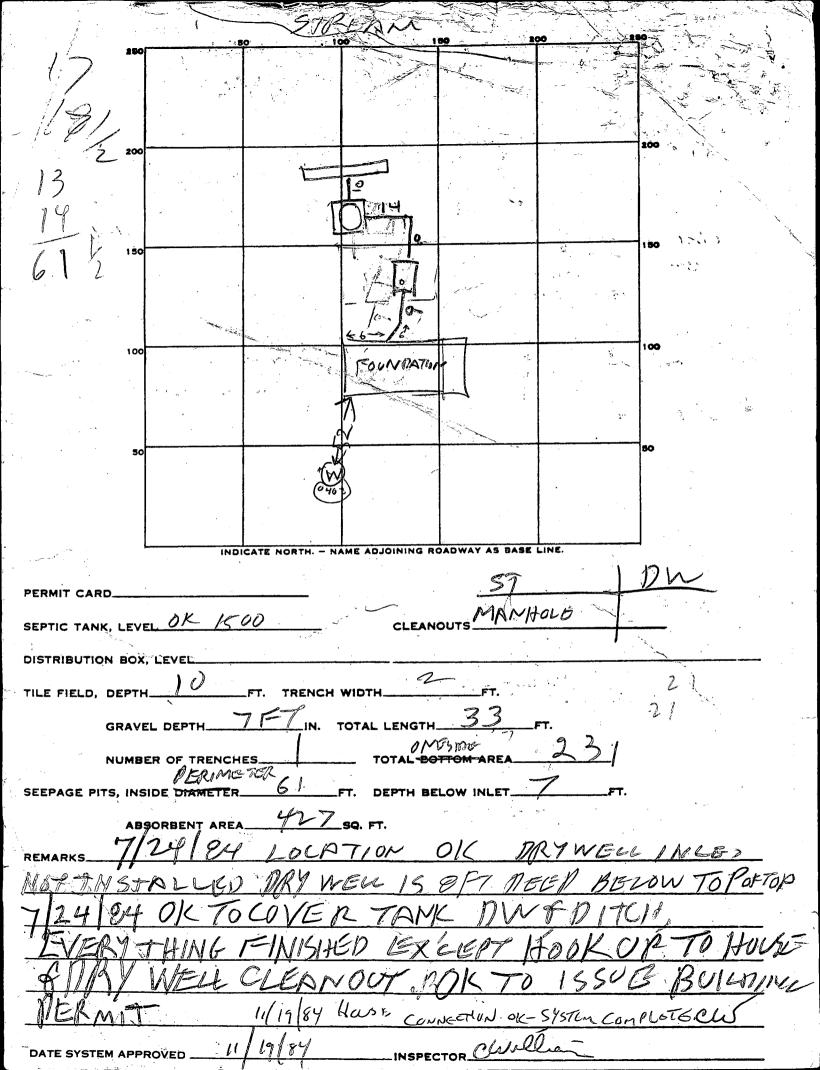
SEPTIC SYSTEM TO BE INSTALL	ED BEFORE OK TO SIGN	The San
BULLOING PERMIT CAN BE SIGN	ED. BLUG I'E I'E	Mark Control of the C
Chaules !	7/2/197	and and
A.M.	DEDANT	P_34065
1/24/84 MARYLAND S	AGE DISPOSAL SYSTEM	A 33838
1/24/84 MARYLAND S	TATE DEPARTMENT OF	HEALTH'
HOWARD COUNTY	- 215.	ELLICOTT CITY
HOWARD COUNTY  BUREAU OF ENVIRONMENTAL HEALTH  992-2330	INDEXEDY	DISTRICT
992-2330 FAMILIA	05.3935	DATE 7/05/84
11/19/189 00	05.3%	DATE
nm Hall		
fill Claude Cissel	IS PE	RMITTED TO INSTALL X ALTER
	a	
DDRESS		PHONE
UBDIVISION <u>Jocelyn Acres</u>	ROAD <u>13417 Rich Ly</u>	un Court LOT 8, Lec. 3
	J ≥ 2	PHONE: 627-1789
ROPERTY OWNER	- 0.57	
DDRESS P. O. Bay 701,	allphi Ma.	20783
ARBAGE GRINDER? YES $X$ NO	NUMBER OF BEDROOMS3	
		I want to be a second
		wide. Inlet 2 feet below origing. Effective area begins at 2 fee
below original grade with 6 fee	t of stone below distribu	ation pipe. TOCATION: Start dito
		ot line and 20 feet from the left
right lot line as seen when facing the	e <u>lot from the back fot f</u> ing the lot from the back	ine. Run the trenches toward the lot line. NOTE: The back
lot line is the 220 ft longllot	line running N41 38'24"F	No trench to exceed 100 feet
length. If more than one trench before and after gravel is instance.	h used, a distribution bo	ox is required. Call for inspect: liameter cleanout and cap to grade
or above on septic tank.		Tameter Creations and Gap Go grade
		, b , t ,
	· ·	:
	<b>u</b>	· · · · · · · · · · · · · · · · · · ·
LANS APPROVED BYRaymono	l Hodges	DATE5/14/84
OVER NO WORK UNTIL INSPECTED AND APPROVED.		
EITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTI	H DEPARTMENT IS RESPONSIBLE FOR THE	SUCCESSFUL OPERATION OF ANY SYSTEM.
OTE: IF TRENCH IS USED CALL FOR INSPECTION BEFOR	E AND AFTER PLACING GRAVEL IN TRENCH	· · · · · · · · · · · · · · · · · · ·
OTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMET	TER. 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 ARS	<i>f.</i>

