

C1 6630

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A50225-001 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE Received

090111

DATE WELL COMPLETED

080411

Depth of Well

22 205 26
(TO NEAREST FOOT)10/3/2011
O.K. BBPERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-95-2182

OWNER Heritage Realty & Land Development
last name first name
STREET OR RFD 3715 Sofia Court TOWN Lisbon MD
SUBDIVISION VINEYARDS & CATTLE CREEK SECTION - LOT 25

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

Check
if water
bearing

Top Soil	0	2	
Sandy	2	35	✓
Sand Stone	35	40	✓
MICKA	40	80	
Sand Stone	80	85	✓
MICKA	85	130	
Sand Stone	130	135	✓
MICKA	135	205	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 15 NO. OF POUNDS 500GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 44 ft.

(enter 0 if from surface)

casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PL 6 46

OTHER CASING (if used) diameter inch depth (feet) from to

EACH CASING

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN HOLE
PL BRONZE OT
PLASTIC OTHER

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
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

SLOT SIZE 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min. to nearest gal.) 15METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27WHEN PUMPING 70

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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)

North - 39.270201West - 77.046580

296

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes no
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.

DRILLERS IDENT. NO. MSD 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1	0995	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 535295 please type	STATE PERMIT NUMBER HO-95-2182 <small>fill in this form completely</small>
Date Received (APA) 041311		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name		Owner		34 First Name
Heritage Realty & Land Develop.				
36 PO Box 482		Street or RFD		55
Lisbon		MO.		21765
57 Town		70 State	72 Zip	76
DRILLER INFORMATION				
Driller's Name		M SD		117
RALPH E. MAYNE		License No.		81
Firm Name				
Ralph Mayne Well Drilling				
Address				
17024 Handy Rd Mt Airy MD 21771				
Signature		Date		
<i>[Signature]</i>		7/10/11		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		5
		8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC ROTABLE 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				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT				
other _____				
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) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. HO-95-2182				
20 71 72 73 74 75 76 77 78 79				
B 3		LOCATION OF WELL		
8 COUNTY		21		
Howard				
23 SUBDIVISION		42		
OLD LOT 12				
SECTION		LOT		25
44 46		48 50		
GLENWOOD				
52 NEAREST TOWN		71		
MILES FROM TOWN (enter 0 if in town) <u>0.7</u>				
B 4		3715		
1 2		SOFIA Court		
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		NEAR WHAT ROAD		
11 30				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		NORTH		
<input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST		SOUTH		
34 43 37		DISTANCE FROM ROAD		
43		FT		
ENTER FT OR MI		38 39		
TAX MAP: 21		BLK: 8		PARCEL 0225
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
Howard (13) A50225-DD				
COUNTY NAME COUNTY NO.				
STATE SIGNATURE INSERT S				
DATE ISSUED 7/22/2011 Brian Bader 7/22/2012				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID 523 000 EAST GRID 787 000				
50 55 57 63				
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 7827				
N 523				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

Well Permit No. HO - 95-2182
Location of property (road) 3715 Sofia Court.
Subdivision VINEYARDS & CATTALL CREEK Lot 25 Block _____ Plat _____ Sec. _____
Well Driller RAUL MAYNE Owner Heritage Realty & Land Development

Depth of well 205'
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 27 ft

Time pump started 8:30 Pumping rate 15 GPM
Total time 15 min to reach pumping water level 40 ft. below M.P.

[illegible]

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: Gary Eikenbers Telephone #: 443-336-0915
Address: 5941 Hunt Club Rd
Elkridge MD 21075

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Gary Eikenbers License# 3260

***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: Theiss Telephone #: _____
Subdivision: Cottal Creek Lot #: _____ Well Tag #: HO-95-2182 ✓ 04/18/2019
Site Address: 3715 Sofia Ct

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: B11
Model#: 2100-55
Depth: 41" (36" min)
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

Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: Yes

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

Piping to house

Type: Crossline
PSI: 200 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 70"
Sleeve sealed properly: Yes

