2/28/90 349

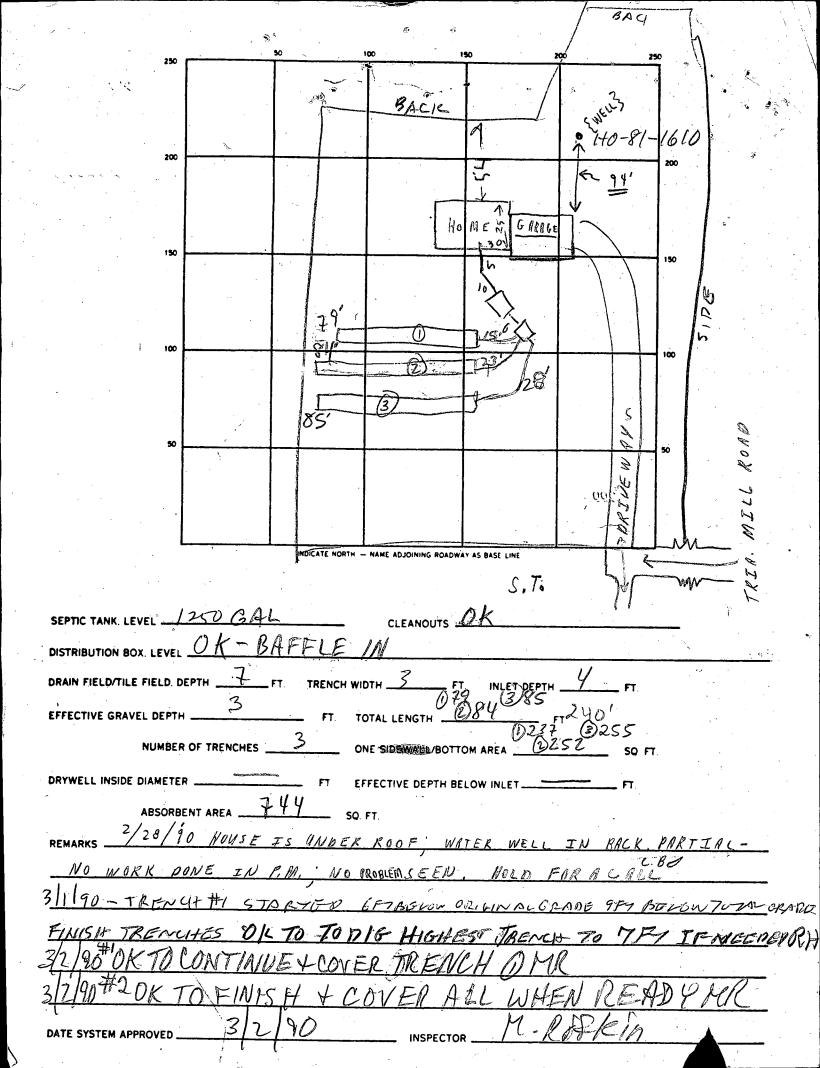
05-369963 PERMIT

| P 43 /d | _ | _ | | |
|----------|---|----|---|---|
| A -33049 | 3 | 50 | 2 | g |

| | SEWAGE DISPOSAL SYS | |
|------------------|---|---|
| λ | MARYLAND STATE DEPARTMEN | TOF HEALTH DISTRICT 5th |
| · · | HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH | DATE 2/24/59 |
| | 2/28/10 Bill Jeffer] | INSPECTOR M. R. F. Kin |
| | AICHARD MYERS IN C —BPR Inc. DRESS 359 Manchester Road, Westminster, Maryland 2 | NEW MINESOR MY IS PERMITTED TO INSTALL ALTER |
| ADD | RESS 359 Manchester Road, Westminster, Maryland | PHONE 876-0333 |
| | ' / | iadelphia Millor Parcel 3 |
| PRO | PERTY OWNER Steve Baronowsky | |
| ADO | RESS | |
| AUU | ness | |
| IF G | ARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABS | ORPTION AREA BY 22% |
| | BAGE GRINDER? YES ON NO X | |
| SEPT | TIC TANK CAPACITY ASSO GALLONS NUMBER OF BEDROOMS | <u> 4 </u> |
| / TR | ENCHES - 220 sq. ft. per bedroom with garbage disp | ogol Thomas as 1 2 5 |
| \$ <u> </u> | reach to be 3 feet wide. Injet 4 feet h | elow original grade Patter |
| 1~~ ~ | original grade. 2 feet of stone below di | tive area begins at 4 feet below |
| LO | onlion - reace the distribution box (()) feet from the | the back line which is 100 1/1 |
| | North part of lot and 100 feet from the side of the lot. Run the trenches toward | 140 1400 |
| NO | NO Trench to exceed 100 feet in length | Drovido 611 UII dd |
| ~~ | cap to grade or above on septic tank. ok | ICW 111 70 DIL TED DOWN |
| St. | ed to M. Jelfory 276 0005 | She said Hall TRONG |
| PLANS | APPROVED BY Ray Hodges | 8/23/89 |
| COVER | NO WORK UNTIL INSPECTED AND APPROVED & NO GOLDEN | Ounder Alex Deel |
| NEITH | ER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SU | |
| NOTE. | CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM | HOUSE TO OBAIN FIELDS |
| NOTE | ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM N | |
| NOTE: | | ^ |
| NOTE: | | 740000000000000000000000000000000000000 |
| NOTE: | ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS | FEET IN LENGTH. LETTLE R. P. |
| | VOID AFTER TWO YEARS | |
| NOTE: | INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMET ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED | TER. CAST IRON. CONCRETE OR TERRA COTTA OR PVC OR ABS |
| NOTE | DISTRIBUTION BOXES MUST HAVE BAFFLES | AND BETIENED 4/10/05 |

