

C1 6926

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A520414

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 17 2007

Depth of Well 22 240 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0688

OWNER Winchester Homes Inc STREET OR RFD Castlebridge Rd TOWN Ellicott City SUBDIVISION Renewood Phase 2 SECTION LOT 43

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone and Gray Granite.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (25), NO. OF POUNDS (250), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (94 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (102 ft).

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

SCREEN RECORD: screen type or open hole (H.O.), insert appropriate code below.

C2 DEPTH (nearest ft.) table with columns for depth intervals (1-21 ft).

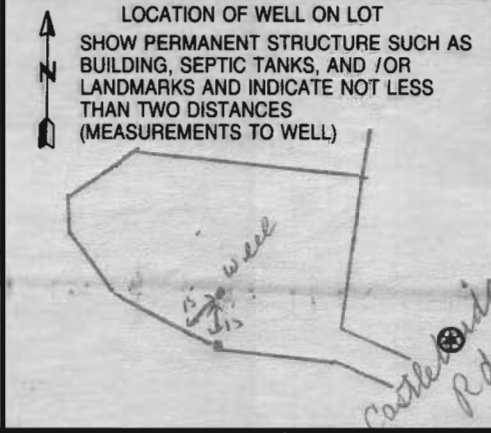
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

C3 PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (24 ft before, 71 ft when pumping).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41).

PUMP COLUMN LENGTH (43-47), CASING HEIGHT (3 ft), LAND SURFACE (3 ft).



NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M5 DO 24, DRILLERS SIGNATURE (Joseph C. Mayne)

LIC. NO. 1 D

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

B 1 9858

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525693

STATE PERMIT NUMBER

40-95-0688 fill in this form completely

Date Received (APA)

2/1/2007

OWNER INFORMATION

Winchester Homes Inc 6905 Rockledge Drive Suite 800 Bethesda Md 20817

B 3

LOCATION OF WELL

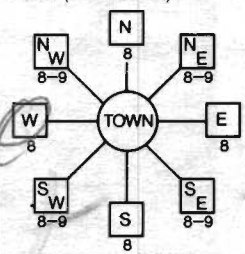
Howard Riverwood Phase 2 SECTION 44 46 LOT 43 48 50 Elliott City NEAREST TOWN MILES FROM TOWN 5

DRILLER INFORMATION

Joseph L Mayne MS D 024 Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771 Joseph L Mayne 1-30-2007

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Castlebridge Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 23 29 BLK: 10 PARCEL 20

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 520414 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 12/13/07 CO SIGNATURE Kim Hall 2/13/08 NORTH GRID 512 000 EAST GRID 0826 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

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)

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

APPROX. PERMIT NUMBER 402004G007 PERMIT No 40-95-0688

SPECIAL CONDITIONS

Radium Sample Needed

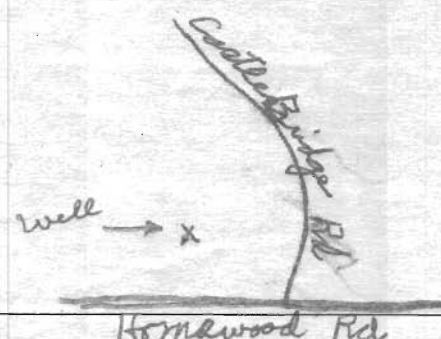
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8206 N 5102

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



7/17/07 Radium Sample Collected During Yield Test. BB

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**



FAXED
6-29-11

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: National Water Service Telephone #: 301-854-1358
Address: P.O. Box 138
Ashton, MD 20861

(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 Rycke License# PI 0145

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Winchester Homes Telephone #: 301-803-4174
Subdivision: Riverwood Lot #: 43 Well Tag #: HO-95-0688
Site Address: 4825 Castlebridge Rd
Ellicott City, MD 21047

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>153AE10-220</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>210</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 or Cable guards are required - Must circle one CS

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: Poly
PSI: 110 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
Sleeve caulked and 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 3-28-11

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

Date Insp. Requested: _____	Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well 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	_____

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: Riverwood Lot #: 43 Well Tag #: HO-95-0608
Site Address: 4805 Castle bridge Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

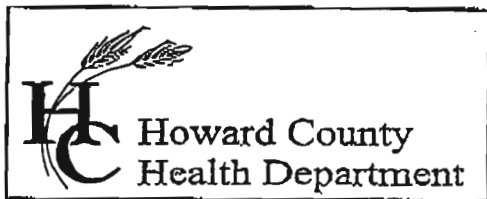
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 3/29/11 Date Insp. Approved: 3/29/11 ^{OK} (KW)

Inspection Data: Pitless adapter and 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 installed inside of well casing	✓
Correct well tag attached properly and casing 8" above finished grade	✓
Water supply line sleeved adequately at house connection	<u>under Footer</u>
Adequate grout observed below pitless adapter	✓



7178 Columbia Gateway Drive, Columbia, MD 21046
 (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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Riverwood Phase II 43-77 Castlebridge Rd, Hunters View Road
 Subdivision/Property Name Lot# Road Name S
OPEN RUN ROAD & Whitford Way

The well site has been staked by Benchmark Eng,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

all lots will be staked by 12/29/06

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.