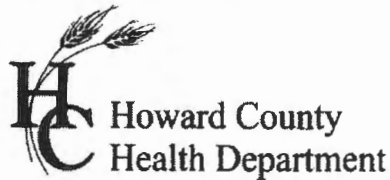
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 4-18-19

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

Date Insp. Requested: 04/18/2019 Date Insp. Approved: 04/18/2019 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 43" 4/18/2019 (Signature)
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 27" 4/18/2019 (Signature)
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 28" 4/18/2019 (Signature)
Water supply line sleeved adequately at house connection ✓ 7.5' 4/18/2019 (Signature)
Adequate grout observed below pitless adapter ✓

EX HOUSE
35' 4/18/2019 (Signature)



7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

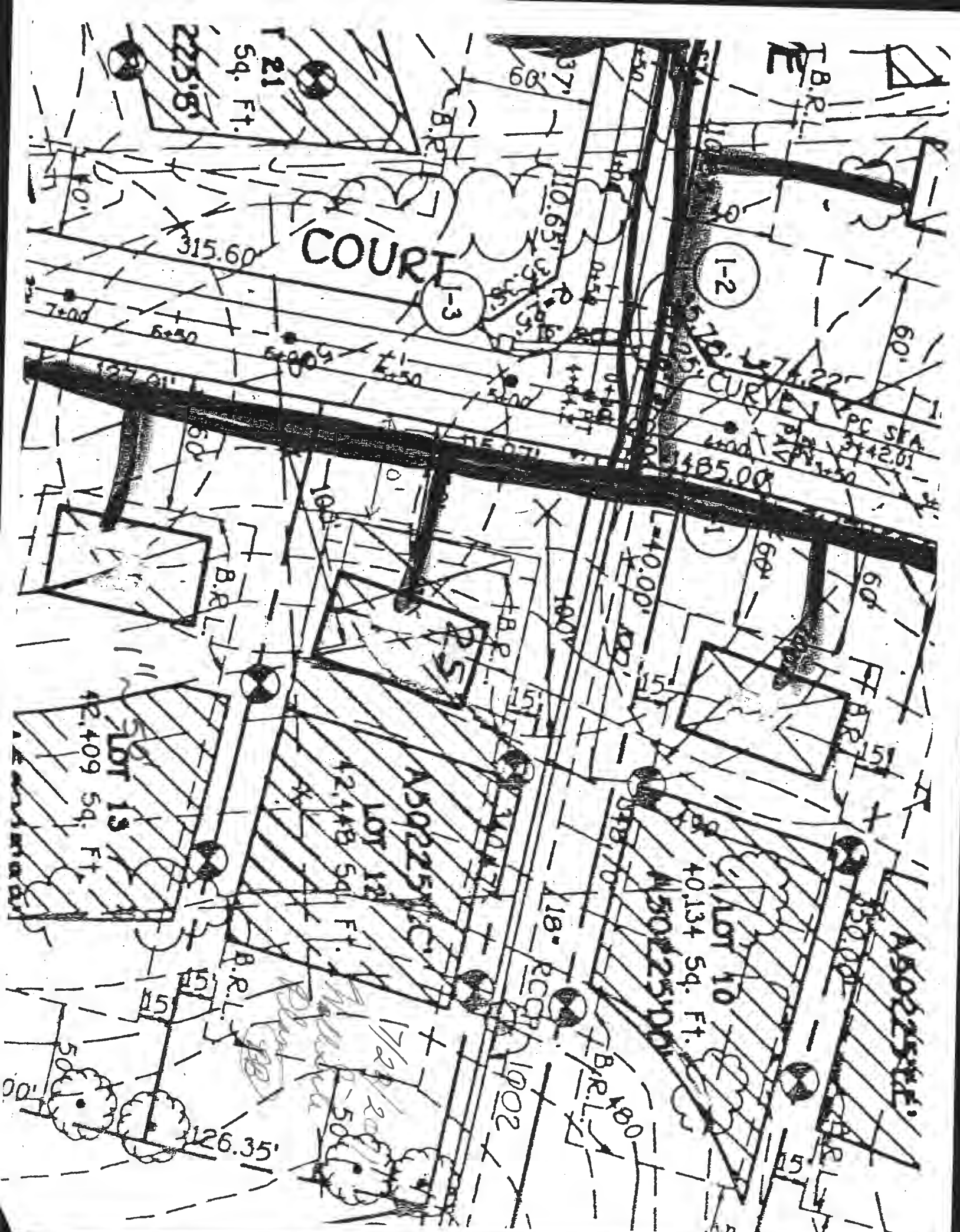
Well Site Location:	Old Lot #12	
<u>Vineyards & Cattail Creek</u>	<u>New Lot #25</u>	<u>Sofia Court</u>
Subdivision/Property Name	Lot #	Road Name