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

| New Installation X Replacement Name of Installer Pride | 04 1 | Receipt # 45369 Date 12/22/79 |
|---|--------------------------------------|---|
| Name of Installer <u>Fride</u> | blumberg - Idealing, | 4c Telephone 875220 |
| License Number 3486 | | • |
| Certified Well Pump Installer | Well Driller | Registered Plumber 1 |
| Name of Property Owner Steve Subdivision Mump Property Site Address 12935 Triad | n Baronowsky Lot # 3 Uphia Mill Rd | Telephone <u>490 2/8/</u> Well Tag # <u>HO-81-1610</u> |
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower $\frac{3/4}{}$ | 1. Make |
| a. Deep well jet | 2. RPM 3. Voltage | 2. Model # |
| b. Shallow well jet | 3. Voltage | 3. Depth |
| c. Submersible | a. 110 b. 220 | |
| 2. Make | b. 220X | |
| 3. Model #GPM | | |
| 5. Pump exceeds well capacity | Vac V No | |
| 6. If Yes, is low pressure cuto | off switch installed? | Vas X No |
| 7. What methods are used to pro | tect the numn and ele | ctrical wiring from |
| vibrations? Torque arresto | ors Cable guar | ds X Other |
| visianiono. Inique all'obto | | and any district of the second |
| Tank | Piping | Well data |
| 1. Capacity Wx 203 | 1. Type | Well data 1. Depth 300 ft. |
| 2. Pressure relief | 2. Size | 2. Yield <u>#</u> GPM |
| valve? <u>Ges</u> | 3. NSF and/or BOCA | |
| DA ON OFFE | Code approved | level ft. |
| 114. Ox (0.52 1).0. | - | 4. Will water supply |
| P.A. OX @ 52 B.G. MR 3/2/90 | line | |
| | | installer? <u>No</u> |
| I understand that it is my re Department when the installation is null and void). | | |
| All information given above is | | |
| Signatu | re of Applicant: | (and Bauertin) |
| | Date: | 12/20/89 |
| Note: A sticker indicating app on the well casing at the time | | nstallation will be placed |

