

10/17/84  
10/18/84  
10/19/84  
a.m. please  
after lunch

APPROVED  
10/24/84  
R HODGES P 34467

# PERMIT

A 29373

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

ELLICOTT CITY

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-389097

DISTRICT 5th.

INDEXED

DATE 10/15/84

Donald Parlette IS PERMITTED TO INSTALL  ALTER

ADDRESS 6575 Route 32, Clarksville, MD 21029 PHONE 286-2140

SUBDIVISION Broadwater Estates ROAD 5698 Chamblis Drive LOT 6

PROPERTY OWNER Leland W. Miller & Julianne B. ~~Skinner~~

ADDRESS 9218 May Day Court  
Columbia, Maryland 21044

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

BLDG. PERMIT SIGNED  
AND RETURNED 8-25-99  
Serial # B 012 0110 deck

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 9 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start the trench 150 feet from the left sideline and 125 feet from the rear lot line as seen when facing the lot from Chamblis Court. Continue to dig the trench on level ground the necessary distance. Place the second trench if necessary parallel to and 10 feet away from the first trench. Note: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED  
AND RETURNED 12/7/90  
Serial # 35587  
Addition

PLANS APPROVED BY Frank Skinner DATE 10/9/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

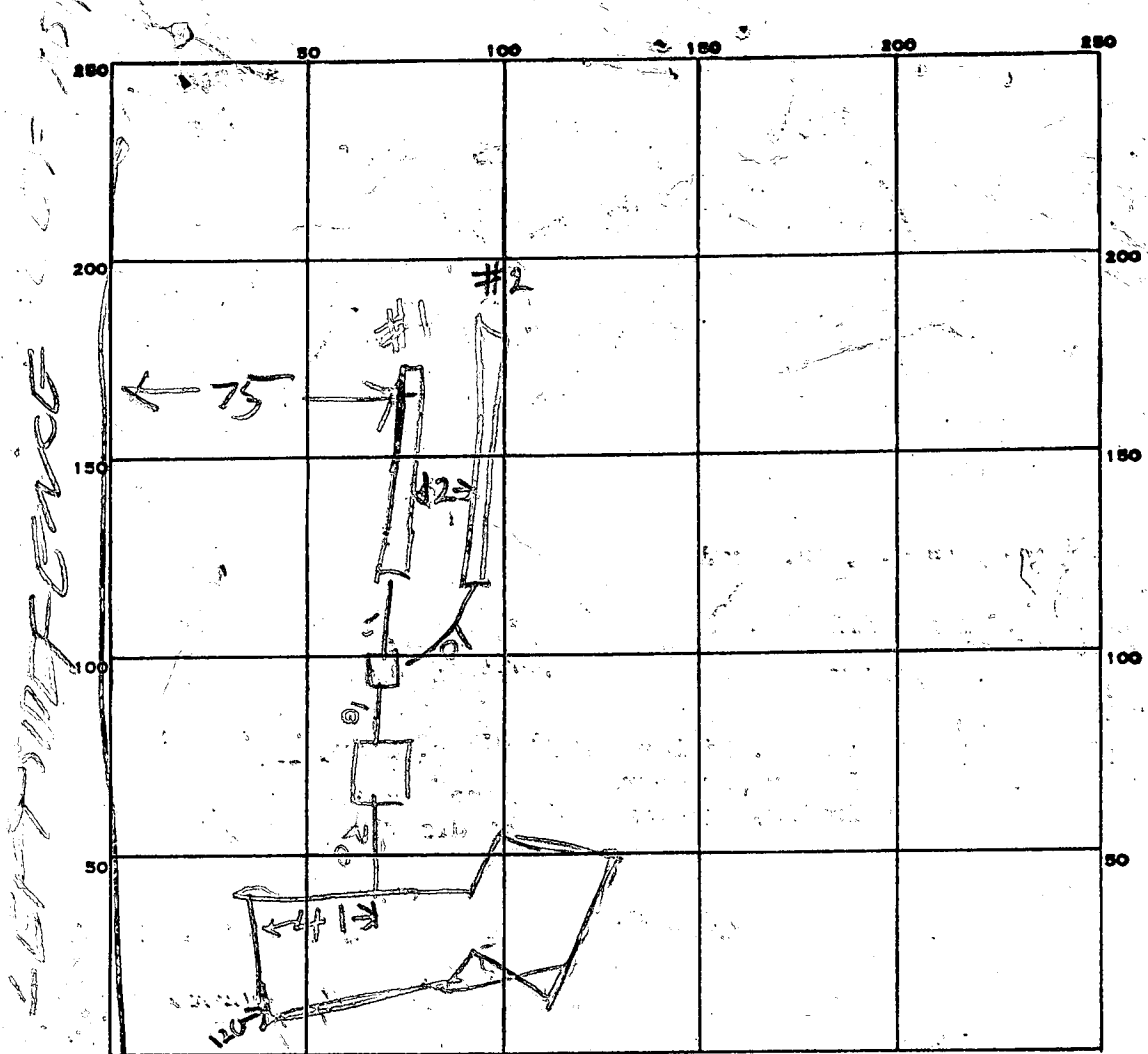
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS

