#### 04-342879 PERMIT

#### SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH'

#### HOWARD COUNTY

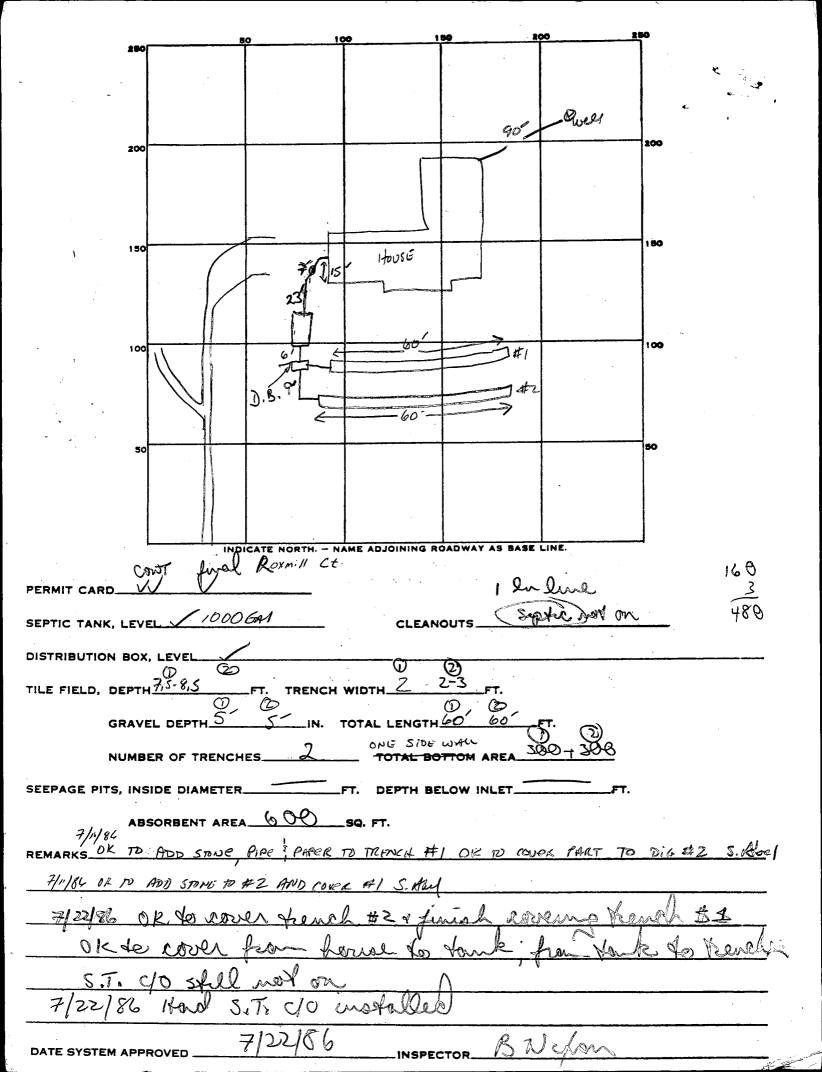
**BUREAU OF ENVIRONMENTAL HEALTH** X**XXXXX**XXXXX 461-9933

INDEXED.