| TRUMP | fro | 16 | ΛT | γ. |
|-------|-----|----|----|------|
| | | | | · ,, |

TRIADECPHIA MILL

LOT NUMBER: PARCEC 3

DRY WELL OR DRY WELL AND TRENCH

| | | | |
|---|--|--|-------------------|
| € | | sq. ft./bedroom | |
| | Septic Tank | Minimum Total Square Feet | • |
| 3 bedroom | 1000 gallon | · | - |
| 4 bedroom | 1250 gallon | | |
| 5 bedroom | 1500 gallon | | |
| Inlet | feet below original grade | e | |
| Bottom maximum | n depth feet below | w original grade. | |
| Effective area | a begins at feet b | below original grade. | |
| and 1 | eave a 5-foot earth buffer | orbent area, run the trench on level groun between dry well and trench. No trench i Trench inlet to be same as dry well, wit stribution pipe. | is |
| | TRENCH | HES | |
| | | | |
| m 1 . 1 | 3' wide. | 180 sq. ft./bedroom 238 sq. ft/pedworm g. ll. | 1) p |
| | | J. Ll. | |
| | feet below original grade depth feet below | | |
| Bottom maximum | a begins at ${4}$ feet below | w original grade. | |
| ~ | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| ree | et of stone below distributio | on pipe. | |
| (2) (3) 3 (4) ((5) 1 (6) 3 | Frenches to be installed on $\underline{1}$ Call for inspection of trench Provide 6" – 8" diameter cleank and drywell. | , a distribution box is required. level ground. h before gravel is installed. leanout and cap to grade or above on septi used, increase septic tank capacity by 50 | |
| LOCATION: | | | |
| Pe | IC CERT PLOT W/ELEVA | ATTICNS REQUIRED | _ |
| | BEFOLG SPECIFICAT | tions can BO WRITTON, | |
| | | C.W. | _ |
| | | 7/20/89 | |
| 8/23/89 81 | ERC CENT PLATEUR | BMITTODIPLACE THE DISTR | - !/ <i>13</i> |
| ~ | | | |
| X 100 FT F | ROM THE BACK LINE | WHICHIS 12814 ON NORTH PA | RZ |
| X 100 FT F | ROM THE BACKLING I ROM THE SIDE L | WHICHIS 12814St ON NORTH PA -INT WHICHIS 281,70 F RUN THE TRENCHES TOWN | RT. 24 |

APPLICATION

3/H/PS

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A <u>3333</u>

HOWARD COUNTY HEALTH DEPARTMEN ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 900-1000 461-9933

DISTRICT 2-25-85

| Wet Season Percolation Test Recuired! |
|---|
| TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND 1. HEREBY, APPLY FOR THE NECESSARY TEST IN GROER TO CONSTRUCT OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. |
| PROPERTY OWNER ROBERT A. Coelho (Columbia PHONE 1997-1771) ADDRESS 5491 Wild Lilac Columbia PHONE 1997-1771) |
| PROPERTY LOCATION: |
| SUBDIVISION / Trump Property LOTNO. Parcel #3 |
| ROAD AND DESCRIPTION Tridelphia Mill Road, 100 yds. beyond The intersection |
| with Ton Oaks Ped. |
| SIZE OF LOT 1.441 Acres TYPE BLDG. TYPE BLDG. TYPE BLDG. (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. SIGNATURE OF APPLICANTI PERMIT SIGNED 189 |
| APPROVED BYFOR |
| REJECTED BY |
| HOLD PENDING FURTHER TESTSDATE |
| REASONS FOR REJECTION OR HOLDING 4/4/85 PERC OIC CERTIFIED |
| 9 ELEVATION PRAWING & NEW SPECT NCEDED |
| & LETTER MUST BE WRITTEN RH |

SOIL PROFILE

O

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| | | | PRE- | WET | TEST - | 1" DROP | |
|-----------|----------|--|----------|-------------------|----------|---------|------|
| DATE | TEST NO. | DEPTH . | START | STOP | START | STOP | TIME |
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| REMARKS | | |
|--------------|----------------|---------------------------------------|
| TYPE OF SOIL | | · · · · · · · · · · · · · · · · · · · |
| TESTED BY | . ALSO PRESENT | |