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

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETEIOR TERRA COTTA, OR

PERMIT VOID AFTER THREE YEARS.



5/10/824	LICA			
	SEWAGE DISPOSAL TESTIN	ıG		A 33838
STATE OF MARYLAND -	DEPARTMENT OF HEALTH	AND MENTAL	HYGIENE	Р
HOWARD COUNTY HEALTH DEPARTMENT				<u>_</u>
ENVIRONMENTAL HEALTH SERVICES			→ DISTRICT	•
P. O. BOX 476 ELLICOTT CITY. MARYLAND 21043 TELEPHONE: 992-2330			DATE	4-30-84
			•	
THE COUNTY HEALTH OFFICER				
ELLICOTT CITY, MARYLAND				
I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO	CONSTRUCT (OR RECONSTRUCT)	A SEWAGE DISPOS	AL SYSTEM.	
OPERTY OWNER DONALD LITTLE				
			2.1.1	7 1000
j ADDRESS		PHON	301-6.	27-1789 ERICHER
OPERTY LOCATION:	•	•	V. OSI	EKICHEK
BDIVISION JOCELYN ACRES	•		0	
10/117		LOT NO.		
AD AND DESCRIPTION RICH LYNNCT.	- HIGHLAND	RD	ACROSS	FROM
ALLNUT DR DO	n Little md. 2	٥フフフ		
	559		Wi	TH GARBAGE OUS
EOFLOT 3.00 AC +			SINGLE	FAM (3BR)
		TYPE BLDG.		
		TYPE BLDG.		ER OF BEDROOMS)
HE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCE	EPTABLE ONLY UNTIL PUBLIC		·(NUMBE	ER OF BEDROOMS)
,		FACILITIES BEG	(NUMBE	ER OF BEDROOMS)
TE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCE		FACILITIES BEG	(NUMBE	ER OF BEDROOMS)
,	PLICATION IS NON-REFUNDAE	FACILITIES BEG	(NUMBE	ER OF BEDROOMS)  I FULLY UNDERSTAND THE  S. I ALSO AGREE TO COMPLY  IL OSTERICHER
E CONNECTED WITH THE FILING OF THIS PERC TEST APP	PLICATION IS NON-REFUNDAE	FACILITIES BEG BLE UNDER ANY	(NUMBE	ER OF BEDROOMS)  I FULLY UNDERSTAND THE  S. I ALSO AGREE TO COMPLY
E CONNECTED WITH THE FILING OF THIS PERC TEST APP	PLICATION IS NON-REFUNDAE	FACILITIES BEG BLE UNDER ANY	(NUMBE COME AVAILABLE CIRCUMSTANCE:	ER OF BEDROOMS)  I FULLY UNDERSTAND THE  S. I ALSO AGREE TO COMPLY  IL OSTERICHER
THE CONNECTED WITH THE FILING OF THIS PERC TEST APPRICED BY	PLICATION IS NON-REFUNDAE  OT. Warif date  Transport  FOR 0 1	FACILITIES BEG BLE UNDER ANY	(NUMBE COME AVAILABLE CIRCUMSTANCE: (DANIE OF APPLICANT)	ER OF BEDROOMS)  I FULLY UNDERSTAND THE  S. I ALSO AGREE TO COMPLY  IL OSTERICHER
THE CONNECTED WITH THE FILING OF THIS PERC TEST APPROVED BY	PLICATION IS NON-REFUNDAE  OT. Wain dates  Trans	FACILITIES BEG BLE UNDER ANY	(NUMBE COME AVAILABLE CIRCUMSTANCE:	ER OF BEDROOMS)  I FULLY UNDERSTAND THE  S. I ALSO AGREE TO COMPLY  IL OSTERICHER
THE CONNECTED WITH THE FILING OF THIS PERC TEST APPROVED BY	PLICATION IS NON-REFUNDAE  OT. Warif date  Transport  FOR 0 1	FACILITIES BEG BLE UNDER ANY	(NUMBE COME AVAILABLE CIRCUMSTANCE: (DANIE OF APPLICANT)	ER OF BEDROOMS)  E. I FULLY UNDERSTAND THE  S. I ALSO AGREE TO COMPLY  C. OSTERICHER  BLDR.  BLDR.  R. P. A. M.
TH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LO	PLICATION IS NON-REFUNDAE  OT. Warif date  Transport  FOR 0 1	FACILITIES BEG BLE UNDER ANY	(NUMBE COME AVAILABLE CIRCUMSTANCE: (DANIE OF APPLICANT) DATE	ER OF BEDROOMS)  E. I FULLY UNDERSTAND THE  S. I ALSO AGREE TO COMPLY  C. OSTERICHER  BLDR.  BLDR.  R. P. A. M.
E CONNECTED WITH THE FILING OF THIS PERC TEST APP TH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LO	PLICATION IS NON-REFUNDAE  OT. Warif date  Transport  FOR 0 1	FACILITIES BEG BLE UNDER ANY	COME AVAILABLE CIRCUMSTANCE:  ( DANIE DF APPLICANT) DATE  DATE  DATE	ER OF BEDROOMS)  ELIFULLY UNDERSTAND THE  SEL ALSO AGREE TO COMPLY  BUDR.  BUDR.  BURR
THE CONNECTED WITH THE FILING OF THIS PERC TEST APPROVED BY PROVED BY	PLICATION IS NON-REFUNDAE  OT. Warif date  Transport  FOR 0 1	FACILITIES BEG BLE UNDER ANY	COME AVAILABLE CIRCUMSTANCE:  (DANIE OF APPLICANT)  DATE  DATE  DATE  DATE  DATE  DATE  DATE	ER OF BEDROOMS)  I FULLY UNDERSTAND THE  S. I ALSO AGREE TO COMPLY  IL OSTERICHER

## APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND	- DEPARTMENT OF I	HEALTH AND MENTAL HYGIENE
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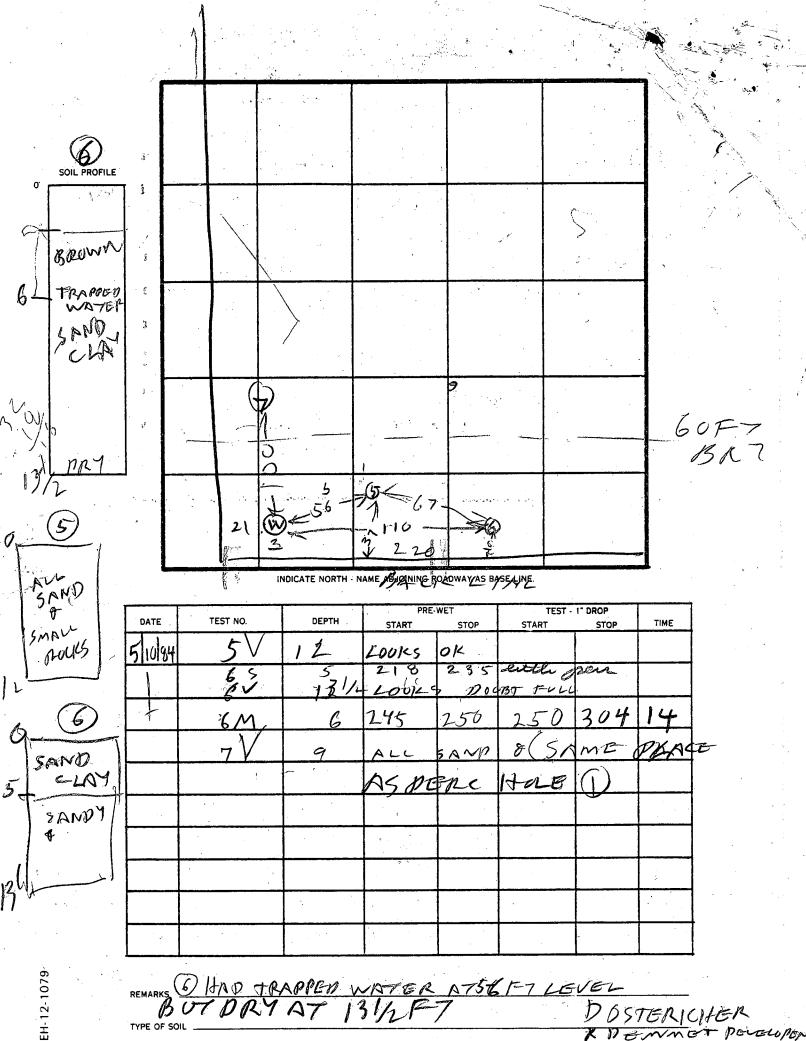
HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES** 

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

ISTRICT		
DATE	4-30.	-84

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.	<b>\</b> \.
PROPERTY OWNER DOMALD LITTLE		· ·
ADDRESS	PHONE 301-627	7-1789
PROPERTY LOCATION:	D. OSTE	CICHER
SUBDIVISION JOCELYN ACRES	LOT NO	
ROAD AND DESCRIPTION RICH LYMMCT, - HIGHLAND	RD ACRUSS	FROM
ROAD AND DESCRIPTION RICH LYMMCT, - HIGHLAMD  ALLMUT DR	•	
SIZE OF LOT 3.00 AC +	TYPE BLDG SINGLE F	AM (3BR)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC I	E UNDER ANY CIRCUMSTANCES. I	ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Warm Witne	cher (DANIEL	OSTERICHER
	(SIGNATURE OF APPLICANT)	BLDK.
APPROVED BYFOR	DATE	·
REJECTED BYFOR	DATE	
HOLD PENDING FURTHER TESTS	DATE	
REASONS FOR REJECTION OR HOLDING		·



CCISSEL BACKHULE

ALSO PRESENT

TESTED BY R. HODGES

Prel

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

32234

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 992-2330

DATE OCTOBER 7, 1982

TO: THE COUNTY HEALTH OFFICER		
TO: THE COUNTY HEALTH OFFICER  ELLICOTT CITY, MARYLAND	<u> </u>	
I. HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR R	CONSTRUCT) A SEWAGE DISPOSAL S	SYSTEM.
PROPERTY OWNER WILLIAM KAPLAN AND PAUL DEMMITT		
ADDRESS 9966 ROUTE 99	PHONE	465-4544
PROPERTY LOCATION: —		
SUBDIVISION JOCELYN ACRES, SECT. 3	LOT NO	<u>8</u>
HIGHLAND ROAD DIRECTLY ACROSS	EDOM ALLMIT PANE	Street St
ROAD AND DESCRIPTION HIGHEAND RUAD DIRECTLY ACROSS	TRUM ALLINOT LANE	
		7
3.00 Ac.±		SINGLE FAMILY
SIZE OF LOT	TYPE BLDG	
	The second secon	(NUMBER OF BEDROOMS)
		(NUMBER OF BEDROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY	UNTIL PUBLIC FACILITIES BECOM	