**ELLICOTT CITY** 4th DISTRICT. DATE

	Leonard Moxley		IS PERMITTED TO INSTA	LLX ALTER
			14	654-0654
ADDRESS2872	l Kemptown Road, Dama	ascus, MD 20750	PHONE	
SUBDIVISION	Roxbury	ROAD _4035_	Roxmill Court LO	т4
PROPERTY OWNER _		Richard Donovan	***	
ADDRESS				;
IF GARBAGE GRINDE	R IS USED INCREASE SEPTIC TA	ANK CAPACITY BY 50% AN	ND ABSORPTION AREA BY 22%.	
GARBAGE GRINDER?	YES NO	X		
SEPTIC TANK CAPAC	TY GALLONS	NUMBER OF BEDRO	оомs <u>3</u>	
TRENCHES -	original grade. Bo	ottom maximum dep		let 3 feet below inal grade. Effective stone below distributi
	pipe.	200 2020W 02292110	910001 0 1000 01 .	Jone Dollow Globello
LOCATION -	- <del>-</del>	ench 275 feet fro	m the 273.48 ft. lot	line and 245 feet fro
				rd the 676.50 ft. lot
NOTE -	No trench to exceed	d 100 feet in len	gth. If more than or	ne trench used, a
			for inspection of t	
				eanout and cap to grad
	or above on septic			
	<u> </u>	0'(gp)		
PLANS APPROVED BY	S. Abel		DATE	11/12/85
	INSPECTED AND APPROVED.			
	•	H DEPARTMENT IS RESPONSI	BLE FOR THE SUCCESSFUL OPERAT	ION OF ANY SYSTEM.
NOTE: IF TRENCH IS U	JSED CALL FOR INSPECTION BEFOR	E AND AFTER PLACING GRAV	EL IN TRENCH.	
	SHALL EXCEED 15 FOOT IN DIAMET			
				`.
NOTE: ALL PIPE FROM	M HOUSE TO SEPTIC TANK MUST BE	: CAST IHON OR SCHEDULE 4	O PVC OR ABS.	
PERMIT VOID AFTER TH	REE YEARS.			
NOTE: INSTALL STAN	D PIPE ON SEPTIC TANK AND DRY W	VELL. STAND PIPES MUST BE 6	INCHES IN DIAMETER. CAST IRON, O	CONCRETE OR TERRA COTTA, OR

PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.



# 11/16/04

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34562

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

ISTRICT \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND
1, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Roxbury Limited Partnership  ADDRESS 241 W. PATRICK ST FREDERICK, Md PHONE 1-831-6860
ADDRESS 241 W. PATRICK ST FREDERICK, Md PHONE 1-831-6800
PROPERTY LOCATION:
SUBDIVISION Ry LOT NO. 4
ROAD AND DESCRIPTION ROYMILL CT
SIZE OF LOT
(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 MOSHA REQUIREMENTS IN TESTING THIS LOT. Columbian, for Koxberry Limited Varloushing
(SIGNATURE OF APPLICANT)
APPROVED BY THAT TO THE FOR SOME SOATE SOATE
REJECTED BY DATE
HOLD PENDING FURTHER TESTSDATE
REASONS FOR REJECTION OR HOLDING 11/20/8 Ild for costificed hole bolation plat F.S.

SOIL PROFILE 4647 SAND SAND LUPAN INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. TEST - 1" DROP DEPTH DATE TEST NO. TIME START STOP START STOP 4% 244 15 246 242 242 111624 Baron 134 1272 232 BROWF 464 2-1079 OKETTERMA

# 3/29/84 APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P .....

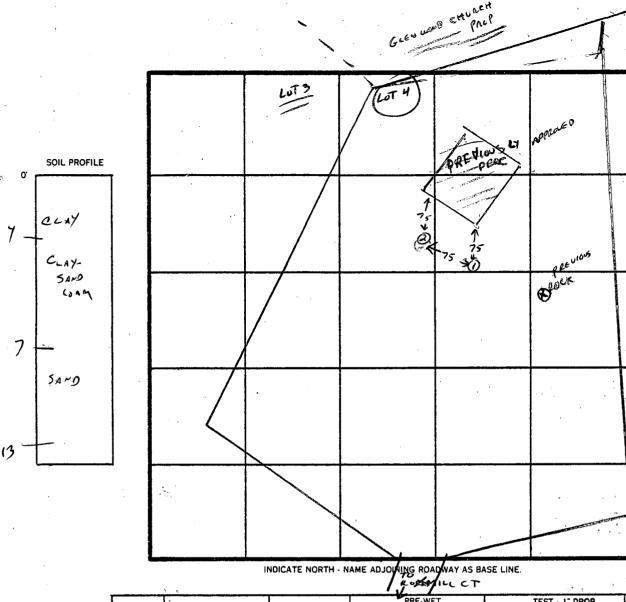
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

