

C1 6446

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A518592

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 04 14 2005

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/15/05 O.K. BB 40-94-4138

OWNER Land Design and Development STREET OR RFD Driver Road TOWN Marriottsville SUBDIVISION Antonis Property SECTION LOT 2

WELL LOG Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC. NO. OF BAGS 15, NO. OF POUNDS 1500. GALLONS OF WATER 90. DEPTH OF GROUT SEAL 0 to 64 ft.

CASING RECORD. casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE PL, Nominal diameter 6 inch, Total depth 67 feet.

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

SCREEN RECORD. screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS BRONZE), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER). DEPTH (nearest ft.) 67, 300.

PUMPING TEST. HOURS PUMPED 3. PUMPING RATE 12.00 gal. per min. METHOD USED TO MEASURE PUMPING RATE Submersible. WATER LEVEL BEFORE PUMPING 35 ft, WHEN PUMPING 129 ft. TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED. DRILLER INSTALLED PUMP YES. 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. 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 (nearest foot) 1.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED Y. CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

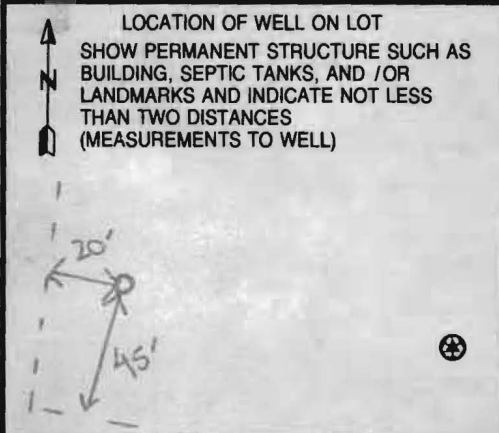
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M 5 D 162. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION). LIC. NO. JS D 032. Robert Bm

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

DEPTH (nearest ft.) 67, 300. DIAMETER OF SCREEN (NEAREST INCH) 56-60. 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.



B 1 6604

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-94-4138 fill in this form completely

05/21/98

Date Received (APA)

02-10-05

OWNER INFORMATION

Land Desigh & Development 8000 Main Street Ellicott City MD 21043

B 3 HOWARD LOCATION OF WELL

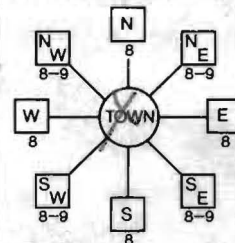
Howard 21 COUNTY Antonis Prpperty 42 SUBDIVISION SECTION 44 46 LOT 48 50 2 Marriottsville 71 NEAREST TOWN MILES FROM TOWN 0 M 73 76 77 78

DRILLER INFORMATION

Michael D. Isom M S D 162 Driller's Name License No. G. Edgar Harr Sons' Corp Firm Name 12047 Falls Road, Cockeysville 21030 Address 2/7/05 Date Signature

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Driver Road 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 300 37 DISTANCE FROM ROAD Ft ENTER FT OR MI 38 39 TAX MAP: 10 BLK: 4 PARCEL: 271

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A518592 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/23/2005 Brian Baber 3/23/2006 EXP. DATE 41 NORTH GRID 551 000 EAST GRID 829 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

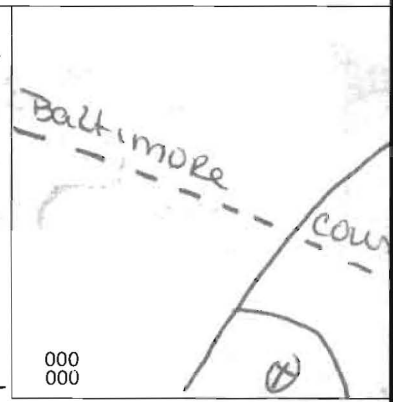
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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 8249 N 5501



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



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

APPROP. PERMIT NUMBER G PERMIT No. HO-94-4138

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: WILLOUGHBY PLUMBING Telephone #: 410-549-2323
 Address: 6203 PATRICK DR
SPRINGVILLE, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): CHRIS WILLOUGHBY License# 6992

***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: PAUL & NINA GANTCHEV Telephone #: 443-253-6064
 Subdivision: ANTONIS PROPERTY Lot #: 6 Well Tag #: HO 94-4138
 Site Address: 8100 DRIVER ROAD
MARLBOROUGHVILLE MD 21104

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACUZZI</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CRES LINE</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1" (160 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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.