and the second of the second o		IE AVAILABLE. I FULLY UNDERSTAND THE
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY.  FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NO		
and the second of the second o	ON-REFUNDABLE UNDER ANY CIR	IE AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NO		IE AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NO WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT	ON-REFUNDABLE UNDER ANY CIR	IE AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NO	ON-REFUNDABLE UNDER ANY CIR	IE AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NO WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT	ON-REFUNDABLE UNDER ANY CIR	IE AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NOT WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT	ON-REFUNDABLE UNDER ANY CIR	RE AVAILABLE. I FULLY UNDERSTAND THE RCUMSTANCES. I ALSO AGREE TO COMPLY APPLICANT)  DATE  DATE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NO WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.  APPROVED BY  APPROVED BY  FOR HOLD PENDING FURTHER TESTS	ON-REFUNDABLE UNDER ANY CIR Challed Common (SIGNATURE OF LOS FORM)	RE AVAILABLE. I FULLY UNDERSTAND THE ROUMSTANCES. I ALSO AGREE TO COMPLY APPLICANT)  DATE LOL 2-61
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NOT WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT	ON-REFUNDABLE UNDER ANY CIR Challed Common (SIGNATURE OF LOS FORM)	RE AVAILABLE. I FULLY UNDERSTAND THE RCUMSTANCES. I ALSO AGREE TO COMPLY APPLICANT)  DATE  DATE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NO WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.  APPROVED BY  APPROVED BY  FOR HOLD PENDING FURTHER TESTS	ON-REFUNDABLE UNDER ANY CIR Challed Common (SIGNATURE OF LOS FORM)	RE AVAILABLE. I FULLY UNDERSTAND THE RCUMSTANCES. I ALSO AGREE TO COMPLY APPLICANT)  DATE  DATE

