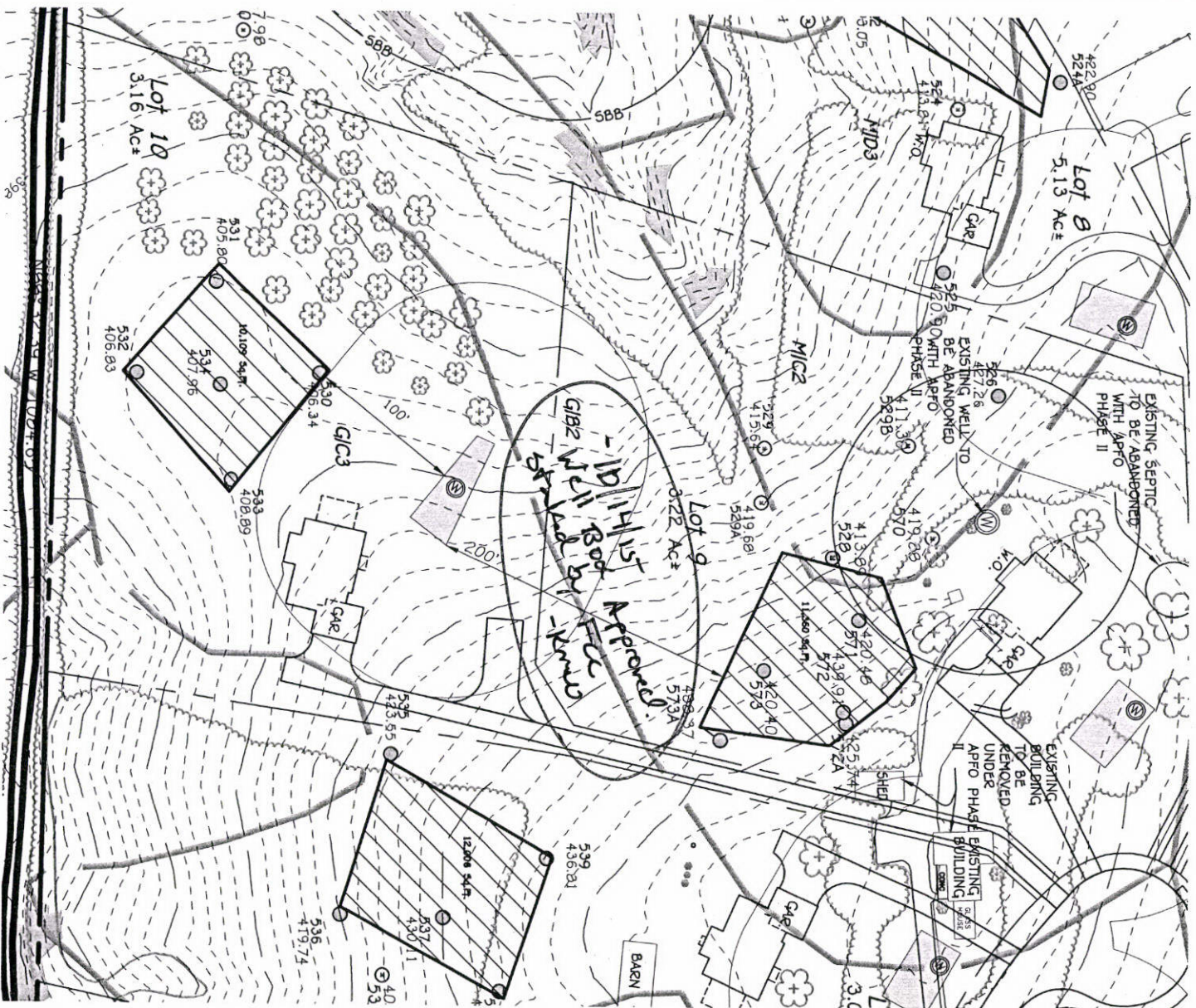


C 1 42301	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																										
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																													
ST/CO USE ONLY DATE Received MM <u>02</u> DD <u>22</u> YY <u>16</u>	DATE WELL COMPLETED MM <u>02</u> DD <u>11</u> YY <u>16</u>	Depth of Well 22 <u>325</u> 26 <u>OK</u> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO 15 - 0164</u>																										
		28 29 30 31 32 33 34 35 36 37																											
OWNER <u>Williamsburg Homes</u> WELL SITE ADDRESS <u>Lyme Rd</u> TOWN <u>Fulton</u> SUBDIVISION <u>Westland Farm Estates</u> SECTION <u>10</u> LOT <u>10</u>																													
WELL LOG Not required for driven wells		GROUTING RECORD																											
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1800</u> GALLONS OF WATER <u>120</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>61</u> ft. (enter 0 if from surface)																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Light to Dark Brown Loam</td> <td>0</td> <td>46</td> <td></td> </tr> <tr> <td>Grey Limestone</td> <td>46</td> <td>310</td> <td></td> </tr> <tr> <td>White</td> <td>310</td> <td>311</td> <td>✓</td> </tr> <tr> <td>Grey Limestone</td> <td>311</td> <td>325</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Light to Dark Brown Loam	0	46		Grey Limestone	46	310		White	310	311	✓	Grey Limestone	311	325		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>65</u> 60 61 63 64 66 70		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																										
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OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G _____		SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>		ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																					
ST STEEL	BR BRASS	HO OPEN HOLE																											
PL PLASTIC	OT OTHER																												
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		C 2 DEPTH (nearest ft.) <u>HO 65 325</u>																											
WELL HYDROFRACTURED Y N		CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL																											
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 PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____																											
DRILLERS LIC. NO. <u>M 5D 009</u> DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> 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																											
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>8.5</u> METHOD USED TO MEASURE PUMPING RATE <u>1 gal</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>57</u> ft. WHEN PUMPING <u>88</u> ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible																											
DRILLERS LIC. NO. <u>M 5D 009</u> DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____ PUMP HORSE POWER 37 _____ 41 _____ PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____ CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE <u>04</u> (nearest foot) - below } 49 _____ 51 _____																											