EH - 2-1082

A 29373



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 1500

CLEANOUTS ST  
OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 

#1	#2
9.5	10

 FT. TRENCH WIDTH 

#1
2

 FT.

GRAVEL DEPTH 

#1	#2
5-6	7.5

 IN. TOTAL LENGTH 

#1	#2
73	83

 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 

#1	#2
365	438
621	

TOTAL  
280 to 1059

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 10/17/84  
3-4' FOOT OF COVER REMOVED FROM TRENCH AREA

THEREFOR DISPOSAL SYSTEM TO BE INSTALLED WITH INLET AS  
SHALLOW AS POSSIBLE. C.W. Miller 10/19/84 GROUND CUT  
A FEW FT UPSTREAM END OF DITCH #1 STONE ADDED  
1/2-3/4 COVER BUILDER TO SUBMIT STATEMENT AS TO DEPTH  
BEFORE GOING AHEAD. COVER EVERYTHING FINAL APPROVAL PENDING  
LETTER FROM BUILDER RE 10/24/84 BUILDER SUBMITTED LETTER  
DATE SYSTEM APPROVED 12/12/84 INSPECTOR Raymond Hoyle

Building Address 5698 Chambers Dr  
Clarksville MD 21029

Property Owner's Name Leland & Jolanta Miller  
 Address Same  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Broadwater Est  
 Home Phone 410 531 6517 Work Phone 301 688 0330

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Tax Map 28 Parcel 3897 Grid 22  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates 1405 Lot size \_\_\_\_\_

Existing Use SD  
 Proposed Use Same  
 Estimated Construction Cost \$ 1200  
 Contractor Company Owner  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Work DECK ON REAR OF HOUSE  
16' x 18' W/ STEPS TO GRADE  
 License No. \_\_\_\_\_ Fax \_\_\_\_\_  
 Phone \_\_\_\_\_

Occupant or Tenant Same  
 Engineer or Architect Company Owner  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

