

C1 63497 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Approved 2/10/22

Depth of Well 200

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0142

OWNER Wynne Family LLC WELL SITE ADDRESS 15683 Old Frederick Rd TOWN Woodbine SUBDIVISION SECTION House LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Clay/sand, Grey schist, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P) section.

DEPTH (nearest ft.) table with columns for casing height and slot size.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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...

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR section.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for GRAVEL PACK, DIAMETER OF SCREEN, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.343691 LONGITUDE 77.060502 (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.

STATE OF MARYLAND  
WELL COMPLETION REPORT  
THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED

WELL NO. 0343

DATE WELL COMPLETED: 05-15-2022

WELL SITE ADDRESS: [Handwritten]

OWNER: [Handwritten]

WELL TYPE: [Handwritten]

SECTION: [Handwritten]

LOT: [Handwritten]

WELL LOG

WELL HAS BEEN PROTECTED (Check appropriate box)

TYPE OF CEMENTING MATERIAL (Check box):  CEMENT,  BENTONITE CLAY,  MORTAR,  OTHER

DEPTH OF GROUT SEAL (in feet): [Handwritten]

DEPTH OF GROUT SEAL (in meters): [Handwritten]

WELL LOG

DEPTH (FEET)	DEPTH (METERS)	LOG DESCRIPTION
0	0	Surface
1	0.3	...
2	0.6	...
3	0.9	...
4	1.2	...
5	1.5	...
6	1.8	...
7	2.1	...
8	2.4	...
9	2.7	...
10	3.0	...
11	3.3	...
12	3.6	...
13	3.9	...
14	4.2	...
15	4.5	...
16	4.8	...
17	5.1	...
18	5.4	...
19	5.7	...
20	6.0	...
21	6.3	...
22	6.6	...
23	6.9	...
24	7.2	...
25	7.5	...
26	7.8	...
27	8.1	...
28	8.4	...
29	8.7	...
30	9.0	...
31	9.3	...
32	9.6	...
33	9.9	...
34	10.2	...
35	10.5	...
36	10.8	...
37	11.1	...
38	11.4	...
39	11.7	...
40	12.0	...
41	12.3	...
42	12.6	...
43	12.9	...
44	13.2	...
45	13.5	...
46	13.8	...
47	14.1	...
48	14.4	...
49	14.7	...
50	15.0	...
51	15.3	...
52	15.6	...
53	15.9	...
54	16.2	...
55	16.5	...
56	16.8	...
57	17.1	...
58	17.4	...
59	17.7	...
60	18.0	...
61	18.3	...
62	18.6	...
63	18.9	...
64	19.2	...
65	19.5	...
66	19.8	...
67	20.1	...
68	20.4	...
69	20.7	...
70	21.0	...
71	21.3	...
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73	21.9	...
74	22.2	...
75	22.5	...
76	22.8	...
77	23.1	...
78	23.4	...
79	23.7	...
80	24.0	...
81	24.3	...
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83	24.9	...
84	25.2	...
85	25.5	...
86	25.8	...
87	26.1	...
88	26.4	...
89	26.7	...
90	27.0	...
91	27.3	...
92	27.6	...
93	27.9	...
94	28.2	...
95	28.5	...
96	28.8	...
97	29.1	...
98	29.4	...
99	29.7	...
100	30.0	...

WELL LOG

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71</		

TAG ✓ 1/10/22 (5) GPS ✓ 1/10/22 (5)

B 1 25204

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 20 - 0142  
fill in this form completely

570859 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
Wynne Family, LLC  
15 Last Name Owner First Name 34  
2065 Highway 99A apt 1201  
36 Street or RFD 55  
Indian Harbour Beach, FL 32937  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard  
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
Woodbine  
52 NEAREST TOWN 71

DRILLER INFORMATION

Andrew Houseman SD 224  
Driller's Name 76 License No. 81  
Fogles Well Drilling, LLC  
Firm Name  
P.O. Box 202 Woodbine Md 21797  
Address  
Signature Date 11-12-21

