

C.G. 12/17/99
11am-12pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

not bond

P 513160

A 511467

DISTRICT _____

DATE 12/3/1999

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 12/17/99

INSPECTOR DKS

C&C Utility Service - Chuck Zepp IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 26710 Howard Chapel Drive, Damascus, Maryland 20872 PHONE 301-549-4987

SUBDIVISION Tennant Property LOT 2 ROAD 12258 Frederick Road

PROPERTY OWNER Richard Tennant

ADDRESS _____

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 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box at the point shown on the approved building permit site plan. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/5/99 OK AU

PLANS APPROVED BY Donna K. Soe DATE 10-08-1999

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

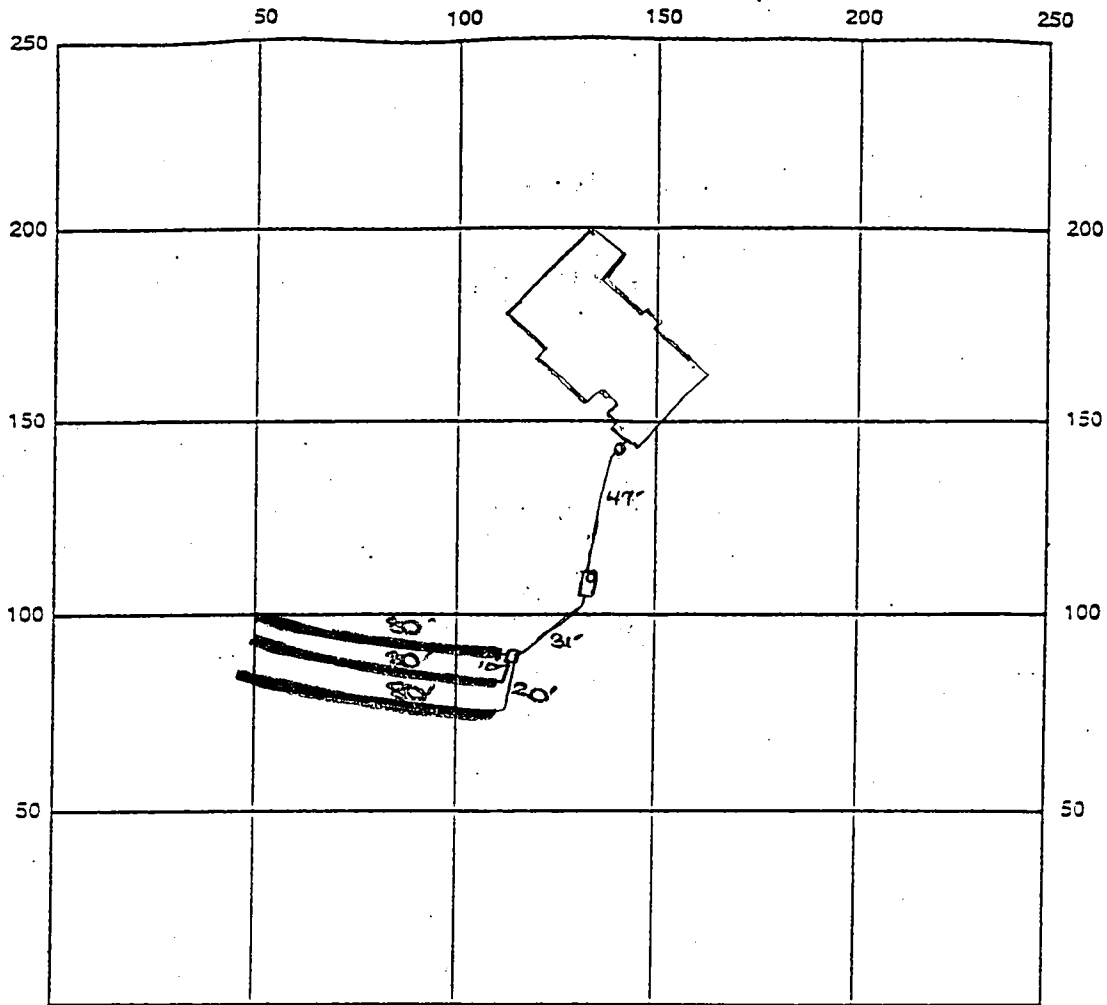
PERMIT VOID AFTER TWO YEARS

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**

511467



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Frederick Road

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t., one at house
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 x 80 FT. = 240
 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: 12/17/99 FINAL INSP - OK TO COVER ALL SEPTIC
work. DKS

12/17/99 WPI - well line & P.A. 4' below grade; well casing
4' above grade; 2 pc cap OK; conduit pipe - copper, DKS

DATE SYSTEM APPROVED 12/17/99 INSPECTOR [Signature]

PRESVIOUSLY INSPECTED?

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
Replacement

Receipt # _____
Date _____

Name of Installer Cary Eikenberg

Telephone 410-796-8583

License Number 3260
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Richard, Bette Tennant Telephone 4-988-9166
Subdivision NA Lot # _____ Well Tag # H094-24-04
Site Address 12258 Frederick Rd Ellicott City Md 21042

Pump

Motor

Pitless Adapter

- | | | |
|---|---------------------|------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make <u>Goolds</u> | b. 220 _____ | |
| 3. Model # <u>7ES05</u> | | |
| 4. Capacity <u>5</u> GPM | | |
| 5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No _____ | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____ | | |

Tank

Piping

Well data

- | | | |
|--------------------------------------|---|--|
| 1. Capacity <u>50</u> | 1. Type <u>Polyethylene</u> | 1. Depth <u>500</u> ft. |
| 2. Pressure relief valve? <u>Yes</u> | 2. Size <u>1"</u> | 2. Yield <u>25</u> GPM |
| | 3. NSF and/or BOCA Code approved <u>Yes</u> | 3. Static water level <u>60</u> ft. |
| | 4. Depth of supply line <u>48"</u> | 4. Will water supply be disinfected by installer? <u>Yes</u> |

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.

