

12-3-87 Needs house connection ^{6K} ~~sent~~

12/2/87
12-4-87

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

04-342992

P 40569

A 30241

DISTRICT 4th

DATE 12/02/87

DATE SYSTEM APPROVED 12/4/87

INSPECTOR (RB)

Herman Sirk

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

SUBDIVISION Roxbury ROAD 4060 Roxmill Court LOT 15

PROPERTY OWNER John Haynes

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

160 ft trench

3 18.9 3 4.5 160.
720 45 7200.
270 270
0

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3½ feet below original grade. 4½ feet of stone below distribution pipe.

LOCATION - Start first trench 170 feet from the front (450') lot line and 190 feet from the left (282') lot line as seen from Route 97. Run trench(s) along contour toward the front and left corner of the property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

***** - OK TO ADJUST LOCATION AS NECESSARY TO FIT SITE CONTOUR.

PLANS APPROVED BY C. Williams DATE 8/19/83

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

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

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

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

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

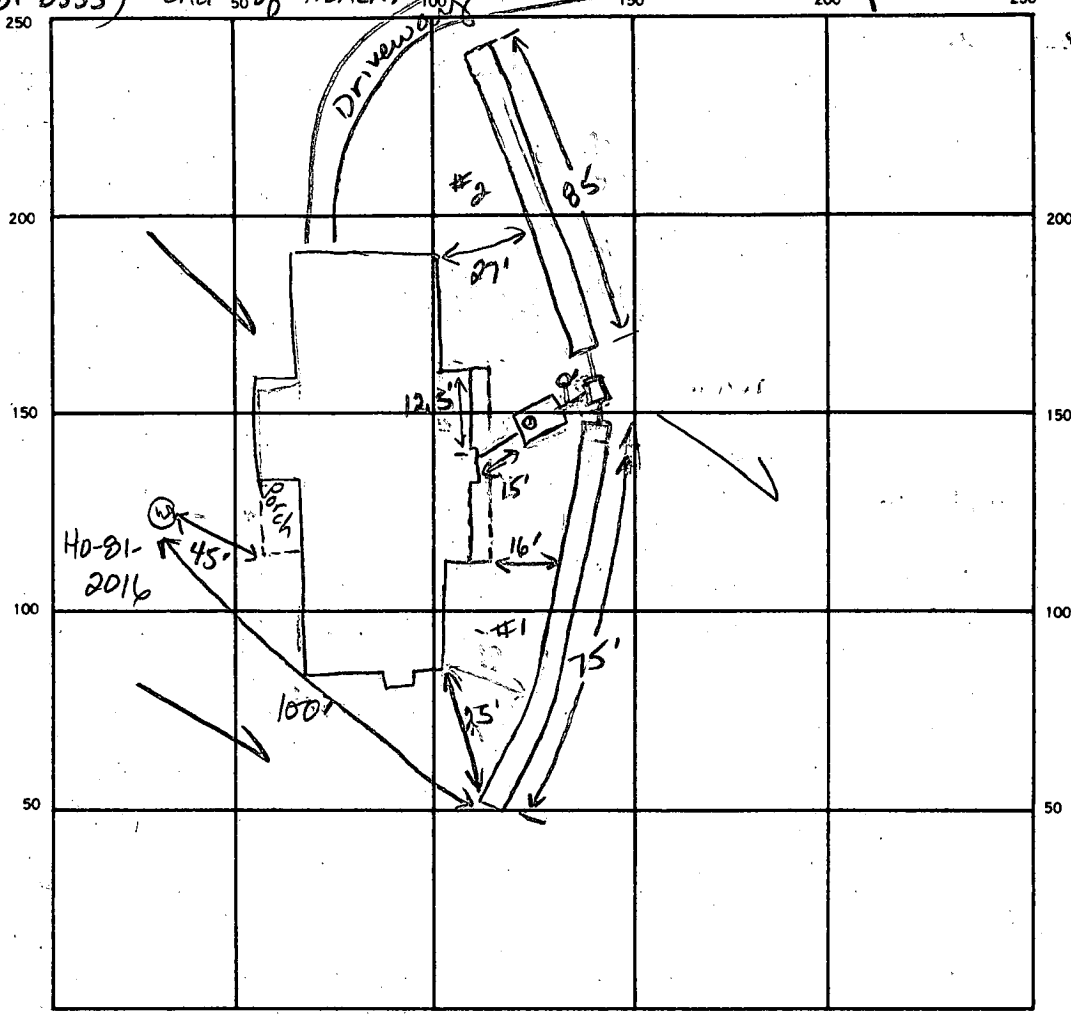
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 30241

Neighbor's well 135ft from. (HO-BI-D555) end of trench. To Roxmell Ct



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

cont final

Route 97

SEPTIC TANK, LEVEL 1750 gal CLEANOUTS 1 S.T.
 DISTRIBUTION BOX, LEVEL ✓ w/ baffle
 DRAIN FIELD/TILE FIELD, DEPTH 2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 4.5 FT. TOTAL LENGTH 75 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 337.5 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 720 SQ. FT.