SOIL PROFILE

			<u> </u>	
			<b>3</b>	
9	Very service			
er OK	M 110-	<del>-&gt;6</del> ) -		

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE TEST NO.		-	PRE-	WET	TEST -	I" DROP	1		
		DEPTH	START	STOP	START	STOP	- TIME		
5/10/84	5V	12	SOIL OK	BUT	700CL	95, E. 7	U Wei		
į	66	13/2	LOOKS	-235	exte.	Me.			
	6M	6	255	250	250	304	14		
3	7	9	ALLSA	~b l	POLK				
		essenții							
, <u>.</u>	<del></del>								
<u></u> .	· 136. 1								

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REMARKS	الر	19	100	CUO,	アレ <sub>ー語、</sub>	261-1	70 W			
1.44	<u> </u>	•	-						1.5	•

TYPE OF SOIL		*	14.5		
I THE UP SUIL	 				
· · · · • • • · · · · - · - · ·	 				
				1	

	4		100					
TESTED BY	*	 		. 4		ALSO PRESENT	 	_
. 23, 20 01		 		 	 		 	

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

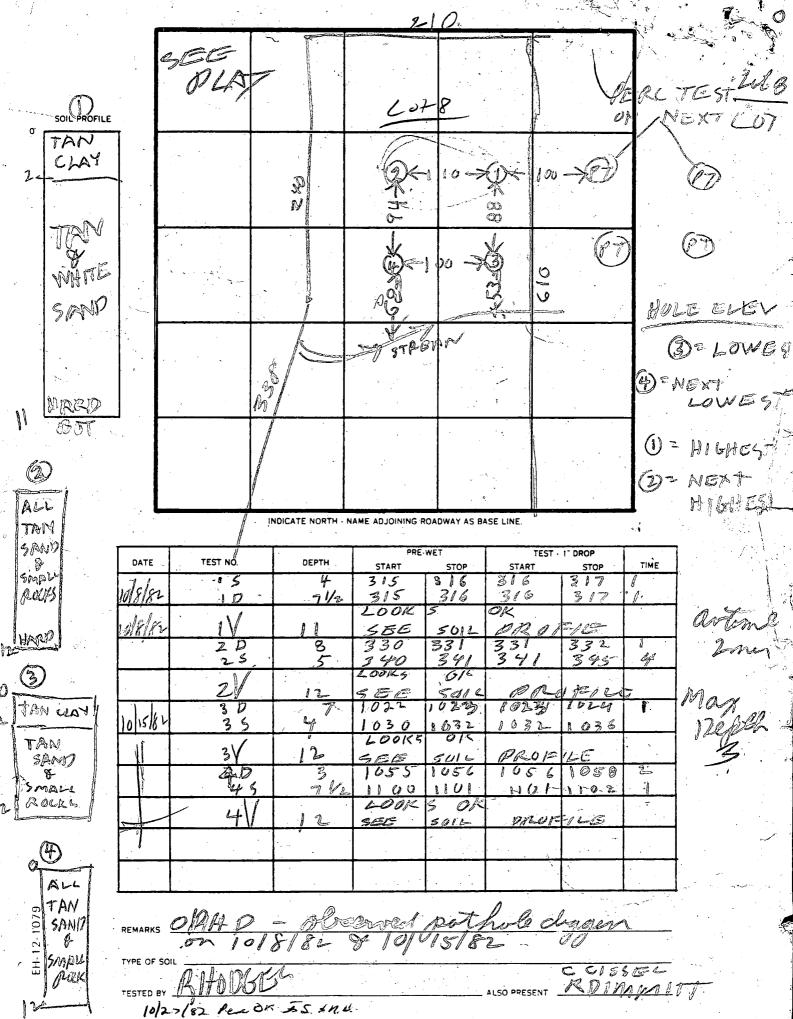
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				7		