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

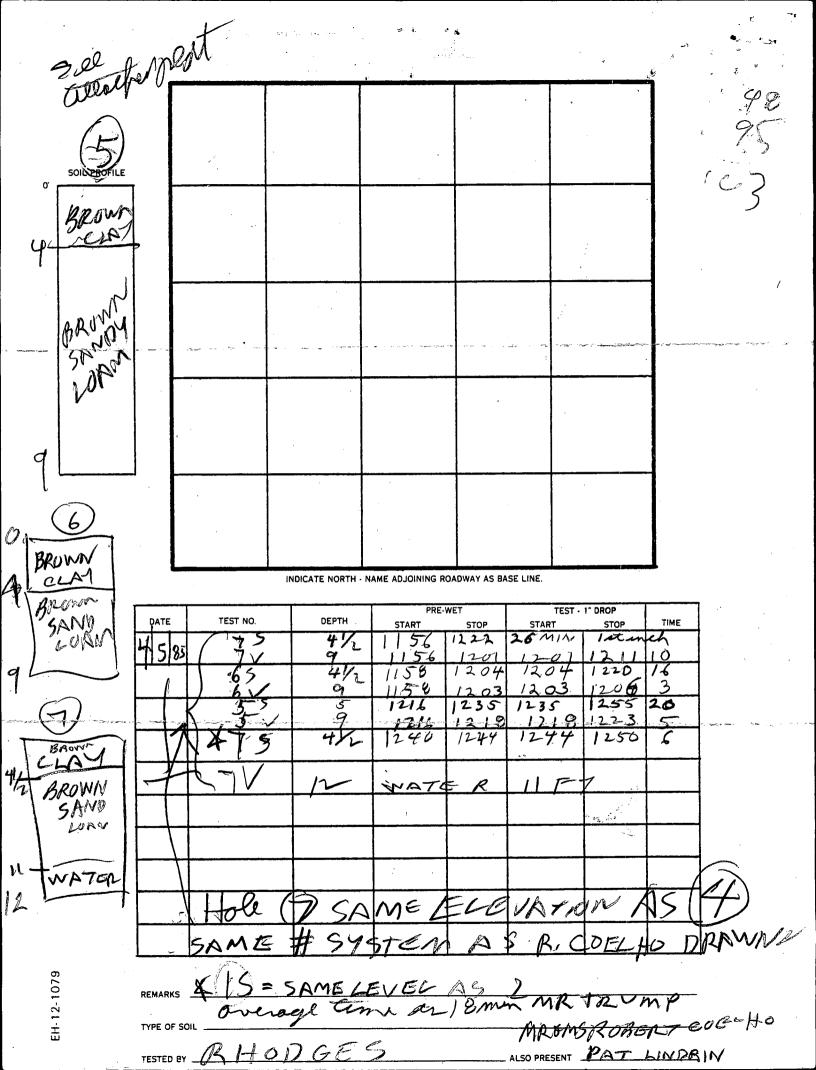
A 35078

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2999 46/-9933

DATE / Z-25-85

WET Season Percolation Test Required 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 / Kobert A - Coelho ADDRESS 15491 Wild Litac Columbia PROPERTY LOCATION: SUBDIVISION Trump Property LOTNO. / Parcel #3 ROAD AND DESCRIPTION / Tridelphia Mill Road, 100 yds beyond The intersection with Ten Oaks Rd. SIZE OF LOT 1. 441 Acres 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) HOLD PENDING FURTHER TESTS REASONS FOR REJECTION OR HOLDING



APPLICATION

8/26/83 9:30 A.M

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

ISTRICT <u>5 1/4</u> August 16, 1983

THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. Gregory E. Trump 12925 Triadelphia Mill Road Clarksville, Md. 21029 PROPERTY LOCATION: Trump Property Parcel 3 12925 Triadelphia Mill Rd. Clarksville, Md. ROAD AND DESCRIPTION (see plat for orientation) 1.441 acres 3 bedrooms TYPE BLDG. 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 APPROVED BY

SOIL PROFILE

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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| | | | PRE- | WET | TEST | TEST - 1" DROP | | |
|--------|----------|-------|-------|------|-------|----------------|------|--|
| DATE | TEST NO. | DEPTH | START | STOP | START | STOP | TIME | |
| 2 - 52 | : | | | | | | | |
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| REMARKS | | | | | | | | |
|--------------|--|------|--|---|--|--------------|--|--|
| 7/05 05 5011 | | | | • | | | | |
| TYPE OF SOIL | | | | | | | | |
| TESTED BY | | ···· | | | | ALSO PRESENT | | |