REMARKS 12-3-87 ok to add stone, pipe & paper to both trenches.
Extend trench #2 4 feet more to obtain 160 ft. Do not extend
trench #1. Minimum distance to well is 100 ft. JEN 12-3-87 OK
to cover trench #2. JEN
12/4/87 OK to cover trench #1. OK to cover S.T. area & piping
OK to cover all work

DATE SYSTEM APPROVED 12/4/87 INSPECTOR B Wyman

35
24
220
118
37

14
2.4
5.6
38
43

85
4.5
42.5
348
382.5

75
4.5
37.5

300
337.5
382.5
720.0

75
4.5
37.5
300

SUBDIVISION: ROXBURY

LOT NUMBER: 15

A 30241

DRY WELL OR DRY WELL AND TRENCH

		<u>sq. ft./bedroom</u>
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench.
No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

4 1/2 feet of stone below distribution pipe.

4BA/OP
NO DISP/OWNER
4-NO SINKS

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START FIRST TRENCH 170' FROM THE FRONT (450') LOT LINE AND 190' FROM THE LEFT (282') LOT LINE. FROM THE ROW TRENCH(S) ALONG (CONTOUR) TOWARD THE FRONT AND LEFT CORNER OF THE PROPERTY.

8-19-83 Craig Williams

* OK TO ADJUST LOCATION AS NECESSARY TO FIT SITE CONTOUR, C.W.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30241

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th.

DATE 9/28/79

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 J. ~~Carrott~~ Reilly John Haynes

ADDRESS Roxbury Mills Rd., Glenwood, Md. 21738 PHONE 489-4481

PROPERTY LOCATION:

SUBDIVISION Roxbury LOT NO. 18 new 15

ROAD AND DESCRIPTION Route ~~97~~ 4060 Roxmill Cr.

SIZE OF LOT 3.52 Acres TYPE BLDG. 3 or 4 Bedrooms

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.

SIGNATURE OF APPLICANT E. Smariga /s/

APPROVED BY R.D. & D.W.M. FOR DRAIN FIELDS DATE 12/5/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/8/79 HOLD FOR REVIEW WATER RH