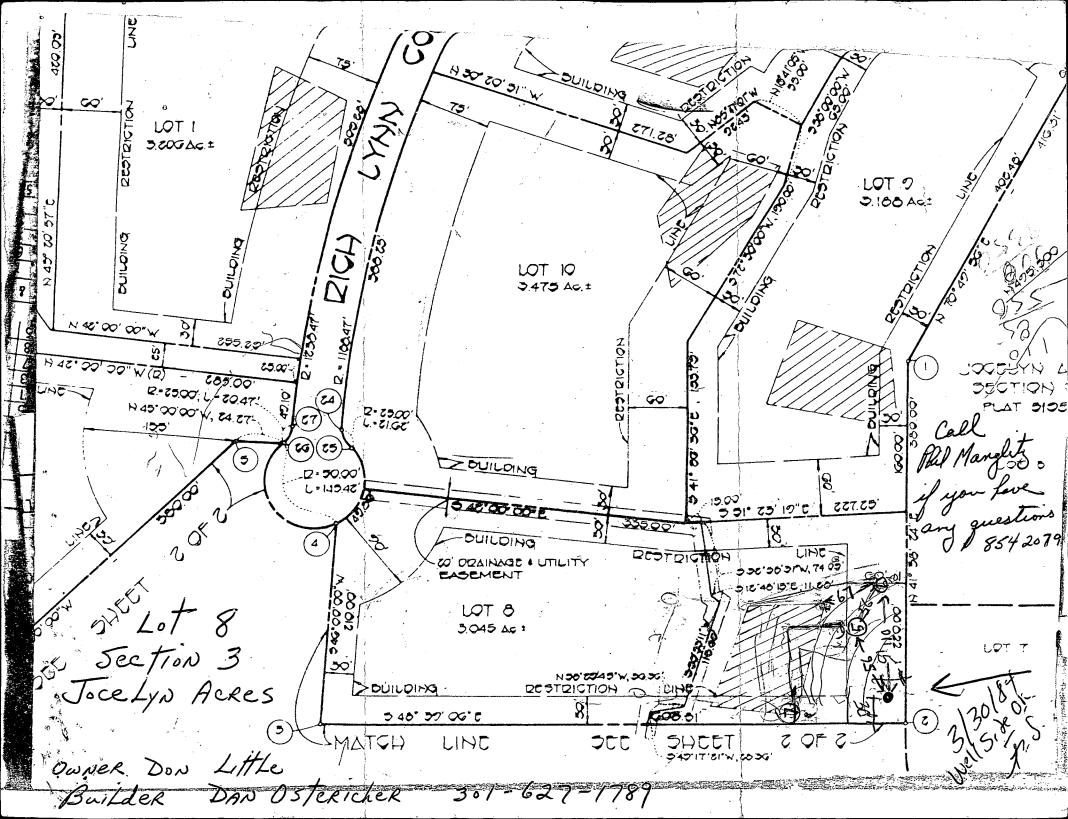
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043

