

B 1 8480

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1801 fill in this form completely

Paid-531898 please type

Date Received (APA)

OWNER INFORMATION

Moko LLC, 5633 Reisterstown Rd., Baltimore MD 21215-3434

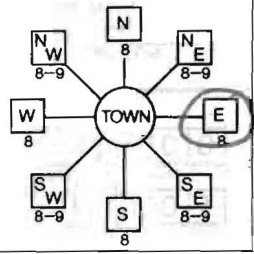
LOCATION OF WELL

Howard County, Friendship Meadows, West Friendship, 2 miles from town

DRILLER INFORMATION

Ralph E. Mayne M SD 117, 17024 Handy Rd. Mt Airy MD 21221

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Fredenck Rd. 144

1350 distance from road, Tax Map 16 Blk 13 Parcel 270

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 (D), Farming (F), Industrial (I), Public Water Supply Well (P), Test (T), Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, Brian Baker 9/9/2010, North Grid 532, East Grid 819

Approximate Depth of Well 150 FEET

Approximate Diameter of Well 6" NEAREST INCH

METHOD OF DRILLING (circle one)

AIR-ROTary, JETTED, ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

This well will not replace an existing well (N), This well will replace a well that will be abandoned and sealed (Y), This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells (S), This well will deepen an existing well (D)

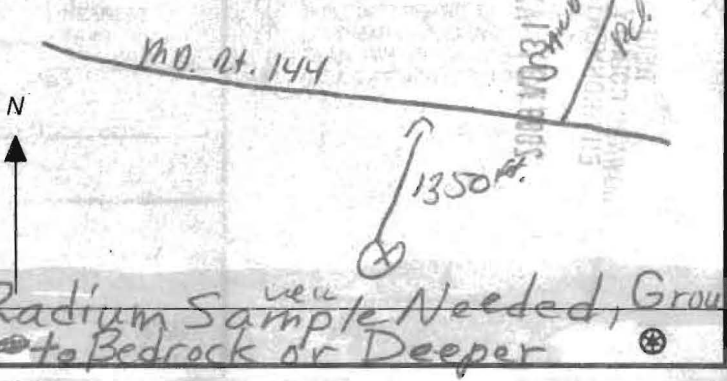
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

SOURCES OF DRILLING WATER: 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 82019, N 5302

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



Permit Number of Well to be Replaced or Deepened (if available) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY), Approp. Permit Number G, Permit No. HO-95-1801

SPECIAL CONDITIONS

15965

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)

COUNTY NUMBER A-526261-B

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 07 13 10

Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1801

OWNER MOKO LLC STREET OR RFD 5633 Keisterstown Rd TOWN Baltimore MD 21215 SUBDIVISION Friendship Meadows SECTION LOT 3

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

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

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for depth with columns: 1, 2, 3, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

SLOT SIZE 1 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

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

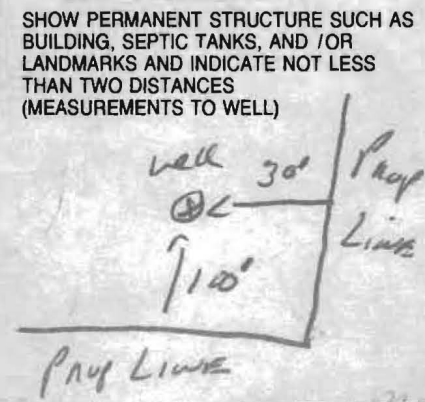
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 39 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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 - below 2 (nearest foot)

LOCATION OF WELL ON LOT



DRILLERS LIC. NO. M SD 1121 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1801
 Location of property (road) OFF MD. RT. 144
 Subdivision FRIENDSHIP MEADOWS Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner MOKO LLC

Depth of well 160'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 39 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	37'	5 Sec		12 GPM
			Test started	
9:00	39'	5 Sec		12 GPM
9:15	39'	5 Sec		12 GPM
9:30	39'	5 Sec		12 GPM
9:45	39'	5 "		12 "
10:00	39'	5 "		12 "
10:15	39'	5 "		12 "
10:30	39'	5 Sec		12 GPM
10:45	39'	5 Sec		12 GPM
11:00	39'	5 Sec		12 GPM
11:15	39'	5 "		12 "
11:30	39'	5 "		12 "
11:45	39'	5 Sec		12 GPM
12:00	39'	5 Sec		12 GPM



Howard County
Health Department

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

ATTENTION WELL DRILLERS!!!