Signature of Applicant: [Signature]

Date: 6-13-2000

2000 JUN 15 AM 7:50
HOWARD COUNTY HEALTH DEPT

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

B 1 09873

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

MD-94-2404 fill in this form completely

Date Received (APA) 06/24/99

OWNER INFORMATION

Tennant, Robert 12256 Frederick Road West Friendship, MD 21794

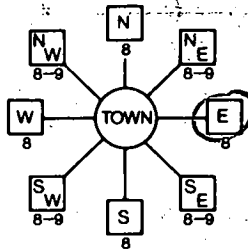
LOCATION OF WELL

Howard 8 COUNTY 21 Tennant Property 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN 1 M 73 76 77 78

DRILLER INFORMATION

Robert L. Cline MWD 139 Driller's Name License No. Cline & Duvall, Inc. Firm Name 8093 Hillmark Ct., Frederick, MD 21704 Address Robert L. Cline 6/23/99 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Frederick Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34. 925 37 DISTANCE FROM ROAD 7. ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 12 PARCEL 183

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 APPROX. DAILY QUANTITY NEEDED (GAL. PER DAY) 300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A511467 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 09/02/99 9/1/00 CO SIGNATURE EXP. DATE NORTH GRID 534000 EAST GRID 0817000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE Reverse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

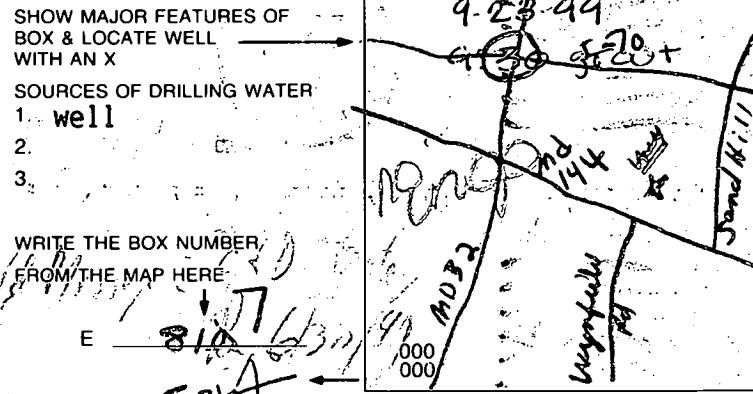
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

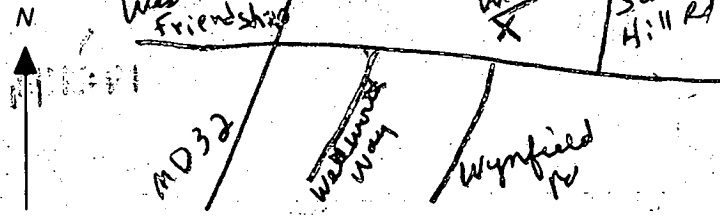
Not to be filled in by driller (MDE OR COUNTY USE ONLY):