EH-12-1079

Recorded

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

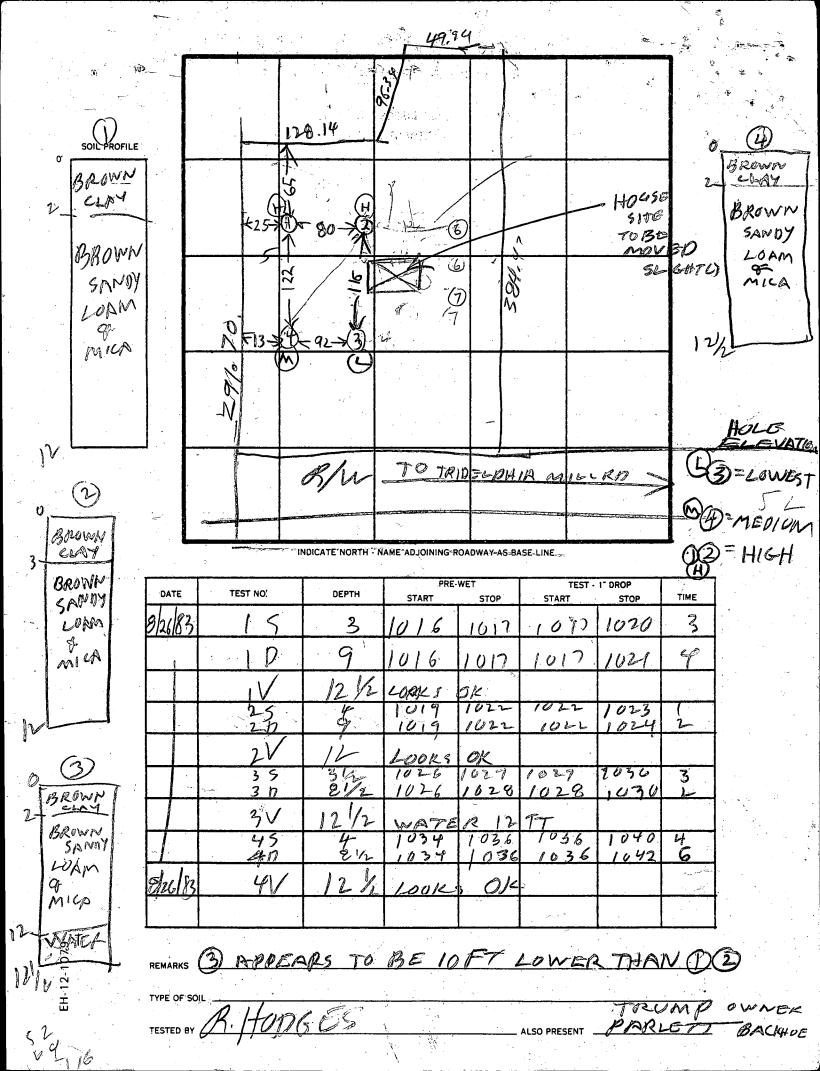
| Α | 33049 | |
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| | | |

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5-1%
August 16, 1983

| TO: THE COUNTY HEA | LTH OFFICER | | · | |
|--|---|--------------------|---------------------------------------|--|
| ELLICOTT CITY, MA | ARYLAND | | | • |
| I, HEREBY, APPLY | FOR THE NECESSARY TEST IN ORDER TO | CONSTRUCT (OR RECO | ONSTRUCT) A SEWAGE DISPOSA | AL SYSTEM. |
| PROPERTY OWNER | Gregory E. Trump | <u> </u> | | |
| ADDRESS | 12925 Triadelphia Clarksville, Id. | ill Road 21029 | PHONE | 854-2411 |
| PROPERTY LOCATION: | | | | |
| SUBDIVISION | rump Property | | LOT NO. | Parcel 3 |
| ROAD AND DESCRIPTION | 12925 Triadelphia | | | |
| | (see plat for orig | entation) | · · · · · · · · · · · · · · · · · · · | |
| SIZE OF LOT | 1.441 acres | | TYPE BLDG. | 3 bedrooms |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | • | | (NUMBER OF BEDROOMS) |
| THE SYSTEM INSTALL | ED UNDER THIS APPLICATION IS ACC | CEPTABLE ONLY UN | TIL PUBLIC FACILITIES BEC | COME AVAILABLE. I FULLY UNDERSTAND THE |
| FEE CONNECTED WIT | H THE FILING OF THIS PERC TEST A | PPLICATION IS NON- | REFUNDABLE UNDER ANY | CIRCUMSTANCES. I ALSO AGREE TO COMPLY |
| WITH ALL M.O.S.H.A. | REQUIREMENTS IN TESTING THIS I | _отЯге | gry E Tu | |
| | | | (SIGNATURE O | F APPLICANT) |
| APPROVED BY | | FOR | | DATE |
| REJECTED BY | : · · · · · · · · · · · · · · · · · · · | FOR | | DATE |
| HOLD PENDING FURTHER | TESTS | | | DATE |
| REASONS FOR REJECTION | N OR HOLDING | | | |
| | | | | |



