9/25/00
C.O. ~~Contacted Kathy~~
says pre-con ~~Rec'd Permit~~
10/11/00 ~~P.M.~~
12/22/00 - 10AM pump Test
12/28/00
Septic Pump Test 10:00

NO Records found

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

INDEXED

P 514263
A 511036
ISSUE DATE 9/21/2000
APPROVAL DATE 9/28/00

Kenneth Mayne IS PERMITTED TO INSTALL X ALTER ___

ADDRESS 11723 Legore Bridge Road Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Dunfarmin Estates LOT NUMBER ~~18~~ Parcel A ADDRESS 5401 James Way Court

PROPERTY OWNER Sarhin/Surpret-Ammad PROPERTY OWNER'S ADDRESS 3500 Sheffield Lane
Silver Spring, MD 20904

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY 1250 GALLONS *** TOP SEAMED TANK REQUIRED ***
*** TOP SEAMED PUMP CHAMBER REQUIRED ***

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Beginning from the intersection of the 114.52' and 274.68' lot lines begin trenches 130 feet up the 274.68' lot line and 105 feet off that same lot line. Run trenches on contour toward the 274.68' lot line. 4/25/00 O.K. (BG)

Layout inspection waived per RP - site said to look ok, No problems and Limits staff for Percolation tests.

PLANS APPROVED Amy McMillen DATE 3-31-00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

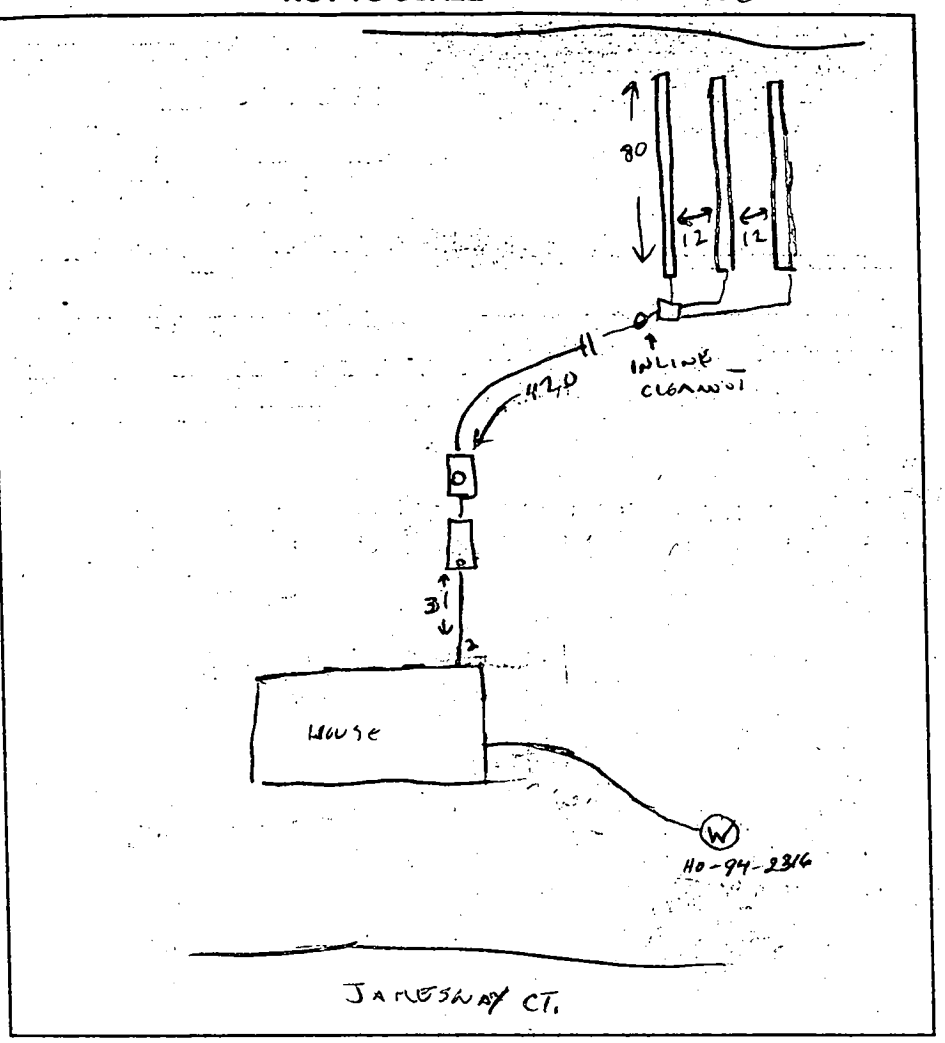
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 511036

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 3½
TRENCH BOTTOM DEPTH 5½
DEPTH OF STONE 2'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 240
ABSORBENT AREA 720
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1250 ✓ GALLONS
MANHOLE RISER N/A (@ 18" B.G.)
6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 ✓
MANHOLE RISER ✓
ALARM OPERATIONAL
PUMP PERFORMANCE TEST ✓

(2" PRESSURE LINE)

PRE-CONSTRUCTION INSPECTION: -WAIVED-

INSPECTION COMMENTS: TANK - PUMP PIT - DIST BOX - TRENCHES COMPLETE.
NEED HOUSE CONNECTION & PUMP PERFORMANCE & ALARM TRENCH. 9/25/00 (CW)
9/29/00 House connection made. BR
12/28/00 - Pump & ALARM OPERATIONAL - SRK

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 12/28/00

9/29/00 a.m.

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: Covanaugh Plumbing Telephone #: 301-725-1715
Address: 807 Cloud Berry Ct
Burtonsville MD

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Kevin Covanaugh License# MD 23765
*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: Mr. Adams Telephone #: 301-890-7567
Subdivision: Winfarmin Estates Lot #: Par A Well Tag #: HO-94-03166
Site Address: 5401 Jamesway Ct
Clarksville

Submersible Pump Data
Make: Jacuzzi
Model #: 1HP
Pump Capacity 5 GPM
Well Yield: 1 GPM
Depth of well encountered at time of pump installation: 360 (feet)

Pitless Adapter
Make: Harvard
Model#: PT800
Depth: 48" (36" min)
NSF approved: yes

Well Cap and Electric Conduit
Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
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 yes

Piping to house
Type: Yardley
PSI: 160 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 8 ft
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.

Kevin Covanaugh
Signature of company representative responsible for installation

9/28/00
date

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

Date Insp. Requested: 9/29/00 Date Insp. Approved: 9/29/00

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 ✓

OK (BB) SRH

GOULDS PUMPS

ATT: KENNY
FROM: MARK
WE05111H 382.16
WE05111HH 382.16
(301)898-0955
Page 1 of 2

Submersible Effluent Pump

MODEL

3885

PROSURANCE AVAILABLE FOR RESIDENTIAL APPLICATIONS.

APPLICATIONS

Specifically designed for the following uses:

- Homes
- Farms
- Trailer courts
- Motels
- Schools
- Hospitals
- Industry
- Effluent systems

SPECIFICATIONS

Pump

- Solids handling capabilities: ¾" maximum.
- Discharge size: 2" NPT.
- Capacities: up to 140 GPM.
- Total heads: up to 128 feet TDH.
- Temperature: 104°F (40°C) continuous 140°F (60°C) intermittent.
- See order numbers on reverse side for specific HP, voltage, phase and RPM's available.

FEATURES

■ **Impeller:** Cast iron, semi-open, non-clog with pump-out vanes for mechanical seal protection. Balanced for smooth operation. Silicon bronze impeller available as an option.

■ **Casing:** Cast iron volute type for maximum efficiency. 2" NPT discharge.

■ **Mechanical Seal: SILICON CARBIDE VS. SILICON CARBIDE** sealing faces. Stainless steel metal parts, BUNA-N elastomers.

■ **Shaft:** Corrosion-resistant, stainless steel. Threaded design. Locknut on three phase models to guard against component damage on accidental reverse rotation.