APPROP. PERMIT NUMBER 54 G A P 63

PERMIT No. MD-94-2404

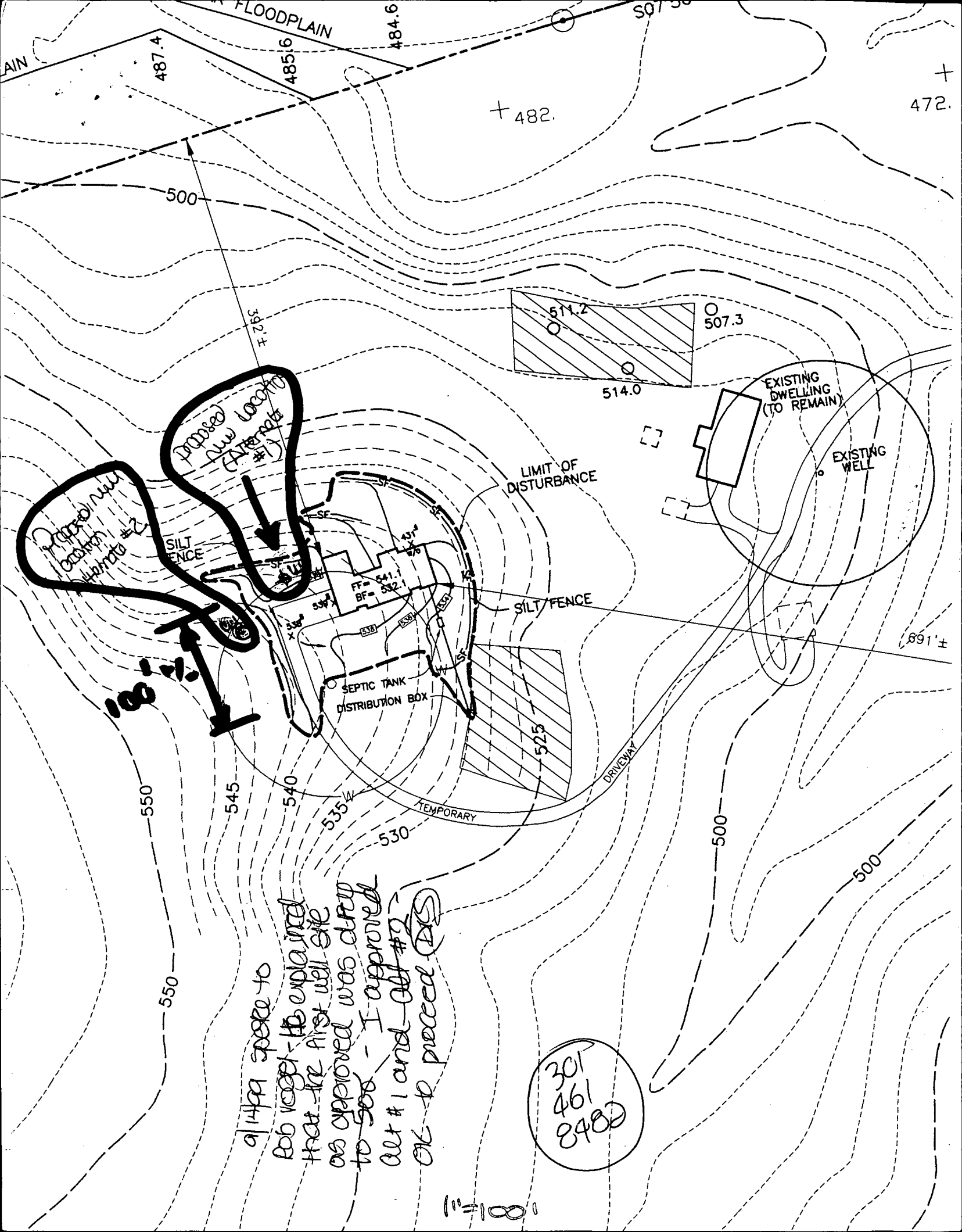


WRITE THE BOX NUMBER FROM THE MAP HERE E 810 N 530

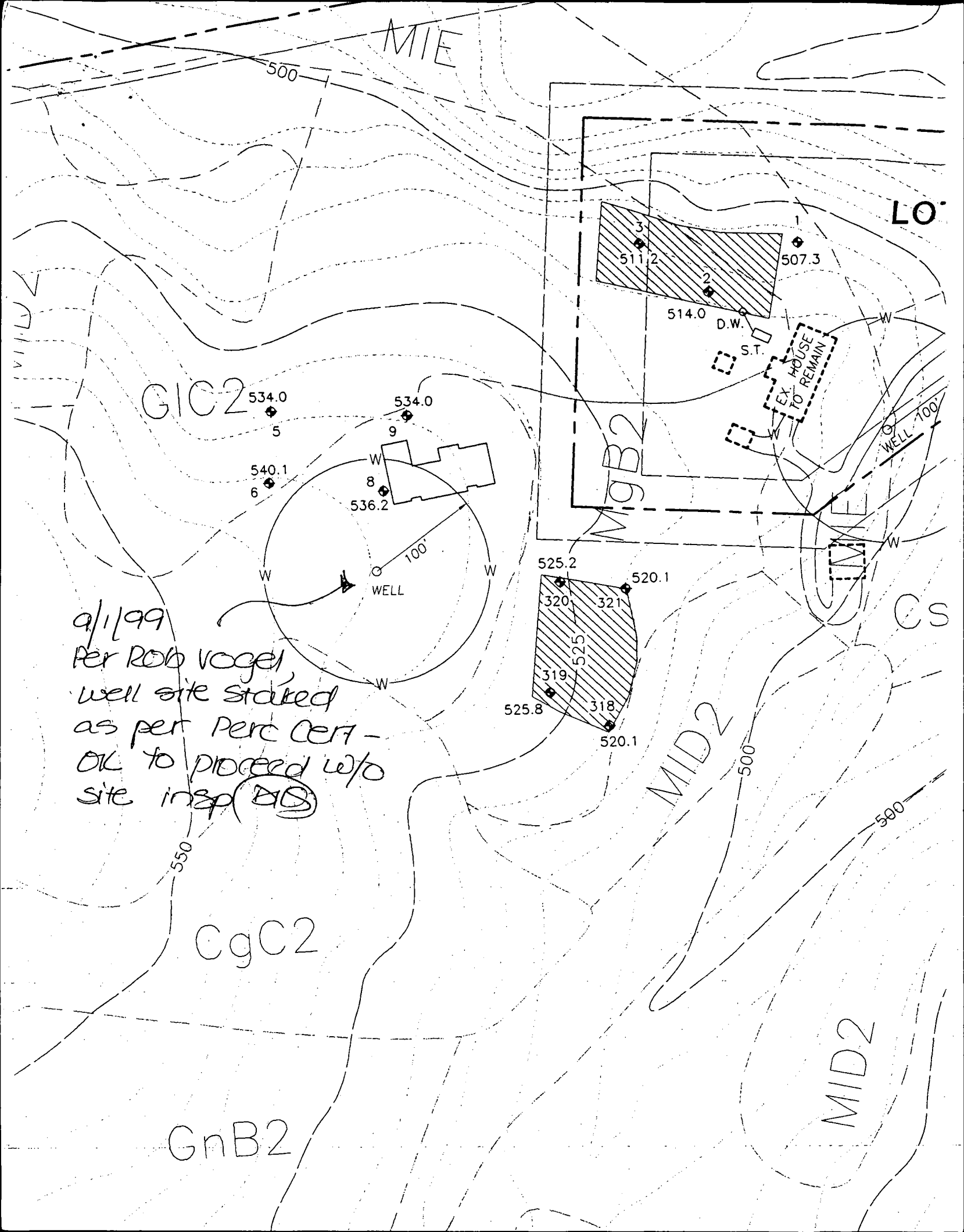


SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



9/14/99 spoke to
 Bob Vogel - He explained
 that the first well site
 was approved was okay
 to go - I approved
 alt #1 and alt #2 -
 OK to proceed (AS)



MIE

LO

G1C2

GnB2

MID2

Cs

CgC2

GnB2

500

534.0

534.0

5

9

540.1

6

8

536.2

WELL

100'

514.0

D.W.

S.T.

EX. HOUSE TO REMAIN

WELL 100'

525.2

520.1

320

321

319

318

525.8

520.1

550

500

500

9/1/99
 Per Rob Vogel,
 well site stated
 as per Perc Cert -
 OK to proceed w/o
 site insp (D.D.)

Tradition Home Builders, Inc.
4540 Ten Oaks Rd
Dayton, MD 21036

October 1, 1999

RE: Building Permit # B00119107
Tennant Property
12258 Frederick Rd
Ellicott City, MD 21794

To: Mrs. Avis Corbin, Chief
Licenses + Permits Division

Dear Mrs. Corbin -

Due to having to move the well for the above property we also had to slightly move the house. I have enclosed four copies of the revised plot plan for your inspection. If you have any questions or concerns please feel free to contact me at 410-531-9203. (The original site plan has already been approved by all department except the health department.)

