



B 1	38579	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557434-C please type	STATE PERMIT NUMBER HO-15-0339 fill in this form completely
-----	-------	-----------------------------	---	---

Date Received (APA) 10/30/15

**OWNER INFORMATION**

8 MM DD YY 13

LAND DESIGN + DEVELOPMENT

15 Last Name Owner First Name 34

5300 DORSEY HALL DR, SUITE 102

36 Street or RFD 55

ELLIOT CITY MD 21043

57 Town 70 State 72 Zip 76

B 3

**LOCATION OF WELL**

HOWARD

8 COUNTY 21

FAIRLANE FARM

23 SUBDIVISION 42

SECTION 44 45 LOT 4 48 50

WOODBINE

52 NEAREST TOWN 71

**DRILLER INFORMATION**

MICHAEL BARLOW M W D 355

Driller's Name 76 License No. 81

BARLOW WELL DRILLING

Firm Name

522 UNDERWOOD LANE 21014

Address

[Signature] 10/19/15

Signature Date

B 4

**SOURCES OF DRILLING WATER**

1 WELL

2

3

MORGAN STATION RD

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
WEST EAST  
SOUTH

34 1000 37  
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 2 PARCEL 8

B 2

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

14 20

**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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 11/14/16

43 MM DD YY 48

CO SIGNATURE EXP. DATE 11/14/17

DoY: 1/19/17 (SC)

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCUSION 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

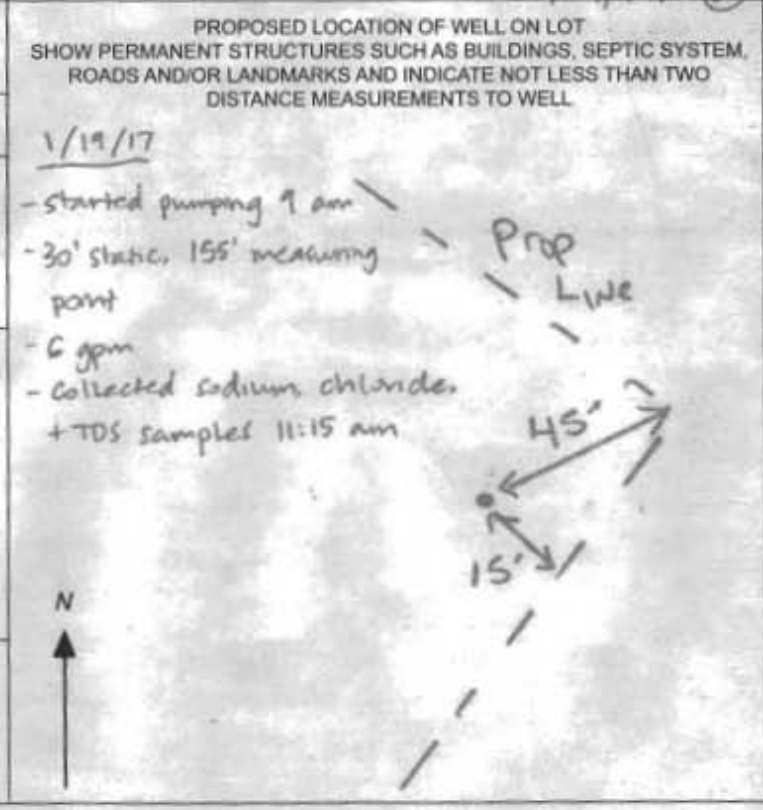
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER HO 2015G024(01)

PERMIT No. HO-15-0339

70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED. See attached memo Sodium chloride + TDS



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
 522 Underwood Lane Bel Air, Maryland 21014  
 (410) 838-6910 Fax (410) 838-3582

**WELL YIELD REPORT**

Date Test Completed:	January 19, 2017		
Well Depth:	400	feet	
Customer	Land Design & Development	Permit #	HO-15-0339
Road	Morgan Station Road	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	4