B 4 SOURCES OF DRILLING WATER

1. Well water  
3. 1/5/22  
State 23'  
level 30'  
pump 180'  
>15 GPM  
Resident

(Tenant House)  
15685 Old Frederick Rd  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST 32 EAST  
SOUTH  
34 500 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 0008 BLK: 0001 PARCEL 0002

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

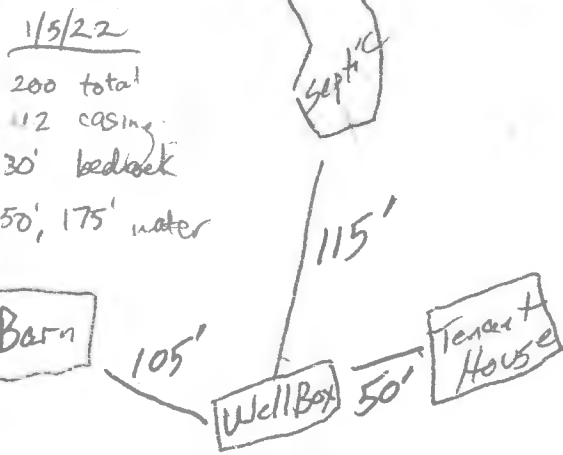
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard  
COUNTY NAME  
STATE SIGNATURE  
DATE ISSUED 12/02/2021  
43 MM DD YY 48  
12/02/2022  
41  
EXP. DATE  
DOG: 1/4/22 (20) DOG: 1/5/22 (30) 2021 1/5/22 (5)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

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



APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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

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)

APPROP. PERMIT NUMBER G  
PERMIT No. HO - 20 - 0142  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

1 | 25204

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

NOV - 20 - 2125

fill in this form completely

OWNER INFORMATION

Watershed Services, LLC  
3000 Highway 202, Apt 1001  
Indian Harbour Beach, FL 32916

DRILLER INFORMATION

Driller Name: [Handwritten]  
Address: [Handwritten]  
City: [Handwritten]

WELL INFORMATION

Well Number: 202  
Date of Construction: [Handwritten]

USE FOR WATER (CHECK APPROPRIATE BOX)

- DOMESTIC USE (FOR DRINKING WATER)
- IRRIGATION
- FLOOD CONTROL
- OTHER (SPECIFY):

LOCATION OF WELL

Section: [Handwritten]  
Town: [Handwritten]

ELEVATION

Well Number: [Handwritten]  
Elevation: [Handwritten]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



NOT TO BE FILLED IN BY DRILLER



SHOW PERMIT NUMBER AND DATE OF PERMIT ON THIS SYSTEM  
LOCAL AGENCIES AND AGENCIES NOTING THAT THE  
PERMIT NUMBER (CIRCLE) IS VALID



NOV 19 2021  
[Stamp]

APPROVED BY THE BOARD OF WATER AND LAND RESOURCES  
DATE: [Handwritten]

ATTACHMENT OR DEPOSIT WITH

- CHECK APPROPRIATE BOX
- THE WELL WILL BE USED FOR DRINKING WATER
- THE WELL WILL BE USED FOR IRRIGATION
- THE WELL WILL BE USED FOR FLOOD CONTROL
- THE WELL WILL BE USED FOR OTHER (SPECIFY):

APPROVED BY THE BOARD OF WATER AND LAND RESOURCES  
DATE: [Handwritten]



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: BOH Plumbing Telephone #: 301-514-0539  
Address: 9422 C DUBOIN RD.  
WELLERSVILLE MD. 21793

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Bruce D. Hammond License# P22002448

**\*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: Wynn Family LLC Telephone #: 410-248-5074  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-0142  
Site Address: 15083 Old Frederick Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>BET</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3C-S05422C</u>	Model#: <u>P-100-55</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>F</u>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>L</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off 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 yes

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>4710 Resin Black</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>40'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and 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.