| C1 5241 | SEQUENCE | 1 0 | STATE OF MARYLAND | THIS REPORT MUST BE SUBMITTED WITHIN |
|--|--|------------------------------|--|--|
| | (OEP USE ON | | WELL COMPLETION REPORT | 45 DAYS AFTER WELL IS COMPLETED. |
| CHIS NUMBER IS TO BE FIN COLS: 3-6 ON ALL CAR | | | FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE | COUNTY NUMBER A-33049 |
| DATE Received | DATE WELL CO | MPLETE | D Depth of Well 🎉 | PERMIT NO. FROM "PERMIT TO DRILL WELL" |
| E & | 0 8 2 1 | 86 | 22 3 0 0 26 | MO - RI - 1 6 1 5 |
| 8 13 | 15 | 20 | (TO NEAREST FOOT) | 28 29 30 31 32 33 34 35 36 37 |
| OWNERSTREET OR RFD | CAS LMC | ~~~~~ | MILL RID FIRST A. FIRST NAME TOWN (| 1 Por ne man 1 1 2 1 F |
| SUBDIVISION | mod Da | 3PEN | TOWN L | LAPKSUILLS. |
| WELL | <u> </u> | 21 8. 074. | GROUTING RECORD | |
| Not required fo | r driven wells | | WELL HAS BEEN GROUTED | C 3 |
| STATE THE KIND OF PENETRATED, THEIR | | | (Circle Appropriate Box) TYPE OF GROUTING MATERIAL | PUMPING TEST |
| THICKNESS AND IF | WATER BEARI | NG | CEMENT CM BENTONITE CLAY BC | HOURS PUMPED (nearest hour) |
| DESCRIPTION (Use additional sheets if needed) | FEET FROM TO | Check if water bearing | NO. OF BAGS 25 NO. OF POUNDS 2556 | PUMPING RATE (gal. per min. |
| Rolling ground | 0 70 | | GALLONS OF WATER | to nearest gal.) METHOD USED TO |
| 0000000 | | | DEPTH OF GROUT SEAL (to nearest foot) | METHOD USED TO MEASURE PUMPING RATE Book & book |
| Gray schist | 70 72 | | from 48 TOP 52 54 BOTTOM 58 | WATER-LEVEL (distance from land surface) |
| 1 . | | | (enter 0 if from surface) | BEFORE PUMPING |
| Water | | | casing CASING RECORD types | WHEN PUMPING 3 5 3 |
| Gray schist | 92 269 | | insert appropriate STEEL CONCRETE | TYPE OF PUMP USED (for test) |
| | 22 | | Code PL OT | |
| Water | | 200 | below PLASTIC OTHER | A air P piston T turbine |
| Gray schist | | | MAIN Nominal diameter , Total depth | C centrifugal R rotary O other (describe |
| Gray Scall | 369 300 | | CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) | 27 27 below) |
| | | | | jet (S submersible |
| | | | 60 61 63 64 66 70 | 27 |
| | | | OTHER CASING (if used) | |
| 7.4. | | | diameter depth (feet) H inch from to | PUMP INSTALLED |
| | | | | DRILLER WILL INSTALL PUMP YES (NO) |
| | | | | (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION |
| | | , | 6 | MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE |
| | | | screen type SCREEN RECORD or open hole | TYPE OF PUMP INSTALLED |
| | | | insert STEL BRASS OPEN | PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: |
| | | 1904 | code BRONZE HOLE | CAPACITY: GALLONS PER MINUTE |
| | | | below PLASTIC OTHER | (to nearest gallon) 31 35 |
| | | | C 2 | PUMP HORSE POWER 37 41 |
| | | | DEPTH (nearest ft.) | PUMP COLUMN LENGTH (nearest ft.) |
| | | 1.5 | | CASING HEIGHT (circle appropriate box |
| | | | E 8 9 11 15 17 21 | above and enter casing height) |
| | | | H ₂ | 49 LAND SURFACE |
| CIRCLE APPROI | PRIATE LETTER | | C 23 24 26 30 32 36 | below below foot) |
| A WELL WAS ABAND | DONED AND SE | ALED | E 3 41 45 47 51 | LOCATION OF WELL ON LOT |
| WHEN THIS WELL W | • | D | | SHOW PERMANENT STRUCTURE SUCH AS |
| E ELECTRIC LOG OBTA | | CTION | SLOT SIZE 123 DIAMETER [] (NEAREST | BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS |
| P TEST WELL CONVER | TED TO PHODO | CHON | OF SCREEN 56 60 INCH) | THAN TWO DISTANCES (MEASUREMENTS TO WELL) |
| I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 10.1 | 17.13 "WELL CONST | RUCTION" | from to | |
| AND IN CONFORMANCE WITH ALL ABOVE CAPTIONED PERMIT, AN | ID THAT THE INFO | PRMATION | GRAVEL PACK | Todolphio Mill and |
| PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE | AND COMPLETE TO | THE BEST | FLOWING WELL INSERT | Control of the second s |
| DRILLERS IDENT. NO. | 353 | | F IN BOX 68 68 OEP USE ONLY | |
| Josef W. Kalo | and the same of th | | (NOT TO BE FILLED IN BY DRILLER) | |
| DRILLERS SIGNATURE (MUST MATCH SIGNATURE | F ON ADDITION | ION) | T (E.R.O.S.) WQ | |
| MOO! MATOR SIGNATURE | L ON AFFLICAT | 1014) | 70 72 74 75 76 | X |
| SITE SUPERVISOR (sign. o | | | TELESCOPE LOG OTHER DATA | 130 - 41 |
| responsible for sitework if | | | CASING INDICATOR | |

| Page | of | |
|------|--------|--|
| Date | | |

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|--------|------|------|----|----|-------|
| Review | OKIN | (BN) | 11 | 16 | 186 |
| | | | | | Γ - ' |

