

5/3/00 PM

PERMIT

03-318184

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513 555

A 39496

DISTRICT _____

DATE 4/21/2000

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 5/3/00

INSPECTOR BB

INDEXED

William H. Smith Jr. IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS P.O. Box 330, Forest Hill, MD 21050 PHONE 410-879-7641

SUBDIVISION Oakwood at Woodmark LOT 8 ROAD 12475 Triadelphia Road

PROPERTY OWNER Spiegel

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 325.67' and 225.00' lot lines, begin trenches 100 feet down the 225.00' lot line and 160 feet off that same lot line. Run trenches on contour toward the 325.67' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/1/99 SRK

PLANS APPROVED BY Amy McMillen DATE 11-08-1999

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. 90° ELBOWS NOT ACCEPTABLE.

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(ES) 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

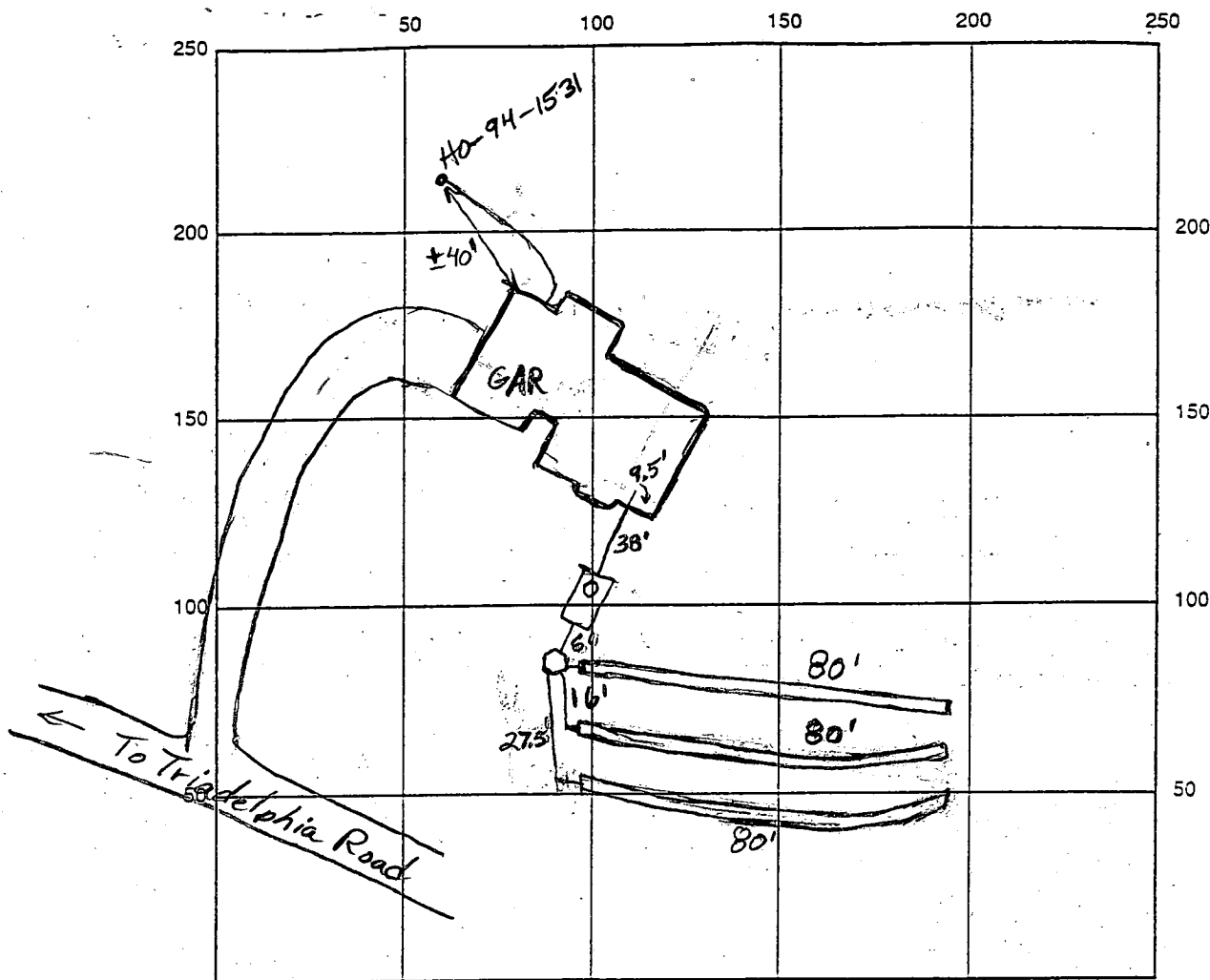
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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 PVA 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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal Top-Seamed CLEANOUTS 1-8" Tank

DISTRIBUTION BOX LEVEL O.K.

