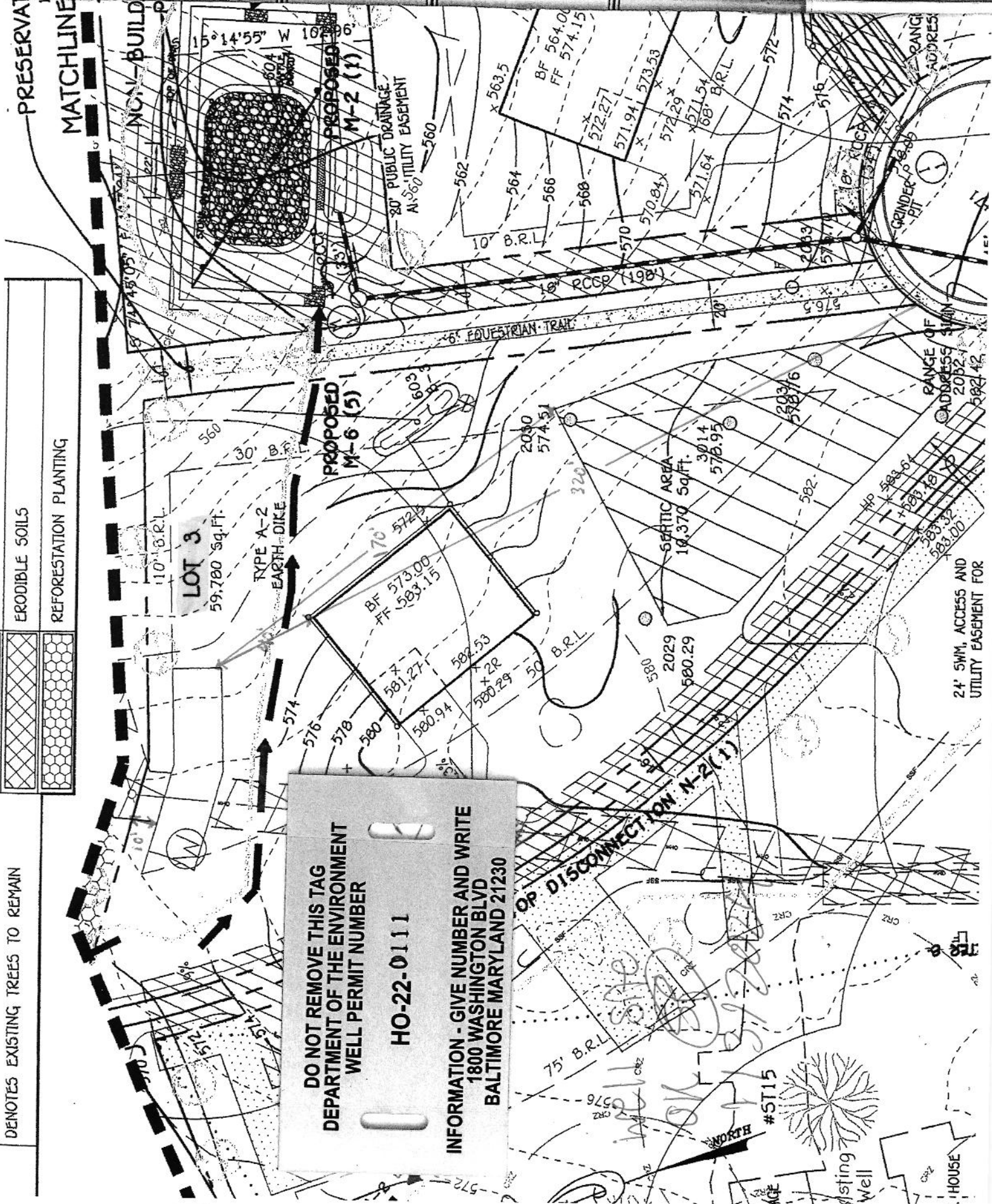
24' SWM, ACCESS AND  
UTILITY EASEMENT FOR

#ST15

NORTH

Existing Well

HOUSE



# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 178594 Account #: 1933  
Reference: Brickell Lot 3 Client: Fogle's Well Pump & Treatment  
Location: 1719 Brickell Way Requested By: Dave Fogle  
Marriottsville, MD 21104 Source: Well Water  
Date/ Time Collected: 1/9/2026 0800 Site: Pressure Tank  
Date/Time Rec'd: 1/9/2026 1505 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.4  
Collected By: J. Evans 0309JE Well #: HO-22-0111

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/10/2026 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/10/2026 / 1000 / CRS
Nitrate.	0.75	mg/L (as N)	10	EPA 300.0	1/9/2026 / 2141 / KDR
Turbidity	43.4	NTU	<10	SM2130B	1/9/2026 / 1645 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	1/9/2026 / 1650 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time); Chlorine level tested on site
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
Building Permit # : B25002663

Date Reported: 1/12/2026

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	178647	Account #:	1933
Reference:	Brickell Lot 3	Client:	Fogle's Well Pump & Treatment
Location:	1719 Brickell Way Marriottsville, MD 21104	Requested By:	Dave Fogle
Date/ Time Collected:	1/13/2026 0800	Source:	Well Water
Date/Time Rec'd:	1/13/2026 1246	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	7.4
		Well #:	HO-22-0111

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.58	mg/L	0.3*	Hach 8146	1/13/2026 / 1600 / CJM

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 pH and Chlorine level tested in lab (pH tested after recommended holding time); Chlorine level tested on site
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
Building Permit # : B25002663

Date Reported: 1/14/2026

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 178841 Account #: 1933  
Reference: Brickell Lot 3 Client: Fogle's Well Pump & Treatment  
Location: 1719 Brickell Way Requested By: Dave Fogle  
Marriottsville, MD 21104 Source: Well Water  
Date/ Time Collected: 1/20/2026 1000 Site: Pressure Tank Hose Bib\*\*  
Date/Time Rec'd: 1/20/2026 1233 Treatment: Multimedia Unit  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: J. Evans 0309JE Well #: HO-22-0111

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	<0.30	NTU	<10	SM2130B	1/20/2026 / 1620 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	1/20/2026 / 1525 / CRS
Iron	<0.02	mg/L	0.3*	Hach 8146	1/20/2026 / 1620 / CRS

### NOTES:

- 1 \*\*Revised report: Site changed from Hose bib to Pressure Tank Hose Bib as requested by client 2/4/26 CH.
- 2 \*SMCL = Secondary Maximum Contaminant Level
- 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 # : B25002663

Date Reported: 2/4/2026

# 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

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

## MEMORANDUM

*Sent via email to: Cataldo, Anthony [acataldo@howardcountymd.gov](mailto: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**

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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

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**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](http://www.hchealth.org)  
[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)



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