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	30	4	15.00
9:15 AM	120	6	10.00
9:30 AM	145	10	6.00
9:45 AM	155	10	6.00
10:00 AM	155	10	6.00
10:15 AM	155	10	6.00
10:30 AM	155	10	6.00
10:45 AM	155	10	6.00
11:00 AM	155	10	6.00
11:15 AM	155	10	6.00
11:30 AM	155	10	6.00
11:45 AM	155	10	6.00
12:00 PM	155	10	6.00
12:15 PM	155	10	6.00
12:30 PM	155	10	6.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
 Address: 5580 Abrecht Rd  
Syracuseville, 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: NV Homes Telephone #: 443-864-3482  
 Subdivision: Fairline Farms Lot #: 4 Well Tag #: HO-15-0339 / 04/11/2018 ⊕  
 Site Address: 15313 Gakiny Dr  
Woodbine, MD 21797

<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>75807422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>6</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>400</u> (ft)		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 hress rope adapter or other acceptable method inside of well casing N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" pvc pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (150 psi min)	Length of sleeve(s), minimum from foundation: <u>6</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>yes</u>

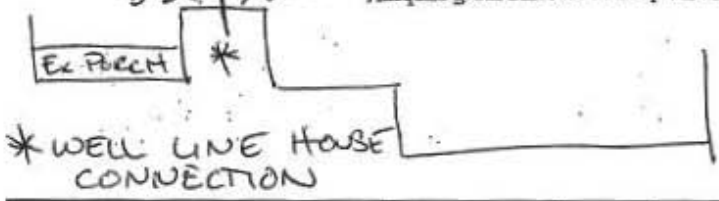
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C. Fogle date: 4-11-18

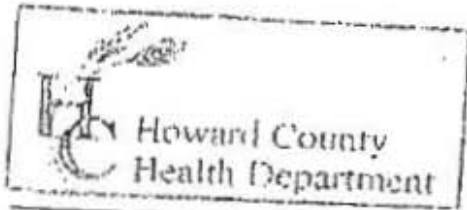
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 04/11/2018 Date Insp. Approved: 04/11/2018 Inspector: [Signature]  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" 4/11/2018 ⊕  
 Two piece cap installed and attached to casing securely ✓  
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 30" 4/11/2018 ⊕  
 Safety rope not outside of well casing ✓  
 Correct well tag attached properly and casing 8" above finished grade ✓ 22" 4/11/2018 ⊕  
 Water supply line sleeved adequately at house connection ✓  
 Adequate grout observed below pitless adapter ✓

Ex House  
 4/11/2018 ⊕  
 3.5' | 2.5'



5/17/2018  
 \* WAIT FOR FINAL GRADING FOR  
 FINAL APPROVAL. WELL CASING  
 MARKED ⊕



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Fair Lane Farm  
Subdivision