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 3x80' FT. (240' Total)

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER ✓ FT. EFFECTIVE DEPTH BELOW INLET ✓ FT.

ABSORBENT AREA ✓ SQ. FT.

REMARKS: 5/3/00 House connection made. Contractor wasted some easement area,
first two trenches installed. Will keep second and third trenches 10'-12' center
to center. Trenches installed within staked septic corner area. (BB)
5/3/00 Everything satisfactory. O.K. to cover. Must wrapping paper
used in trenches as gravel cover? (BB)

DATE SYSTEM APPROVED 5/3/00 INSPECTOR B. Baker

ATT Mark FAX 313-2648

5/3/00 PM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-W Ellicott Mills Drive
Ellicott City, MD 21043
481-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

William H. Smith, Jr.
P. O. Box 330
Forest Hill, MD 21050

Receipt # _____
Date 6-24-00

Name of Installer _____

Telephone 410-879-7641License Number PI 58

Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner ERIC SPIEGEL

Telephone _____

Subdivision OAKWOOD AT WOODMARK Lot # 8Well Tag # 140-94-1531Site Address 12475 TRIADELPHIA RD.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
2. Make STA-RITE
3. Model # 7P4002 JL
4. Capacity 7 GPM

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage 2
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

5. Pump exceeds well capacity Yes X No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____

Tank

1. Capacity 120 gal
2. Pressure relief valve? YES

Piping

1. Type _____
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 260

Well data

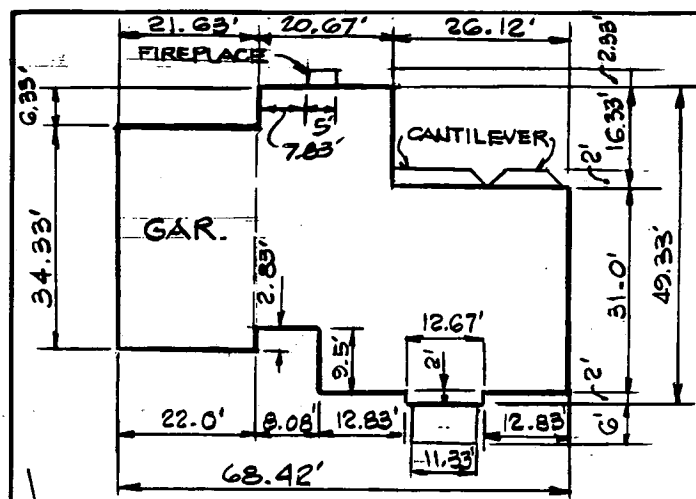
1. Depth 280 ft.
2. Yield 15 GPM
3. Static water level 36' ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

5/3/00 - WPI on BB^{SRU}Signature of Applicant: William H. Smith Jr.Date: 6-24-2000

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



Approved Septic System Plan
Howard County Health Department

Sally McMill 11/5/99
Signature Date 60

LOT 8

Indicated feet of trench
required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

~~Depth of stone required below~~
distribution pipe $5.30^{\circ} 15' 53''$ E

OWNERS

ERIC L. SPIEGEL
JENNIFER A. SPIEGEL
532 COUNTRY RIDGE CIRCLE
BELAIR, MD. 21015

PLAN
SCALE: 1"=50'

1. GRADING AROUND HOUSE MAY VARY DUE TO FIELD CONDITIONS.
2. NO CONSTRUCTION REFUSE SHALL BE STOCKPILED OR EXCESS MATERIAL BURIED IN SEPTIC AREA.
3. EXCAVATED MATERIAL SHALL BE PILED ON HIGH SIDE OF TRENCH WHEN INSTALLING SEPTIC SYSTEM.
4. EXISTING GRADES TAKEN FROM HOWARD Co. 200 SCALE TOPOGRAPHICAL MAP
5. INSTALL SEDIMENT CONTROL MEASURES AS REQUIRED BY SITE INSPECTOR.
6. DISTURBED AREA = 19,600 S.F.