☒ The well site has been staked by Heritage Land Development ,
(professional land surveyor or company employing professional land surveyors)
on 7/8/11 (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 3/11/07



3715 SOFIA CT GLENWOOD
MD 21738

Clerk of the Circuit Court for
Howard County
Land Records/Licensing

6095 Marshalee Drive
Suite 120
Elkridge, MD 21075
410-313-5850

=====

LR - Agreement Recording Fee		
1x	20.00	20.00

Name: theis
Ref: 5

=====

LR - Agreement Surcharge		
1x	40.00	40.00

=====

SubTotal:	60.00
Total:	60.00

=====

REV-Cash	60.00
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07/03/2019 09:28 CC13-MT
#12372730/495/109
~ Thank you for visiting us today~

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and JOHN A + JOAN L. THEIS ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 3715 SOPHIA CT GLENWOOD, MD 21738 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 21, Block # 8, Parcel # 225, Deed Reference # 117345/00376 and Tax Account # 04-366115 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit H0-95-2182 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed this Agreement on the dates set forth below.

Shirley Heen 7/2/19 _____
Owner Date Buyer Date

Joan L. Heen 7/2/19 _____
Owner Date Buyer Date

Shirley Heen 7/3/19
Howard County Health Department Date

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 #: 130955 Account #: 7490
Reference: Tradition Home Builders Company: Tradition Home Builders
Location: 3715 Sofia Court Requested By: Ann Leaf
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 6/21/2019 1103 Site: Basement Bath Sink
Date/Time Rec'd: 6/21/2019 1441 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: R. Ott 4269RO Well #: HO-95-2182

TEST/RESULT	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B 6/22/2019 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B 6/22/2019 / 1000 / CCH
Nitrate	13.6	mg/L	10	601 6/21/2019 / 1620 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric 6/21/2019 / 1640 / CRS
Turbidity	0.43	NTU	<10	SM20 2130B 6/21/2019 / 1640 / CRS

*Nitrate
Agreement*

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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B18002074

Date Reported: 6/24/2019

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 #:	131250	Account #:	7490
Reference:	Tradition Home Builders	Company:	Tradition Home Builders
Location:	3715 Sofia Court Glenwood, MD 21738	Requested By:	Ann Leaf
Date/ Time Collected:	7/8/2019 1156	Source:	Well Water
Date/Time Rec'd:	7/8/2019 1344	Site:	R/O Tap @ Kitchen
Chlorine ppm:	Free: ND Total: ND	Treatment:	**
Collected By:	J. Yeager 6176JY	pH:	8.9
		Well #:	HO-95-2182

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	7/9/2019 / 0855 / RER

NOTES

- 1 **Reverse Osmosis/Neutralizer/Softener/Sediment Filter
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 pH & Chlorine level tested on site
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B18002074

Date Reported: 7/9/2019

Wolf, Kevin

From: Wolf, Kevin
Sent: Tuesday, July 02, 2019 9:11 AM
To: leafhomes@gmail.com; jotheis@verizon.net
Subject: 3715 Sofia Court
Attachments: [Untitled].pdf; Nitrate Agreement 2.11.19.pdf

Good morning,

In review of the property file referenced above to process your Certificate of Potability letter (ICOP) to get a release for your Use and Occupancy, you must review and sign the attached nitrate agreement. This signed agreement should be brought back to our office for review and signature. You will need to get this agreement recorded with Office of Land Records. The receipt of recordation for this agreement must be returned to us for confirmation.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

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