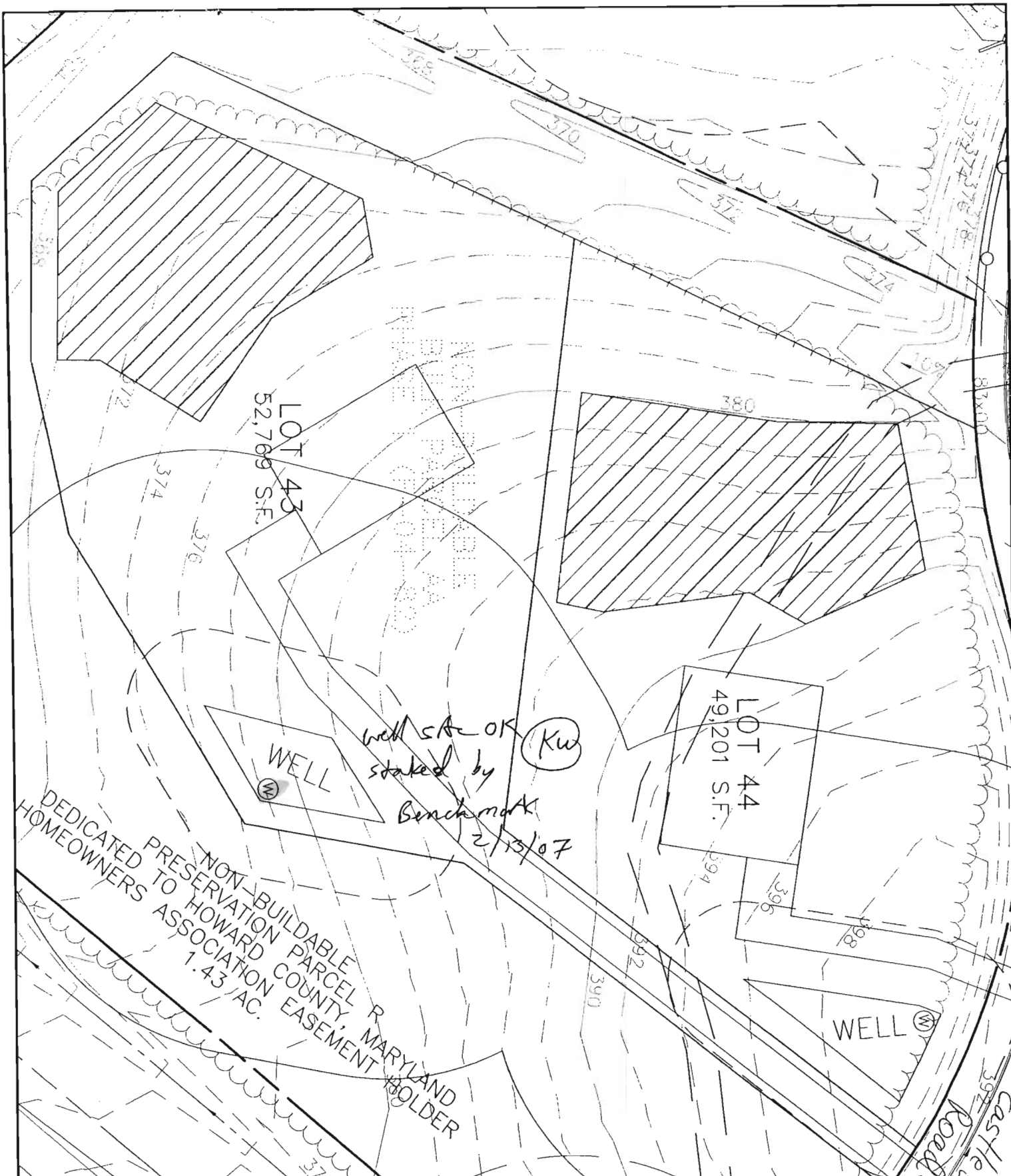
Revised 3/11/05

Contact is:

~~_____~~
~~_____~~

2006 DE 18 PM 2:32

ENVIRONMENTAL HEALTH
 PERMITTING



BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6105 FAX: 410-465-6644

PA1132 Homewood 5707102519.dwg 1/24/2007 5:26:47 PM
 inc. Kyocera Mita KM-2530 KX.pc3

RIVERWOOD, PHASE 2
 LOT 43

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 1/24/07



Bureau of Environmental Health
7178 Gateway Drive 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 Beilenson, M.D., M.P.H., Health Officer