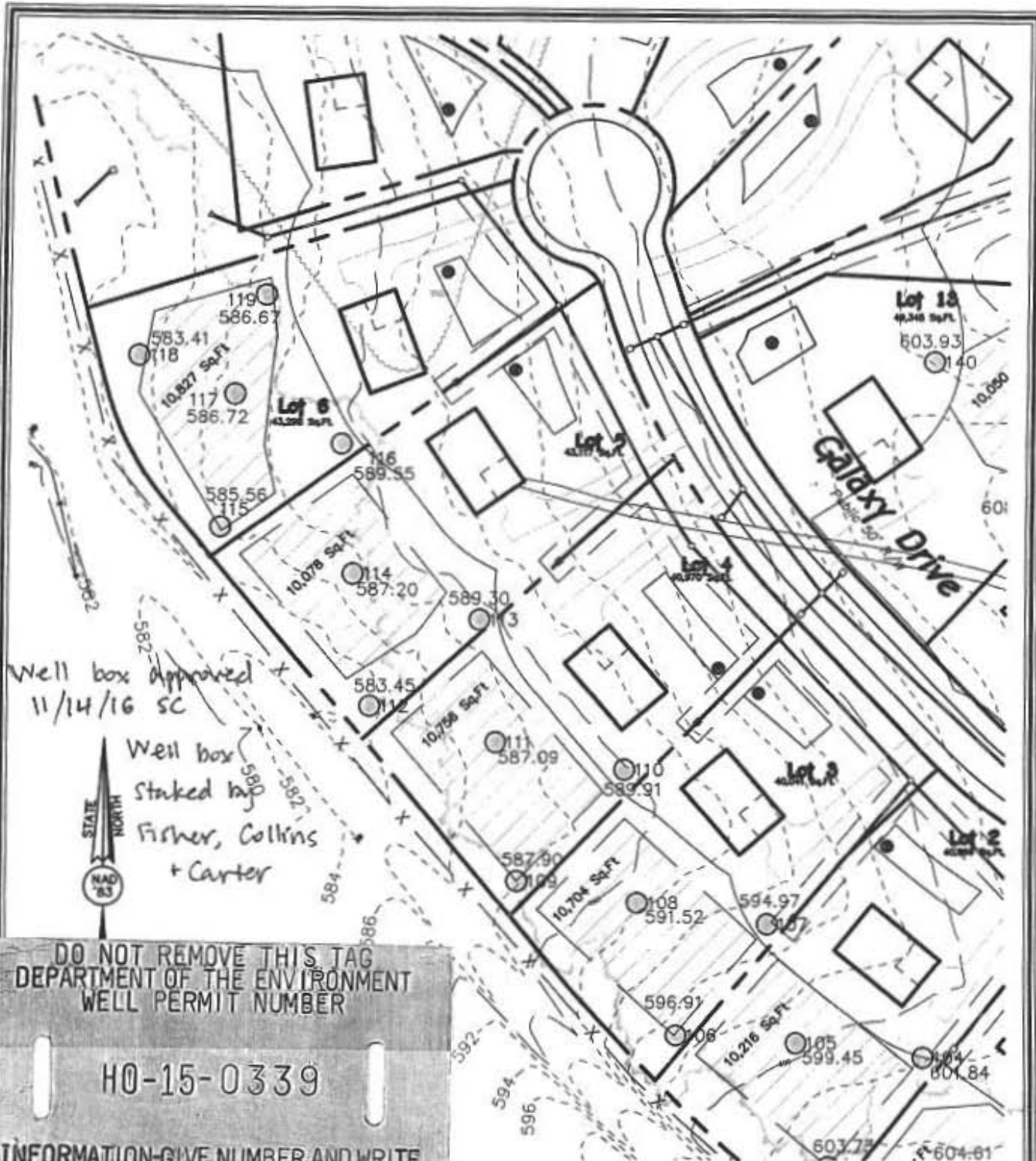
TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Fisher Collins + Carter  
(professional land surveyor or company employing professional land surveyors)  
on 3/29/16 (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.

Revised 6/10/03



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

**H0-15-0339**

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

**WELL EXHIBIT  
 FAIRLANE FARM**  
 PREVIOUSLY KNOWN AS SCHULTE PROPERTY  
**LOT 4**

LOTS 1 THRU 44, BUILDABLE PRESERVATION PARCEL 'A'  
 AND NON BUILDABLE PRESERVATION PARCEL 'B' THRU 'H'  
 TAX MAP #8 PARCELS: 8 & 17 GRIDS: 2 AND 3  
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' DATE: October 13, 2015

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855



**Bureau of Environmental Health**

8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

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

---

**MEMORANDUM**

**TO:** Barlow Well Drilling

**FROM:** Sarah Collins, L.E.H.S. SEC  
Howard County Health Department  
Well and Septic Program

**DATE:** November 14, 2016

**RE:** **State Water Appropriation and Use Permit for Fairlane Farm**  
#HO2015G004(01)

---

The State Water Appropriation and Use Permit for Fairlane Farm has a requirement regarding well spacing and testing:

15. The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well so as to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with well construction standards.

The lots of Fairlane Farm that are less than one acre are lots 1, 2, 3, 4, 5, 6, 8, 9, 23, and 31. If a well on one of these lots is within 100' of another well, a simultaneous yield test of both wells will be required.

Feel free to contact me with any questions at 410-313-6287 or [SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov).