5th DATE OCTOBER 7, 1982

				<i>,</i> .
THE COUNT	TY HEALTH OFFICER			
*,	IT HEALTH OFFICER			عدر ۲۰۰۰
I, HEREBY.	APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECO	INSTRUCT) A SEWAGE DISPOS	AL SYSTEM.	
PROPERTY OWNER	WILLIAM KAPLAN AND PAUL DEMMITT			
ADDRESS _	9966 ROUTE 99		ie <u>465-4544</u>	: 
			4.5	
PROPERTY LOCATION	INC.			Υ.
SUBDIVISION	JOCELYN ACRES, SECT. 3	LOT NO.	8	\(\frac{1}{2}\)
ROAD AND DESCRI	THECH AND BOAD DEDECTLY ACROSS E			
	<del></del>		<del></del>	
: :	3.00 AC. ±	TVDE BLOC	SINGLE FAMI	LY 🐫 🕟
SIZE OF LOT	3.00 AC. ±	TYPE BLDG.	SINGLE FAMI	
THE SYSTEM INS	3.00 AC. ±  STALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNDER THIS PERC TEST APPLICATION IS NON-	TIL PUBLIC FACILITIES BE	(NUMBER OF	BEDROOMS)
THE SYSTEM INS	STALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UN	TIL PUBLIC FACILITIES BE	(NUMBER OF	BEDROOMS)
THE SYSTEM INS	STALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UN D WITH THE FILING OF THIS PÉRC TEST APPLICATION IS NON-	TIL PUBLIC FACILITIES BE	(NUMBER OF	BEDROOMS)
THE SYSTEM INS	STALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UN D WITH THE FILING OF THIS PÉRC TEST APPLICATION IS NON-	TIL PUBLIC FACILITIES BE	(NUMBER OF	BEDROOMS)
THE SYSTEM INS	STALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNDER THE FILING OF THIS PERC TEST APPLICATION IS NON-	TIL PUBLIC FACILITIES BE	(NUMBER OF COME AVAILABLE. I FULL OF CIRCUMSTANCES. I ALS	BEDROOMS)
THE SYSTEM INS FEE CONNECTE WITH ALL M.O.S	STALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNDER THE FILING OF THIS PÉRC TEST APPLICATION IS NON- S.H.A. REQUIREMENTS IN TESTING THIS LOT.  FOR  FOR	TIL PUBLIC FACILITIES BE	(NUMBER OF COME AVAILABLE. I FUL CIRCUMSTANCES. I ALS DF APPLICANT) DATE	BEDROOMS)
THE SYSTEM INS FEE CONNECTE WITH ALL M.O.S APPROVED BY REJECTED BY HOLD PENDING FU	STALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNDER THE FILING OF THIS PÉRC TEST APPLICATION IS NON- S.H.A. REQUIREMENTS IN TESTING THIS LOT.  FOR  FOR	TIL PUBLIC FACILITIES BE	(NUMBER OF COME AVAILABLE. I FUL CIRCUMSTANCES. I AL: DF APPLICANT) DATE DATE	BEDROOMS)
THE SYSTEM INS FEE CONNECTE WITH ALL M.O.S APPROVED BY REJECTED BY HOLD PENDING FU	STALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNDER THE FILING OF THIS PERC TEST APPLICATION IS NON- S.H.A. REQUIREMENTS IN TESTING THIS LOT.  FOR  FOR  FOR	TIL PUBLIC FACILITIES BE	(NUMBER OF COME AVAILABLE. I FUL CIRCUMSTANCES. I AL: DF APPLICANT) DATE DATE	BEDROOMS)





SPECIAL CONDITIONS

FORCE F S WRITE PERMIT NO. HO - 8 /

-0480

10 A.M- 3hrs

Page	- 4	1	of	. o	4
Date	120	11/	12	195	4

Review H 9565



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

* V							
Well Perm	it No. HO -	81-0480		,			
Loçation	of property (	road) Rich	Lunn Cou	rt			
Subdivisi	on Speel	in Acres	Lot	Block _	Plat	Sec. 🧾	3
	ler Jos		e Own	er Don	Little.		<u> </u>
Di.		suring point (Mevel (S.W.L.) be		round 1			
Tim	e pump starte	ed 8:00 to reach		Pumping rate r level <b>93</b>		PM ow M.P.	. •

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

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)
9145	93'	8 see		7
10:00	93'	B		7
10:15	93'	8		7
		·		
			·	
		·		
				·
		,		

