

HULINOT/TEINE INC. IF AIN

Page	of	1
Date _	6.2.01	

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Review		

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3100 Location of property (road) Subdivision MALCALM DOOD Queen St
Well Driller Harr Owner Locato J.
Depth of well 200'
Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P. 32'
I. High rate pumping reservoir drawdown
Time pump started Oloo Pumping rate  Total time 45 m., to reach pumping water level 46 ft. below M.P.
II. Recovery nump test 1

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

minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0050	32'	20		I S. o
0115	52	20	Tyle	
6130	80	24		15.0
5745	146	40		12.5
080	150	34		7.50
0815	170	55		5.56
0830	ודו	56	Sealer of the se	5.45
0845	172	57		5.36
0900	173	57		5.26
0915	173	51		5.26
0430	173	57		5.26
0945	173	57		5.26
1000	173	Company of the same of the same of the		5.26
1015	173	57		5.26
1030	173	57 57		5.24
1045	173	- 1 00 (100 CO ) 18 CO   18 CO   10 CO		5.24
		57		5.26
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FROM : Hado Line Walth

FAX NO. :

Aug. 29 2001 07:35AM P2

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Aug. 27 2001 80:37AM P1

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 dedied 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 amanded 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: Allied Environmental Telephone #: 410 789 2711
Address: P.O. Box By a milker Sville Mid 21108
(Must circle and) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation:
"A accessed individual must perform the actual installation.
subjected to field verification.
Name of Property Owner COB Lucido Telephone #: 773 - 3647803 Subdivision: MalColm Property Lot #: 11 Well Tag #: HO - #699310C Slic Address: 11930 Queen St.
Submersible Pump Date  Make: Soul S  Make: Marlingon  Two piece water shi me
Purity Cancerto & GPM Durity 2/ Screened, vented well cap:
Depth of well encountered at time of pump installation 122 (feet)  If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Safety rope, if used, attached to inside of well casing with eye boit Ma
Piping to house  Type:  (160 psi min)  Approximate length of sleeve:  Sieve caulted and sealed properly:
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, listribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for
Smarture of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer
Pate Insp. Requested: 8 34 01  Date Insp. Approved: 8 39 01 MR SRN  Espection 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  Corroot well mg anuched properly and casing 8" above finished grade  Water supply line sleeved adequately at house connection
Adequate grout observed below pitters adnoter  D-215 (Rev. 8/00)