Bruce D. Hammond 3-5-24  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: Krow  
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 seen 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 \_\_\_\_\_

*Not inspected by Health with test results  
OK*



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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 7, 2024

March 7, 2024

Homeowner  
15683 Old Frederick Road  
Woodbine, MD 21797

**RE: Wynne Property, P. 2**  
**15683 Old Frederick Road**  
**Building Permit: B22000058**  
**Well Permit: HO-20-0142**

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 **3/24/2023**. Final approval of the well line connection to the dwelling was granted on **3/5/2024**. The well construction was completed on **1/5/2022**. Water samples were collected on **6/29/2023**.

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-20-0142. 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 Environments 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 #: 159944 Account #: 40045  
Reference: Josh Wynne Client: CASH ACCOUNT  
Location: 15683 Old Frederick Road Requested By: Josh Wynne  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 6/29/2023 1040 Site: Pressure Tank  
Date/Time Rec'd: 6/29/2023 1325 Treatment: Prior to Sediment Filter/UV Light  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: J. Yeager 0819JY Well #: HO-20-0142

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/30/2023 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/30/2023 / 0830 / CRS
Nitrate.	6.64	mg/L	10	EPA 300.0	6/29/2023 / 1808 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	6/29/2023 / 1620 / MEW
Turbidity	0.48	NTU	<10	SM2130B	6/30/2023 / 0905 / MEW