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		LATITUDE <u>39.1491394</u> LONGITUDE <u>76.9518967</u> (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is 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.																											

B 1 1 2 3 6 <u>38224</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-15-0164</u> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 <u>Williamburg Homes</u> 15 Last Name Owner First Name 34 <u>5485 Harpers Farm</u> 36 Street or RFD 55 <u>Columbia, md 21044</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Westland Farm Estates</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>10</u> 48 50 <u>Frederick</u> 52 NEAREST TOWN 71	
DRILLER INFORMATION <u>Allen Compton</u> M S D <u>009</u> Driller's Name 76 License No. 81 <u>Fogles Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine, Md 21797</u> Address <u>Allen Compton</u> 9-23-15 Signature Date		B 4 SOURCES OF DRILLING WATER 1. <u>Lime Kiln Rd</u> 11 STREET ADDRESS 30 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST 32 EAST S SOUTH 34 <u>800</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>45</u> BLK: <u>5</u> PARCEL <u>28</u>	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> (13) COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>12/30/15</u> 43 MM DD YY 48 CO SIGNATURE <u>12/30/16</u> EXP. DATE	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH	
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		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-15-0164</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <u>Must use steel casing, must extend 50' depth or 10' into Bedrock</u> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

[illegible]



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

H0-15-0164

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

LOT 10
WESTLAND FARM ESTATES
APFO DEVELOPMENT PHASE 2
LOTS 3 THRU 14

X MAP #45 ZONED: RR-DEO PARCEL: 28
10 ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DATE: OCTOBER 8, 2015

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

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: Piggy Well Pump & Water Treatment, LLC Telephone: 410 795 5670
Address: 5380 Obrecht Rd.
Sykesville, MD 21784

(Must circle one): Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): David 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: Williamsburg Group Telephone: 240 393 2942
Subdivision: Westland Farms Lot #: 10 Well Tag #: HO-15-0164
Site Address: 12529 Westland Ct
Edison, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISSGE07-190</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8.5</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>325'</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing: <u>NA</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>2000 psi min</u>	Length of sleeves (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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: David C. Fogle Date: 2/19/19

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

Date Insp. Requested: 02/19/2019 Date Insp. Approved: 02/19/2019 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" 2/19/2019 (u)

