

6-9-86  
1-2PM  
6/10/86 AS AP

6-10-86  
approved  
S. Head

# PERMIT

P 37139  
A 35835

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330  
461-9933

03-311058  
INDEXED

ELLICOTT CITY  
DISTRICT 3rd  
DATE 6-9-86

Collins IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE 442-2235

SUBDIVISION Selby Property ROAD 2176 Sand Hill LOT 2

PROPERTY OWNER Samuel S. Gallina, Jr.

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

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Distribution box to be located 250 feet down left lot line marker (as facing property from Sand Hill Road), and 90 feet from left lot line (perpendicular to line). Run trenches along contour towards left and right side lot lines and in direction of rear of property (facing from Sand Hill Road). No trench to exceed 100 feet in length.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/ew

PLANS APPROVED BY Bert Nixon DATE 12/09/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

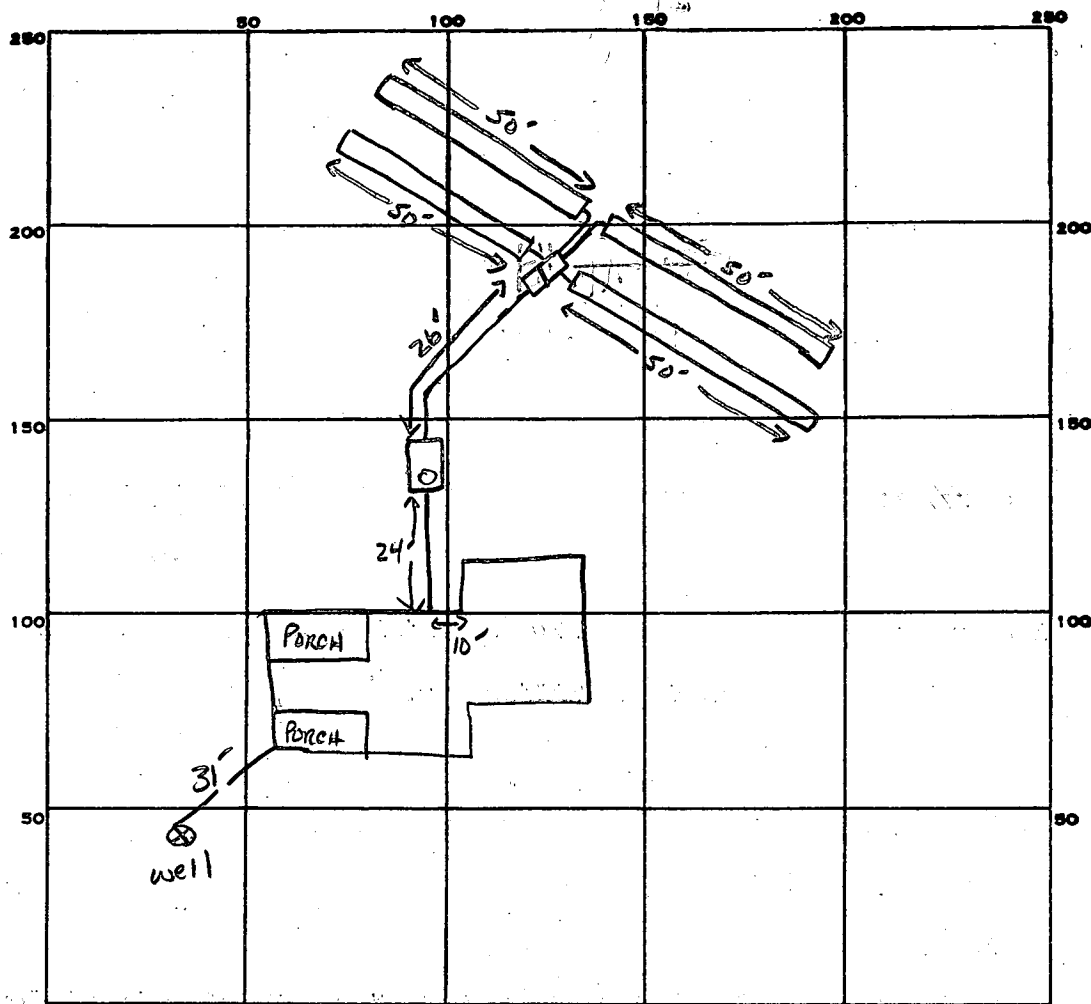
\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A  
35835

EVERLASTING

800 ft



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.  
SANDHILL Rd.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ 1500 GAL

CLEANOUTS ✓ 51

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

INLET 4"

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 50' ea 200" TOTAL FT.

NUMBER OF TRENCHES 4 ONE SIDE WALL  
TOTAL BOTTOM AREA 1000 ft

SEEPAGE PITS, INSIDE DIAMETER        FT. DEPTH BELOW INLET        FT.