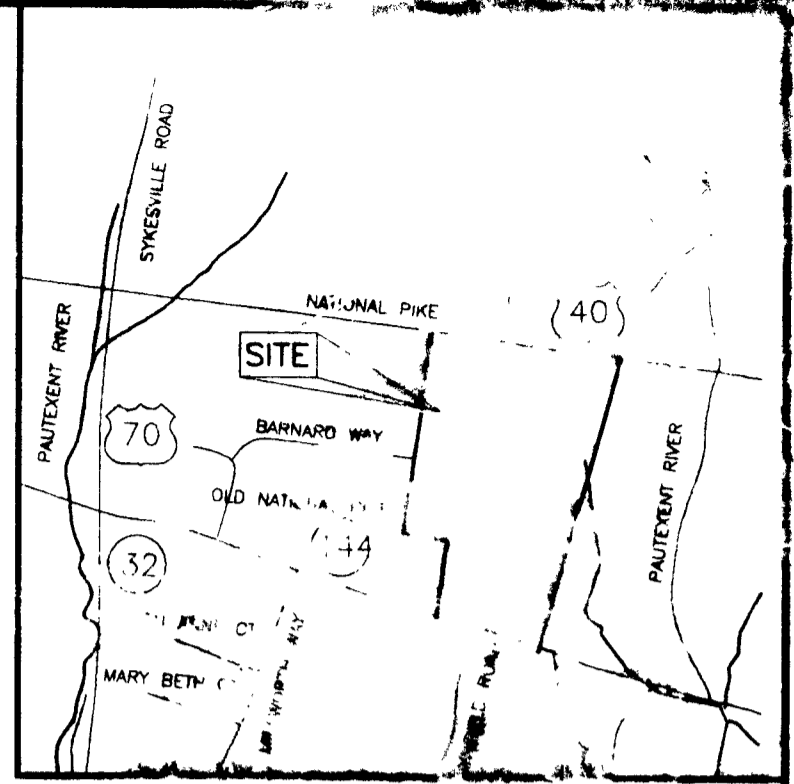
Sincerely,
Ann Leaf

Ann Leaf

10/8/99
no objection - BP signed.
(Health Dept) DRS

PLAT OF SANDY HILL ESTATES
PLAT NO. 4646-4647

TM 16 P 23
PHILIP DEITZ, JR.
MILDRED DEITZ
L 3041 & 305



VICINITY MAP

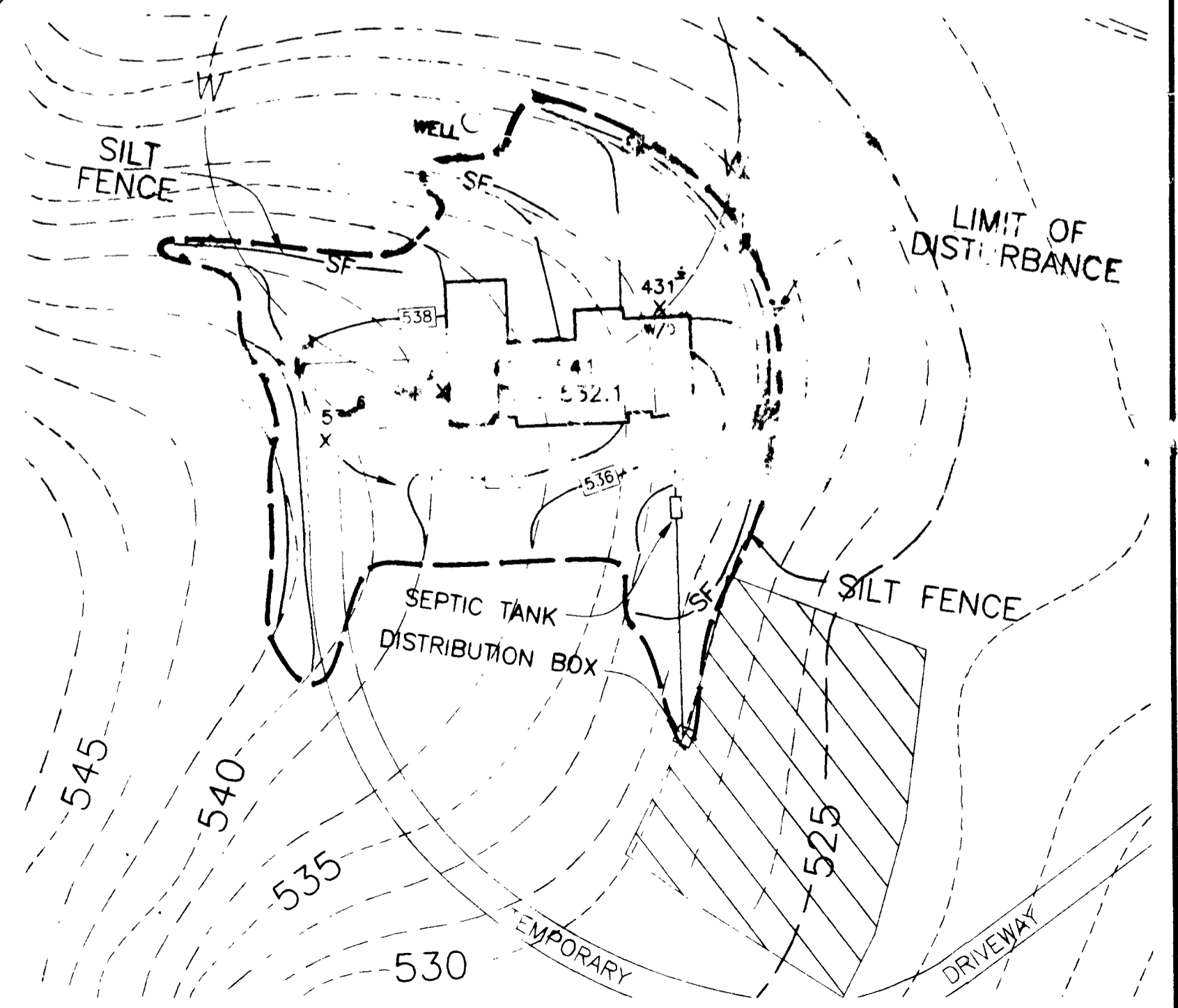
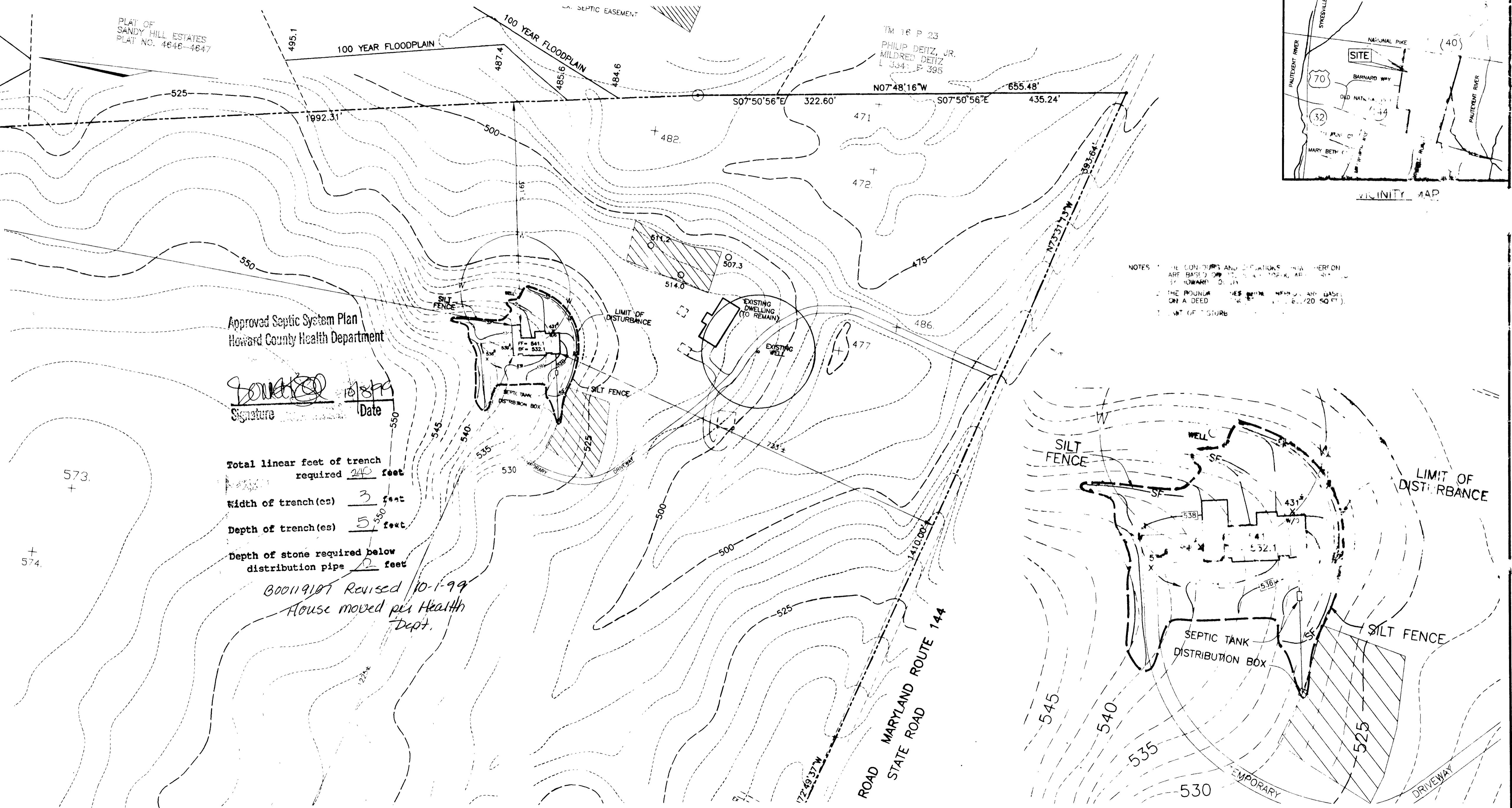
NOTES: 1. ALL CONTOURS AND LOCATIONS SHOWN HEREON ARE BASED ON THE SURVEY WORK APPROVED BY HOWARD COUNTY.
2. THE BOUNDARIES SHOWN HEREON ARE BASED ON A DEED (L 3041 & 305) (1/20 SQ FT).
3. LIMIT OF DISTURBANCE