131 KICI		
DATE	3-27	1

TO: THE COUNTY HEALTH OFFICER	
ELLICOTT CITY, MARYLAND	
I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT	T) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER ROX busy Limited Partnership	RICHARD DONOVAN
ADDRESS 241 W. PATRICK ST. FREDERICK	PHONE
PROPERTY LOCATION:	
SUBDIVISION ROX 64 BX	LOT NO
#40350- 62 10 :110+2	LOT NO.
ROAD AND DESCRIPTION KIND (No. 1)	
<u> </u>	
SIZE OF LOT 5 ACRES	TYPE BLDG
	(NUMBER OF BEDROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBL	LIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND TH
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUND.	ABLE UNDER ANY CIRCUMSTANCES   ALSO AGREE TO COMPI
P. 2.	James difficult thes
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (aleen during)	(SIGNATURE OF APPLICANT)
	· .
APPROVED BYFOR	DATE
REJECTED BYFOR	DATE
HOLD PENDING FURTHER TESTS Cille	DATE 3/30/84
REASONS FOR REJECTION OR HOLDING DRAWN SHOWING ADJUST	ED LAYOUT REQUIRED CW.
	B.P.# 67697



5 6		18.00	Rossofile CT				
DATE	TEST NO.	DEPTH	PRE-1	WET	TEST START	- 1" DROP	TIME
3/36/84	1	4 8		STOP SX	NO LUAM	BELOW 4	,
		12		<b>(</b> ; · · · ·			
3/30/84	<u>.</u>	<i>4</i> 8	VISUAL	DAND	LOAM	BELOW	4
		12		,			
			1				
				:			
	\						

REMARKS			· 
TYPE OF SOIL	SAND LOAM		
TESTED BY	Cwilliams	ALSO PRESENT KETTERMAN	STROMBERG

EH-12-1079

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30223

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P.O. BOX 476 ELLICOTT. MARYLAND 21043

TELEPHONE: 992-2330

DISTRICT 4th. 9/28/79

9/28/79 DATE \_\_\_\_\_

THE COUNTY HEALTH OFFICER

ELLICOTT CITY, MARYLAND

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

J. Garrett Reilly

Roxbury Mills Rd., Glenwood, Md.

PHONE

PROPERTY LOCATION:

SUBDIVISION

ROXBURY

ROXBURY

ROXBURY

ROAD AND DESCRIPTION

ROUTE

PROPERTY LOCATION:

SUBDIVISION

ROAD AND DESCRIPTION

ROUTE

339 Acres

TYPE BLDG.

3 OT 4 Bedrooms

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

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT

E. Smariga /s/

APPROVED BY R.D. & D. WIMI FOR DRYWELL DATE 12/5/79

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

HOLD PENDING FURTHER TESTS \_\_\_\_\_\_\_\_DATE

REASONS FOR REJECTION OR HOLDING 12/5/79 - OK D. M.W.

HULE, 24 SOIL PROFILE LAY 5/2-المراجع الم SANDY 2502 560. OLD FOUND ATTO: 3 10'-HARD O HOLE 3 CLAY 190' ROCK INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. ( will

				PRE-	WET	TEST -	1" DROP	
-	DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
	4179	18	41/2	11:26	11:30	H130	11138 71135	8
		25 2D	512	12:29	FA141	17.42		21
		<b>3</b> 2000 - 1000 - 1000	8' RO	CK-C	ASSIT	DIG		<u> </u>
		2M	61	2:54	97	1:07	1:30 .	23
	•	4 S 4 D	12'	7257	1:01	1:01	103	5
	(, /h	) D	4' 12'	1150	120	1:120	7,25	5
							, see a	
			3					
٠								

5md;

LAM

			•	
	a color to	÷.	,	
7 ( 1 mg	The state of the	The section of the se		
		37 TY	CHIEFE	39. 4.
Nº W	The state of the s	LSO PRESENT	In II 1	162
		1100		HARA METERS