■ **Fasteners:** 300 series stainless steel.

■ Capable of running dry without damage to components.

■ Designed for continuous operation when fully submerged.

MOTORS

■ Fully submerged in high-grade turbine oil for lubrication and efficient heat transfer.

■ **Class B insulation.**

Single phase:

- Built-in overload with automatic reset.
- All single phase models feature capacitor start motors for maximum starting torque.
- ⅓ and ½ HP – 16/3 SJTOW with 115 V or 230 V three prong plug.
- ¾-2 HP – 14/3 STOW with bare leads.

Three phase:

- Overload protection must be provided in starter unit.
- ½-2 HP – 14/4 STOW with bare leads.

■ **Designed for Continuous Operation:** Pump ratings are within the motor manufacturer's recommended working limits, can be operated continuously without damage.

■ **Bearings:** Upper and lower heavy duty ball bearing construction.

■ **Power Cable:** Severe duty rated, oil and water resistant. Epoxy seal on motor end provides secondary moisture barrier in case of outer jacket damage and to prevent oil wicking. 20 foot standard with optional lengths available.

■ **O-ring:** Assures positive sealing against contaminants and oil leakage.

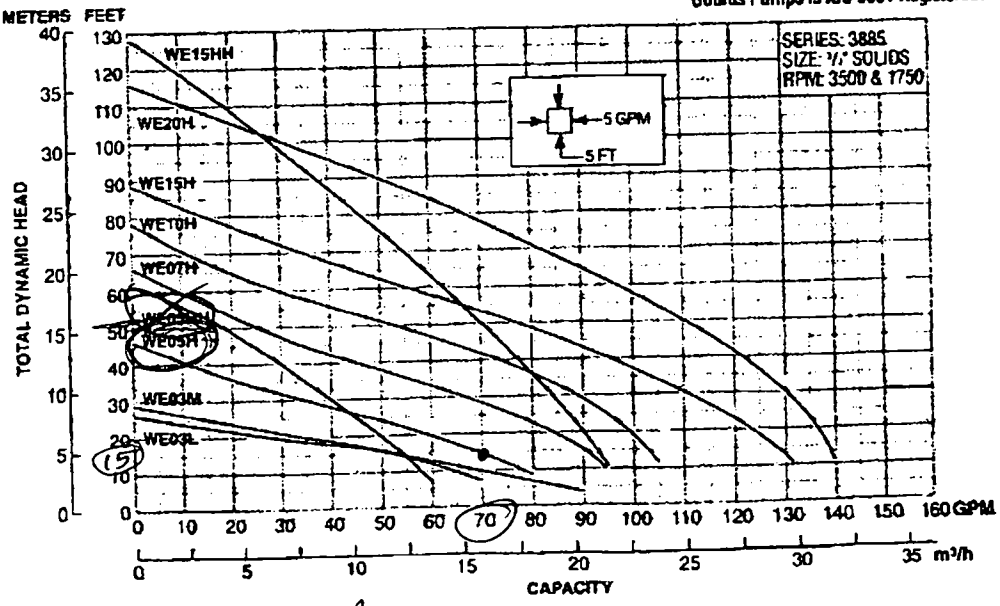
■ Consult factory for information on CSA listed models.

AGENCY LISTINGS

Canadian Standards Association File #LR38567

Underwriters Laboratories File #E83518

Goulds Pumps is ISO 9001 Registered.

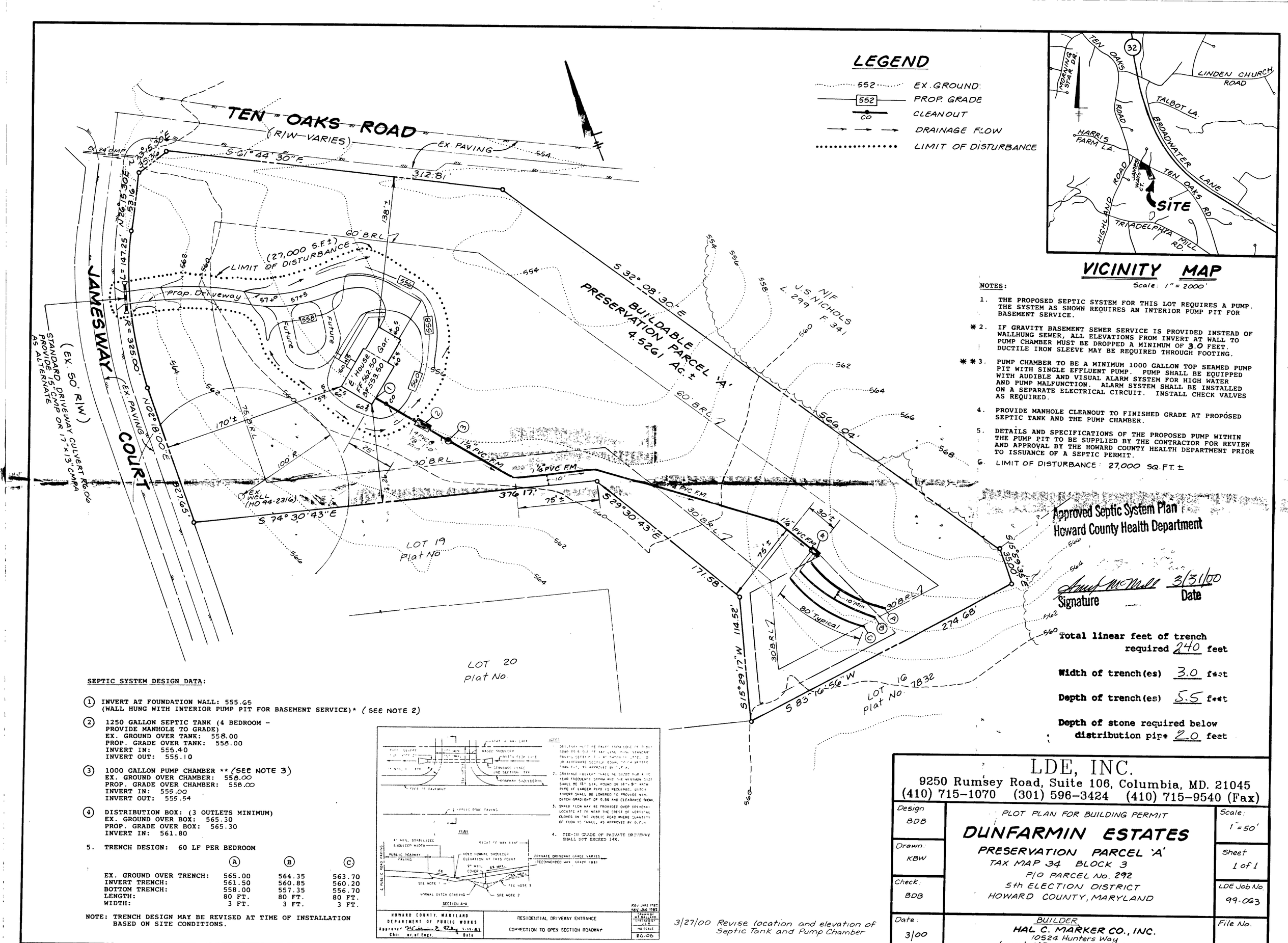


Pump Curve OK 9/21/00

Goulds Pumps

ITT Industries

Effective January, 1999
B3885



LEGEND

- 552 ..... EX. GROUND
- 552 ——— PROP. GRADE
- CO ——— CLEANOUT
- → → → DRAINAGE FLOW
- ..... LIMIT OF DISTURBANCE

VICINITY MAP

Scale: 1" = 2000'

NOTES:

1. THE PROPOSED SEPTIC SYSTEM FOR THIS LOT REQUIRES A PUMP. THE SYSTEM AS SHOWN REQUIRES AN INTERIOR PUMP PIT FOR BASEMENT SERVICE.
2. ✱ IF GRAVITY BASEMENT SEWER SERVICE IS PROVIDED INSTEAD OF WALLHUNG SEWER, ALL ELEVATIONS FROM INVERT AT WALL TO PUMP CHAMBER MUST BE DROPPED A MINIMUM OF 3.0 FEET. DUCTILE IRON SLEEVE MAY BE REQUIRED THROUGH FOOTING.
3. ✱✱ PUMP CHAMBER TO BE A MINIMUM 1000 GALLON TOP SEAMED PUMP PIT WITH SINGLE EFFLUENT PUMP. PUMP SHALL BE EQUIPPED WITH AUDIBLE AND VISUAL ALARM SYSTEM FOR HIGH WATER AND PUMP MALFUNCTION. ALARM SYSTEM SHALL BE INSTALLED ON A SEPARATE ELECTRICAL CIRCUIT. INSTALL CHECK VALVES AS REQUIRED.
4. PROVIDE MANHOLE CLEANOUT TO FINISHED GRADE AT PROPOSED SEPTIC TANK AND THE PUMP CHAMBER.
5. DETAILS AND SPECIFICATIONS OF THE PROPOSED PUMP WITHIN THE PUMP PIT TO BE SUPPLIED BY THE CONTRACTOR FOR REVIEW AND APPROVAL BY THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO ISSUANCE OF A SEPTIC PERMIT.
6. LIMIT OF DISTURBANCE: 27,000 SQ. FT. ±

Approved Septic System Plan
Howard County Health Department

Signature — 3/31/00 Date

Total linear feet of trench required 240 **feet**

Width of trench(es) 3.0 **feet**

Depth of trench(es) 5.5 **feet**

Depth of stone required below distribution pipe 2.0 **feet**

SEPTIC SYSTEM DESIGN DATA:

(1) INVERT AT FOUNDATION WALL: 555.65
(WALL HUNG WITH INTERIOR PUMP PIT FOR BASEMENT SERVICE)* (SEE NOTE 2)

(2) 1250 GALLON SEPTIC TANK (4 BEDROOM - PROVIDE MANHOLE TO GRADE)
EX. GROUND OVER TANK: 558.00
PROP. GRADE OVER TANK: 558.00
INVERT IN: 555.40
INVERT OUT: 555.10

(3) 1000 GALLON PUMP CHAMBER ** (SEE NOTE 3)
EX. GROUND OVER CHAMBER: 558.00
PROP. GRADE OVER CHAMBER: 558.00
INVERT IN: 555.00
INVERT OUT: 555.54

(4) DISTRIBUTION BOX: (3 OUTLETS MINIMUM)
EX. GROUND OVER BOX: 565.30
PROP. GRADE OVER BOX: 565.30
INVERT IN: 561.80

5. TRENCH DESIGN: 60 LF PER BEDROOM

	(A)	(B)	(C)
EX. GROUND OVER TRENCH:	565.00	564.35	563.70
INVERT TRENCH:	561.50	560.85	560.20
BOTTOM TRENCH:	558.00	557.35	556.70
LENGTH:	80 FT.	80 FT.	80 FT.
WIDTH:	3 FT.	3 FT.	3 FT.

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

3/27/00 Revise location and elevation of Septic Tank and Pump Chamber

LDE, INC.
9250 Rumsey Road, Suite 106, Columbia, MD. 21045
(410) 715-1070 (301) 596-3424 (410) 715-9540 (Fax)

Design: BDB	PLOT PLAN FOR BUILDING PERMIT **DUNFARMIN ESTATES** PRESERVATION PARCEL 'A' TAX MAP 34 BLOCK 3 P/O PARCEL No. 292 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	Scale: 1" = 50'
Drawn: KBW		Sheet: 1 of 1
Check: BDB		LDE Job No. 99-063
Date: 3/00	BUILDER HAL C. MARKER CO., INC. 10524 Hunters Way Laurel, MD. 20723 Phone: (301) 776-8228	File No.

11/2/98
10:00

APPLICATION

PERCOLATION TESTING

A 511036

P _____

DISTRICT _____

DATE 10/14/98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Darren A. Lilly

ADDRESS 5405 Jamesway Ct. Clarksville MD. 21029 PHONE 410-336-0790

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Dunfarmin Estates LOT NO. _____

ROAD AND DESCRIPTION Jamesway Ct.

TAX MAP 34 PARCEL # 292

SIZE OF LOT 1 acre TYPE BLDG. single family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

(9)

0'

topsoil

1'

org brn cl lm

3.5'

pale org tan si lm w/mica flecs

25% rock frag

11'

(10)

0'

topsoil

1'

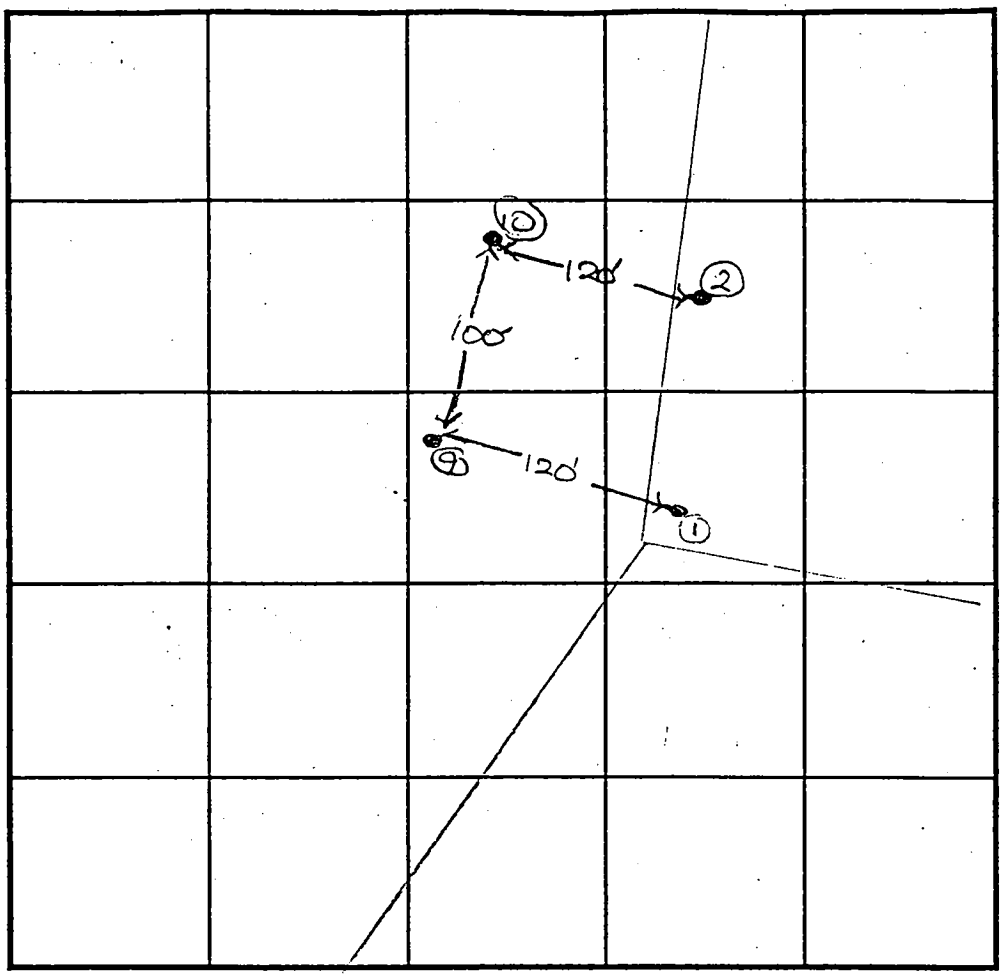
red org brn cl lm

3.5'

pale pk tan si lm w/few mica flecs

20% rock frag

11'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Jamestown Court

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11-2-98	9	4.0'S	3:30	3:35	3:35	3:40	5
		11.0'D	Visual	- See	profile		OK
	10	11.0'D	Visual	- See	profile		OK