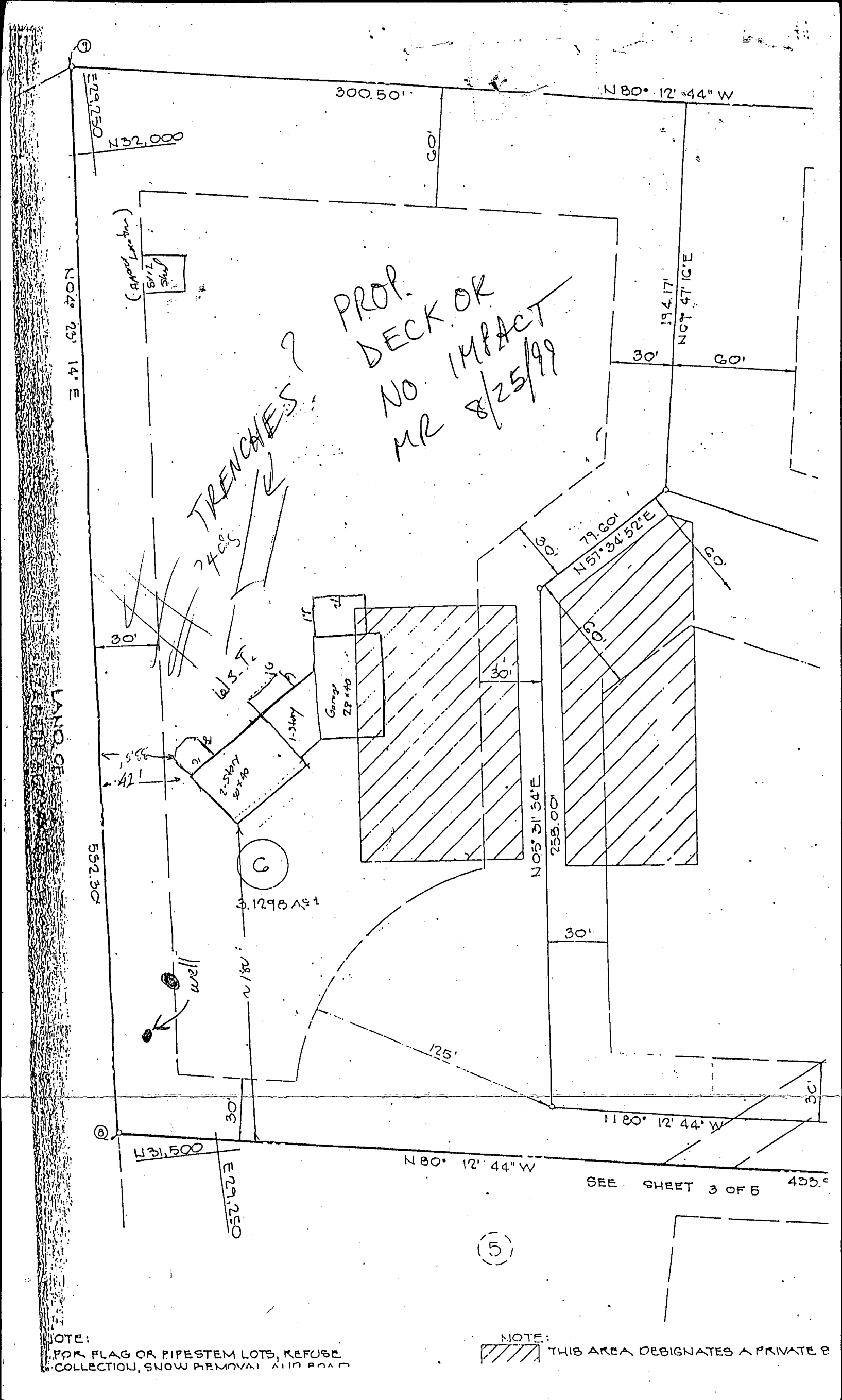
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private _____
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>
Construction type: Reinforced Concrete _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
Structural Steel _____	Natural Gas <input type="checkbox"/>	No. of Bedrooms _____	No. of Bedrooms _____
Masonry _____	Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____	Multi-family dwellings: No. of efficiency units: _____
Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units: _____	No. of 1 BR units: _____
State Certified Modular _____	Full _____	No. of 2 BR units: _____	No. of 2 BR units: _____
	Partial _____	No. of 3 BR units: _____	No. of 3 BR units: _____
	Other Suppression _____	Other Structure: <u>Deck</u>	Other Structure: _____
	# of Heads _____	Dimensions: <u>16' x 18'</u>	Dimensions: _____
		Footings: <u>0</u>	Footings: _____
		Roof: <u>N/A</u>	Roof: _____
		State Certified Modular _____	State Certified Modular _____
		Manufactured Home _____	Manufactured Home _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Leland W. Miller  
 Date 25 Aug 1999

Title/Company \_\_\_\_\_ Date \_\_\_\_\_  
 Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	42197
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>20</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>8/25/99</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>20</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2217</u>
			Accepted by <u>[Signature]</u>	Validation # <u>24120</u>



PROP. DECK OR NO IMPACT MR 8/25/99

TRENCHES ? 40'S

(Apparent location) 7/18

Garage 28' x 40'

2-story 28' x 40'

9

3.1298 AS 1

well

LAND OF

NOTE: FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD

NOTE: THIS AREA DESIGNATES A PRIVATE &

SEE SHEET 3 OF 5

(5)

*Prel*

# APPLICATION

A 29007

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, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE 10/11/78