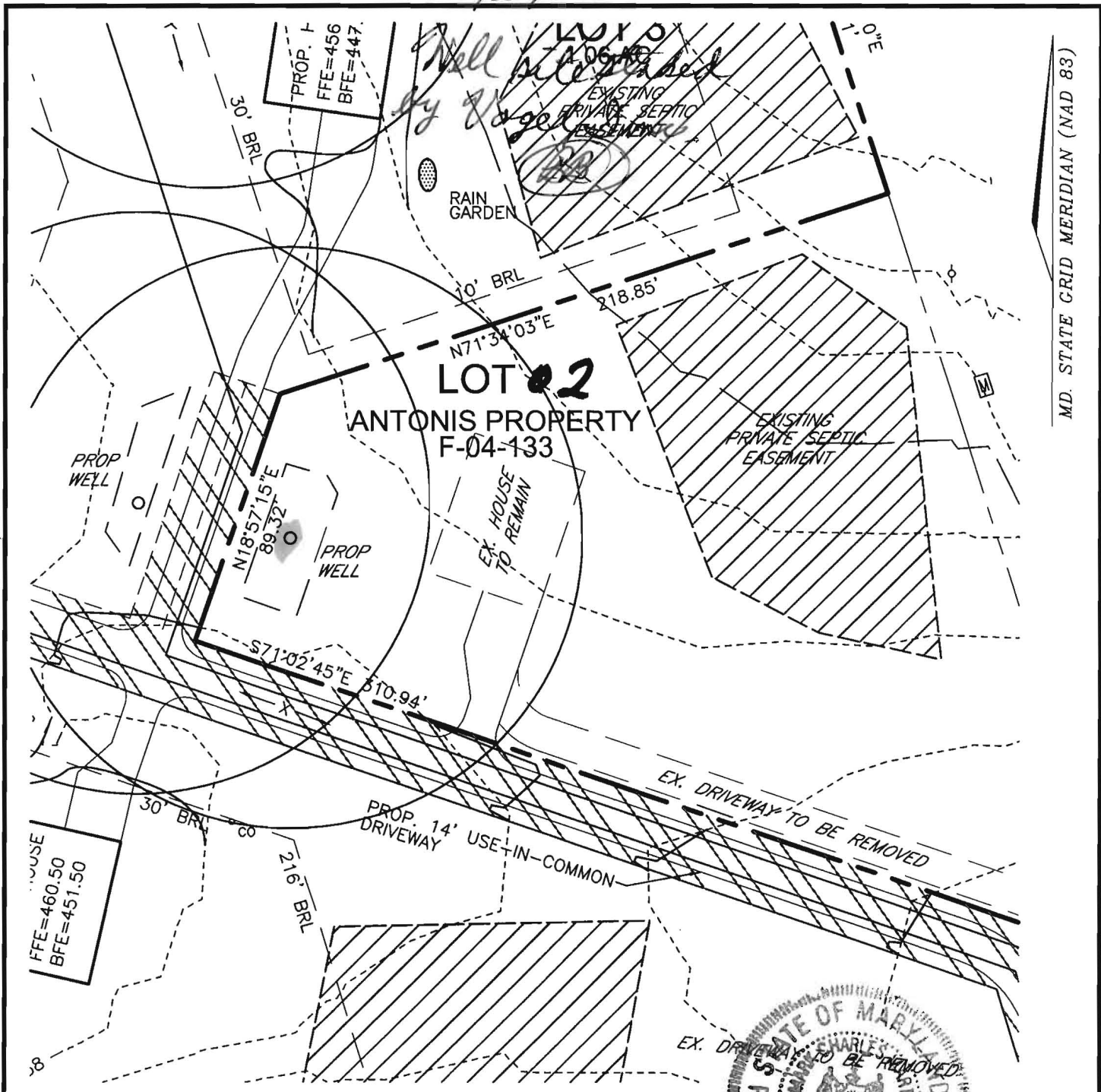
Signature of company representative responsible for installation: Chris Willoughby date: 6/28/10

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

Date Insp. Requested: _____ Date Insp. Approved: 6/30/10 Inspector: (RW)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

3/23/05



MD. STATE GRID MERIDIAN (NAD 83)

VA ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961



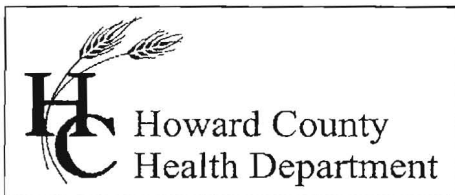
SCALE: 1"=50'
 DRAWN BY: LJT
 CHECKED BY: RHV
 DATE: 3.11.05
 PROJECT NO.: 03-32
 SHEET NO. 1 OF 1

**ANTONIS PROPERTY
 LOT 02**

PROPOSED WELL LOCATION EXHIBIT

TAX MAP 10
 3RD ELECTION DISTRICT

PARCEL 271
 HOWARD COUNTY, MARYLAND



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 L. Beilenson, M.D., M.P.H., Health Officer

October 4, 2010

Homeowner
860 Driver Road
Marriottsville, MD 21104

RE: Antonis Property - Lot 6
860 Driver Road
Marriottsville, MD 21104
BP #B10000099
Well Permit #HO-94-4138

Dear Sir/Madam,

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 5/17/2010. Final approval of the well line connection to the dwelling was approved on 4/07/2010.**

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 raw nitrate sample results were previously documented to be 13.3ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 10/01/2010 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates and Bacteria

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

In addition, COMAR 26.04.04.09 also prohibits approval of any water supply with bacteriological contamination. **This department hereby grants a permanent deviation to that section of the regulation on the condition that the ultraviolet light disinfection system effectively maintains the required bacteria-free condition of the well water supply.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate and bacteria analysis. (Certified to test for nitrates and bacteria)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above conditions.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Bacteria)

Based upon the installation and proper operation of the ultraviolet light disinfection system, 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-94-4138. 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.