REMARKS test holes not started

TYPE OF SOIL

TESTED BY D. Coe ALSO PRESENT D. Lilly

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 13

INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT/BEDROOM 180

APPLICATION

A 37390

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5

DATE 7-14-86

TO THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER S. Turner Nichols + James S Nichols

ADDRESS 13270 Philadelphia Mill Road Clarksville PHONE 531-2505

PROPERTY LOCATION:

SUBDIVISION Dunfarnin Part of Resub of ~~LOT 18~~ Parcel 'A' LOT NO. ~~180~~

ROAD AND DESCRIPTION Fronting New Street, off Ten Oaks Road

SIZE OF LOT 3 Ac TYPE BLDG. _____
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT James S. Nichols

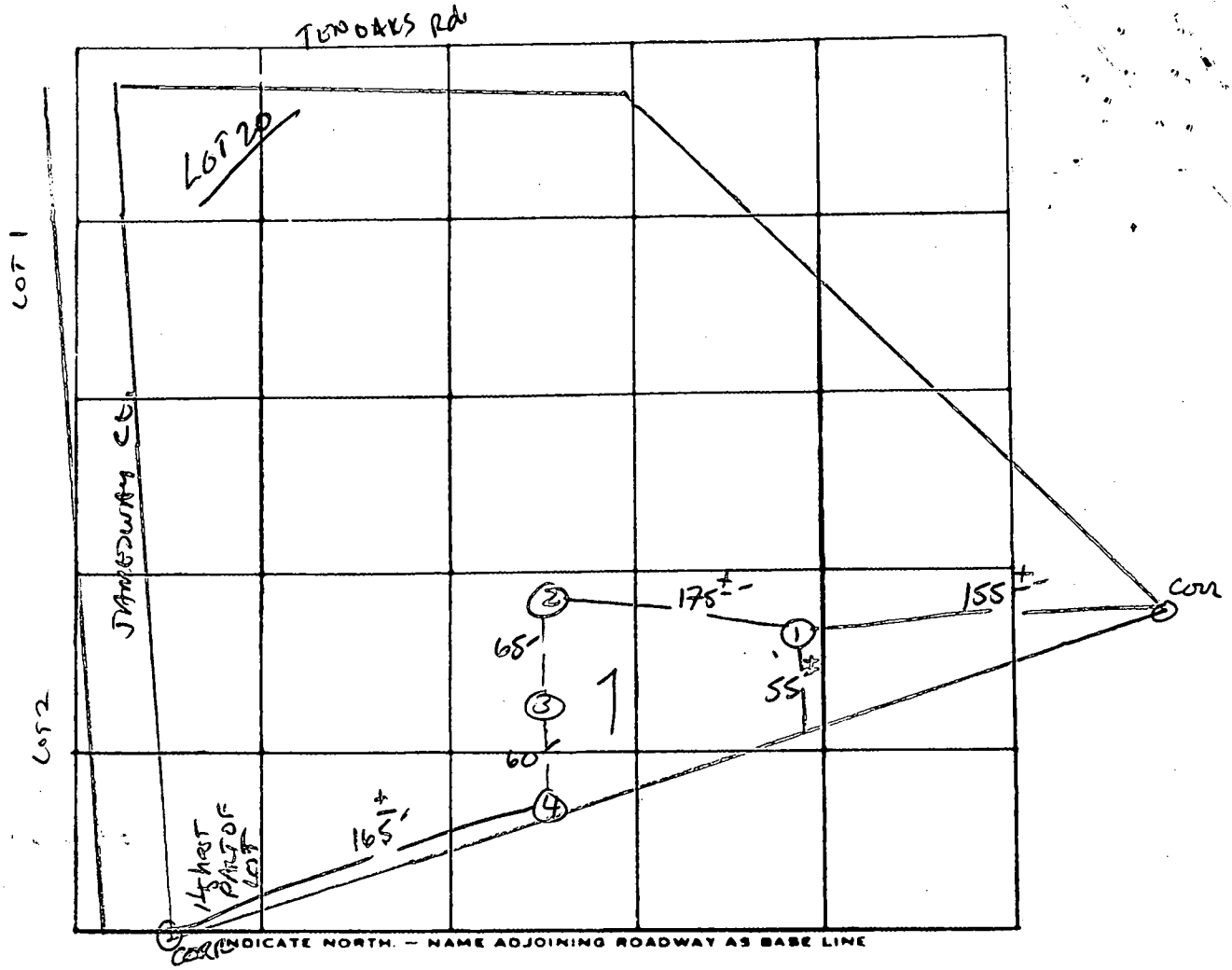
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8-27-86 Perc. Unsatisfactory; Hold for wet season Request. S. Alt.

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/27/84	1V	CLAY TO 6-7'	DEPTH 10'				
	2V	WATER AT 11	CLAY TO 4.5'	SOIL	MOIST AT 5.5'		
	3V	12'	DRY SOIL	MOIST			
	4V	4'	NOT USED	CLAY TO 4'			

REMARKS Hold Till W.S. Holes Diff Than Plat

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT: J. Fox + Co.

APPLICATION

A 37390

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5

DATE 7-14-86

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

TO THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER S. Tawnes Nichols + James S. Nichols

ADDRESS 13270 Philadelphia Mill Road Clarksville PHONE 531-2505

PROPERTY LOCATION

SUBDIVISION Dunfarnin LOT NO. part of Parcel 20 'A'

ROAD AND DESCRIPTION Fronting New Street, off Ten Oaks Road

SIZE OF LOT 3 Ac TYPE BLDG. _____

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT James S. Nichols

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-5-89 wet season retest. Poor soils & shallow depths to water table. Recommend rejection. JEN

THIS IS NOT A PERMIT

A 37390

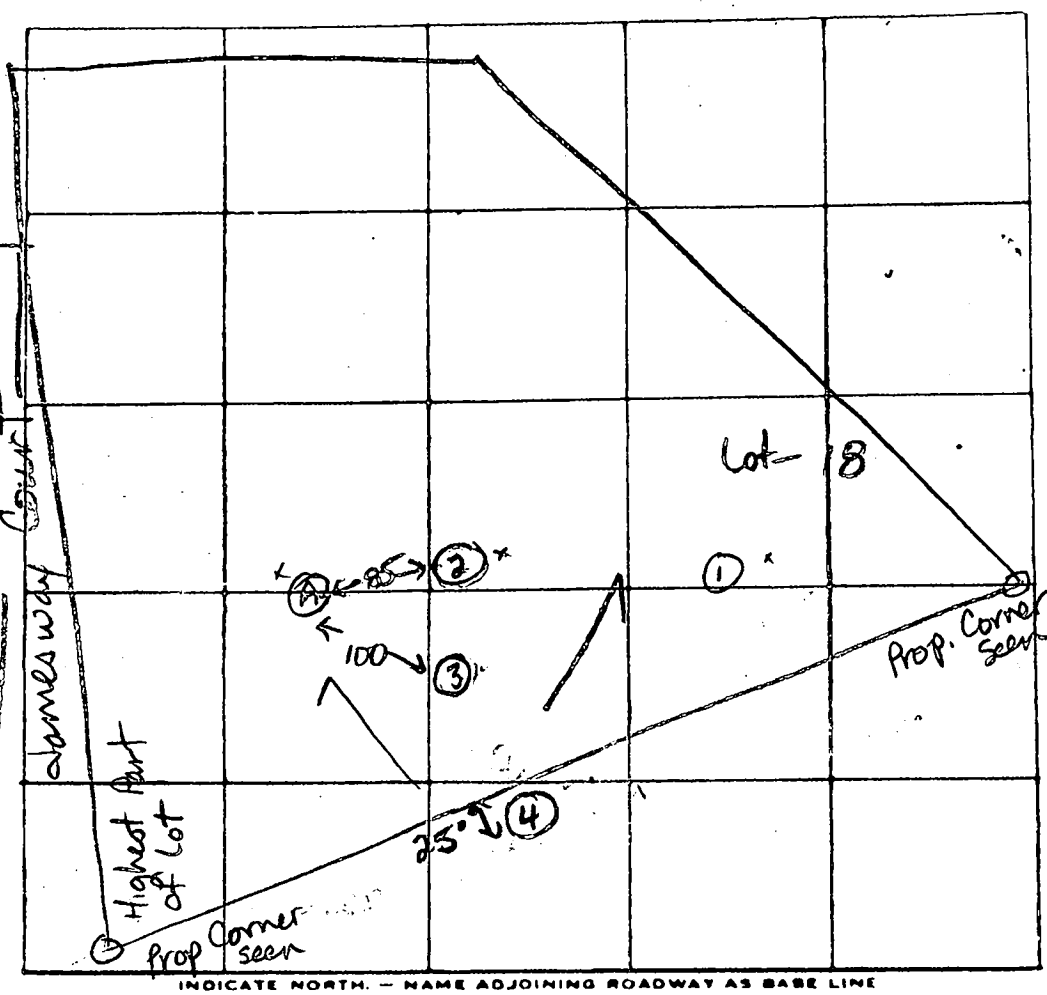
(A)