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – DECEMBER 15, 2018**

June 15, 2018

Homeowner  
15313 Galaxy Drive  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 4  
15313 Galaxy Drive  
Building Permit: B17003168  
Well Permit: HO-15-0339**

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 **5/8/2018**. Final approval of the well line connection to the dwelling was granted on **4/11/2018**. The well construction was completed on **1/20/2017**. Water samples were collected on **6/6/2018**.

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-15-0339. 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 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 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

## Cabahug, Joseph

---

**From:** Cabahug, Joseph  
**Sent:** Thursday, May 17, 2018 2:23 PM  
**To:** 'tfarris@nvrinc.com'  
**Cc:** Wolf, Kevin; Collins, Sarah; Rappaport, Ryan; Martin, Sharhonda  
**Subject:** 15131 Galaxy Drive - Lot 4 Final Well Line Inspection

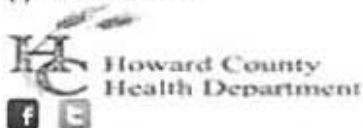
Hello Taylor Farris on behalf of NVR Inc,

This e-mail is to clarify that the approval on the Well Line Inspection out on Fairlane Farms Lot 14 (15131 Galaxy Drive) was approval for the installation and not final approval for the well. Final grading was not done at the time of inspection. Please contact our office when final grading on that lot is complete for a final inspection. The well was marked to make sure there was adequate cover over the pitless adapter.

Please reach out to the office for any questions.

Bests,

Joseph C. Cabahug - LEHS  
Environmental Health Specialist  
Howard County Health Department - Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
(o) 410-313-2643  
(f) 410-313-2648



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

### CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

**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 #:	122346	Account #:	1933
Reference:	Fairlane Farm Lot 4	Company:	Fogles Well Pump & Treatment
Location:	15313 Galaxy Drive Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	6/6/2018 1405	Source:	Well Water
Date/Time Rec'd:	6/6/2018 1550	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	A. Berchock 1233AB	pH:	6.2
		Well #:	HO-15-0339

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM20 9223	6/7/2018 / 1115 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/7/2018 / 1115 / RER
Nitrate	2.44	mg/L	10	601	6/7/2018 / 0920 / RER
Turbidity	1.60	NTU	<10	SM20 2130B	6/7/2018 / 0925 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	6/7/2018 / 0925 / 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 Sample collected by client, analyzed as received
- 7 ND = None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab

Reason for Test : Use &amp; Occupancy

Building Permit # : B17003168

Date Reported: 6/7/2018

**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 #: 122497 Account #: 1933  
Reference: Fairlane Farm Lot 4 Company: Fogles Well Pump & Treatment  
Location: 15313 Galaxy Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 6/12/2018 1430 Site: Pressure Tank  
Date/Time Rec'd: 6/12/2018 1552 Treatment: \*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: A. Berchok 1233AB Well #: HO-15-0339

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/13/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/13/2018 / 1000 / CRS

**NOTES**

- 1 \*\*Neutralizer & Softener Bypassed
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 pH tested after recommended holding time
- 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

Reason for Test : Use & Occupancy  
Building Permit # : B17003168

Date Reported: 6/13/2018

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

March 1, 2018

Homeowner  
15313 Galaxy Drive  
Woodbine, MD 21797

Dear Homeowner,

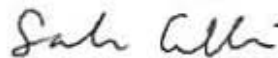
The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 7.39 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 83 mg/L.**

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File





State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E17002811 Date Coll.: 01/19/2017 Date Received 01/20/2017 Submitted By: Collins

Field ID: HO-15-0339  
Lab No.: E17002811001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	7.39	ppm	02/01/2017

### Comments:

Approved by: Timothy Choi

Approval date: 02/02/2017

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.





State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE17002810 Date Coll. 01/19/2017 Date Received 01/20/2017 Submitted By: S. Collins

Field ID: HO-15-0339  
Lab No.: E17002810001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	01/27/2017
Total Dissolved Solids	SM 2540C	83	mg/L	01/20/2017

### Comments:

Approved by: \_\_\_\_\_

*Shahin Aneli*

Approval date: 01/30/2017

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.