Furthermore under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-94-4138 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 09/15/2010 & 10/01/2010(Raw & Untreated)
Date of Well Completion: 04/14/2005

Respectfully,



Kevin M. Wolf, R.E.H.S./R.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Hygiene Services
JTS Builders via email jstartt@jtsbuilders.com
File

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: NOVEMBER 10, 2010 WELL PERMIT #: HO - 94 - 4138

PROPERTY OWNER: PLAMEN + NINA GANTCHEV
SUBDIVISION & LOT #: ANTONIS PROPERTY LOT 6
PROPERTY ADDRESS: 860 DRIVER Rd

CONDITIONS:

- 1) The well installed under permit # HO - ~~94 - 4138~~ has been documented to have a nitrate level of 11.9 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 1.22 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - ~~94 - 4138~~ I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

P. Gantchev N. Gantcheva

Prospective Owner's Day Time Phone Number(s)

443-253-6641 _____

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

REPORT OF ANALYSIS

Laboratory ID #:	76822	Account #:	6267
Reference:	JST Builders	Company:	JST Builders
Location:	860 Driver Road Marriottsville, MD 21104	Requested By:	John Startt
Date/ Time Collected:	9/15/2010 1045	Source:	Well Water
Date/Time Rec'd:	9/15/2010 1133	Site:	Powder Room Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.0
		Well #:	HO-94-4138

Parameter	Result	Units	Reference	Method	Location/Date
Bacteria, Coliform, Total, MPN	45.3	MPN/ 100 ml	<1.0	SM18 9223	9/16/2010 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/16/2010 / 0830 / CCH
Nitrate	13.3	mg/L	10	601	9/16/2010 / 1545 / CCH
Turbidity	0.74	NTU	<10	SM18 2130B	9/15/2010 / 1200 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/15/2010 / 1200 / 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 and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B10000099

Date Reported: 9/16/2010

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 #:	77046	Account #:	6267
Reference:	JST Builders	Company:	JST Builders
Location:	860 Driver Road Marriottsville, MD 21104	Requested By:	John Startt
Date/ Time Collected:	10/1/2010 1158	Source:	Well Water
Date/Time Rec'd:	10/1/2010 1328	Site:	Powder Room Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	**
Collected By:	J.Yeager 6176JY	pH:	5.9
		Well #:	HO-94-4138

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/2/2010 / 0930 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/2/2010 / 0930 / KME

NOTES

- 1 **Sediment Filter/ UV Light/ Prior to Reverse Osmosis
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy retest
 Building Permit # : B10000099

Date Reported: 10/4/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD 21157-4554 FAX: (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 77045	Account #: 6267
Reference: JST Builders	Company: JST Builders
Location: 860 Driver Road	Requested By: John Startt
Marrjottsville, MD 21104	Source: Well Water
Date/ Time Collected: 10/1/2010 1215	Site: Pressure Tank
Date/Time Rec'd: 10/1/2010 1328	Treatment: **
Chlorine ppm: Free: ND Total: ND	pH: 5.9
Collected By: J.Yeager 6176JY	Well #: HO-94-4138

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	45.3	MPN/ 100 ml	<1.0	SM18 9223	10/2/2010 / 0930 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/2/2010 / 0930 / KME

NOTES

- 1 **Prior to Sediment Filter/ UV Light/ Reverse Osmosis
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy retest
 Building Permit # : B10000099

Date Reported: 10/4/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Tancytown Rd. Westminster, MD 21157 (410) 848-1011 (410) 848-4254 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	77047	Account #:	6267
Reference:	JST Builders	Company:	JST Builders
Location:	860 Driver Road Marriottsville, MD 21104	Requested By:	John Startt
Date/ Time Collected:	10/1/2010 1210	Source:	Well Water
Date/Time Rec'd:	10/1/2010 1328	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	**
Collected By:	J.Yeager 6176JY	pH:	5.6
		Well #:	HO-94-4138

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	1.22	mg/L	10	601	10/1/2010 / 1600 / CCH

NOTES

- 1 **Sediment Filter/ UV Light/ Reverse Osmosis
- 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 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy retest
 Building Permit # : B10000099

Date Reported: 10/4/2010