0-4.0 Rd-br si cl lm

4-7.0 Br mica sacl si lm, some saprolite < 20%

7-10.0 Rd-white mottled cl si lm Water at 10.0 ft

10.0 Bottom



Highest 4 3 1 A Lowest 2

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE

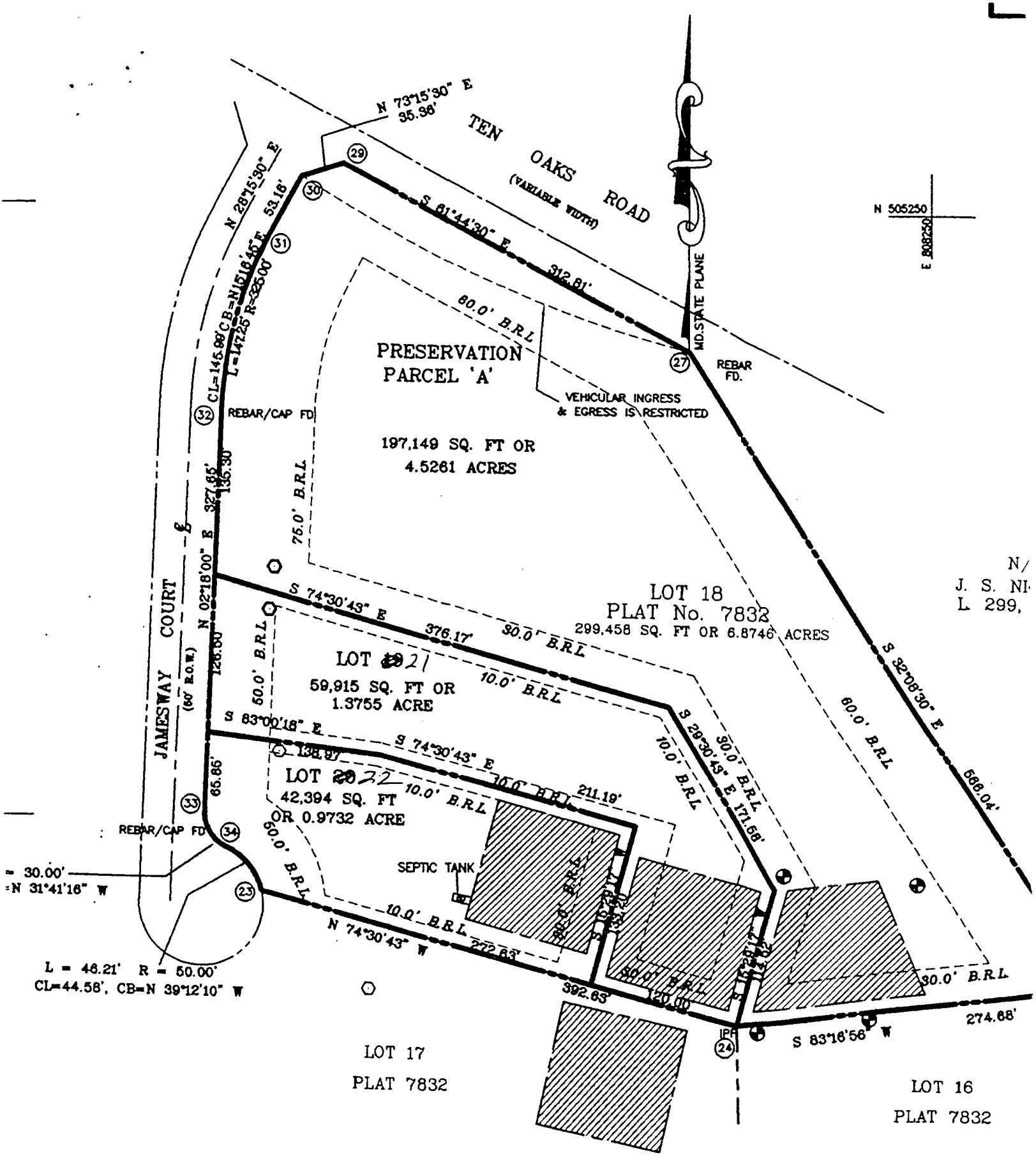
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-5-89	A	10.0 ✓	(Mottled clay		at 7.0 ft; H2O@10)		Failed

REMARKS Hole # 4 actually off lot by 25 ft

TYPE OF SOIL 0-4' Rd-br si cl lm 4-7' Br mica sacl si lm, <20% saprolite 7-10' Rd-white mottled cl si lm