### PLICATION

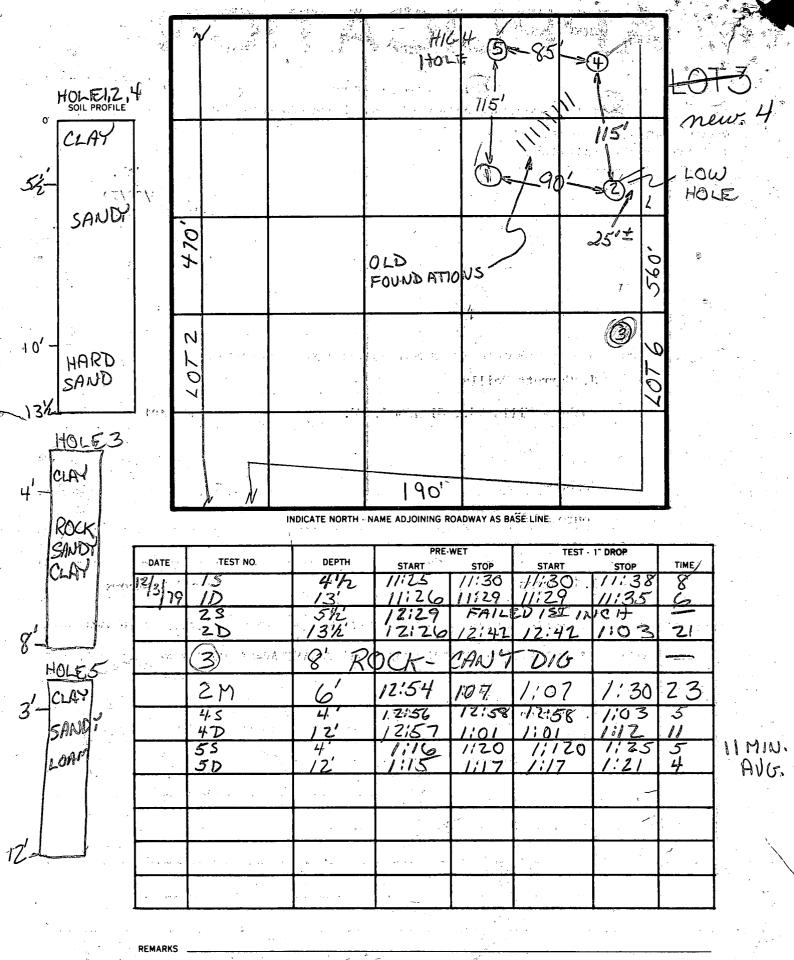
4,		. Д	30	26	ك	
E DISPOSAL TESTING	'.		. —		٠.	Π