ABSORBENT AREA 1000 SQ. FT.

REMARKS 6-9-86 OK TO STONE TRENCHES; ADD ALL PIPE FROM TANK TO DB + ADD C/O AND  
CALL IN AM FOR FINAL S. Abel

DATE SYSTEM APPROVED 6-10-86 INSPECTOR S. Abel

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35835

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd

DATE July 31, 1985

*start trench*

*150' from road (front property line)*

*40' from right side property line, run toward left side*

*along 609-610 contour line*

*inlet max. 4' below orig. grade total max. depth 9' - 217 sq. ft per*

*Bed room*

*not incl. garbage disposal*

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 Mr. & Mrs. Selby Samuel S. Gallina Jr.

2170 Sand Hill Road

ADDRESS Marriottsville, Maryland 21104 PHONE Shirley Smith 461-3355  
Chris Coile, Inc.

PROPERTY LOCATION:

SUBDIVISION Selby Property LOT NO. 2

ROAD AND DESCRIPTION 2170 Sand Hill Road

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 Bedrooms  
(NUMBER OF 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. I ALSO AGREE TO COMPLY  
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Selby  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

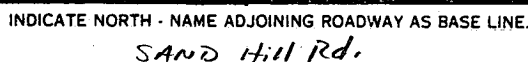
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 8-6-85 Perc Results Satisfactory; Hold for Certified Plat. Sale!

B.P. 67849 11-22-85

## THIS IS NOT A PERMIT

12 2013



Bottom max  
9'

