

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.

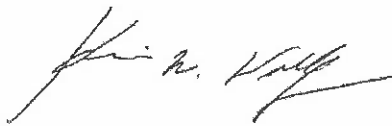
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 Environments 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 #:	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	Requested By:	Dave Fogle
	Marriottsville, MD 21104	Source:	Well Water
Date/ Time Collected:	1/13/2026 0800	Site:	Pressure Tank
Date/Time Rec'd:	1/13/2026 1246	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
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

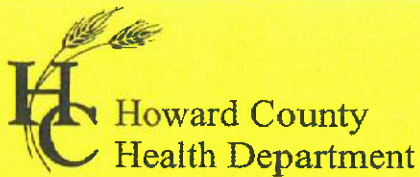
NOTES:

- 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



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

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

RECEIPT DATE: 11/13/25 **ONSITE SEWAGE DISPOSAL SYSTEM** P 590270

APPROVAL DATE: 2/2/26 **PERMIT: NEW CONSTRUCTION** A

PROPERTY ADDRESS: 1719 Brickell Way

SUBDIVISION: Brickell Property

LOT: 3

TAX ID:

CONTRACTOR: South Carroll Backhoe

EMAIL: scbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157

PHONE: 410-596-3618

PROPERTY OWNER: NVR, Inc.

EMAIL:

OWNER ADDRESS: 9720 Patuxent Woods Drive, Columbia, MD 21046

PHONE: 443-932-9102

SEPTIC TANK SIZE: 2000

PUMP SIZE: Mod 153

PUMP TANK CAPACITY: 1500 2,000

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 6

APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>118 200'</u>	INLET DEPTH: <u>3' 2</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>15</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2</u>
LOCATION:	SYSTEM TO BE STAKED BY DESIGNER AND VERIFIED BY APPROVING AUTHORITY DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: Hank Oswald ISSUE DATE: 11/13/25 EXPIRATION DATE: 11/13/26

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR REGISTERED WITH THE STATE OF MD ON-SITE WASTEWATER PROFESSIONALS BOARD: CONFIRMED ☒

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRAIDENT FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

☒ ELECTRICAL PERMIT ISSUED E n/a E25005498

NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.

NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

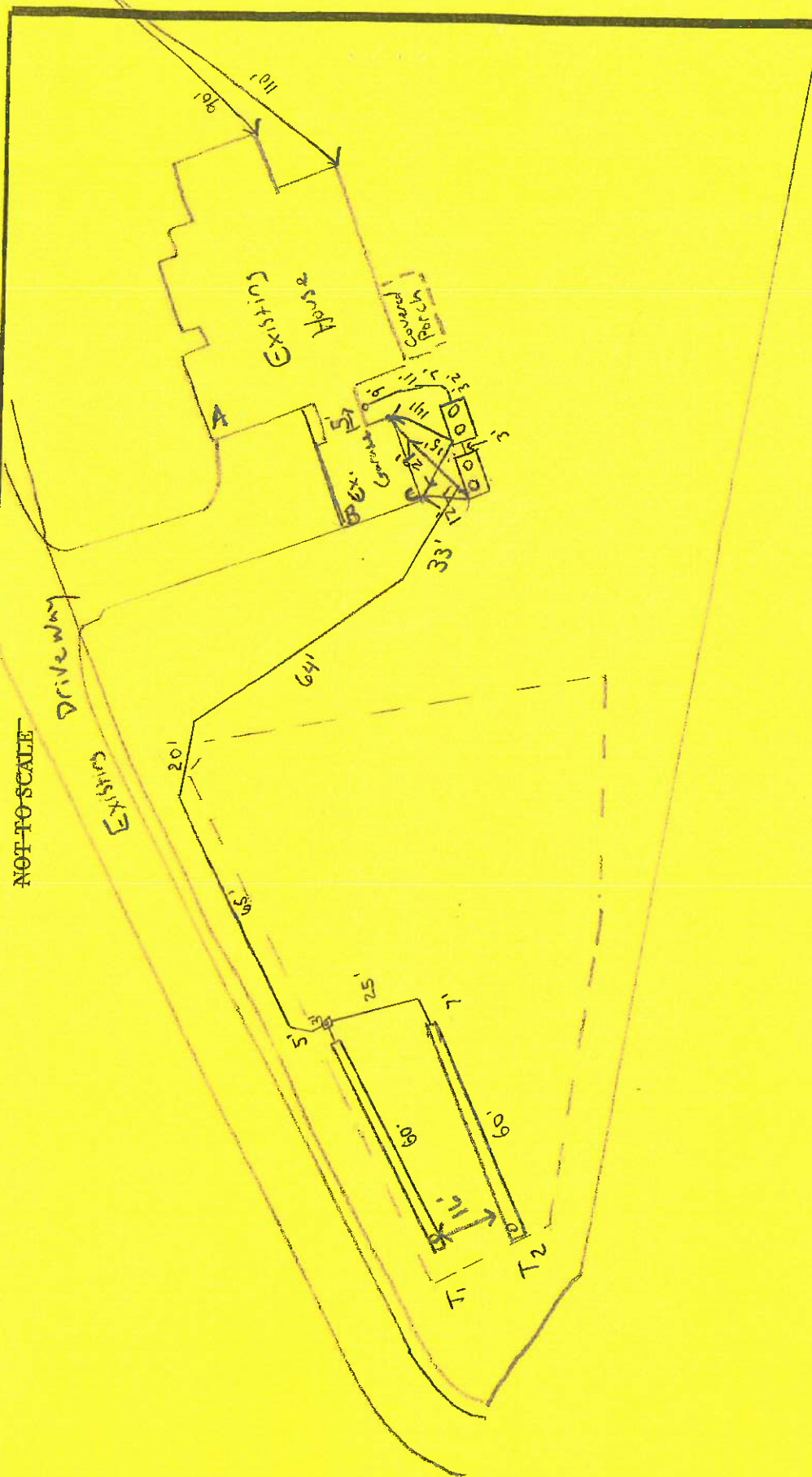
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

HO-22-011



Measurements

Debit - A:151

D-Box - B:127

T₂ Beginning - 8:12⁶

T2 Beginning - C: 132'

T₂ Ed - B: 186'

$$T_2 \text{ End} - c: 190'$$