### 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 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B22000058

Date Reported: 6/30/2023



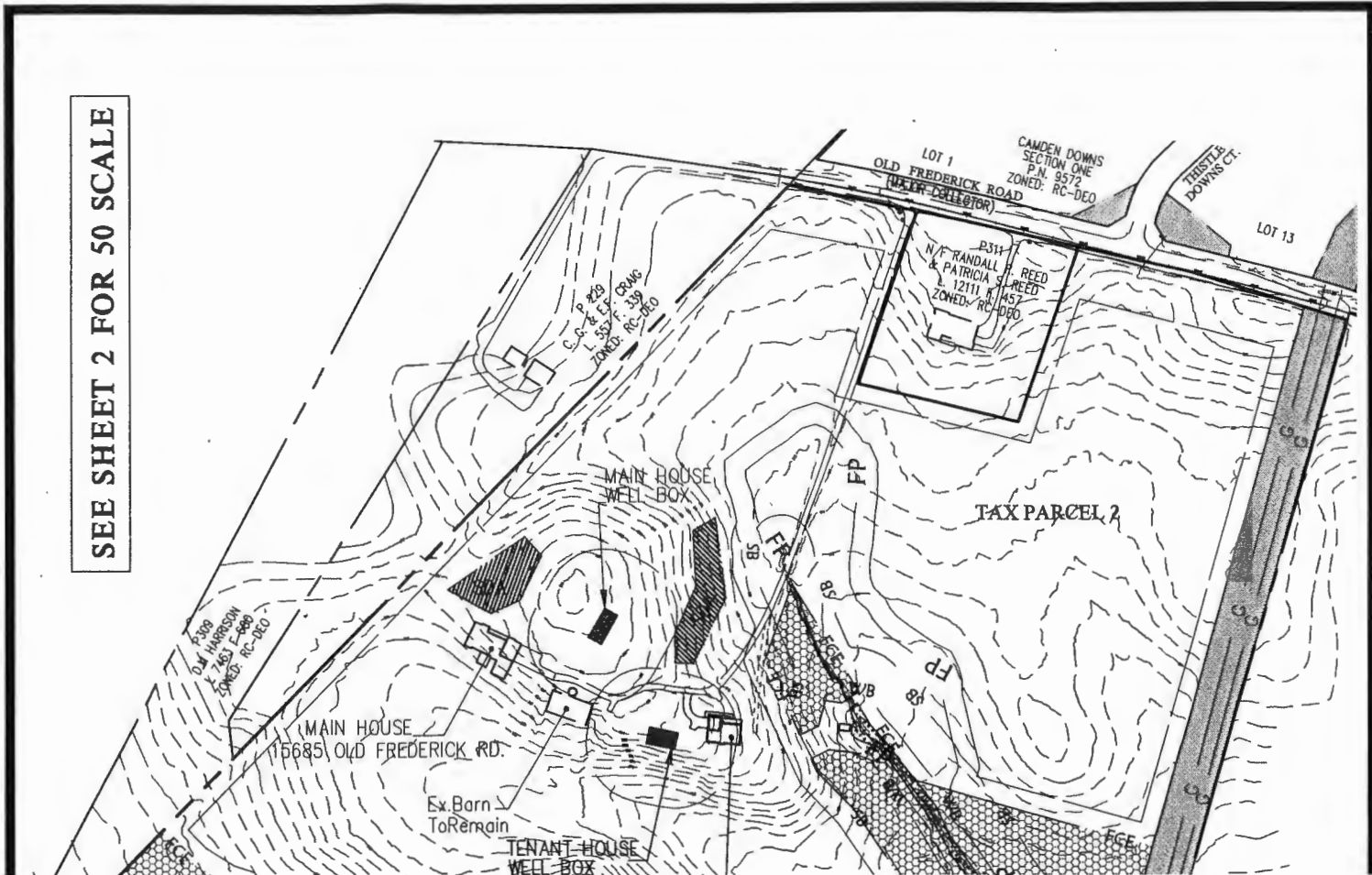


15683 OLD FREDERICK  
 NEW WELL  
 STAKE P BY GLW  
 APPROVED 12/02/2021  
 HO-20-0142

DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
**HO-20-0142**  
 INFORMATION - GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

SEE SHEET 2 FOR 50 SCALE

A (8.50 x 11.00 Inches)



## Wolf, Kevin

---

**From:** Wolf, Kevin  
**Sent:** Tuesday, October 24, 2023 8:45 AM  
**To:** Josh Wynne; wynnebrian65@gmail.com  
**Cc:** mark@classicmd.net  
**Subject:** RE: 15683 Old Frederick Road - Results - PASSING

Hello!

I have not received a follow-up on this request. The property file in questions is still pending final approval as I still need the well line installation form, and the resulting inspection date.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS  
Groundwater Mgmt. Sec. Supervisor  
Well & Septic Program  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-2645 (Office)  
410-313-2648 (Fax)  
[www.hchealth.org](http://www.hchealth.org)  
[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)



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*mm*

*[Handwritten signature]*

**From:** Josh Wynne <jwynne19@gmail.com>  
**Sent:** Tuesday, September 5, 2023 8:42 AM  
**To:** Wolf, Kevin <KWolf@howardcountymd.gov>  
**Subject:** Re: 15683 Old Frederick Road - Results - PASSING

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

Thank you Kevin! I will reach out to the plumber and get the form back to you ASAP. It looks like the well line inspection was done around 10/17/22. Ms. Martin from the county scheduled it for us. Please let me know if more information is needed on the well line inspection.

Thanks again,

Josh

On Fri, Aug 25, 2023, 12:29 PM Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

Josh,

I am in review of your final ICOP letter to be issued for this property. However, I am not seeing the well installation report from your plumber who installed the well line. Can you have them complete and forward back to me please? I also need the date that we (Health Dept) inspected the well line as I do not see that as well. I will be out of the office the remainder of the afternoon but will be back in on Monday.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS

Groundwater Mgmt. Sec. Supervisor

Well & Septic Program

Howard County Health Department

8930 Stanford Blvd.

Columbia, MD 21045

410-313-2645 (Office)

410-313-2648 (Fax)

[www.hchealth.org](http://www.hchealth.org)

[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)



[twitter.com/HoCoHealth](https://twitter.com/HoCoHealth)



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[instagram.com/hocohealth](https://instagram.com/hocohealth)

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**From:** Josh Wynne <[jwynne19@gmail.com](mailto:jwynne19@gmail.com)>  
**Sent:** Wednesday, August 2, 2023 2:45 PM  
**To:** Lori Ott <[loriott@fval.com](mailto:loriott@fval.com)>  
**Cc:** Martin, Sharhonda <[smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)>; Wolf, Kevin <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>  
**Subject:** Re: 15683 Old Frederick Road - Results - PASSING

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

Thanks for sending Lori!