REMARKS

Glenela Silt loam - Highly micaceous

TYPE OF SOIL

Holes Dug Per Plat

TESTED BY

S. Abel

## ALSO PRESENT

JIM CARTER - BACKHOE  
PRESENT MR. SHELBY

EH-12-1079

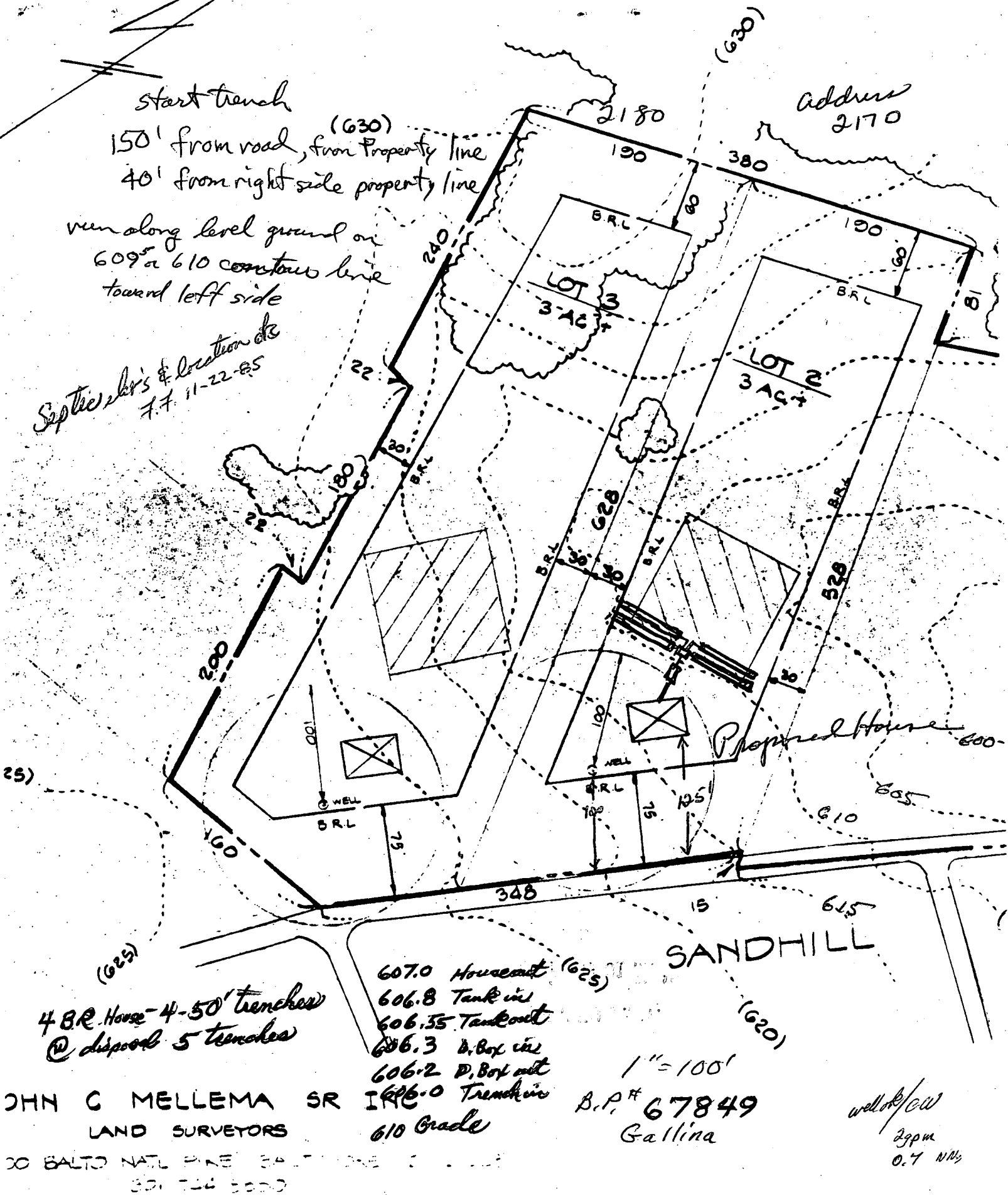
start trench

150' from road, from Property line  
40' from right side property line

run along level ground on  
609<sup>5</sup> a 610 contour line  
toward left side

Septic tank's location etc  
7.7 11-22-85

Address  
2170



4 BR House - 4-50' trenches  
@ disposal 5 trenches

607.0 House out  
606.8 Tank in  
606.55 Tank out  
606.3 D. Box in  
606.2 D. Box out  
606.0 Trench in  
610 Grade

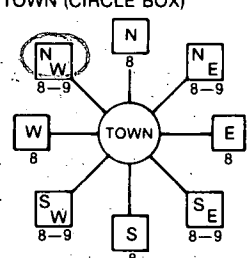
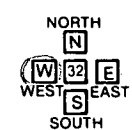
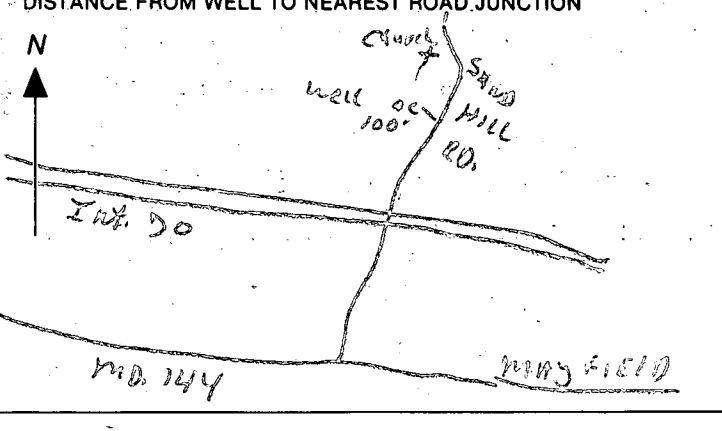
SANDHILL

JOHN C MELLEMA SR  
LAND SURVEYORS

1" = 100'  
B.P.# 67849  
Gallina

well ok/cw  
29pm  
0.7 NH<sub>2</sub>

20 BALTO NATL PINE BALTIMORE  
301 TEL 5000

B 1 <b>8874</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>HO-81-11171</b> <small>fill in this form completely</small>
Date Received <b>9/20/85 9:30 AM</b> OWNER INFORMATION 15 Last Name <b>GALLIUA</b> 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 15 Last Name <b>SAM S.</b> 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 15 Last Name <b>5901 SETTER DR</b> 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 15 Last Name <b>BALTIMORE</b> 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 15 Last Name <b>MD 21 22 27</b> 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		LOCATION OF WELL 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 8 COUNTY <b>HOWARD</b> 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 23 SUBDIVISION <b>SELBY PROPERTY</b> 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 SECTION <b>---</b> 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 LOT <b>2</b> 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 52 NEAREST TOWN <b>MAYFIELD</b> 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 MILES FROM TOWN (enter 0 if in town) <b>2</b> 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
DRILLER INFORMATION Driller's Name <b>Ralph Mayne</b> 77 License No. <b>80</b> Firm Name <b>Ralph Mayne (well drilling)</b> Address <b>9120 Brown Church Rd. Mt. Airy</b> Signature <b>Ralph Mayne</b> Date <b>8/17/85</b>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>SAND HILL RD.</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>100</b> 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 ENTER FT or MI <b>FT</b> 38 39	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <b>Howard</b> COUNTY NO. <b>35835</b> OEP SIGNATURE <b>Con. Williams</b> STATE HEALTH INSERT S <b>41</b> DATE ISSUED <b>091385</b> CO SIGNATURE <b>Con. Williams</b> EXP. DATE <b>0819000</b> NORTH GRID <b>537000</b> EAST GRID <b>0819000</b>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>840</b> 9 N <b>530</b> 7 000 000	
APPROXIMATE DEPTH OF WELL <b>150</b> 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 FEET APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <b>AIR-ROTARY</b> JETTED <b>REVERSE-ROTARY</b> Jetted & DRIVEN <b>Drive-POINT</b> CABLE <b>REVERSE-ROTARY</b> ROTARY (Hydraulic Rotary)	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		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 (OEP USE ONLY) APPROP. PERMIT NUMBER <b>GAP</b> 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 FORCE <b>W</b> WRITE INITIALS IN BOX PERMIT NO. <b>HO-81-11171</b> 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 SPECIAL CONDITIONS			