Two piece cap installed and attached to casing securely ✓

Elect. conduit extends at least 18" below grade/attached to cap properly ✓ 33" 2/19/2019 (u)

Safety rope not outside of well cap/casing ✓

Correct well tag attached properly and casing 5" above finished grade ✓ 16" 2/19/2019 (u)

Water supply line sleeved adequately at house connection ✓ 6" 2/19/2019 (u)

Adequate grout observed below pitless adapter ✓

EX HOSE
02/19/2019 (u)

702

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – October 30, 2019

April 30, 2019

Homeowner
12529 Westland Court
Fulton, MD 20759

**RE: Westland Farm Est., Lot 10
12529 Westland Court
Building Permit: B18002808
Well Permit: HO-15-0164**

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 **2/19/2019**. Final approval of the well line connection to the dwelling was granted on **2/19/2019**. The well construction was completed on **2/1/2016**. Water samples were collected on **4/24/2019**.

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-15-0164. 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,



Hank Oswald, LEHS
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

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,



Hank Oswald, LEHS
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, April 30, 2019 11:02 AM
To: Anest, Cathy; DeMarco, Rebecca; Frey, Thomas; Huskins, Thomas; 'Kelly, Sean'; Reger, Linda; Sauerwein, Sandra; Schmidt, Heather; Wingo, Judy; 'MARINAMORRIS@WILLIAMSBURGLLC.COM'; BillMcBride@williamsburgllc.com
Cc: Wolf, Kevin; Martin, Sharhonda; Flemming, Rachel; Cook, Kathleen
Subject: ICOP_12529 Westland Court
Attachments: ICOP_12529 Westland Court.pdf

Hello All:

Good morning. Attached, please find the ICOP letter for 12529 Westland Court. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

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FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	129713	Account #:	4470
Reference:	Westland Farms Lot 10	Company:	Williamsburg Homes LLC
Location:	12529 Westland Court	Requested By:	Bill McBride
	Fulton, MD 20759	Source:	Well Water
Date/ Time Collected:	4/24/2019 1118	Site:	Pressure Tank
Date/Time Rec'd:	4/24/2019 1503	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.2
Collected By:	J. Yeager 6176JY	Well #:	HO-15-0164

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/25/2019 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/25/2019 / 1000 / CRS
Nitrate	<1.0	mg/L	10	601	4/24/2019 / 1510 / RER
Turbidity	4.83	NTU	<10	SM20 2130B	4/24/2019 / 1515 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	4/24/2019 / 1515 / RER

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 NS = None Seen (NS indicates less than 5 mg/L)
- 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 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 18002808

Date Reported: 4/25/2019

Oswald, Hank

From: Wolf, Kevin
Sent: Tuesday, April 30, 2019 10:19 AM
To: Oswald, Hank
Subject: FW: 12529 Westland Court
Attachments: Analysis Report.pdf

From: Marina Morris <MarinaMorris@williamsburgllc.com>
Sent: Tuesday, April 30, 2019 9:32 AM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Cc: Bill McBride <BillMcBride@williamsburgllc.com>
Subject: FW: 12529 Westland Court

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

Hi Kevin,
What do I need to do to get the certificate of potability for Westland Farm Estates Lot 10. Attached is the analysis report. The address is 12529 Westland Court, Fulton, MD. The permit number is B18002808.
Thank in advance for your help.

Marina Morris
Williamsburg Group, LLC
410-997-8800 X18

From: Addison Bond <AddisonBond@williamsburgllc.com>
Sent: Monday, April 29, 2019 7:27 AM
To: Marina Morris <MarinaMorris@williamsburgllc.com>
Cc: Bill McBride <BillMcBride@williamsburgllc.com>; Tim Morris <TimMorris@williamsburgllc.com>
Subject: Fwd: 12529 Westland Court

WFE 10 Well Passed.

Addison Bond
Project Manager
Williamsburg Homes
240-393-2942
addisonbond@williamsburgllc.com

Begin forwarded message:

From: Lori Ott <loriott@fval.com>
Date: April 26, 2019 at 2:28:43 PM EDT
To: Addison Bond <AddisonBond@williamsburgllc.com>
Subject: 12529 Westland Court