ENVIRONMENTAL HEALTH SERVICES

PO. BOX 476 ELLICOTT, MARYLAND 21043

9/28/79

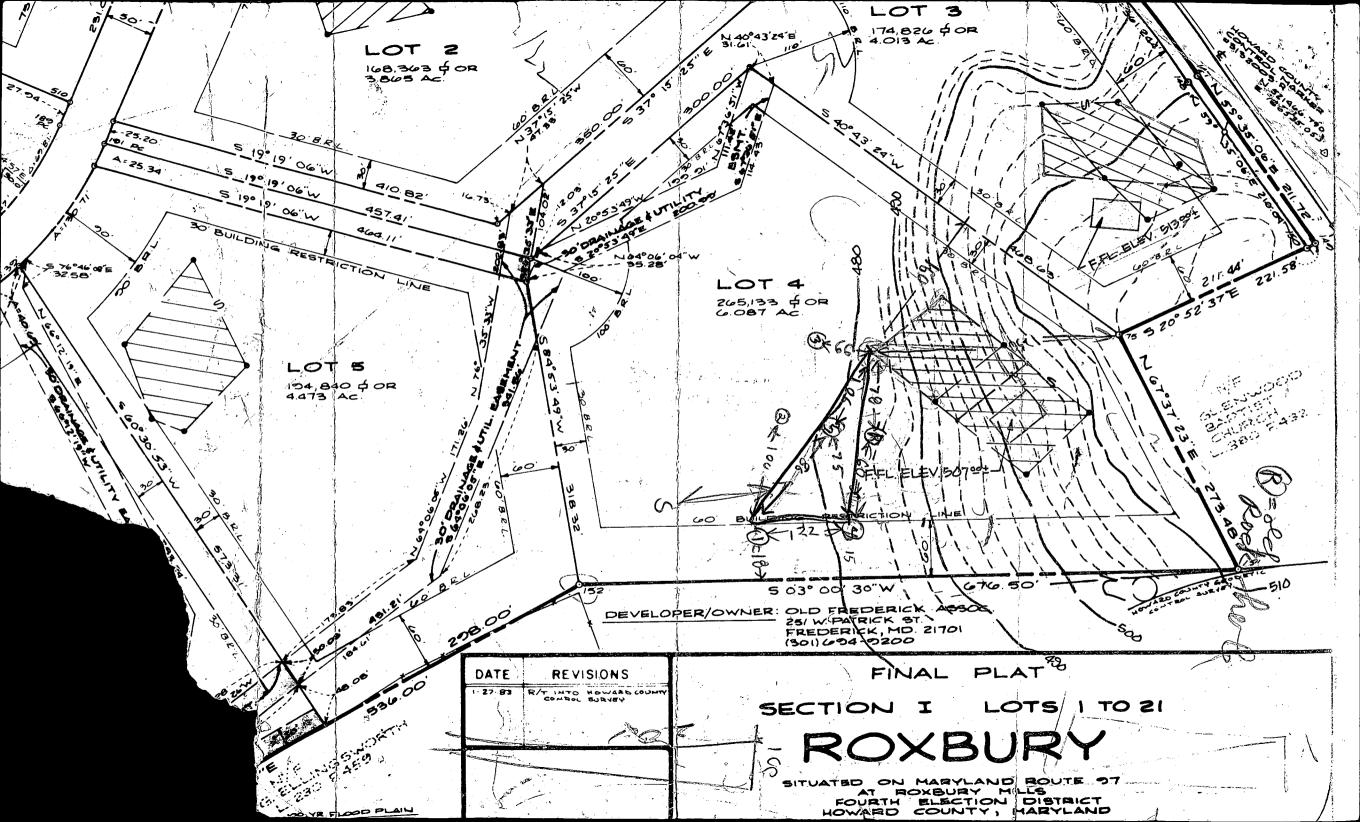
	ь.	-			
					•
THE COUNTY HEALTH OFFICE	FD	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	大海北 "大"	•	
TO: THE COUNTY HEALTH OFFICE		•			No. of the second second
ELLICOTT CITY, MARYLAND		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	5
I, HEREBY, APPLY FOR THE N	ECESSARY TEST IN ORDER TO C		TRUCT) A SEWAGE DISPOSA	L SYSTEM.	
PROPERTY OWNER	J. Garrett Reil	ly		<u> </u>	
ADDRESS	Roxbury Mills Ro	d.', Glenwood,	Md. PHONE	489-448	<b>31</b>
PROPERTY LOCATION		in the second second			
SUBDIVISION	Roxbury		LOT NO.	3	in Space
ROAD AND DESCRIPTION	Route 97				
A second residence	in the second				
	3.39 Acres	1/ 50 8:1/5		3 or 4 Be	
SIZE OF LOT			TYPE BLDG.	3 01 4 66	;urooms
THE SYSTEM INSTAL	LED UNDER THIS APPLIC	ATION IS ACCEPTA	ABLE ONLY UNTIL PU	BLIC FACILITIES BI	ECOME AVAILABLE.
I FULLY UNDERSTAN	D THE FEE CONNECTED V	VITH THE FILING OF	THIS PERC TEST APP	PLICATION IS NON-R	EFUNDABLE UNDER
11.0221.0110					
ANY CIRCUMSTANCES.	Action 1	C. Car		* 0,	The second secon
SIGNATURE OF APPLICANT	E. Smariga	/s/	)	- 5	
APPROVED BY		FOR		DATE	
AFFROVED BI					
REJECTED BY		FOR		DATE	
NESSESTED BY				* * * * * * * * * * * * * * * * * * * *	
HOLD PENDING FURTHER TESTS		·		DATE	<u> </u>
		en e			
REASONS FOR REJECTION OR HOLD	ING		<u>., </u>		- 1 %
	and the second s	Home Supplies to the control of the second	i de Maria de Carlos de Carlos Carlos de Carlos de	to the second second	
received the	- A Committee of the second			0 2 30	75 TO 10 TO



TYPE OF SOIL

TESTED BY R.D. & R.H.