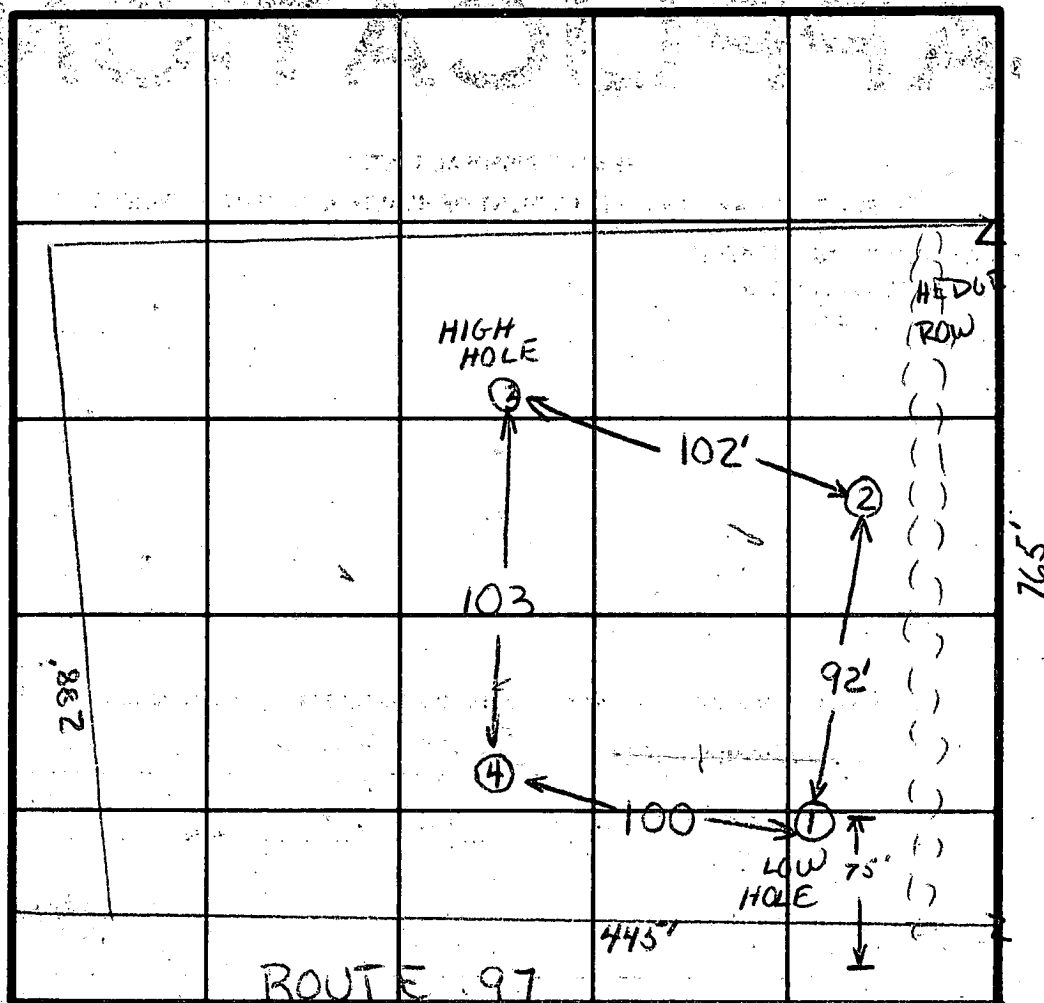
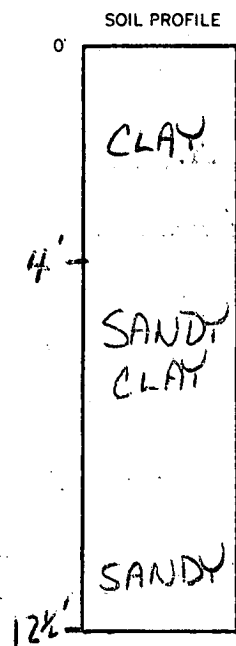
11/9/79 - TEST HOLE #1 AT 3 & 7 1/2' OR 8' 12/3/79 DM ALSO SAID

TEST (4) 12/4/79 - OK - R.Q. BLDG. PERMIT SIGNED
AND RETURNED 7/13/87

12/5/79 - OK D.W.M. DRAIN FIELDS BP/3081

THIS IS NOT A PERMIT

LOT 18



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/9/79	1S	3'	10:50	10:52	10:52	10:55	3
	1D	13'	SLOW WATER AT 13'		SEEPAGE		
	2S	4'	11:07	11:24	11:24	11:47	23
	2D	12 1/2'	11:08	11:11	11:11	11:15	4
	1M	7 1/2'	10:57	11:00	11:00	11:04	4
	3S	5'	11:21	11:25	11:25	11:29	4
	3D	12'	11:20	11:25	11:25	11:29	4
	4S	2' SANDY CLAY		11'	SAND		
	4D	13'	VISUAL				
12/4/79	1M	8 1/2'	10:58	11:03	11:03	11:10	7
	4S	3 1/2'	11:05	11:07	11:07	11:11	4
	4M	12	11:05	11:08	11:08	11:13	5

REMARKS ALL LINES & PERCS STAKED.

TYPE OF SOIL

TESTED BY P.D. & R.N.

ALSO PRESENT KETTERMAN I, II & III

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30241

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th.

DATE 9/28/79

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 J. Garrett Reilly

ADDRESS Roxbury Mills Rd., Glenwood, Md. 21738 PHONE 489-4481

PROPERTY LOCATION _____

SUBDIVISION Roxbury LOT NO. 18

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 3.52 Acres TYPE BLDG. 3 or 4 Bedrooms

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.