GEORGE WILLIAM STEPHENS, JR. -
AND ASSOCIATES, INC.

CIVIL ENGINEERS & LAND SURVEYORS

1020 CROMWELL BRIDGE ROAD
TOWSON, MARYLAND 21286-3386
(410) 826-8120



SITE PLAN

OAKWOOD AT WOODMARK
LOT 8
12275 CARROLL MILL ROAD
HOWARD COUNTY, MD. 21042
SCALE: AS SHOWN OCT. 11, 1999

APPLICATION

PERCOLATION TESTING

A 39496
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____
DATE 6/22/87

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

ADDRESS

PHONE

PROSPECTIVE BUYER

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

ROAD AND DESCRIPTION

LOT NO.

TAX MAP

PARCEL #

SIZE OF LOT

TYPE BLDG.

(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

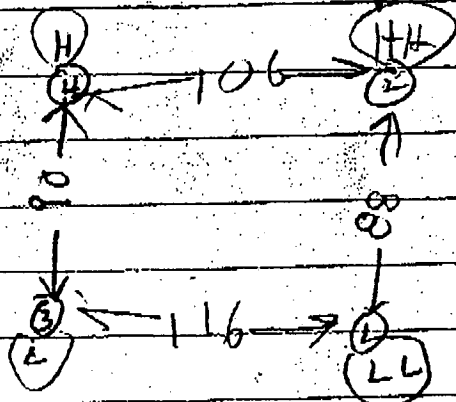
REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

