

| | | | |
|------------|--|--|---|
| B 1 | SEQUENCE NO. (MDE USE ONLY) 72237 | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 515101A | STATE PERMIT NUMBER HO - 22 - 0110 <small>70 fill in this form completely 79</small> |
|------------|--|--|---|

OWNER INFORMATION

Date Received (APA) 7/21/23

8 MM DD YY 13

15 Last Name Boonville Owner First Name SUSAN 34

36 Street or RFD 444 W. ... 55

57 Town ... 70 State MD 72 Zip 21723 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION ... 42

SECTION 44 46 LOT 2 48 50

52 NEAREST TOWN ... 71

DRILLER INFORMATION

Driller's Name MWD 598 76 License No. 81

Firm Name ...

Address ...

Signature Wesley A Way 11/20/23 Date

SOURCES OF DRILLING WATER

1. ...

2. ...

3. 2124/2025 - same w/ driller run @ 47' x casing @ 60'

11 STREET ADDRESS ... 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 570' 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: ... BLK: ... PARCEL ...

WELL INFORMATION

B 2

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 4006 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. 13

STATE SIGNATURE ... INSERT S 41

DATE ISSUED 1/13/2024 43 MM DD YY 48 CO SIGNATURE ... EXP. DATE 11/3/2025

DON: 1/17/2024 @ 006/2/2021 007 3/14/2021

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION 11/8/2024 - has no water so far, moving to diff. location within well box.

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

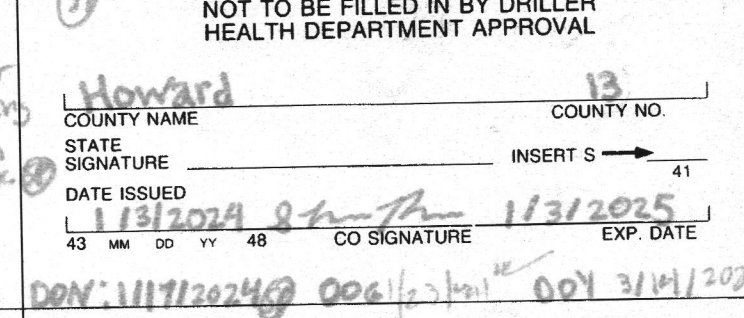
TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

22

11/22/2024 - 2nd well depth @ 400', yield @ about 5 gal/min.



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

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other ...

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL 11/23/24 onsite 1:40 pm no driller onsite fig set up water lot 3/40

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 11/21/2024 - confirmed driller 11/23

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)

APPROX. PERMIT NUMBER ... G ...

PERMIT No. HO - 22 - 0110 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, gravel, & yield

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 #: 2 Well Tag #: HO-22-0110 ✓
 Site Address: 1711 Brickell way
Marriottsville MD 21104

Submersible Pump Data

Make: Goulds
 Model #: 74310422
 Pump Capacity: 7
 Well Yield: 5
 Depth of well encountered at time of pump installation: 515 (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.

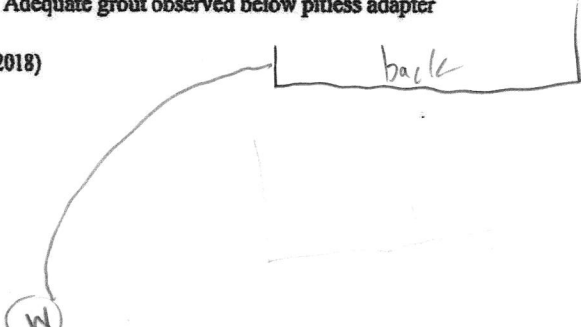
[Signature]
 Signature of company representative responsible for installation

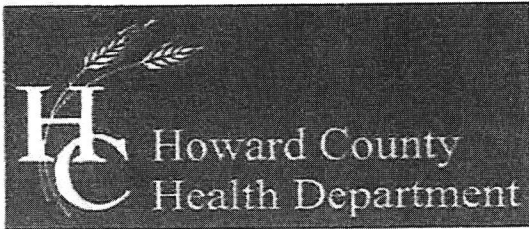
10/28/25
 Date

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

Date Insp. Requested: 10/29/25 Date Insp. Approved: 10/29/25 Inspector: RR

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 ✓





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:

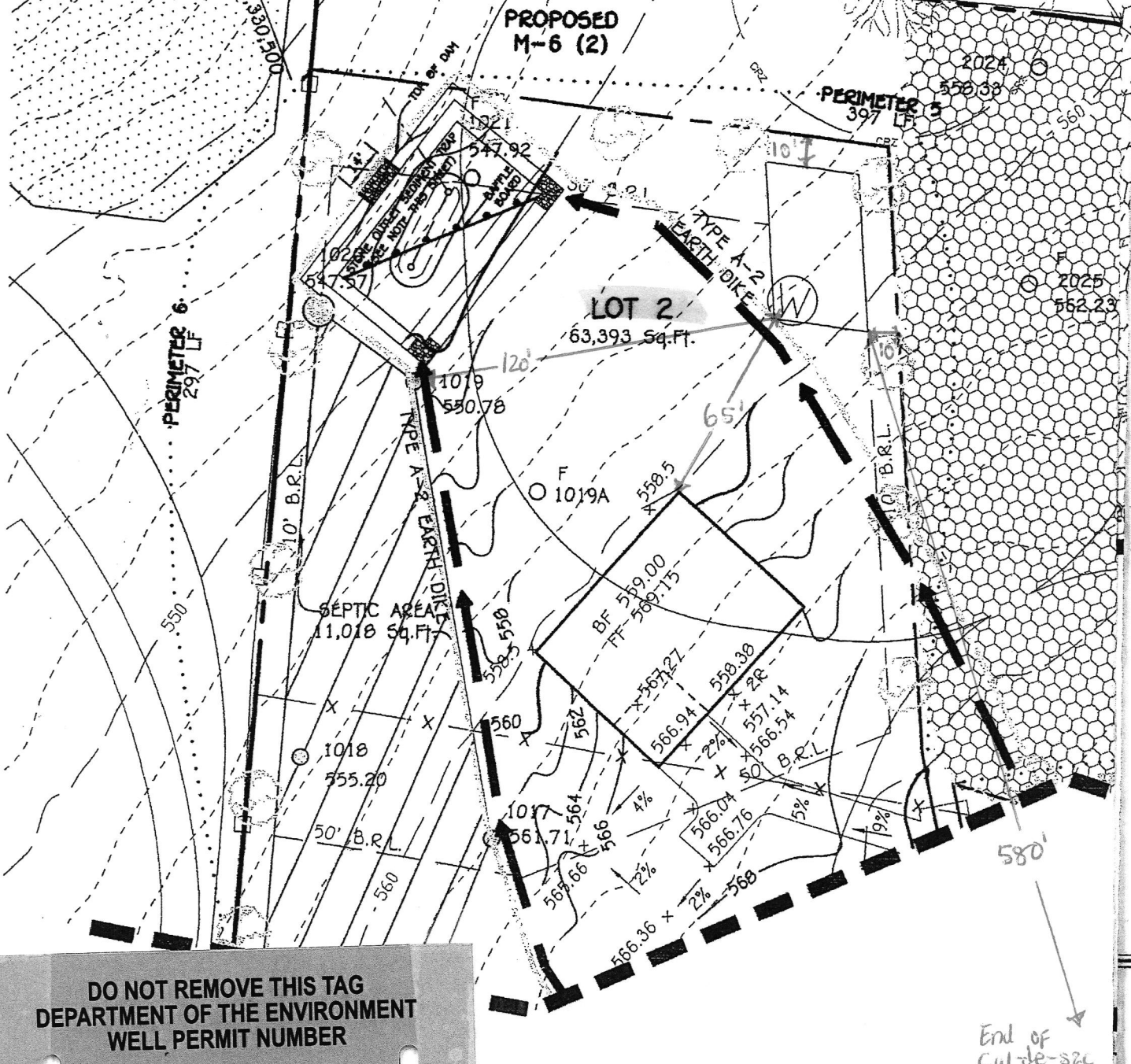
Well Site Location:

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-22-0110

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

TENTATIVELY APPROVED
 DEPARTMENT OF PLANNING AND ZONING
 HOWARD COUNTY

*Well site Approved
 1/3/2024 [Signature]*

End of
 Cul-de-sac

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – July 16, 2026

January 16, 2026

Homeowner
1711 Brickell Way
Marriottsville, MD 21104

RE: Brickell Property, Lot 2
1711 Brickell Way
Building Permit: B25002456
Well Permit: HO-22-0110

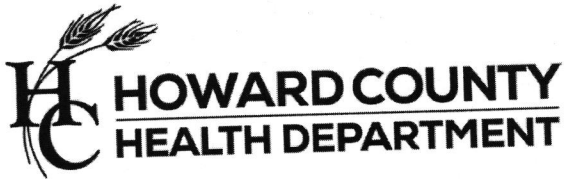
Dear Homeowner:

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 **1/14/2026**. Final approval of the well line connection to the dwelling was granted on **10/29/2025**. The well construction was completed on **1/25/2024**. Water samples were collected on **12/11/2025, 12/17/2025, 1/5/2026**.