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature _____ Date 10/18/99

Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2 feet

000119107 Revised 10-1-99
House moved per Health Dept.



SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Ennaut Property

511467

STREET NAME: Frederick Road

LOT NUMBER: 2

AVERAGE PERCOLATION RATE: 2 SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM: 60

TOTAL LINEAR FEET OF TRENCH: 240 SEPTIC TANK CAPACITY: 124

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade.

Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

LOCATION: Place the distribution box at the point shown on the approved BP site plan. Run trenches along contour in both directions.

ADDITIONAL NOTES: _____

Reviewer: DOS

Date: 10/8/79

4/15/99
16:00

APPLICATION

PERCOLATION TESTING

A 511467

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*PREVIEW OK
2 LOT SUBD.
1 HOUSE EXISTING
BUT TO BE
DEMOLISHED,
3/19/99*

DISTRICT _____

DATE 3-19-99

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Richard Tennant~~ Richard TENNANT

ADDRESS 12256 FREDERICK ROAD PHONE (410) 988-9166

AGENT OR PROSPECTIVE BUYER IKO DEVELOPMENT

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TENNANT PROJECT LOT NO. 2
12258

ROAD AND DESCRIPTION FREDERICK ROAD WEST OF SAND HILL

TAX MAP 15 PARCEL # 183

SIZE OF LOT 3 AC TYPE BLDG. SINGLE FAMILY - 4 BDRM
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SEDL PERMIT SIGNED

AND RETURNED 10-8-99

Serial # 13 0011 9107

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]
(SIGNATURE OF APPLICANT) *Pro*

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

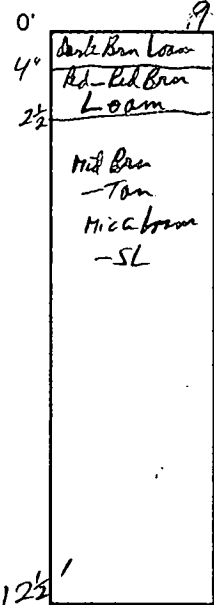
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

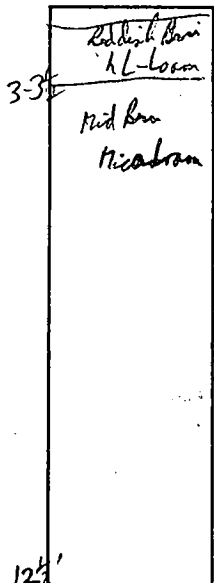
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

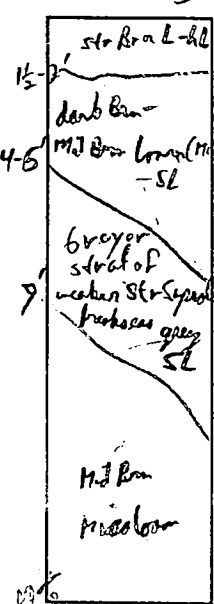
SOIL PROFILE 9



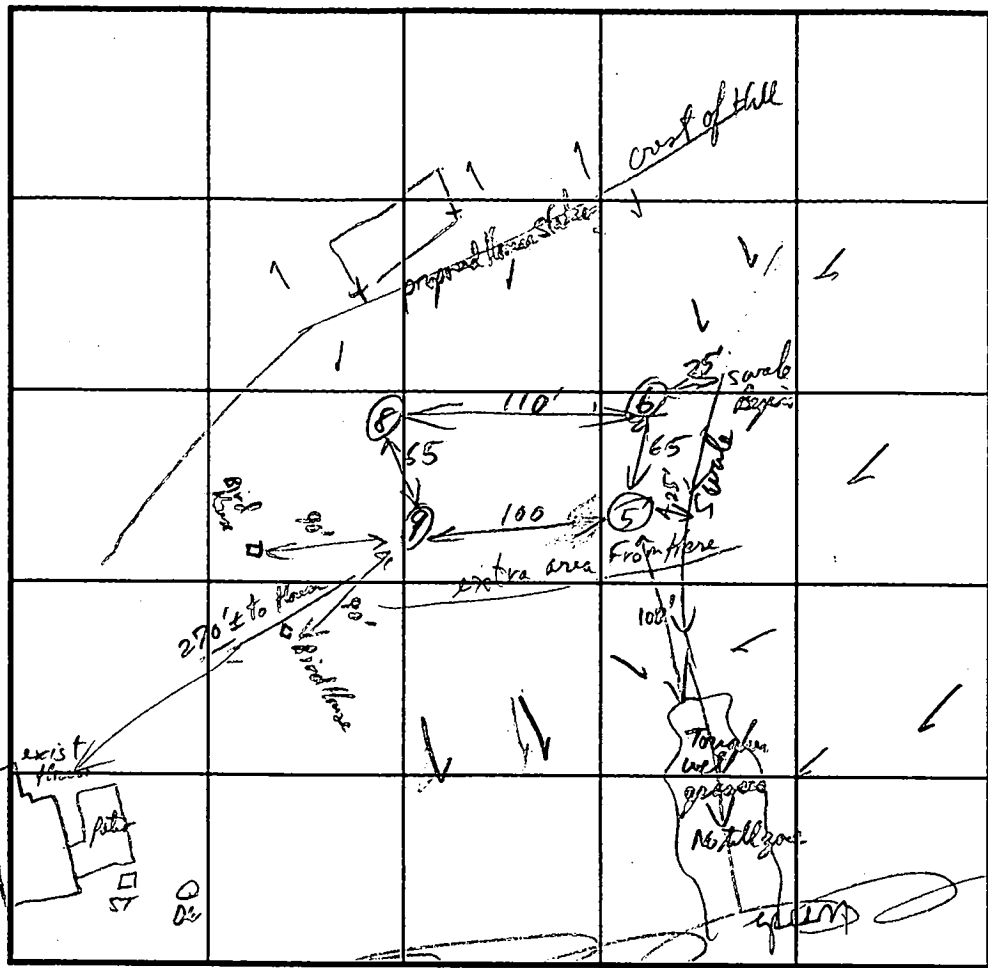
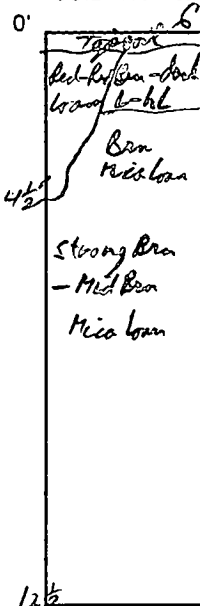
8



