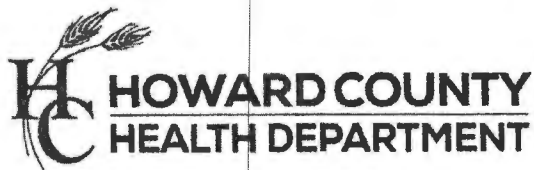


1961		SEQUENCE NO. (DENY USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER		
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
OCT 1 2 2003		093005		40-195-0066		
OWNER		DALE Thompson BLDRS		TOWN		
STREET OR RFD		TRIDELPHIA Rd		GLENELF		
SUBDIVISION		Hopkins Choice		LOT		
SECTION		21-12-111		P. P. 5.		
WELL LOG		GROUTING RECORD		C 3		
Not required for driven wells		WELL HAS BEEN GROUTED		PUMPING TEST		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		(Circle Appropriate Box)		HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL		PUMPING RATE (gal. per min. to nearest gal.)		
Top Soil		CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>		METHOD USED TO MEASURE PUMPING RATE		
Clay		NO. OF BAGS 15 NO. OF POUNDS 1500		WATER LEVEL (distance from land surface)		
Sand Stone		GALLONS OF WATER 90		BEFORE PUMPING		
MICKA		DEPTH OF GROUT SEAL (to nearest foot)		WHEN PUMPING		
Sand Stone		from 0 ft. to 30 ft.		TYPE OF PUMP USED (for test)		
MICKA		casing types insert appropriate code below		A air P piston T turbine		
FEET		Casing Record		C centrifugal R rotary O other (describe below)		
FROM TO		ST CO PL OT		J jet S submersible		
0 2		MAIN CASING TYPE		PUMP INSTALLED		
2 15		Nominal diameter top (main) casing (nearest inch)		DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
15 40		Total depth of main casing (nearest foot)		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
40 50		OTHER CASING (if used)		TYPE OF PUMP INSTALLED		
60 65		diameter inch depth (feet) from to		PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:		
65 220		SCREEN RECORD		CAPACITY: GALLONS PER MINUTE (to nearest gallon)		
Check if water bearing		ST BR HO PL OT		PUMP HORSE POWER		
		SCREEN TYPE or open hole		PUMP COLUMN LENGTH (nearest ft.)		
		Insert appropriate code below		CASING HEIGHT (circle appropriate box and enter casing height)		
		C 2		LAND SURFACE		
		DEPTH (nearest ft.)		LOCATION OF WELL ON LOT		
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
		SLOT SIZE 1 2 3		Diagram showing well location on lot with distances to structures.		
		DIAMETER OF SCREEN (NEAREST INCH)				
		GRAVEL PACK				
		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				
		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)				
		T (E.R.O.S.) W Q				
		70 72 74 75 76				
		TELESCOPE CASING LOG INDICATOR OTHER DATA				
		I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.				
		DRILLERS IDENT. NO. MSD 112				
		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)				
		SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)				

B 1 <b>18686</b> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <b>W522533</b> please type	STATE PERMIT NUMBER <b>H0-95-0066</b> <small>70 fill in this form completely 79</small>
Date Received (ARA) <b>JUL 18 2005</b> <small>8 MM DD YY 13</small>		B 3 <b>Howard</b> LOCATION OF WELL <small>8 COUNTY 21</small> <b>Hopkins Choice</b> <small>23 SUBDIVISION</small> <b>Preservation Parcel 3</b> <small>44 46 48 50</small> <b>GLEWELG</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <b>I</b> <small>73 M 76 77 78</small>	
OWNER INFORMATION <b>Thompson DALE Builders</b> <small>15 Last Name Owner First Name 34</small> <b>6300 Wood Side Ct.</b> <small>36 Street or RFD 55</small> <b>Columbia MD. 21045</b> <small>57 Town 70 State 72 Zip 76</small>		B 4 <b>Patterson Farm Ct.</b> <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 1300 37</small> DISTANCE FROM ROAD <b>1300</b> ENTER FT OR MI <b>FT</b> <small>38 39</small> TAX MAP: <b>21</b> BLK: <b>12</b> PARCEL <b>111</b>	
DRILLER INFORMATION <b>Ralph E. MAYNE M SD 117</b> <small>Driller's Name 76 License No. 81</small> <b>Ralph E. MAYNE INC</b> <small>Firm Name</small> <b>17024 Handy Rd Mt Airy MD 21771</b> <small>Address</small> <b>RLE Mayne 11/10/04</b> <small>Signature Date</small>		B 2 <b>WELL INFORMATION</b> <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> <small>14 20</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>A517397</b> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE DATE ISSUED <b>6/24/05</b> <small>41</small> <small>43 MM DD YY 48</small> NORTH GRID <b>520 000</b> EAST GRID <b>799 000</b> <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL <b>150</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>64</b> INCH <small>NEAREST INCH</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>802 799</b> N <b>5280</b> <small>000 000</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jettied & DRIVEN <small>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTary Drive-POINT</small> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) <b>41</b> <small>52</small>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>H02004 GAP 011</b> <small>54 63</small> PERMIT No. <b>H0-95-0066</b> <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			