TESTED BY Jane E. Nadeau

ALSO PRESENT: Jack Frock Owner

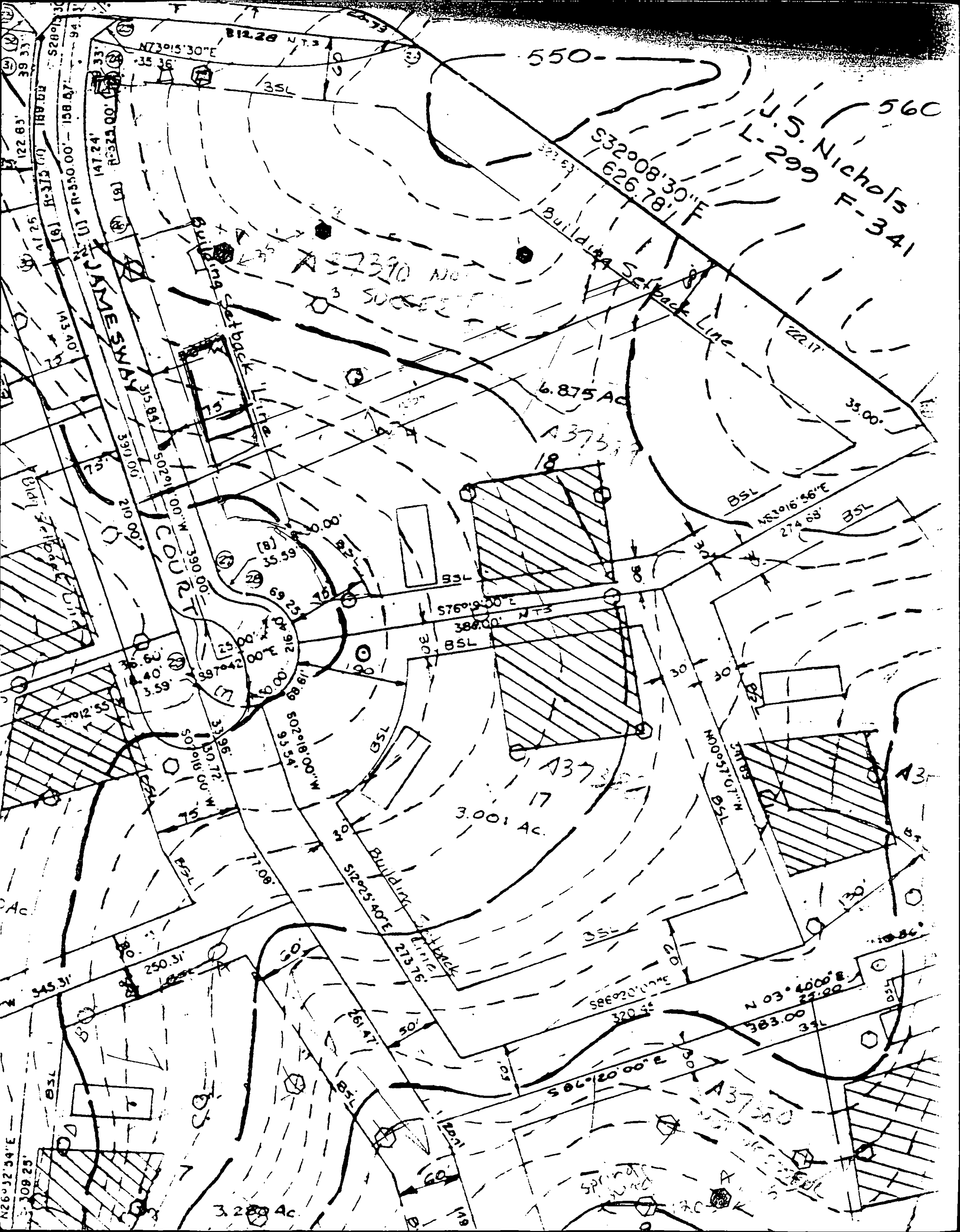


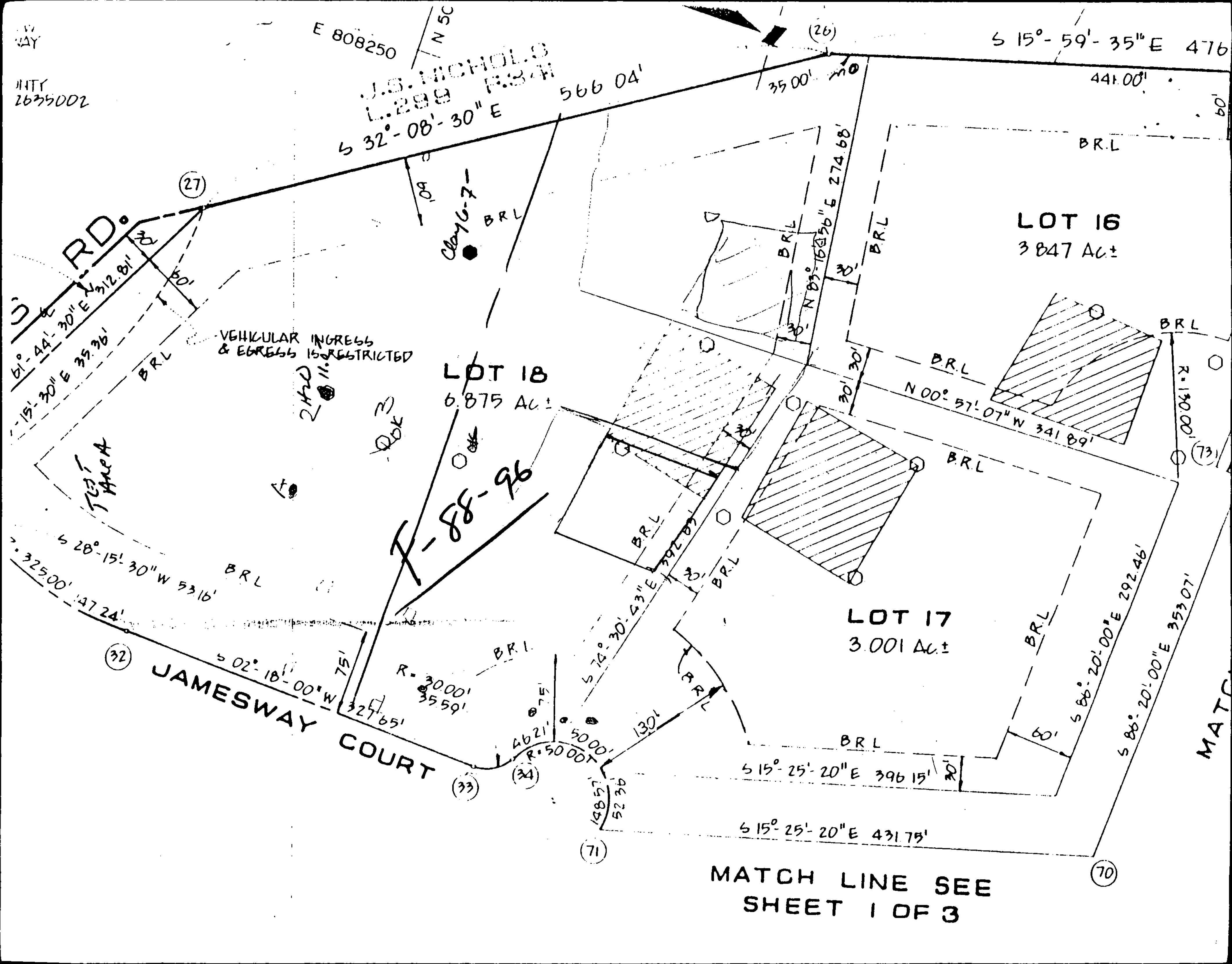
□ DENOTES 4"X4" CONCRETE MONUMENT. (PLAT No.2832)

○ DENOTES MARKER SET. (PLAT No.2832)

SURVEYOR'S CERTIFICATE

OWNE


550
560
J.S. Nichols
L-299 F-341
S32°08'30"E
626.78'
Building Setback Line
JAMESWAY COURT
6.875 Ac
18
17
3.001 Ac.
3.280 Ac.
N73°15'30"E
S76°19'00"E
388.00'
S86°20'00"E
N03°40'00"E
383.00
S02°18'00"W
S12°25'40"E
273.76'
274.68'
222.17'
250.31'
345.31'
315.84'
BSL


E 808250
S 15°-59'-35"E 476
441.00'
S 32°-08'-30" E 566.04'
35.00'
N 61°-44'-30" E 312.81'
VEHICULAR INGRESS & EGRESS IS RESTRICTED
LOT 18
6.875 Ac±
LOT 16
3.847 Ac±
LOT 17
3.001 Ac±
N 00° 57'-07"W 341.89'
S 28°-15'-30"W 53.16'
S 02°-18'-00"W 327.65'
R=30.00'
35.59'
R=50.00'
S 74°-30'-43"E 392.83'
S 86°-20'-00"E 292.46'
S 86°-20'-00"E 353.07'
S 15°-25'-20"E 396.15'
S 15°-25'-20"E 431.75'
B.R.L
JAMESWAY COURT
MATCH LINE SEE
SHEET 1 OF 3

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00122778

Building Address 5401 James Way Court
Clarksville, Md 20871

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.01 Subdivision DUNFARMIN EST.

Section 11A Area 11A Lot 18

Tax Map 28 Parcel 292 Grid 21

Zoning RR-DEO Map Coordinates 13 C5 Lot size

Owner's Name Sachin / Swapnet - Anand

Address 3500 Sheffield Lane

City Silver Spring State Md Zip Code 20904

Home Phone 301-890-2567 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use Vacant Lot

Proposed Use Single Fam Dwelling

Estimated Construction Cost $ 120,000.