PROPERTY 2
LOT C
A 39496

BROWN
CLAY
TIN
SAND
LOAN

SIDE



SIDE

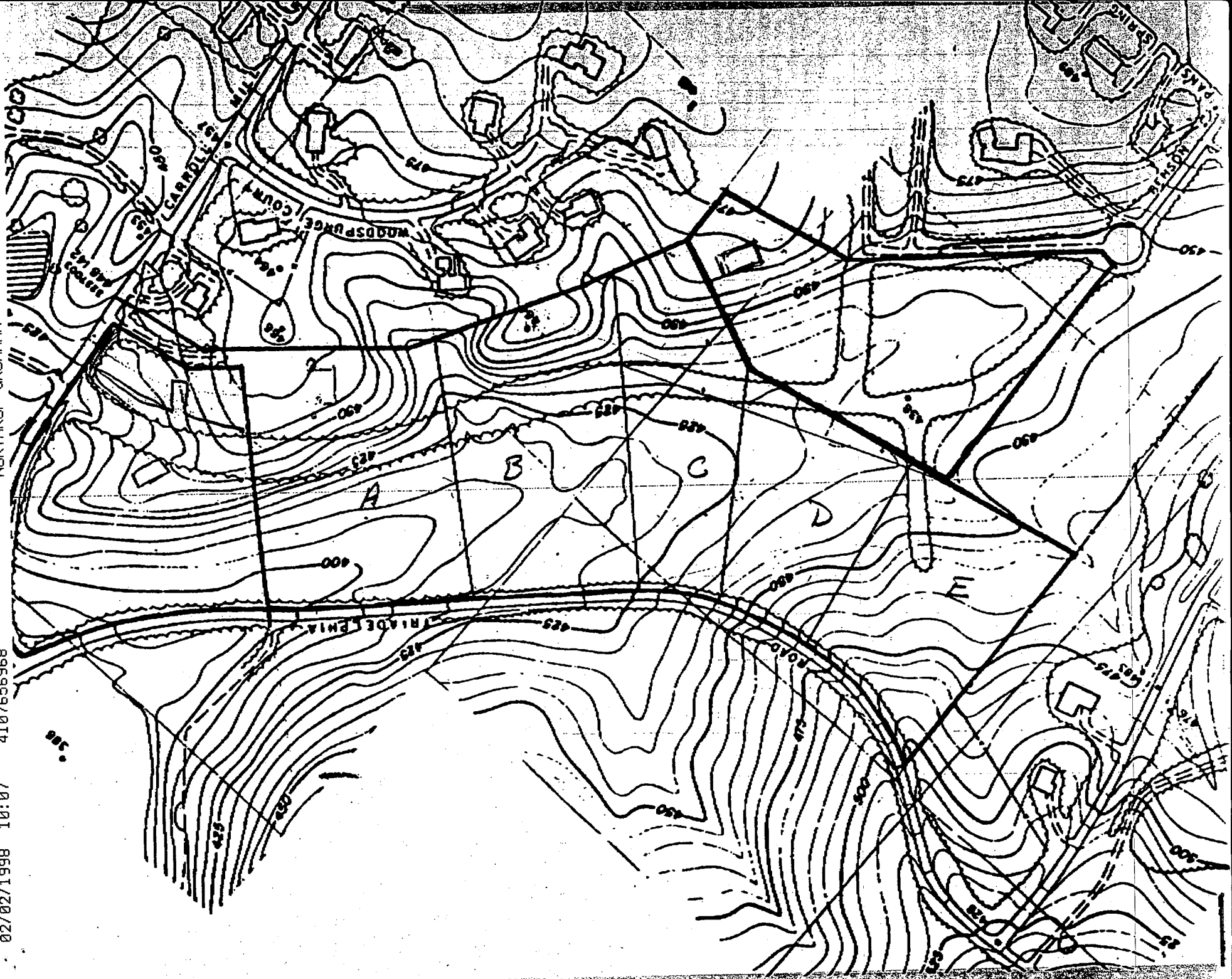
②
TIN
BROWN
SAND
LOAN
FEW
SMALL
ROOTS

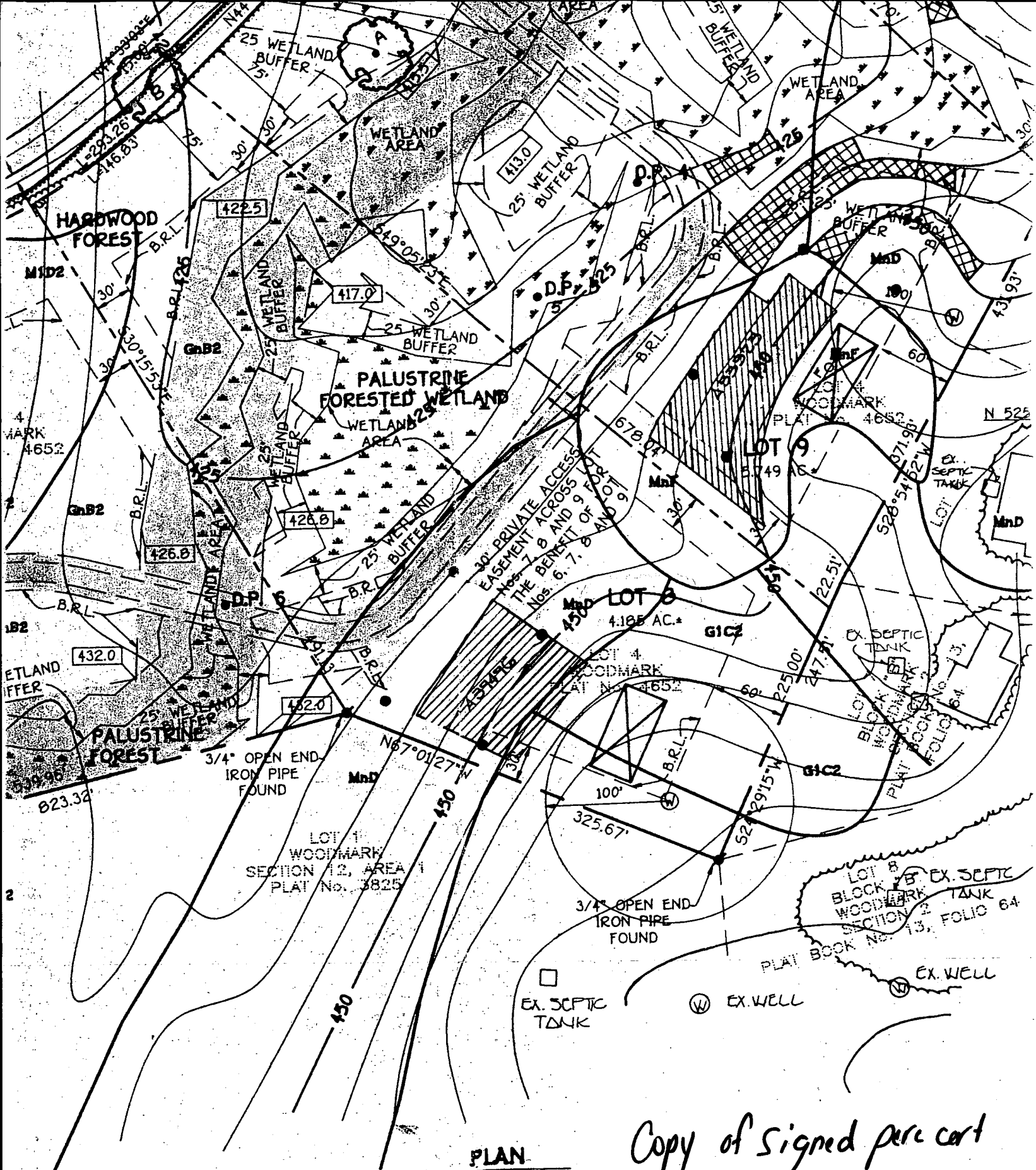