C 1 3376 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS TO BE PUNCHED	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY A 32234
IN COLS. 3-6 ON ALL CARDS)	PLEASE PRINT OR TYPE	PERMIT NO.
DATE Received DATE WELL COMPLETE	D Depth of Well  22 10 10 26	FROM "PERMIT TO DRILL WELL"
8 13 15 20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNERLittle STREET OR RFDlast name Rich Lyn	Don first name	
SUBDIVISION TO CELYN ACVES	SECTION TOWN	Highland LOT 8
WELL LOG	GROUTING RECORD TO DO	C 3
Not required for driven wells  STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check if water	CEMENT C M BENTONITE CLAY B C	PUMPING RATE (gal. per min. 7
additional sheets if needed) FROM TO bearing	NO. OF BAGSNO. OF POUNDS	to nearest gal.)  METHOD USED TO
Brown Shale 0 30	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE AMUSEIT
	from 6   ft. to 3 2   ft.	WATER LEVEL (distance from land surface)  BEFORE PUMPING
Thay mica rod 30 200 -	(enter 0 if from surface) casing CASING RECORD	17 20
Tray mero rock	types	WHEN PUMPING 93 3
	appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
	code   PL   OT   below   PLASTIC OTHER	$egin{array}{c} oldsymbol{A} \ \hline oldsymbol{A} \ \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	MAIN Nominal diameter Total depth	C centrifugal R rotary O other idescribe
	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 (describe
		jet Ssubmersible
	60 61 63 64 66 70	a wa
	E OTHER CASING (if used) A diameter depth (feet)	DIMPINICTALLED
	inch from to	PUMP INSTALLED
	lå Llllumining	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
	R G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
	appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) 31 6 35
	C 2	PUMP HORSE POWER 37 41
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	E 40 34 1 200	CASING HEIGHT (circle appropriate box and enter casing height)
	$\begin{bmatrix} \hat{C} & 8 & 9 & 11^{\theta} & 15 & 17 & 21 \\ H_2 & & & & & & & \end{bmatrix}$	+ above LAND SURFACE
	S 23 24 26 30 32 36	below below foot)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED	[ E <sup>3</sup>	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED	N 30 33 41 33 41 31	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 123(NEAREST	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
WELL  THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	OF SCREEN L I INCH)	(MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"  AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	from to	
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS FLOWING WELL INSERT	Richayon
DRILLERS IDENT. NO. 238	F IN BOX 68 68	1900
Joseph L. Marrie	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	The state of the s
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	30, 00
(WOST WATCH SIGNATURE ON AFFEIGHTION)	70 72	1,5
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA' CASING INDICATOR	
responsible for sitework if different from permittee)		

Page 6 6f / Date 14/12/84

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

		HOWARD COUNTY WEL	L TIELD TEST		
	. но - <u>8/-04</u> operty (road)		ourt		
Subdivision	Jocelyn Acres	' Lot	8 Block	Plat Sec.	3
Well Driller _	Joseph L. Man	ne Own	er Don Little		
Distance		oint (M.P.) above g L.) below M.P.			
		<del></del>	7		
I. High rate	pumping reser	rvoir drawdown			, ,
Time pump	started 🔎	00	Pumping rate 10 r level 93	gal smin	\ 
Total time	ne 30 mins to	reach pumping wate	r level 93	ft. below M.P.	
	· ·		recorded every 15		
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READI	NG CALCULATED	FLOW
minute in-	below M.P.	time to fill #	(if used)	(gallons p	er
tervals		gallon bucket		minute)	·.
8:15	75	6 Dec		10	
0	03			10	

TIME (in 15 minute in- tervals	below M.P.	time to fill b gallon bucket	(if used)	(gallons per minute)
8:15	75-	6 Dec		10
8:30	93	6		10
8:45	93	8		7
9'00	93	8	·	7
9:15	93	\$		7
9:30	93	8		2
9:45	93	8		<i>P</i>
10:00	93	8		7
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1036	9.3	<i>A</i> <sup>2</sup>		7
11.45	93	Q		2
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WATERWELL A WATER WELL EL 1ST FLOOR EL BASEMENT EL INVERT OUT OF HOUSE 86.5 11 INTO TANK 86,25 " OUT OFTANK 86.0 11 INTO DRY VELL 85.75 30' 501411 CERCO HOLE #1 orig. el. 88.0 201 DRY 360 \$ DRYWELL TRENCH 351. 3 Bedroom with garlage disposal 1,500 gallon septic tank 7/5/84 Shetch OK.

100,0

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