Description of Work New Home With attach Double Garage 2-Story, Full basement, Foundat. 2½ Bath, Full Rough Rough-in 4 Bdr

Contractor Company Hal C Marker Co Inc

Contact Person Hal Marker

Address 10524 Hunters Way

City Laurel State Md Zip Code 20723

License No. 190180

Phone 301-776-8228 Fax 301-776-0130

Occupant or Tenant Same as owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13
____ Full
____ Partial
____ Other Suppression

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other: _____
Dimensions: _____
Footings: _____
Roof: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
☒ Private

Sewage Disposal:
____ Public
☒ Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☒ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ NFPA #13D
_____ NFPA #13R
_____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Hal C Marker
Applicant's Signature *Print Name*

Pres Contractor 3-8-00
Title/Company *Date*

Checks payable to: ***DIRECTOR OF FINANCE OF HOWARD COUNTY***
** PLEASE WRITE NEATLY AND LEGIBLY. **

VALIDATION

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	3/31/00	A McNeil
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 75' Min
Rear: 60' Min
Side: 10' Min
Side St.: 75' Min
All minimum setbacks met?
YES ☒ NO ☐
Is Entrance Permit required?
YES ☐ NO ☒
Historic District?
YES ☐ NO ☒
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 45261
Filing Fee $ 25.00
Permit Fee $ _____
(.10 sq. ft. ☐) (.15 sq. ft. ☐)
Excise Tax $ _____
(.40 sq. ft. ☐) (.80 sq. ft. ☐)
TOTAL FEES _____
Check # 5715
Validation # 22153
Accepted by: _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.frm

Rev. 8/25/98

NOTES

1) Original test holes dug : 1986
2) New test holes dug: SEPT. 1998
3) A pump system maybe necessary for Preservation Parcel A and Lot 21.
4) All wells to be drilled prior to record plat.
5) The lots shown hereon comply with the minimum ownership width and lot area as required by the Maryland State Department of the Environmrnt.
6) All wells and septic systems within 100 feet of property boundaries have been shown.
7) TEN Percolation test holes have been field located

SOILS DATA

PER HOWARD CO. SOIL SURVEY SHEET # 23

ChB2 = CHESTER SILT LOAM 3-8% SLOPES
ChC2 = CHESTER SILT LOAM 8-15% SLOPES
CgC2 = CHESTER GRAVELLY SILT LOAM 8-15% SLOPES

Existing structure(s) on lot # 22 is to remain

Existing well and septic on lot # 22 is to remain

This area designates a private sewage easement of a minimum of 10,000 square feet (or feet per lot for shared drainfields associated with a shared sewage disposal facility) as required by the Maryland State Department of the Environmental for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection of public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Existing approved septic area currently serving LOT-18. This septic area shall be abandoned upon signature of this plat.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPERTMENT

Mary Sue Baker per f.b. — 5-18-99

COUNTY HEALTH OFFICER DES — DATE

OWNER: DARREN LILLY
5506 JAMES WAY COURT
CLARKSVILLE, MD. 21029

N 505250
E 807300
NAD 27

LEGEND

- RECENT PERCOLATION TEST
- PERCOLATION TEST SCALED FROM THE PLAT
- MB MAIL BOX
- CABLE BOX
- EDGE OF WOODED AREA
- CHIN LINK FENCE LINE
- BOARD FENCE
- GUY WIRE
- POWER POLE

TEN OAKS ROAD (VARIABLE WIDTH)

BUILDABLE PRESERVATION PARCEL "A"
197,149 SQ. FT OR 4.5261 ACRES

LOT 18
PLAT No. 7832
299,458 SQ. FT OR 6.8746 ACRES

LOT-21
59,915 SQ. FT OR 1.3755 ACRE

LOT-22
42,394 SQ. FT
OR 0.9732 ACRE

JAMESWAY COURT (50' R.O.W.)

PROPOSED PROPERTY LINES

N/F
J. S. NICHOLS
L. 299, F. 341

N/F
C. S. WH
L. 662,

LOT 17
PLAT 7832

LOT 16
PLAT 7832

N 504750
E 807500

N 504710.525
E 807632.688
575.07
PK.NAIL

L = 35.50' R = 30.00'
CL=33.54', CB=N 31°41'16" W

L = 46.21' R = 50.00'
CL=44.58', CB=N 39°12'10" W

N 505194.870
E 807964.997
555.17
PK.NAIL

NOTES:

1. ELEVATIONS SHOWN HEREON ARE TIED TO HOWARD COUNTY NGVD 29 DATUM.
2. FOR PREPARATION OF THIS SURVEY, NO TITLE REPORT WAS FURNISHED OR USED.

CONSTRUCTION SEQUEN

1. Install nursery stock plantings in accordance with
2. Install split rail or other wooden fencing appropri afforestation area.
3. Install afforestation signage.
4. Inspect and maintain reforestation plantings for a Howard County Forest Conservation Installation

AFFORESTATION PLANTIN

1. Reforestation areas may be planted as soon as rea early spring plantings are preferred. Earliest plan year but planting may generally begin as soon as t Alternate planting dates may be considered as occ
2. Soil amendments and fertilization recommendati results of soil analysis for nitrogen, phosphorus, content and pH. If required, fertilizer will be prov soluble 16-8-16 analysis designed to last 5-8 ye perforated bags such as manufactured by ADCO " HALLETT NV 11423 or approved equ
3. Plant materials will be planted in accordance wit Diagram, Planting Details and plant schedule.
4. Plant material shall be nursery grown and inspect Professional prior to planting. Plants not conform for Nursery Stock specifications for size, form, vi wounds, breakage, desiccation, insect or disease
5. Planting stock must be protected from desiccation Materials held for planting shall be moistened and until ready for placement.
6. Newly planted trees may require watering at least o growing season depending on rainfall in order to ge planting operation should allow for watering during soak backfill material.
7. Planting holes should be excavated to a minimum di diameter of the root ball or container. Mechanical an Scarification of the sides of each hole.
8. Mulch shall be applied in accordance with the diagram of composted, shredded hardwood bark mulch, free of w

C 1 | 06625 | SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. ✓

COUNTY NUMBER A511036

STCO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 8 DD 5 YY 99

Depth of Well: 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2316

OWNER: Lilly Construction Inc. (last name / first name)

STREET OR RFD: Tomesway Court TOWN: Clarksville

SUBDIVISION: Benjamin Estates SECTION: LOT: Parcel A

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Sand	0	44	
Gray Mica Rock	44	360	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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 LIC. NO.: M D 024

Sarah L Mayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M __ D __ __ __

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) ft. to 42 (BOTTOM) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	48

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole — insert appropriate code below

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

C 2

DEPTH (nearest ft.)

EACH SCREEN			
1	40	46	360
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min.): 1.

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 37 ft.

WHEN PUMPING: 310 ft.

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 (CIRCLE) (YES or NO): 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) ____

PUMP HORSE POWER ____

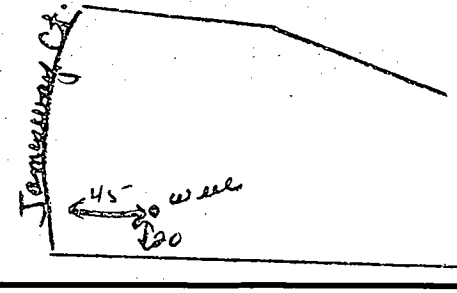
PUMP COLUMN LENGTH (nearest ft.) ____

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE

2 (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)



COUNTY

Page _____ of _____
Date _____

Review _____
location - ok
casing 48'
open 42
grout 20 bags
8/15/99

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2316
Location of property (road) Jamesway Court
Subdivision Dunfarmin Est Lot P.A Block ____ Plat ____ Sec. ____
Well Driller J. Mayne Owner 4/14

Depth of well 360'
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 7:00 Pumping rate _____
Total time 30 min. to reach pumping water level 310 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)
10:15	307'	60		1

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 - 7440 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO - 94 - 2316 (70 79) fill in this form completely

Date Received (APA): 07/07/99 (8 MM DD YY 13)

OWNER INFORMATION

Lilly Construction Inc. (15 Last Name / Owner / First Name 34)

5405 Jamesway Ct. (36 Street or RFD 55)

Clarksville Md. 21029 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

Joseph L. Mayne MSD24 (Driller's Name 76 License No. 81)

Joseph L. Mayne Well Drilling (Firm Name)

5512 Ridge Rd. Unit. Orig. Md. 21771 (Address)

Joseph L. Mayne 7/6/99 (Signature / Date)

B 2 WELL INFORMATION

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)

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

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-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other

REPLACEMENT OR DEEPENED 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
- 39 [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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 — — — — — — — 52

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

Dunfarmin Est. (23 SUBDIVISION 42)

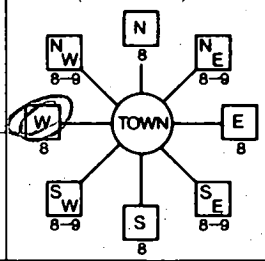
SECTION (44 46) LOT: Parcel A (48 50)

Clarksville (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 2 M I (73 / 76 77 78)

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jamesway Ct. (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37 DISTANCE FROM ROAD

ENTER FT OR MI: FT (38 39)

TAX MAP: ____ BLK: ____ PARCEL A

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD (COUNTY NAME) 5/1036 (COUNTY NO.)