5



SOIL PROFILE 6



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/99	9	12 1/2' 3"	10:45:30	10:47:00	10:47:00	10:48:20	Too Fast @ 6" well
		New Test (High hole) 14" wide hole 3'	10:52:50	10:54:50	10:54:50	10:57:40	2 1/2 - 3 psi
	8	test in red loams (12" wide) 3'	11:03:00	11:08:00	11:08:00	11:12:00	4 1/2 psi
		12'					
	5	test in micaceous (Low hole) 12" wide 3'	11:12:49	11:16:30	11:16:30	11:22:00	4 min
		12'					
	6	(same elevation as hole 9) No Test - Visual only - similar colors & Test					
		12 1/2'					

REMARKS: No backhoe. Tests 25' In soil Swale. Made to area backfill of Trench for 10,000 lbs but Soil Badly Unif. No other test holes needed.

TYPE OF SOIL: Mason

TESTED BY: Riffledy

ALSO PRESENT: Vogel, Owen, Pothole

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 2-5 psi TRENCH WIDTH: 2

INLET DEPTH: 1 1/2 - 2 MAXIMUM BOTTOM DEPTH: 6 SQ. FT./BEDROOM: 180

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER TENNANT

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TENNANT PROPERTY LOT NO. 2

ROAD AND DESCRIPTION FREDERICK ROAD

TAX MAP 15 PARCEL # 183

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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
321

0' topsoil

1' org brn d Lm

3' tan si Lm w/mica

13' 25%+ sapr sh

320

0' topsoil

1' org brn d Lm

3' lt brn si Lm w/mica

11' 10%+ sapr sh

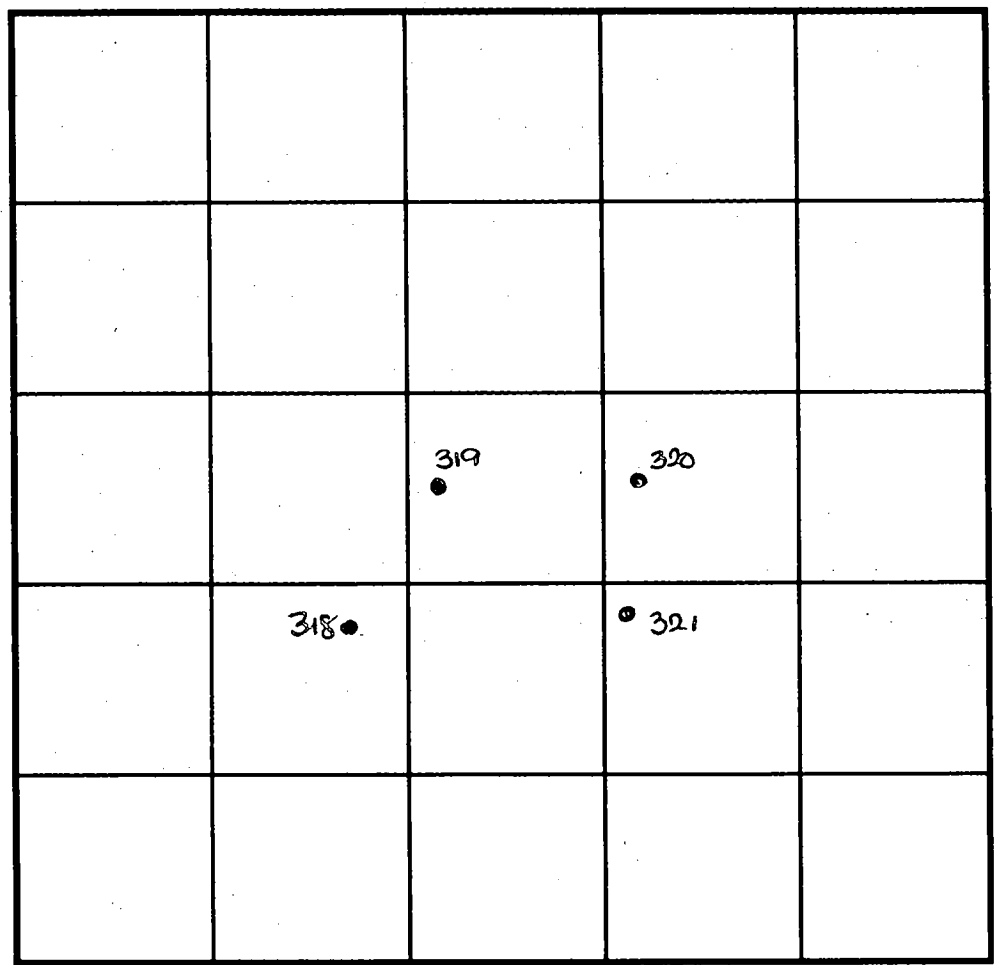
319

0' topsoil

1' org brn d Lm

3' pale org beige si Lm w/mica

13' 20%+ sapr sh



SOIL PROFILE
318

0' like 319

12' w/ 10%+ sapr sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-23-99	321	3.5'S	11:51	11:52	11:52	11:53 ₂	2
		13.0'D	visual	-see	profile		OK
	320	3.0'S	11:49	11:49 ₃	11:49 ₃	11:51	2
		11.0'D	visual	-see	profile		OK
	319	13.0'D	visual	-see	profile		OK
	318	12.0'D	visual	-see	profile		OK