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: Mike Sharp Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0066 ✓

Site Address: 14080 Philadelphia Rd

Greenleaf, MD 21737

**Submersible Pump Data**

Make: TH305422

Model #: 64pms

Pump Capacity: \_\_\_\_\_

Well Yield: 64 gpm

Depth of well encountered at time of pump installation: 220 (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

**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

**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: Dave C. Fogle

Date: 11/15/2024

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

Date Insp. Requested: 11/30/24 Date Insp. Approved: 2/11/2024 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

RR/SP  
✓ pitless buried and parts of the well line are only 2' below grade. @  
✓  
✓  
✓  
✓  
✓ well line buried @ house

⊕ sleeve under driveway and next to sewer line not observed - Fogle's sent pic from installation.

⊕ most of the well line is buried - depth unknown

(Revised form 10/24/2018)

Philadelphia

<b>C1</b>	<b>14361</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																																						
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER <b>W518013-0/5</b>																																																								
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OWNER <b>FARM LLC</b>		Depth of Well 22 45 26 (TO NEAREST FOOT)																																																								
STREET OR RFD <b>TRADSLPHIA ROAD</b>		TOWN <b>GLSNDLG</b>																																																								
SUBDIVISION <b>MAP 21 Q 18 B 163</b>		SECTION <b>107 MW #5</b>																																																								
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NUMBER OF UNSUCCESSFUL WELLS: 0		<b>C2</b> DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																																																								
WELL HYDROFRACTURED <input checked="" type="radio"/> YES <input type="radio"/> NO		Casing Height (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below LAND SURFACE 2 (nearest foot)																																																								
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)																																																								
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DRILLERS LIC. NO. <b>MW D 551</b> DRILLERS SIGNATURE <i>Joseph R. Moten</i> (MUST MATCH SIGNATURE ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q																																																								
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B 1	4573	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 518013 please type	STATE PERMIT NUMBER <b>HO-94-4362</b> <small>fill in this form completely</small>
Date Received (APA) 12 04 02 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name <b>TRIDELPHIA FARM, LLC</b>		34 First Name		
36 Street or RFD <b>6258 CARDINAL LANE</b>		55		
57 Town <b>COLUMBIA</b>		76 State <b>MD</b>		
		72 Zip <b>21044</b>		
DRILLER INFORMATION				
76 Driller's Name <b>Charles C Meacher</b>		81 License No. <b>MWD 551</b>		
Firm Name <b>EARTH DATA INC</b>		2167		
Address <b>131 COMST-DRIVE, CENTREVILLE, MD</b>				
Signature <i>Charles C Meacher</i>		Date <b>12-3-02</b>		
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.)			
		8 N/A 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 N/A 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input checked="" type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <b>HOWARD</b> COUNTY NO. <b>W518013-0/5</b>				
STATE SIGNATURE _____ INSERT S _____				
DATE ISSUED <b>12 06 02</b> BY <b>B Nuyon</b> <b>12/06/03</b>				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID <b>521 000</b> EAST GRID <b>0798 000</b>				
50 55 57 63				
APPROXIMATE DEPTH OF WELL <b>20</b> FEET				
APPROXIMATE DIAMETER OF WELL <b>2</b> INCH NEAREST INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)				
37 CABLE REVERSE-ROTARY DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> 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)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. <b>HO-94-4362</b>				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.				
SEE-ATTACH-MAP				

2006016

FOGLES WELL DRILLING  
P.O. BOX 202  
WOODBINE, MD 21797  
443-609-4195

April 16, 2021

KNJ Construction  
Mike Sharp

Re: Hopkins Choice  
Lot #0 Triadelphia Rd  
Patterson Farm Ct  
Glenelg, Md

Mr. Sharp,

On April 14, 2021 Fogles went out to Hopkins Choice off Triadelphia Rd & Patterson Farm Ct to perform a 3 hour well yield test on the existing well with the well tag# of HO-95-0066. The existing well when it was originally drilled and completed on September 30, 2005 was 220' deep, 55' of 6" PVC casing, and was producing 6gpm. Unfortunately, when Fogles went to start the updated well yield test we found the well had collapsed at about 58' and we were unable to do the yield test we were hired to perform.

To try to resolve this issue Fogles would recommend to have the well rig set up over the existing well and drill the well out. Fogles would also recommend to have 5" Steel installed to avoid this from happening again in the future or you can have a permit applied for to drill a replacement well. Once the well is repaired or a new well drilled Fogles can perform an update well yield at that time. I have enclosed an estimate with what Fogles Well Drilling recommends. If you have any further questions or concerns, please do not hesitate in contacting me at the office.