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

| Woll Permit No. HO - 81- 1610 Location of property (road) TRIPOSUPHIE Subdivision TRUMP PROPERTY | Lot 3 Block Plat Sec. | |
|---|---|--|
| Well Driller Q. W. RSICHARI | Owner CAS LHO, ROBERT A | |
| Depth of well | | |
| I. High rate pumping reservoir drawdown Time pump started 9:/5 Total time /// min. to reach pumping a | Pumping rate 10 g.p.m. water level 250 ft. below 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 5 | (if used) | (gallons per |
| tervals | | gallon bucket | | minute) |
| 9:15 | 71 | 30 | | /0 |
| 9:30 | 63 | 30 | | 70 |
| 9:45 | 98 | 30 | | 10 |
| 10:60 | 137 | 36 | | 85 |
| 10:15 | 159 | 36 | | 8 5 8 5 |
| 10:30 | 189 | 40 | | 7 🗓 |
| 15:45 | 217 | 50 | | 6. |
| 11:00 | 248. | 50 | | 6 |
| 11:02 | 250 (drandows) | 75 | | 4 |
| 11:17 | 250 | 75 | | 4 |
| 11:32 | 250 | 75 | | 4 |
| 11:47 | 250 | 75 | | 4 |
| 12:02 | 250 | 75 | | 4 |
| 12:17 | 250 | 75 | • | 4 |
| 12: 71 | 250 | 75 | | 4 |
| 12.47 | 250 | 75 | | 4 |
| 1:02 | 250 | 75 . | | 4 |
| 1:17 | 250 | 75 | | 4 |
| 1:32 | 250 | 75 | | • 4 |
| 1:47 | 250 | 75 | | 4 |
| 2:02 | 250 | 75 | | 4 |
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| | | | | |

8/21/86 OLOCATIONON 2017 FROM BACK 0 93 FTCDSING (3) 55 Pt openful weenswed with stugged of least Cost Runowlof stung J g (4) 25 BAGS Myodger - 40 NOISIAIS 8. Hd TZ 6 HEALTH DEPT. YTNUOD CAAWOH BECEINED

PT 8:00 3hrs GROUT HAM

| | " / | ÷. 6 | Í | |
|------|------------|------|---|----------|
| Page | <u>· l</u> | of | 1 | تو |
| Date | | 12 | Q | <u> </u> |