SIGNATURE OF APPLICANT E. Smariga /s/

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

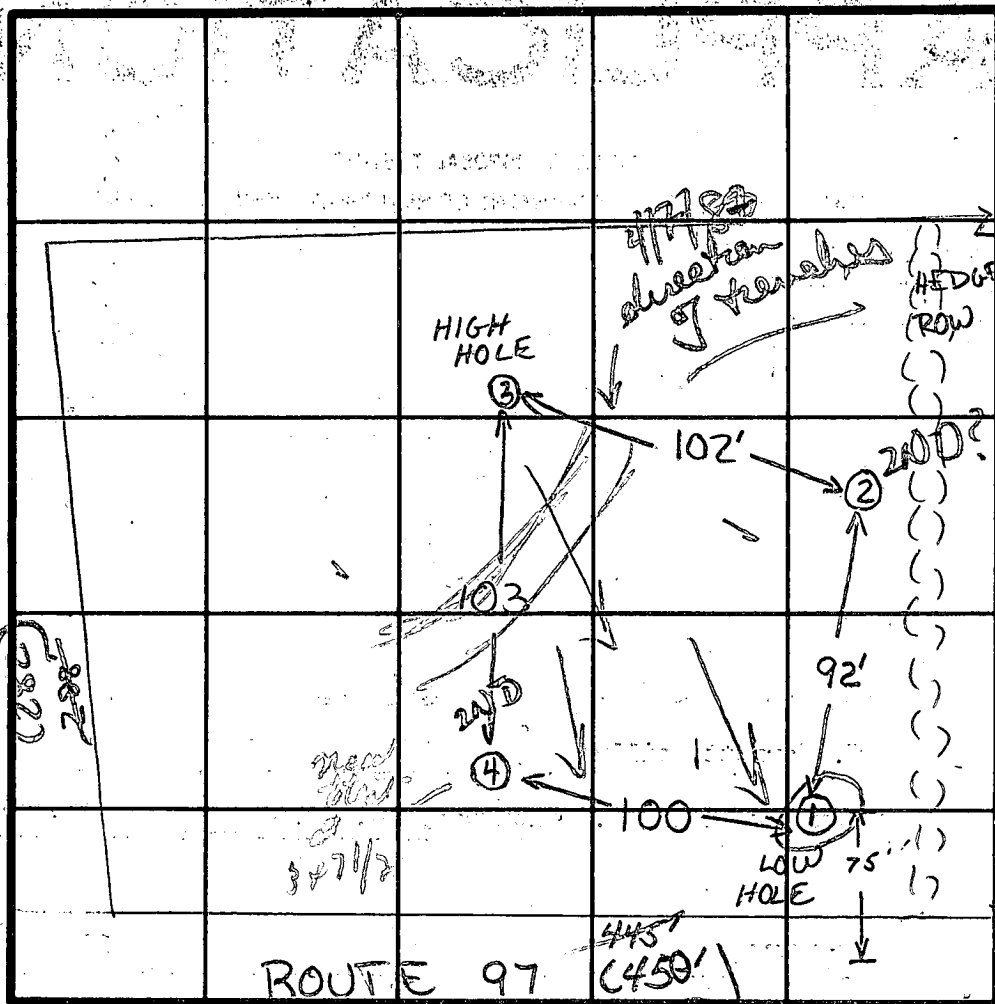
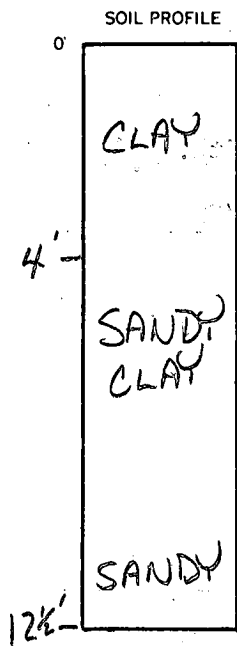
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING JA021V

TEST #11 12/4/79 - OK - R.O. 12/5/79 DM RES. SAID

DRAINFIELDS

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/9/79	1S	3'	10:50	10:52	10:52	10:55	3
	1D	13'	SLOW WATER SEEPAGE AT 13'				
	2S	4'	11:07	11:24	11:24	11:47	23
	2D	12 1/2'	11:08	11:11	11:11	11:15	4
	1M	7 1/2'	10:57	11:00	11:00	11:04	4
	3S	5'	11:21	11:25	11:25	11:29	4
	3D	12'	11:20	11:25	11:25	11:29	4
	4S	2' SANDY CLAY 11' SAND					
	4D	13'	VISUAL				
12/4/79	1M	8 1/2'	10:58	11:03	11:03	11:10	7
	4S	3 1/2'	11:05	11:07	11:07	11:11	4
	4M	12	11:05	11:08	11:08	11:13	5

7 MIN.
AVG.

REMARKS ALL LINES & PERCS STAKED.

4/7/80 NOTE All future repairs shallow systems only

TYPE OF SOIL

TESTED BY P.D. & R.N.