Sincerely,

*Theresa Miller*  
Theresa Miller  
{Secretary}  
Allen Compton  
{Driller—MSD009}

DEC 01 2023

CLSI

*Jan*

## Rappaport, Ryan

---

**To:** Carrie Condon  
**Cc:** Wolf, Kevin; Page, Shepsura; msharp@knjconst.com  
**Subject:** RE: 14080 Triadelphia Road  
**Attachments:** Well Line Memo 14080 Triadelphia Rd.pdf; 14080 Triadelphia Rd County Easement Plan.pdf

Hi Carrie, Kevin went through the file and helped me find the requirements associated with this well line installation. See attachments. Please let us know when the property lines along the driveway have been survey staked. We need to make sure the well line is on the property and not running through the HC public sewer easement. The 6" sewer force main must be located in order to meet the last requirement on the memo.

As of right now the Health Dept can't approve the well line installation and we'll wait to hear from you for the reinspection. Thanks

Ryan

**From:** Carrie Condon <Carrie@foglesinc.com>  
**Sent:** Wednesday, January 31, 2024 8:33 AM  
**To:** Rappaport, Ryan <RRappaport@howardcountymd.gov>  
**Cc:** Wolf, Kevin <KWolf@howardcountymd.gov>; Page, Shepsura <spage@howardcountymd.gov>  
**Subject:** RE: 14080 Triadelphia Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

We dug the entire well line. We did backfill the portion by the driveway. Our guys are there now. I think what happened was we started this job and because it was such a long well line, it took a few days. This also happened to be when we got a ton of rain and snow that stopped us. The guys did say it looks like the trenches filled up with water and floated the line and some dirt came back down. We are going to dig about 300' out today so that it's at the proper depth.

**Carrie Condon**  
**Fogle's Well Pump & Water Treatment, LLC**  
**24 HR EMERGENCY SERVICE! 410-795-1535**  
**[www.fogleswellpump.com](http://www.fogleswellpump.com)**  
**"LIKE" us on Facebook!!**  
**Please take a minute to give us a GOOGLE REVIEW!**

**From:** Rappaport, Ryan <RRappaport@howardcountymd.gov>  
**Sent:** Wednesday, January 31, 2024 7:40 AM  
**To:** Carrie Condon <Carrie@foglesinc.com>  
**Cc:** Wolf, Kevin <KWolf@howardcountymd.gov>; Page, Shepsura <spage@howardcountymd.gov>  
**Subject:** RE: 14080 Triadelphia Road

Hi Carrie, Did Fogles dig the whole trench for the water line? Or did the builder, Mike Sharp get it done for you since it was going through the makeshift driveway?

Once I discuss this with Kevin and Shep, I'll get back to you.

Ryan

**From:** Carrie Condon <[Carrie@foglesinc.com](mailto:Carrie@foglesinc.com)>  
**Sent:** Tuesday, January 30, 2024 2:41 PM  
**To:** Rappaport, Ryan <[RRappaport@howardcountymd.gov](mailto:RRappaport@howardcountymd.gov)>  
**Subject:** FW: 14080 Triadelphia Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

See the photos below of sleeve under concrete at Triadelphia Rd. Thank you.

**Carrie Condon**  
**Fogle's Well Pump & Water Treatment, LLC**  
**24 HR EMERGENCY SERVICE! 410-795-1535**  
**[www.fogleswellpump.com](http://www.fogleswellpump.com)**  
**"LIKE" us on Facebook!!**  
**Please take a minute to give us a GOOGLE REVIEW!**

**From:** [msharp@knjconst.com](mailto:msharp@knjconst.com) <[msharp@knjconst.com](mailto:msharp@knjconst.com)>  
**Sent:** Tuesday, January 30, 2024 2:29 PM  
**To:** Carrie Condon <[Carrie@foglesinc.com](mailto:Carrie@foglesinc.com)>  
**Subject:** 14080 Triadelphia Road

Carrie,  
Can you go ward these photos of the well line dleve into the house to Dave.  
Thank you,  
Mike Sharp  
KNJ Construction



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – August 16, 2024**

February 16, 2024

Homeowner  
14080 Triadelphia Road  
Glenelg, MD 21737

**RE: Hopkins Choice, Lot 1**  
**14080 Triadelphia Rd.**  
**Building Permit: B22002816**  
**Well Permit: HO-95-0066**

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 **1/10/2024**. Final approval of the well line connection to the dwelling was granted on **2/1/2024**. The well construction was completed on **9/30/2005**. Water samples were collected on **1/31/2024**.

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-95-0066. 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

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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

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #: 164076 Account #: 1933  
Reference: Mike Sharp Client: Fogle's Well Pump & Treatment  
Location: 14080 Triadelphia Road  
Glenelg, MD 21737 Requested By: Dave Fogle  
Source: Well Water  
Date/ Time Collected: 1/31/2024 0830 Site: Pressure Tank  
Date/Time Rec'd: 1/31/2024 1140 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: T. Cassell 0767TC Well #: HO-95-0066

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/1/2024 / 0950 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/1/2024 / 0950 / KDR
Nitrate.	7.48	mg/L (as N)	10	EPA 300.0	1/31/2024 / 1528 / CS/KR
Turbidity	0.56	NTU	<10	SM2130B	2/1/2024 / 1020 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	2/1/2024 / 0935 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy**Building Permit # :** B22002816Date Reported: 2/1/2024