| Review | |
|--------|------|

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

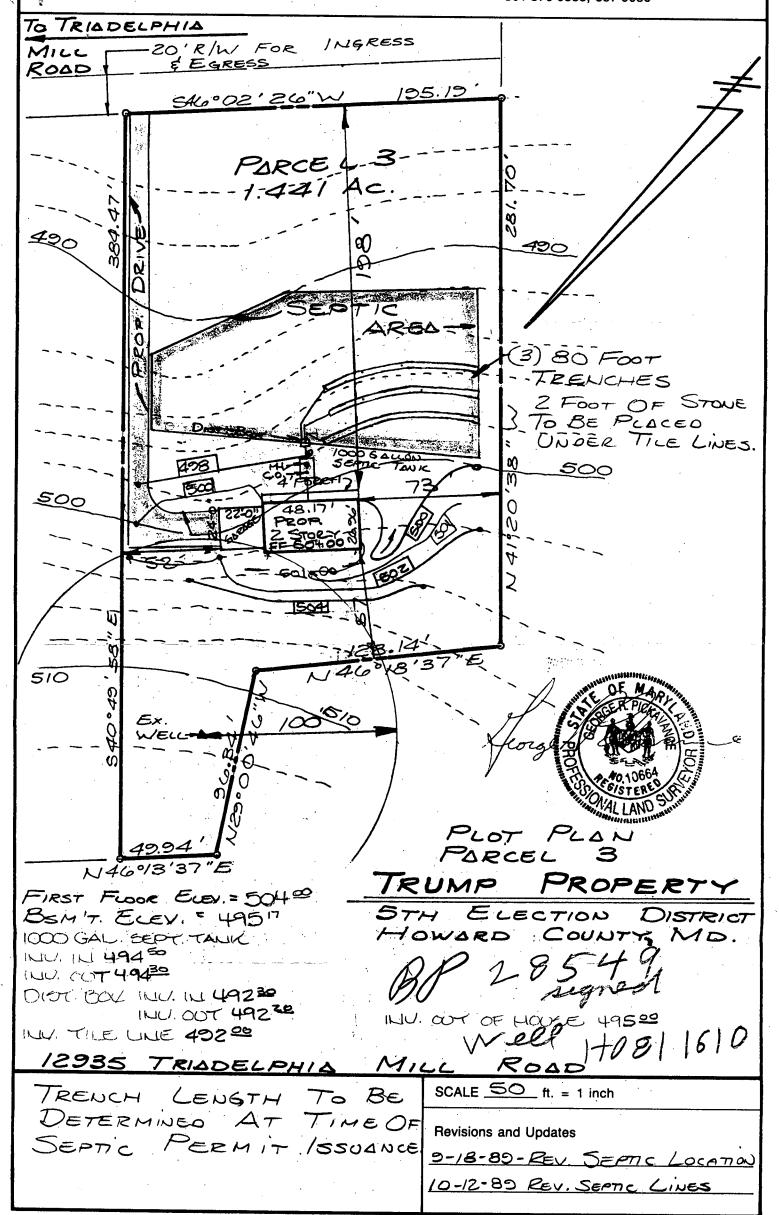
| Woll Permit No. HO - 81-1610 | | | | |
|---|-------------------|----------|-------------------|---|
| Subdivision TRUMP Property | | | | |
| well Driller R. ReicHART. | Lot _3 Block | Plat | Sec | |
| | Owner Coelho, | | | |
| Depth of well 360 8 Distance of measuring point (M.P.) a Static water level (S.W.L.) below M. | | 7 | atte d'anne admin | • |
| High rate pumping reservoir drawdow Time pump started 5 Total time 45MIN to reach pumpin | n Pumping rate | ft. belo | w M.P. | |

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

| TIME (in 15 minute in- | WATER LEVEL below M.P. | PUMPING RATE time to fill 5 | FLOW METER READING (if used) | CALCULATED FLOW |
|---------------------------|---|--------------------------------|--|---------------------------------------|
| tervals | | gallon bucket | | minute) |
| 1102 | 250 | | | 5- |
| 117 | 250 | | | 5 |
| 1132 | 250 | | | 5 |
| 4147 | 250 | | | 5 |
| 1202 | 159 | | | 5 |
| 12/7 | 250 | | | 5 |
| 1236 | <u>h</u> // | | | 4 |
| 1245 | 11 32 | , | | 4. |
| 100 | | | | 7 |
| 136 | | | | 4 |
| 1148 | | | | 4 |
| 200 | 11 2 | | | 4 |
| 2-15 | £° . • | | | 4 |
| 230 | <u>, , , , , , , , , , , , , , , , , , , </u> | | , | 4 |
| - 10 | | | | 7 |
| | · | | · · · · · · · · · · · · · · · · · · · | |
| | | • | ٥, | |
| | | | | • |
| | | 0 | Max | , , , , , , , , , , , , , , , , , , , |
| SIM | hutas | 120g | J. J | |
| | | 7 | 0/1/1/1 | 9029 |
| | | Pola | uff H | 1011 |
| | . , , , , , , , , , , , , , , , , , , , | | | |

BPR INC.

359 MANCHESTER ROAD WESTMINSTER, MARYLAND 21157 301-876-0333, 857-9030



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BR INC.

359 MANCHESTER ROAD WESTMINSTER, MARYLAND 21157 301-878-0333, 857-9030

| SCHE TO YELLOWING | -20' R/U | |
|--|---------------------------------------|---|
| 546°02'26'W | 195 19 | Fon: 59031 |
| Stores of the Solid Stores | SEPTIC SEPTIC 6 83 137 E 120 | For: 5903) O oh wo shown O oh per C.O. 3/2/90 O oh wo shown O oh per C.O. 3/2/90 O oh wo shown O oh per C.O. 3/2/90 O of per |
| | | • • |
| 300 € \$00 000 \$000 \$000 \$000 \$000 \$000 \$ | 930 YRIA | CELPUIA MILL RO. |
| I hereby dentify that I have surveyed the property shown hereon for the tree improvements are located as whosen, the | COM CONCENT VICTORY | SCALE ft. = 1 inch |
| have not been detable not or eat. We execute no reconstrictly or lies way or examinate reconstrictly or uniformly better the construction of the reconstrictly the state of the second sta | | Revisions and Upcales |
| SURVEYOR CATEGORIES | <u> </u> | |