ALSO PRESENT KETTERMAN I, II & III

B 7

7664

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HC-81-2016

fill in this form completely

Date Received

1	2	3	4	5	6	7	8	9	10	11	12	13

OWNER INFORMATION

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
S	A	I	A	M	A	R	T	I	N	R									

36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
8	8	6	S	E	V	E	R	N	C	T									

57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
S	V	K	E	S	V	I	L	L	E				M	D	2	1	7	8	4

DRILLER INFORMATION

George F. Easterday

40

Driller's Name

77 License No. 80

L. Franklin Easterday, Inc.

Firm Name

9265 Br. Ch. Rd., Mt. Airy, Md. 21771

Address

George F. Easterday 3/7/87

Signature

Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- ☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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
- ☐ D THIS WELL WILL DEEPMEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63

FORCE 67 INITIALS 68 PERMIT NO. 70 HC-81-2016 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD

ROXBURY ESTATES

SECTION 44 46 LOT 15 48 50

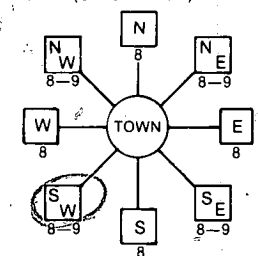
GLENWOOD

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

N	W	E
32	32	32
WEST	S	EAST
	S	
	S	

DISTANCE FROM ROAD 280

ENTER FT or MI 1-7

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD A-30241

COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S 41

DATE ISSUED 040787 B Nylon 10/07/87

CO SIGNATURE EXP. DATE

NORTH GRID 519000 EAST GRID 0785000

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

7805

52019

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

5/1/87 over

GLENWOOD

ROXBURY ESTATES

CT

97

5/1/87

location as per staked

40' casing

34' open

11 bags cement

NO sample taken

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAR 9 4 31 PM '87
DIVISION OF
ENVIRONMENTAL
HEALTH

Review

H 1074

C1	2351	SEQUENCE NO. (OEP USE ONLY)	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	A 30241

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	050187	22 160 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" HO-81-2016
OWNER	SAIA MARTIN R		
STREET OR RFD	ROXBURY CT. / RTE 97		
SUBDIVISION	ROXBURY ESTATES SECTION LOT 15		

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 TO	Check if water bearing
Top soil	0 2	
Clay	2 4	
Shaley	4 10	
Sand Stone	10 30	
Mica	30 55	
Sand Stone	55 58	✓
Mica	58 70	
Flint	70 75	✓
Mica	75 160	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS 11	NO. OF POUNDS 1100
GALLONS OF WATER 55	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 34 ft.	

CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="checkbox"/> ST	<input checked="" type="checkbox"/> CO
STEEL	CONCRETE
<input checked="" type="checkbox"/> PL	<input checked="" type="checkbox"/> OT
PLASTIC	OTHER
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)	
ST 06 40	

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

SCREEN RECORD		
screen type or open hole		
insert appropriate code below		
<input checked="" type="checkbox"/> ST	<input checked="" type="checkbox"/> BR	<input checked="" type="checkbox"/> HO
STEEL	BRASS	OPEN HOLE
<input checked="" type="checkbox"/> PL	<input checked="" type="checkbox"/> OT	
PLASTIC	OTHER	

C2	
DEPTH (nearest ft.)	
H 0 38 160	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	WQ
70 72	74 75 76
TELESCOPE CASING	LOG INDICATOR
OTHER DATA	

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour)		
3		
PUMPING RATE (gal. per min. to nearest gal.)		
10		
METHOD USED TO MEASURE PUMPING RATE		
Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
37		
WHEN PUMPING		
42		
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input checked="" type="checkbox"/> P piston	<input checked="" type="checkbox"/> T turbine
<input checked="" type="checkbox"/> C centrifugal	<input checked="" type="checkbox"/> R rotary	<input checked="" type="checkbox"/> O other (describe below)
<input checked="" type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES NO	
(CIRCLE) (YES or NO)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> above	<input checked="" type="checkbox"/> below
LAND SURFACE (nearest foot)	
7	

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)	
100' well	
180'	
Roxmill CT	

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
DRILLERS IDENT. NO. 40	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

Review OK 6-4-87 JEN

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2016
Location of property (road) ROXBURY CT / RTE 97
Subdivision ROXBURY ESTATES Lot 15 Block Plat Sec.
Well Driller G. EASTMAN Owner SARA MARTIN R

Depth of well 160 30 GPM
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 27

I. High rate pumping -- reservoir drawdown

Time pump started 1:15 Pumping rate 10
Total time to reach pumping water level ft. below M.P.

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

[illegible]