③
CLAY
BROWN
SAND
LOAN
20%
SAND

1/2/87	15	3.5	418	321	321	325	4
1/1	13	OK					
25	3	326	328	328	430	2	
20	7	328	329	329	330	1	
2/1	12	OK					
35	3	337	338	338	339	1	
3/1	11.5	OK					
4/1	12	OK					

④
CLAY
BROWN
SAND
LOAN

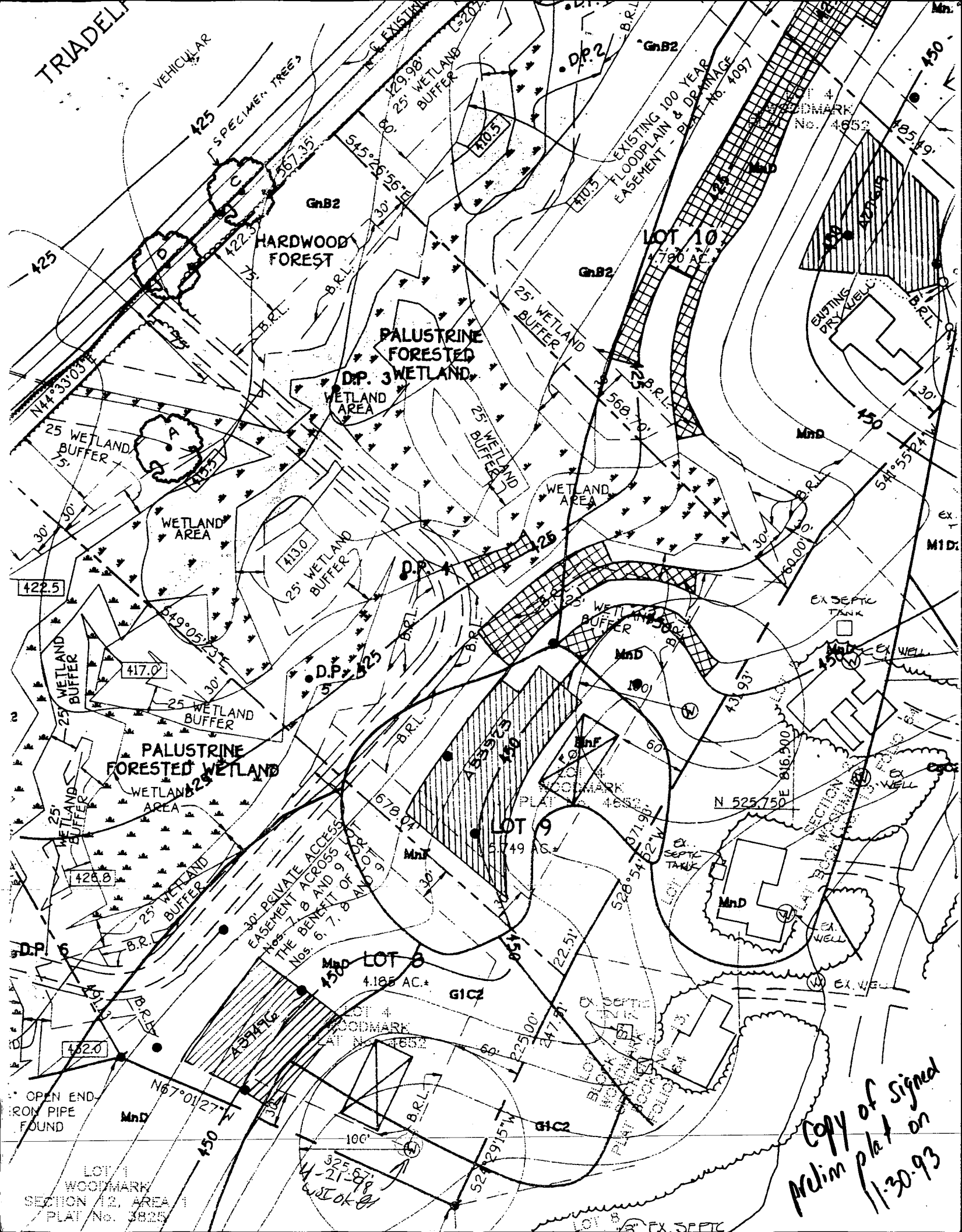
Tested by B. Hodges
also present R. Demmitt
D. Frager