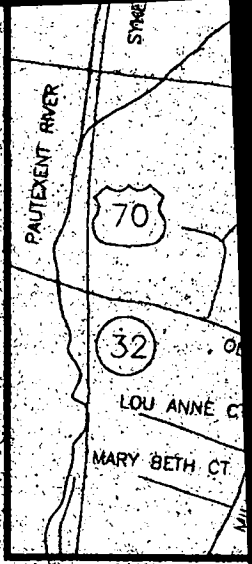
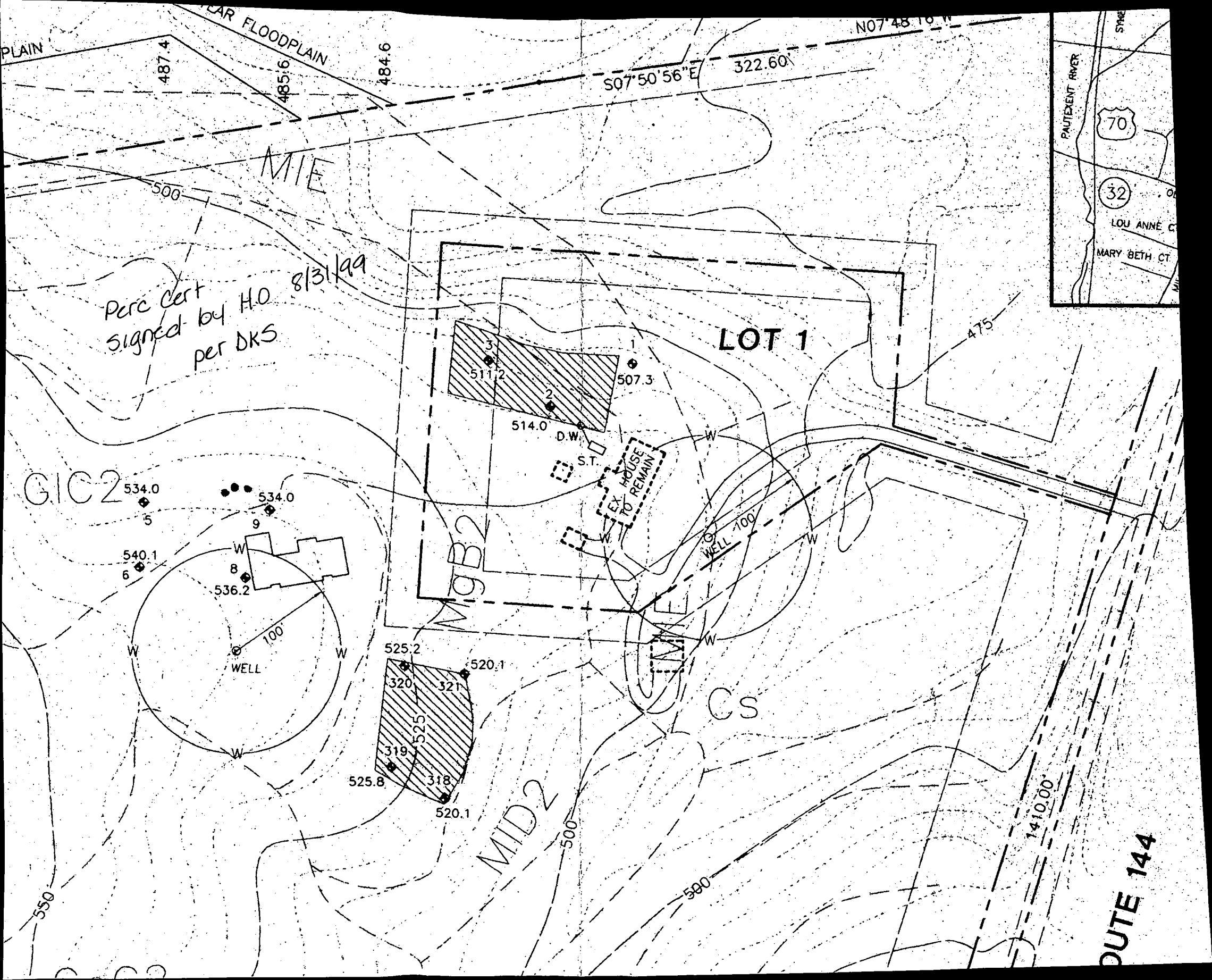
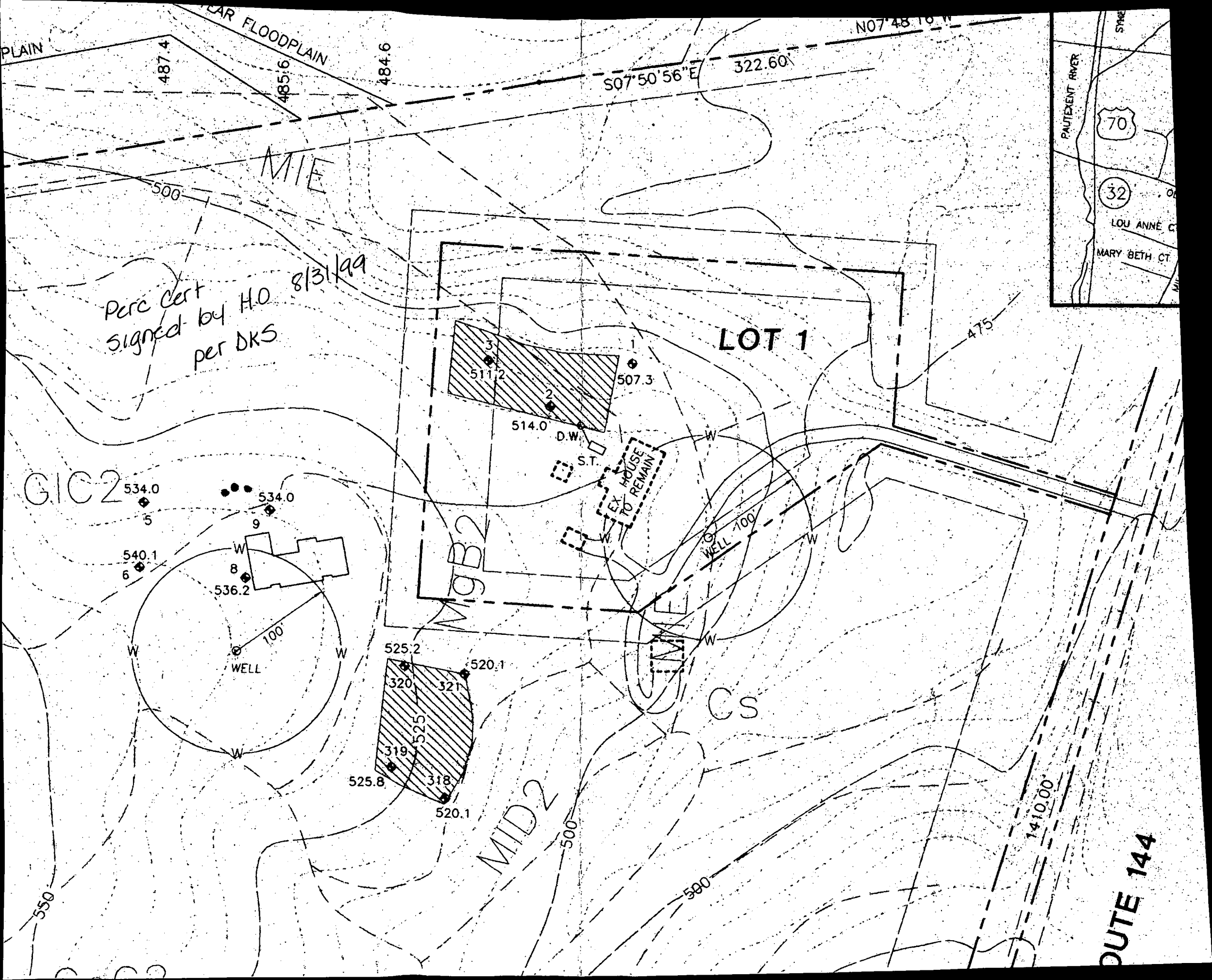
REMARKS holes tested as stalled