STATE SIGNATURE: _____ INSERT S →

DATE ISSUED: 07/09/99 DONACK (43 MM DD YY 48 CO SIGNATURE) 01/08/00 (EXP. DATE 41)

NORTH GRID: 504 000 (50 55) EAST GRID: 0808 000 (57 63)

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

SOURCES OF DRILLING WATER
1. Well
2.
3.

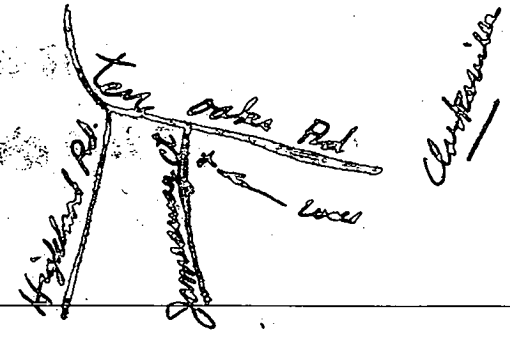
WRITE THE BOX NUMBER FROM THE MAP HERE

E 800

N 500

000
000

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



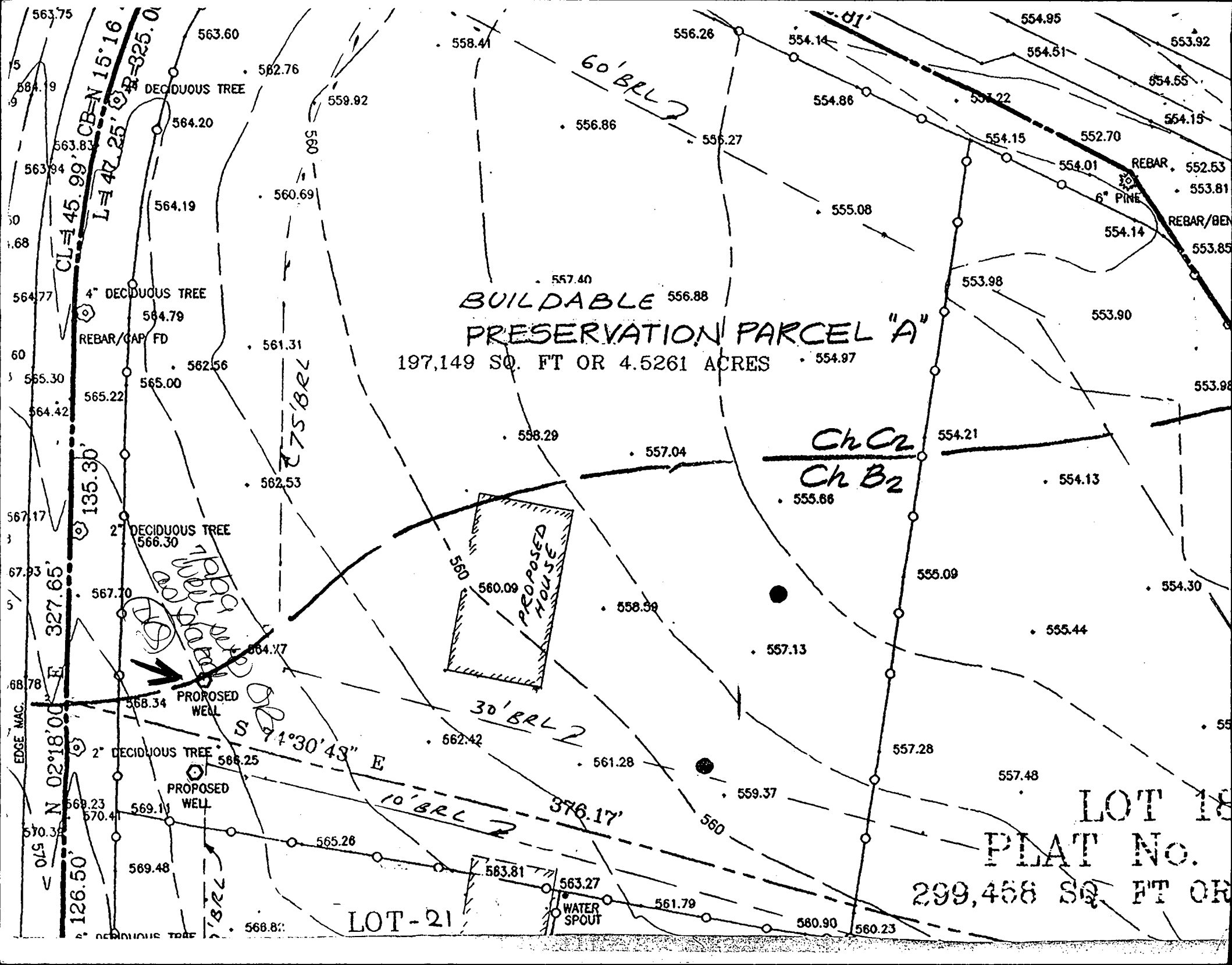
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP (54 63)

PERMIT No. HO - 94 - 2316 (70 71 72 73 74 75 76 77 78 79)

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -


BUILDABLE
PRESERVATION PARCEL "A"
197,149 SQ. FT OR 4.5261 ACRES
PROPOSED HOUSE
PROPOSED WELL
PROPOSED WELL
LOT-21
LOT 18
PLAT NO.
299,456 SQ. FT OR
60' BRL
30' BRL
10' BRL
375' BRL
Ch C2
Ch B2
S 71°30'43" E 376.17'
N 02°18'00" E 327.65'
CL=145.99' CB=N 15°16'
L=140.25' R=325.0
135.30'
126.50'
4" DECIDUOUS TREE
2" DECIDUOUS TREE
REBAR/CAP FD
REBAR
6" PINE
WATER SPOUT
EDGE MAC.

Page ____ of ____
Date 8/5/99

Review ORM 8/10/99

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2316
Location of property (road) Jamesday Court
Subdivision Dunfarmin Est Lot P.A' Block ____ Plat ____ Sec. ____
Well Driller J. Mayne Owner Lilly Construction Inc.

Depth of well 360'
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 7:00 Pumping rate 20 gpm.
Total time 300 min. to reach pumping water level 310 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)
7:15	170'	3 sec.	N/A	20 gpm.
7:30	310	3		20
7:45	308	60		1
8:00	308	60		1
8:15	308	60		1
8:30	308	60		1
8:45	308	60		1
9:00	308	60		1
9:15	308	60		1
9:30	308	60		1
9:45	308	60		1
10:00	307	60		1
10:15	307	60		1
10:30	306	60		1
10:45	306	60		1
11:00	305	60		1
11:15	305	60		1
11:30	305	60		1
11:45	305	60		1
12:00	305	60		1
12:15	305	60		1
12:30	305	60		1
12:45	305	60		1
1:00	305	60		1
1:15	305	60		1
1:30	305	60		1