Mr. Wolf,

At be your earliest convenience, could you please confirm that this will satisfy the water testing requirement for new residential builds in Howard County, MD? I was talking with the building inspector and wanted to verify that this requirement has been met. Please let me know if any additional action is required, or if there is anything that I can do to facilitate processing.

Thank you!

Josh Wynne

(410) 299-5674

On Fri, Jun 30, 2023, 1:07 PM Lori Ott <[loriott@fval.com](mailto:loriott@fval.com)> wrote:

Bookkeeper

Fountain Valley Analytical Laboratory, Inc.

1413 Old Taneytown Road

Westminster, MD 21158

Phone: 410-848-1014

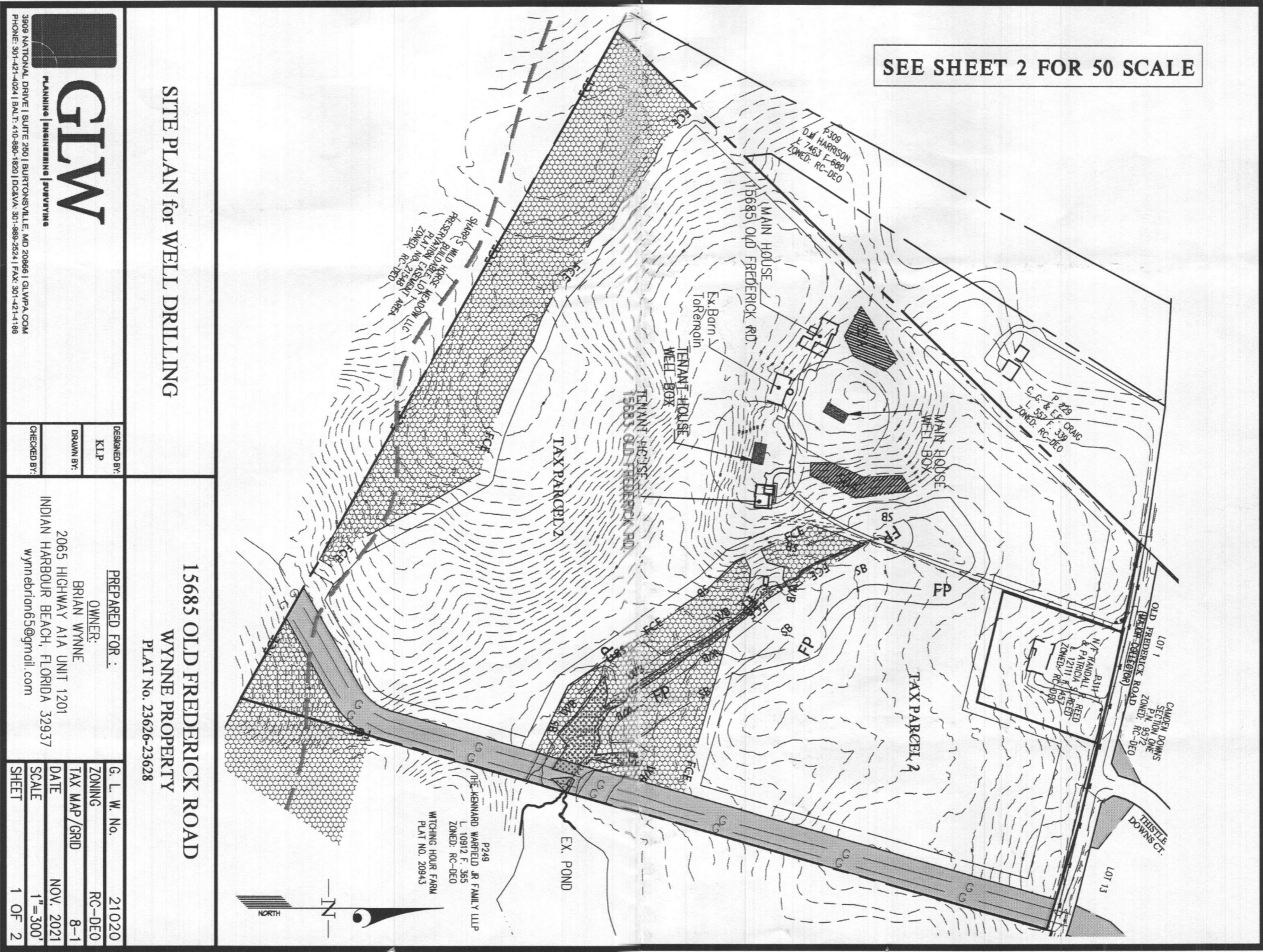
Email: [loriott@fval.com](mailto:loriott@fval.com)