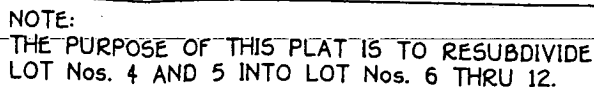
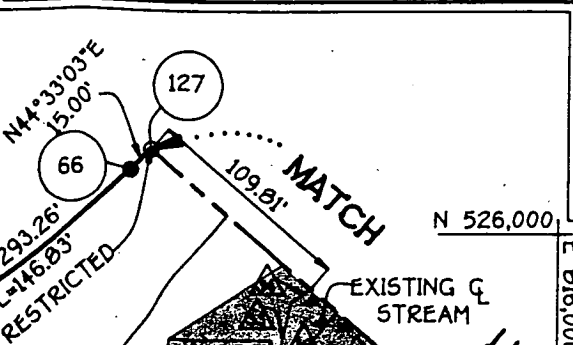
PLAN
SCALE: 1" = 100'

Copy of Signed perc cert
9/3/92



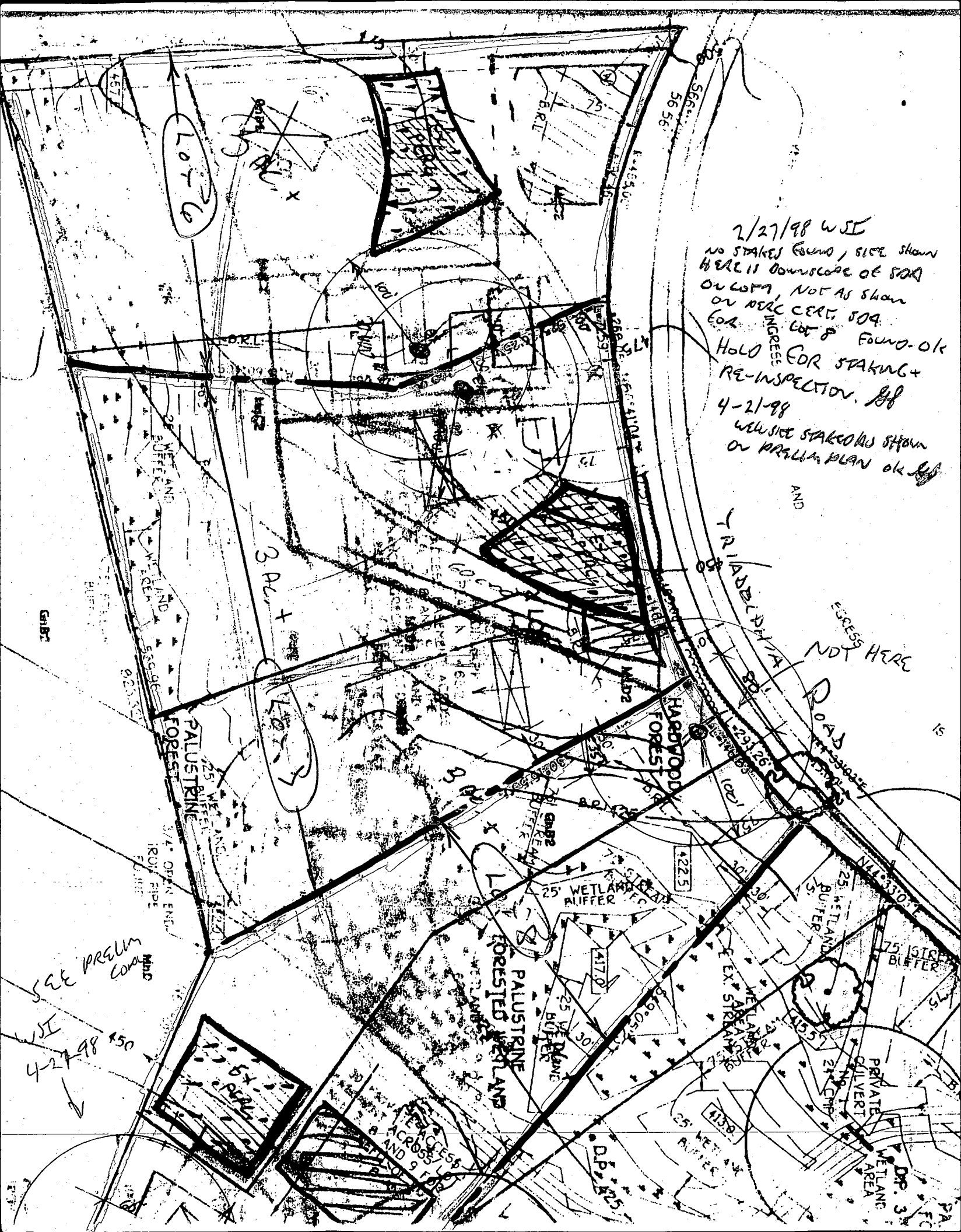
Copy of signed
plat on
11-30-93

	N38°08'28"E 31.85'		N49°30'04"E 31.88'		N54°19'03"W 25.51'		S17°17'21"E 35.49'
	N81°33'09"E 53.14'		S86°45'09"E 20.60'		N37°39'46"E 31.26'		S50°41'25"W 43.33'
	N81°33'09"E 7.50'		N50°20'36"E 72.60'		N30°04'49"E 42.41'		S29°41'31"E 37.49'
	N88°11'49"E 70.49'		N04°40'13"W 26.97'		N33°23'33"W 45.08'		S27°30'56"W 6.82'
	S49°19'22"E 23.58'		N17°49'37"E 20.68'		N23°21'45"E 37.61'		S27°30'56"W 16.39'
	N48°19'24"E 20.63'		N16°08'57"E 35.57'		N49°57'02"E 43.25'		S09°04'03"W 56.51'
	N69°54'54"E 30.12'		N23°28'51"W 27.97'		N12°12'37"E 38.81'		S24°47'56"E 44.06'
					N54°19'23"E 12.28'		S02°23'42"W 47.02'
					S49°05'23"E 71.87'		N80°26'05"E 10.61'
					S34°34'40"W 39.79'		S52°33'18"W 39.24'
					N22°51'58"W 54.17'		S76°20'30"W 710.34'
					S36°47'29"W 38.18'		N03°17'08"W 45.20'
							S23°29'09"W 18.78'
							S34°34'50"W 58.67'
							S44°09'44"W 57.94'



F.93.02

FISHER, COLLINS & CARTER,



2/27/98 WSI
NO STAKES FOUND, SITE SHOWN
HERE IS DOWNSIDE OF SD
ON CORN, NOT AS SHOWN
ON DEED CERT. 509
FOR LOT 8 FOUND OK
HOLD FOR STAKING +
RE-INSPECTION. JH
4-21-98
WET SITE STAKES SHOWN
ON PRELIM PLAN OK JH