C 1	2434	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
				COUNTY NUMBER		
DATE Received		DATE WELL COMPLETED		Depth of Well		
8 13		15 20		22 26		
		092085		305		
				(TO NEAREST FOOT)		
				PERMIT NO.		
				FROM "PERMIT TO DRILL WELL"		
				H0-81-1171		
				28 29 30 31 32 33 34 35 36 37		

OWNER	GALLINA	SAM	first name	TOWN	MAYFIELD
STREET OR RFD	last name		SAND HILL RD		
SUBDIVISION	SELBY 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		
DESCRIPTION (Use additional sheets if needed)	FEET	Check if water bearing
	FROM TO	
Top Soil	0 2	
Sandy	2 35	
Sand Stone	35 48	✓
Mick A	48 70	
Sand Stone	70 75	✓
Mick A	75 305	

GROUTING RECORD	
WELL HAS BEEN GROUTED	
(Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT	BENTONITE CLAY
CM	BC
NO. OF BAGS	NO. OF POUNDS
10	1000
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
STEEL CONCRETE	
PLASTIC OTHER	
MAIN Nominal diameter Total depth	
CASING top (main) casing of main casing	
TYPE (nearest inch) (nearest foot)	
PL 6 45	
60 61 63 64 66 70	

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

SCREEN RECORD	
screen type or open hole	
insert appropriate code below	
STEEL BRASS OPEN HOLE	
PLASTIC OTHER	

C 2	
DEPTH (nearest ft.)	
H0 44 305	
EACH SCREEN	
1 8 9 11 15 17 21	
2 23 24 26 30 32 36	
3 38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN	
56 60	

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

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

C 3	
PUMPING TEST	
HOURS PUMPED (nearest hour)	
6	
PUMPING RATE (gal. per min. to nearest gal.)	
2	
METHOD USED TO MEASURE PUMPING RATE	
Bucket	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	
78	
WHEN PUMPING	
155	
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 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)	
+ above	
- below	
LAND SURFACE	
(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)	
well	
100'	
150'	
Pump Line	

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. 273	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	



Page      of       
Date Sept 20, 1985

County File No.       
Review OK 10/24/85 CWL

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-81-1171 Election District       
Location of Property (road) Sand Hill Rd.  
Subdivision SELBY Property Lot 2 Block      Plat      Sec.       
Well Driller Ralph MAYNE Owner SAM S. GALLINA  
Depth of Well 305  
Distance of Measuring Point (M.P.) above ground 2<sup>nd</sup>  
Static Water Level (S.W.L.) below M.P. 48<sup>th</sup>

I. High Rate Pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 10 GPM  
Total time 30 min to reach pumping water level 155 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>I</u> gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
8:15	155 ft	30 Sec		2 GPM
8:30	155 ft	30 Sec		2 GPM
8:45	155 ft	30 Sec		2 GPM
9:00	155 ft	30 Sec		2 GPM
9:15	155 ft	30 Sec		2 GPM
9:30	155 ft	30 Sec		2 GPM
9:45	155 ft	30 Sec		2 GPM
10:00	155 ft	30 Sec		2 GPM
10:15	155 ft	30 Sec		2 GPM
10:30	155 ft	30 Sec		2 GPM
10:45	155 ft	30 Sec		2 GPM
11:00	155 ft	30 Sec		2 GPM
11:15	155 ft	30 Sec		2 GPM
11:30	155 ft	30 Sec		2 GPM
11:45	155 ft	30 Sec		2 GPM
12:00	155 ft	30 Sec		2 GPM
12:15	155 ft	30 Sec		2 GPM
12:30	155 ft	30 Sec		2 GPM
12:45	155 ft	30 Sec		2 GPM
1:00	155 ft	30 Sec		2 GPM
1:15	155 ft	30 Sec		2 GPM
1:30	155 ft	30 Sec		2 GPM
1:45	155 ft	30 Sec		2 GPM
2:00	155 ft	30 Sec		2 GPM
2:15	155 ft	30 Sec		2 GPM

45 casing  
10 days