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-22-0110. 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 "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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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 #: 178146 Account #: 1933
Reference: Brickell Lot 2 Client: Fogle's Well Pump & Treatment
Location: 1711 Brickell Way Requested By: Dave Fogle
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 12/11/2025 0800 Site: Pressure Tank
Date/Time Rec'd: 12/11/2025 1100 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Evans 0309JE Well #: HO-22-0110

| 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 / 1348 / CS/KR |
| Turbidity | 13.4 | NTU | <10 | SM2130B | 12/11/2025 / 1135 / KDR |
| Sand | >5 | 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 # : B25002456

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 #: 178248 Account #: 1933
Reference: Brickell Lot 2 Client: Fogle's Well Pump & Treatment
Location: 1711 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: 7.2
Collected By: J. Evans 0309JE Well #: HO-22-0110

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|------------|---------|-------|-----------|--------------------|-------------------------|
| Iron | 0.58 | mg/L | 0.3* | Hach 8146 | 12/18/2025 / 1150 / KDR |
| Sand | >5 | mg/L | 5 | Visual/Gravimetric | 12/18/2025 / 0940 / KDR |
| Turbidity | 24.1 | NTU | <10 | SM2130B | 12/18/2025 / 0930 / KDR |

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 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 # : B25002456

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 #: 178439 Account #: 1933
Reference: Brickell Lot 2 Client: Fogle's Well Pump & Treatment
Location: 1711 Brickell Way Requested By: Dave Fogle
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 1/5/2026 0800 Site: Kitchen Faucet
Date/Time Rec'd: 1/5/2026 0837 Treatment: Multimedia Filter
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: T. Cassell 0767TC Well #: HO-22-0110

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|------------|---------|-------|-----------|--------------------|-----------------------|
| Turbidity | 2.08 | NTU | <10 | SM2130B | 1/6/2026 / 0930 / KDR |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 1/6/2026 / 0940 / KDR |
| Iron | 0.04 | mg/L | 0.3* | Hach 8146 | 1/6/2026 / 1130 / KDR |

NOTES:

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

Reason for Test : Use & Occupancy
Building Permit # : B25002456

Date Reported: 1/6/2026

OK MO
 8/29/2024

 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: 2/5/24 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) NA

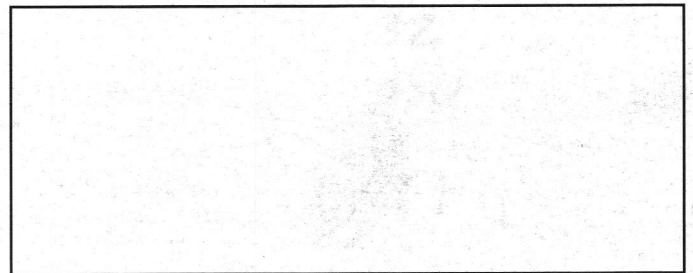
* PERMIT NUMBER OF REPLACEMENT WELL: 410 - 22 - 0110

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

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Brickell, Susan

SITE LOCATION MAP



* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Sutcliffe
 TAX MAP 0010 BLOCK 0002 PARCEL 0274
 SUBDIVISION: 0002
 SECTION: _____ LOT: 2 0A2A
 STREET ADDRESS: Maple Del

LATITUDE 3 9 . 3 4 3 5 8 6

LONGITUDE 7 6 . 9 3 5 0 3 3

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|-------------------------|------------|----------|
| | FROM | TO |
| <u>Bennite Grout</u> | <u>400</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 Wolfe MWD 598
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS
 CIRCLE ONE

2/5/24
 DATE

Page, Shepsura

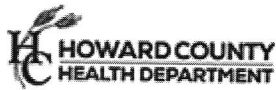
From: Page, Shepsura
Sent: Monday, December 11, 2023 9:41 AM
To: Wes Wolfe; Andy Capelle
Cc: Wolf, Kevin
Subject: Brickell Property- Well Permit Status

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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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