June 30, 2011

Homeowner
4805 Castlebridge Road
Ellicott City, MD 21042

RE: Riverwood, Lot 43
4805 Castlebridge Road
BP #: B11000441
Well Tag: HO-95-0688

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 06/07/2011. Final approval of the well line connection to the dwelling was approved on 03/29/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 06/20/2011. Results showed a Gross Alpha level of **<0.9 pCi/L** and **Gross Beta** level of **5.0 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L. Future well water supply appears safe for all uses.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

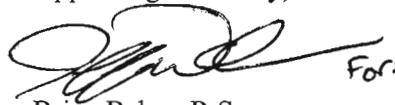
INTERIM CERTIFICATE OF POTABILITY

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-95-0688. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/20/2011
Date of Radium Samples: 06/20/2011
Date of Well Completion: 07/17/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Brian Baker", with the word "For:" written in small letters to the right of the signature.

Brian Baker, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tareyview Rd. Westminster, MD 21157 (410) 838-1034 Fax (410) 836-4552

REPORT OF ANALYSIS

Laboratory ID #:	80178	Account #:	3123
Reference:	Riverwood Lot 43	Company:	National Water Servicing
Location:	4805 Castlebridge Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	6/29/2011 1455	Source:	Well Water
Date/Time Rec'd:	6/29/2011 1600	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/Softener**
Collected By:	K. Eichstedt 2870KE	pH:	6.1
		Well #:	HO-95-0688

Radon	710.0	pCi/L	---	913	7/5/2011 / --- / ASL
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NOTES

- 1 **Sample collected prior to treatment
 - 2 pCi/L = picocuries per liter
 - 3 Sub-contracted to Reference Lab
 - 4 ND:None Detected
 - 5 Visual well check: Sealed, vented cap
 - 6 pH and Chlorine level tested on site
- Reason for Test : Use & Occupancy
 Building Permit # : 11000441

Date Reported: 7/7/2011

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 #: 80159 Account #: 1930
Reference: Toll Brothers Lot 18 Company: Fogle's Well Drilling
Location: 14620 Cory's Court Requested By: Dave Fogle
Glencolg, MD 21737 Source: Well Water
Date/ Time Collected: 6/28/2011 1430 Site: 1st Floor Powder Room
Date/Time Rec'd: 6/28/2011 1605 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: J. Fogle 1974JF Well #: HO-94-0775

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	65.9	MPN/ 100 ml	<1.0	SM18 9223	6/29/2011 / 1015 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/29/2011 / 1015 / KME
Nitrate	10.1	mg/l.	10	601	6/29/2011 / 1600 / CCH
Turbidity	2.09	NTU	<10	SM18 2130B	6/29/2011 / 1000 / KME
Sand	NS	mg/l.	5	Visual/Gravimetric	6/29/2011 / 1010 / KME

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 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 10003386

Date Reported: 6/29/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD 21157-3101 Phone: 410-341-8755 Fax: 410-341-8623

REPORT OF ANALYSIS

Laboratory ID #:	80154	Account #:	4470
Reference:	Sheppard Manor Lot 6	Company:	Williamsburg Group LLC
Location:	4623 Sheppard Manor Drive Ellicott City, MD 21042	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	6/28/2011 1235	Source:	Well Water
Date/Time Rec'd:	6/28/2011 1400	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Dutterer 4717BD	pH:	6.8
		Well #:	HO-95-0728

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/29/2011 / 0930 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/29/2011 / 0930 / KME
Nitrate	3.65	mg/L	10	601	6/29/2011 / 1600 / CCH
Turbidity	3.76	NTU	<10	SM18 2130B	6/29/2011 / 1000 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	6/29/2011 / 1010 / KME

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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B08001999

Date Reported: 6/29/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0398

REPORT OF ANALYSIS

Laboratory ID #: 80003 Account #: 3123
 Reference: Riverwood Lot 43 Company: National Water Servicing
 Location: 4805 Castlebridge Road Requested By: Dave Rycke
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 6/20/2011 1123 Site: Pressure Tank
 Date/Time Rec'd: 6/20/2011 1240 Treatment: Sediment Filter**
 Chlorine ppm: Free: ND Total: ND pH: 6.1
 Collected By: J.Yeager 6176JY Well #: HO-95-0588

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	<0.9	pCi/L	15	900.0	6/22/2011 / 1007 / MJN
Gross Beta	5.0	pCi/L	50	900.0	6/22/2011 / 1007 / MJN

NOTES

- 1 **Sample collected prior to Sediment Filter
- 2 Gross Alpha Detection Limit: 0.9 pCi/L
- 3 Gross Beta Detection Limit: 2.0 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sub-contracted to Lab # 278
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : 11000441

Date Reported: 6/23/2011