ALSO PRESENT I. I. & III.



### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

#### PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

(Address)

(Address)

(OEP Well Permit Number)

E	MERGENCY/TEMP NO. IF ANY	1-25-83	g grow
B 1 3169 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYL	AND 3hr. person Shall	P OEP PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	PERMIT TO DRILL please print or typ		0   -   8   1   -   0   8   4   4   4   4   5   6   6   6   6   6   6   6   6   6
. Date Received	B 3	LOCA	ATION OF WELL
OWNER INFORMA	TION 1 2	OWARD I	
	800	OUNTY TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	21
3724 + US + IN RL	23 \$	OXDURY	42
36 Street or RFD F L L I L Y N	002/043	TION 44 46 LOT	<del>1)**</del>
57 Town 70S  DRILLER INFORMATION	State 72 Zip 76 52 N	C   R   R   O   O   D	71
Joseph f. manne	238 MILE	S FROM TOWN (enter 0 if in	town) 2   M   1   73   76   77   78
Driller's Name Describe h margine We			POXIMINA CT.
5513 Ridge Rd. Mt. a.		ON OF WELL FROM TI	NEAR WHAT ROAD 30 NORTH
Signatures to Mayore.	//14/85 NW 8-5	l'i LEII (c	IN WHICH SIDE OF ROAD W32 E
B 2 WELL INFORMATION		TOWN	SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	12 8		34 9 5 7 37
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	S <sub>W</sub> 8-5	S S 8-9	DISTANCE FROM ROAD ENTER FT or MI
USE FOR WATER (CIRCLE APPRO			BE FILLED IN BY DRILLER DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & AC	GRICULTURAL H(	)WARD	A 34562 COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AN OTHER (REQUIRES APPROPRIATION PE	ID FEDERAL GOV. OEP	ATURE	STATE HEALTH INSERT S
PUBLIC OR PRIVATE WATER COMPAN' P APPROPRIATION PERMIT AND STATE H	Y (REQUIRES	ATE ISSUED 11685 Fran	A Sher 7/16/85
TEST, OBSERVATION, MONITORING (MAPPROPRIATION PERMIT)	IAY REQUIRE GRID	48 CO SIGNATU H 5 2 0 0 0 0 50 55	EAST 637 8 6 0 0 0 0 63
APPROXIMATE DEPTH OF WELL 24 0	BOX	W MAJOR FEATURES OF . & LOCATE WELL I AN X	Jocation off
APPROXIMATE DIAMETER OF WELL	NEAREST 1. VV	RCES OF DRILLING WATEF ぎょし	24 - open
METHOD OF DRILLING (ci	ircle one) 2.		6-bago coment
BORED (or Augered)  JETTED  30 AttREPORTER ALP DEPartment	Jetted & <u>DRIVEN</u> WRIT	TE THE BOX NUMBER M THE MAP HERE	
AIR-ROTary AIR-PERcussion ROT  CABLE REVerse-ROTary	DRive_POINT	WITHE WAP HERE	1/25/85
other		E 780 6	000
REPLACEMENT OR DEEPENED	WELLS	N 520 0	000 %
(CIRCLE APPROPRIATE BO	'^' RELA	TION TO NEARBY TOWNS	
THIS WELL WILL NOT REPLACE AN EX	•	ANCE FROM WELL TO NEA Slemwood	
39 S THIS WELL WILL REPLACE A WELL TH	AT WILL BE USED	AN AN AN AN A	is a well
D THIS WELL WILL DEEPEN AN EXISTING	3 WELL		
PERMIT NUMBER OF WELL TO BE REPLACE	ED OR DEEPENDED		
Not to be filled in by driller (OEP US			
		15	E C
FORCE   S   WRITE   INITIALS   PERMIT NO.     0 - 8     70   71   72   73   73   74   75   76   76   76   76   76   76   76	P		Sec. 1
SPECIAL CONDITIONS			