TYPE OF SOIL _____

TESTED BY D. SPP ALSO PRESENT C. ZAPP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3'

INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 180



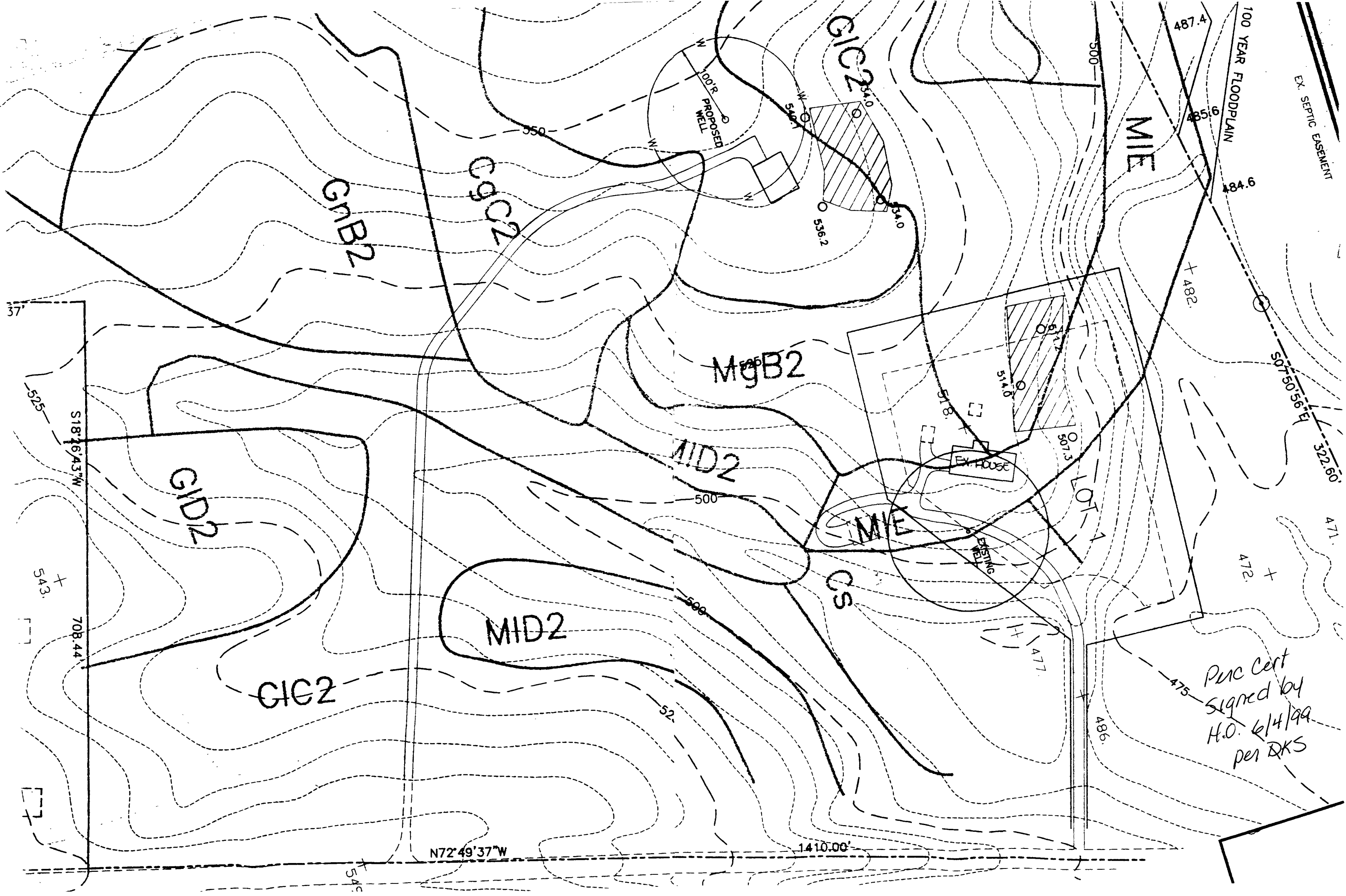
Peric Cert
signed by H.O. 8/31/99
per DKS

GIC2

MID2

CS

ROUTE 144



Purc Cert
Signed by
H.O. 6/4/99
per DKS

EX. SEPTIC EASEMENT

100 YEAR FLOODPLAIN

100' R
PROPOSED
WELL

EX. HOUSE

EXISTING
WELL

LOT 1

CS

MIE

MIE

MgB2

MID2

MID2

CIB2

GID2

CIB2

GIB2

GIB2

S18°26'43"W

543

708.44

37'

525

545

N72°49'37"W

1410.00'

52

500

500

518

517

507.3

486

475

472

471

322.60'

S07°50'59"E

482

484.6

487.4

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2404
 Location of property (road) Frederick Rd
 Subdivision Tennant Prop Lot 2 Block _____ Plat _____ Sec. _____
 Well Driller Cline & Duvall Owner Tennant

Depth of well 500
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 40

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10
 Total time 30 MIN to reach pumping water level _____ ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	40	30 SECONDS		10
8:45	101	30 "		10
8:59	136	30 "		10
9:00	137	1 MIN 40 SEC		3
9:15	137	1 MIN 40 SEC		3
9:30	137	1 MIN 40 SEC		3
9:45	137	1 MIN 40 SEC		3
10:00	137	1 MIN 40 SEC		3
10:15	137	1 MIN 40 SEC		3
10:30	137	1 MIN 40 SEC		3
10:45	137	1 MIN 40 SEC		3
11:00	137	1 MIN 40 SEC		3
11:15	137	1 MIN 40 SEC		3
11:30	137	1 MIN 40 SEC		3
11:45	137	1 MIN 40 SEC		3
12:00	137	1 MIN 40 SEC		3
12:15	137	1 MIN 40 SEC		3
12:30	137	1 MIN 40 SEC		3
12:45	137	1 MIN 40 SEC		3
1:00	137	1 MIN 40 SEC		3
1:15	137	1 MIN 40 SEC		3
1:30	137	1 MIN 40 SEC		3
1:45	137	1 MIN 40 SEC		3
2:00	137	1 MIN 40 SEC		3