I am out of the office on Wednesdays!

*Celebrating 37 years (1986 – 2023)*

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15683 OLD FREDERICK  
 NEW WELL  
 STAKED BY GLW  
 APPROVED 12/02/2021  
 Hb-20-0142



SEE SHEET 2 FOR 50 SCALE

SITE PLAN for WELL DRILLING

15683 OLD FREDERICK ROAD  
 WYNNE PROPERTY  
 PLAT No. 23626-23628

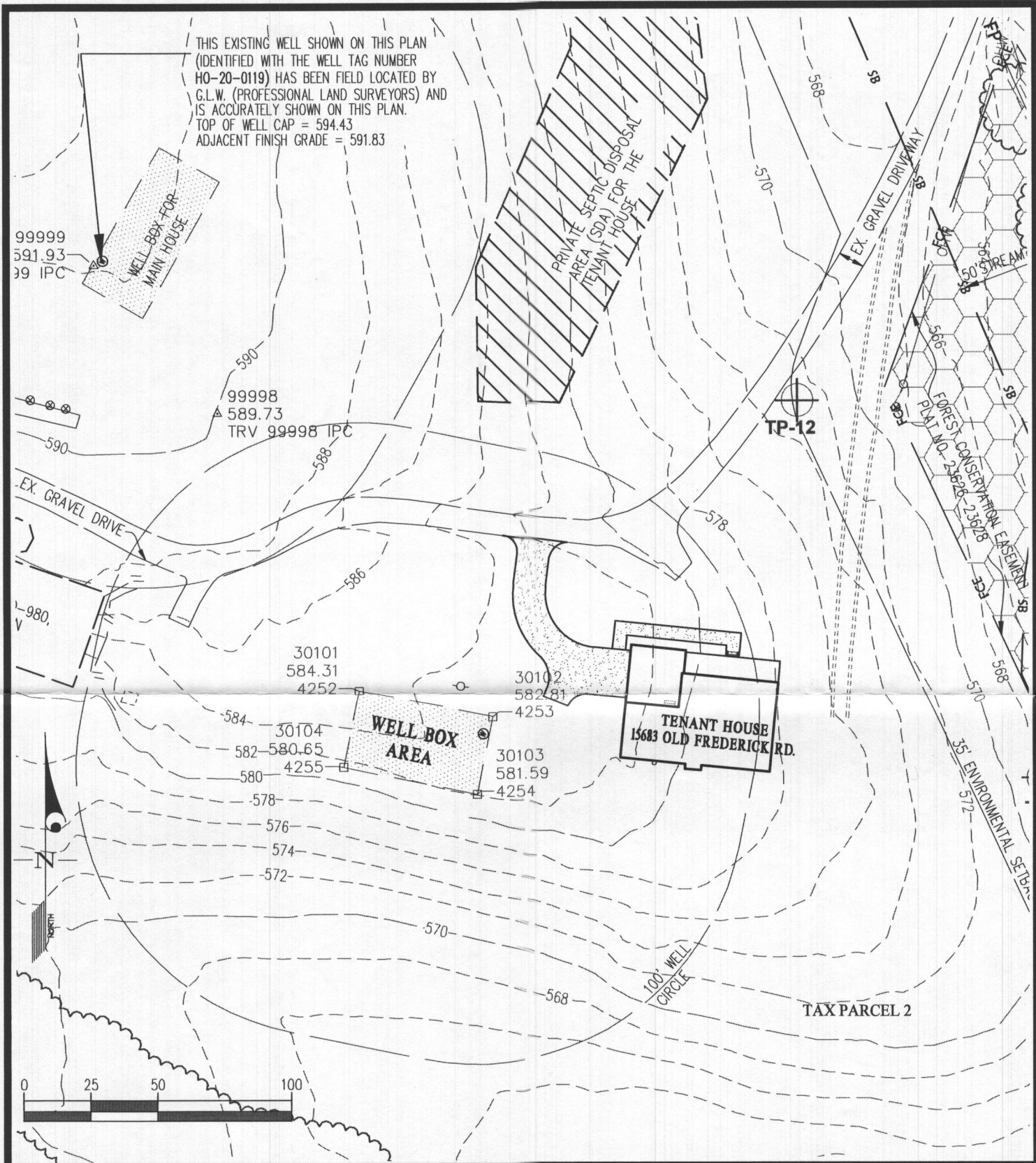
**GLW**  
 PLANNING | ARCHITECTURE | SURVEYING  
 3909 NATIONAL DRIVE | SUITE 250 | BURTONSVILLE, MO 20866 | GLWPA.COM  
 PHONE: 301-421-4024 | FAX: 301-421-1188