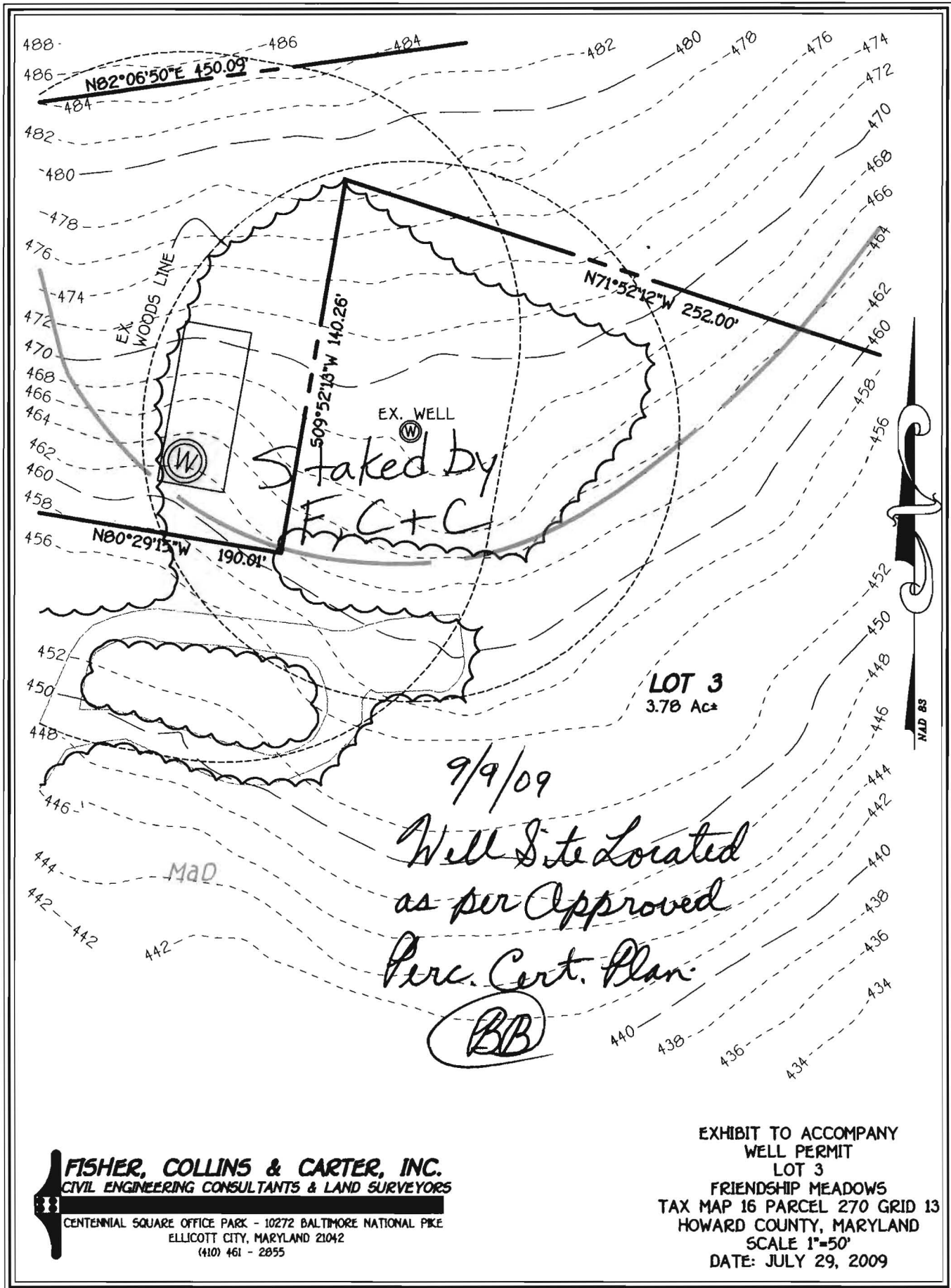
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fiston Collins CARTER. on July 29 2009 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN OWNER NAME - MOKO LLC - JOE SABERIAN -
Sub-NAME - FRIENDSHIP MEADOWS
Lot # 3
OFF MD. RT. 144

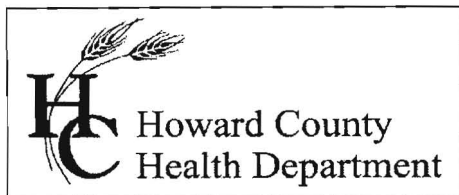
I:\2006\06055\dwg\06055-3001 Exhibit Lot 3.dwg, 7/29/2009 10:50:29 AM, tony,
1:50



9/9/09
 Well Site Located
 as per Approved
 Perc. Cert. Plan.
 (BB)

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

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 3
 FRIENDSHIP MEADOWS
 TAX MAP 16 PARCEL 270 GRID 13
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50'
 DATE: JULY 29, 2009



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

January 18, 2011

MOKO, LLC.
5633 Reisterstown Road
Baltimore, Maryland 21215

RE: Friendship Meadows Lot 3
Route 144
Well Tag: HO - 95 - 1801

To Whom It May Concern:

A sample was collected during a yield test on September 13, 2010 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of $< 1.0 \pm 0.0$ picocuries/liter (pCi/L); while the **Gross Beta** level was $< 1.5 \pm 0.0$ pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

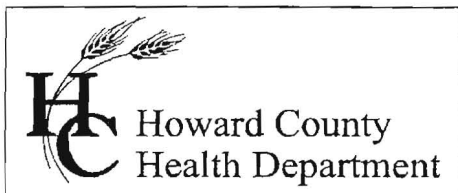
At the time of testing and with respect to these parameters, the future well water supply **does** appear safe for all uses. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. However, please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to discuss additional testing requirements.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property file



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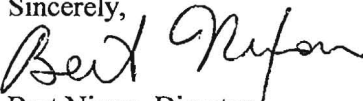
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Bureau of Environmental Health

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cc: Barry Glotfelty, MDE Water Mgmt.
✓ Well & Septic property file

Send Report To:

Bert Nixon

HCHD
7178 Columbia Gateway Dr.
Columbia, MD 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

E000420 815 9

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-1801 No. B: _____ Field Blank Bottle No. 1: _____ No B: _____

Plant/Site Name: Friendship Meadows County: Howard

Sample Source: Rt. 144 - Lot 3 Location: HO-95-1801
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: Kevin Wolf

Telephone No.: 410-313-2645

Date Collected: 9/13/10

Time Collected: 11:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____
pH _____ Chlorine _____

Remarks: pH preserved do < 3.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0420	< 1.0	09/21/10	09/22/10
✓	Gross Beta	4100	0420	< 1.5	"	"
	Radon-222 Bottle A	4004	Radon-222			
	Radon-222 Bottle B	4004	MEADOWS			
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 9/15/10

Supervisor: [Signature]

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373