AND
ECESS HERE
NDT HERE
ROAD

SEE PRELIM
COA
4-21-98
WSI

B 1 2439 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER Ho - 94 - 1531 fill in this form completely
Date Received (APA) 2-10-98 8 MM DD 13 Brinker John 15 Last Name Owner First Name 34 12275 Carroll Mill Road 36 Street or RFD 55 Ellicott City, Md. 21042 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL CC# 8 COUNTY 21 Woodmark 23 SUBDIVISION 42 SECTION <u>44</u> LOT <u>8</u> 44 46 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> 73 76 77 78	
DRILLER INFORMATION George F. Easterday M WD 040 Driller's Name 76 License No. 81 C. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address <i>George F. Easterday</i> 2/9/98 Signature Date		B 4 Triadelphia Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 50 37 DISTANCE FROM ROAD 50 ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 6 PARCEL: 521	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 39496 COUNTY NAME COUNTY NO. STATE SIGNATURE <u>Howard</u> INSERT S <u>41</u> DATE ISSUED 4 22 98 4 22 99 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 526 000 EAST GRID 816 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. Grout 3. remained until 11:20 no one showed WRITE THE BOX NUMBER FROM THE MAP HERE E 810 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION WEST FRIENDSHIP 144 TRIADAPHIA Rd CARROLL MILL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY</u> (Hydraulic Rotary) 30 AIR-ROTARY 37 CABLE AIR-PERCussion <u>REVERSE-ROTARY</u> <u>Drive-POINT</u> other		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <u>41</u>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <u>54</u> GAP WRITE INITIALS IN BOX FORCE G 5 Ho - 94 - 1531 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

C 1 05029 SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
ST/CO USE ONLY
DATE RECEIVED
MM 8 13 DD 98 YY
8 13
DATE WELL COMPLETED
MM 06 DD 04 98
15 20
Depth of Well
22 280 26
(TO NEAREST FOOT)

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 A39496
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-94-1531
28 29 30 31 32 33 34 35 36 37

OWNER BRINKER 5042
STREET OR RFD TRIADODHIA ROAD
SUBDIVISION WOODMARK SECTION LOT 8

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	
Shale	2	10	
sand stone	10	25	
Sand	25	70	
Sand stone	70	82	✓
gray mic	82	95	
Brown mic	95	140	✓
gray mic	140	180	
Sand stone	180	220	
marble	220	255	✓
gray mic	255	280	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
YES ☒ NO ☐
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 41 NO. OF POUNDS 4100
GALLONS OF WATER 205
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 74 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ☒ CONCRETE ☐
PLASTIC ☐ OTHER ☐
MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) L
Total depth of main casing (nearest foot) 80

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES ☒ NO ☐

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 26.04.04 "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 LIC. NO. 1 MWD 040
DRILLERS SIGNATURE
LIC. NO. 1 MWD 481

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

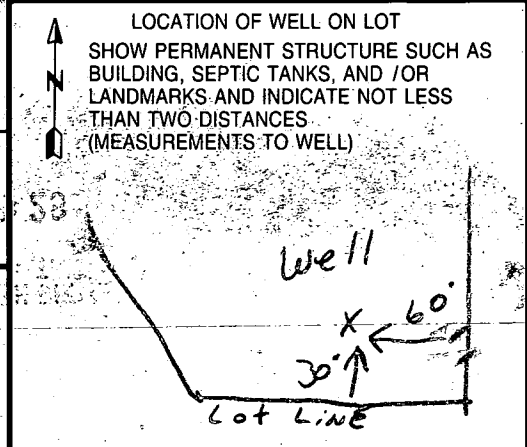
DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
A 78 280
B
C
D
E
F
G
H
I
J
K
L
M
N
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

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

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 21 ft.
WHEN PUMPING 73 ft.
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 (CIRCLE) (YES or NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
above 49 below 49
LAND SURFACE 2 (nearest foot)



Review OK KM 8-14-92

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 - 1531

Location of property (road) TRIA DEL PINA RD

Subdivision WOODMARK

Subdivision WOOD MARK Lot 8 Block Plat Sec.

Well Driller EASTEN DAY

Owner BLINKER

Depth of well 280 209 pm

Distance of measuring point (M.P.) above ground 2 ft

Static water level (S.W.L.) below M.P. 21 ft

I. High rate pumping -- reservoir drawdown

Time pump started 12:00 pm.

Pumping rate

Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]