*		8: MAM -3	hrs	
fugë janyar	y 25,1985		Review	
		FIELD DATA .	<del></del>	
Depth of Distance	f well 1-85 e of measuring po	Roymill Court Lot Mayne Own	Block Plater Rehierd C. Do	Sec
:. High rate Time pum Total tin	pumping reserve 8: b	rvoir drawdown  D  reach pumping wate	Pumping rate 12 r level 65 ft. recorded every 15 minu	below M.P.
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	65	5 sec		12
1				
İ				

G1. 9480 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.				
(THE NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 34562				
DATE Received DATE WELL COMPLETE BY THE PROPERTY OF THE PROPER	PERMIT NO. FROM "PERMIT TO DRILL WELL"					
lowner Donovan Richard C.						
STREET OR RFD   last name ROX will Covert   first name TOWN Glenwood						
SUBDIVISION ROX BUVY	SECTION	LOT 4				
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3 1 2 PUMPING TEST				
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	HOURS PUMPED (nearest hour)				
DESCRIPTION (Use FEET Ch	CEMENT CM BENTONITE CLAY B C	PUMPING RATE (gal. per min. / /-				
additional sheets if needed) FROM TO bear	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	to nearest gal.)  METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)				
Clay 0 3 Brownshole 3 23	from	BEFORE PUMPING 5 C 20				
Blue Rock 23 185 c	types insert appropriate code below PLASTIC  types INSERT CO STEEL CONCRETE PL OT PLASTIC OTHER	WHEN PUMPING  22  25  TYPE OF PUMP USED (for test)  A air  P piston  T turbine				
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O other (describe 27 below)  J jet S submersible				
	E OTHER CASING (if used)	27				
	diameter depth (feet) inch from to	DRILLER WILL INSTALL PUMP VES NO				
	A S S S S S S S S S S S S S S S S S S S	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS				
	screen type or open hole insert appropriate appropriat	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: CAPACITY:				
	code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon)  PUMP HORSE POWER  31 35  37 41				
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)  CASING HEIGHT (circle appropriate box				
	E 1 8 9 11 15 17 21	+ above LAND SURFACE				
CIRCLE APPROPRIATE LETTER	S <sup>2</sup> 23 24 26 30 32 36 B 3	Delow foot) (nearest foot)				
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR				
P TEST WELL CONVERTED TO PRODUCTION WELL	SLOT SIZE 1 23(NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS/TO WELL)				
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTE ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTI AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN ABOVE CAPTIONED PERMIT, AND THAT THE INFORMAT PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE B OF MY KNOWLEDGE.	from to HE GRAVEL PACK	130				
DRILLERS IDENT. NO. La Supre DRILLERS SIGNATURE	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W.Q.	468:13				
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 75 76					
SITE SUPERVISOR (sign. of driller or journeyma responsible for sitework if different from permitt		3001				

vate 1/25/85

#### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

well Permit No	. но - <u>8/-0</u>	842		
	operty (road)	RoxmillCour	, 1	
Subdivision	Roxbury	Lot	_4 BlockPlat	
well Driller _	Joseph L. Mayn.	e Own	er Richard C. Donov	'Q n
Denth o	f well 185	1	ه	
Distance	e of measuring po	oint (M.P.) above g	round 13	
Static	water level (S.W.	.L.) below M.P.	50'	
_		rvoir drawdown		resident and the
Time pumi	o started & C	<u>ነ</u> ስ	Pumping rate /1	
Total ti	ne 15 min to	reach pumping wate	Pumping rate $\frac{12}{ft}$ r level $\frac{65}{ft}$	below M.P.
<b>₹</b> ₹				• •
!l. Recovery [	pump test data -	observations to be	recorded every 15 minu	ites
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill \$	(if used)	(gallons per
tervals		gallon bucket		minute)
8:15	65	5 sec.		12
8:30	I .	_		12
		5		12
	<u>C5</u>	3		
100	1	5		12
9:15	65	5		/2
9:30	65	5-		13_
9:45	65	S	\ \	18-
1000		5		12
	65	5-		12
	55	5		/2
	<del></del>	8		12
	65	5		12
	8)			de de la companya della companya della companya de la companya della companya del
		,		
				,