DESIGNED BY: KLP  
 DRAWN BY:  
 CHECKED BY:

PREPARED FOR:  
 OWNER:  
 BRIAN WYNNE  
 2065 HIGHWAY A1A UNIT 1201  
 INDIAN HARBOUR BEACH, FLORIDA 32937  
 wynnebrian65@gmail.com

G. L. W. No.	21020
ZONING	RC-DEO
TAX MAP/GRID	8-1
DATE	NOV. 2021
SCALE	1" = 300'
SHEET	1 OF 2

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L:\CADD\DRAWINGS\21020\PLANS BY GLW\WELL SITE PLAN\21020\_WELL SITE PLAN TENANT HOUSE.dwg, ANSI expand A (8.50 x 11.00 inches)

<p><b>SITE PLAN for WELL DRILLING</b> FOR TENANT HOUSE - 15683 OLD FREDERICK ROAD (AT 15685 OLD FREDERICK ROAD)</p>		<p><b>WYNNE PROPERTY</b> Tax Parcel 2 TENANT HOUSE - 15683 OLD FREDERICK ROAD PLAT No. 23626-23628</p>	
 <small>3909 NATIONAL DRIVE   SUITE 250   BURTONSVILLE, MD 20868   GLWPA.COM PHONE: 301-421-4024   BALT: 410-880-1820   DC&amp;VA: 301-989-2524   FAX: 301-421-4186</small>	DESIGNED BY:	PREPARED FOR :	G. L. W. No.
	KLP	OWNER:	ZONING
	DRAWN BY:	BRIAN WYNNE	TAX MAP/GRID
CHECKED BY:	2065 HIGHWAY A1A UNIT 1201 INDIAN HARBOUR BEACH, FLORIDA 32937 wynnebrian65@gmail.com	DATE	NOV. 2021
		SCALE	1"=50'
		SHEET	2 OF 2

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