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 Arlie W. Broadwater

ADDRESS 5435 Broadwater Lane, Clarksville, Md. 21029 PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Broadwater Estates LOT NO. 6

ROAD AND DESCRIPTION off Broadwater Lane

SIZE OF LOT 3.2 acres m/1 TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Jack T. Gibson

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT





B 1 **1615** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

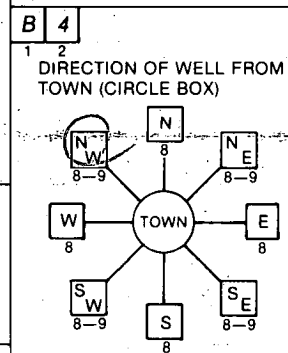
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
*Easterday* *8:00 Pump 6 W*  
 Please print or type

OEP PERMIT NUMBER  
**HO-81-0501**  
 fill in this form completely

Date Received **4-18-84 - Drust** **4/19/84**  
 OWNER INFORMATION  
 Miller Leland W  
 586 Belmawr Place  
 Millersville Md 21108

B 3 LOCATION OF WELL  
 Howard  
 Broadwater Estates  
 SECTION 6 LOT 6  
 Clarksville  
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION  
 George F. Easterday  
 L. F. Easterday, Inc.  
 9265 Brown Church Rd. Mt. Airy, Md. 21771  
 George F. Easterday 3/30/84



Chamblis Dr  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 400  
 DISTANCE FROM ROAD  
 ENTER FT or MI FT

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 HOWARD COUNTY NAME  
 A 29373 COUNTY NO.  
 OEP SIGNATURE DATE ISSUED 041384 Frank Shinn 10/13/84  
 NORTH GRID 505000 EAST GRID 0810000

APPROXIMATE DEPTH OF WELL 200 FEET

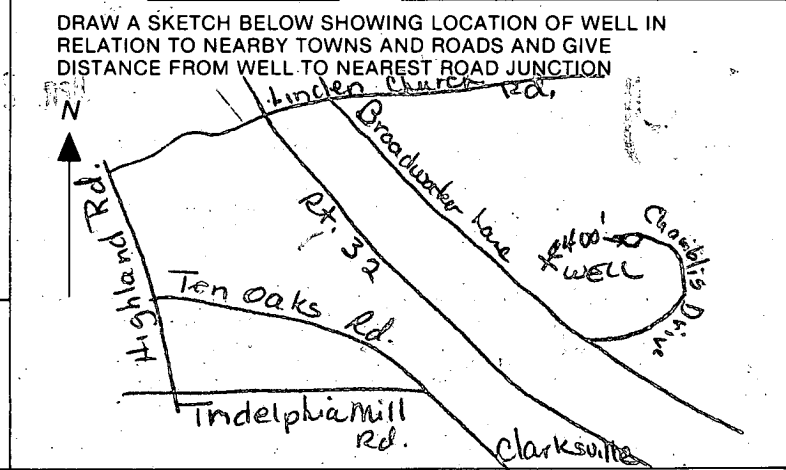
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROtary  AIR-PERcussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROtary  DRive-POINT  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 810 0  
 N 500 5

Location OK  
 67' casing  
 60' open  
 X 19' - large cement well  
 4/18/84  
 JB

REPLACEMENT OR DEEPEINED 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  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE FS WRITE INITIALS IN BOX PERMIT No. HO-81-0501

SPECIAL CONDITIONS

C1 **3391** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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 **A 29373**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **041984** Depth of Well **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-0501**

OWNER **Miller** last name **Chamblis Drive** first name **Leland W.** TOWN **Clarksville**  
 SUBDIVISION **Broadwater Estates** SECTION [ ] LOT **6**

**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	
Topsoil	0	2	
Br. mica	2	54	✓
Tan mica	54	64	
Gray mica	64	93	
Lt. Tan mica	93	96	✓
Gray mica	96	125	
Tan mica	125	128	
Gray mica	128	300	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **19** NO. OF POUNDS **1900**  
 GALLONS OF WATER **899**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **60** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
 ST  CO STEEL CONCRETE  
 PL  OT PLASTIC OTHER  
 MAIN CASING TYPE  ST Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **67**

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST  BR  HO STEEL BRASS OPEN HOLE  
 PL  OT PLASTIC OTHER

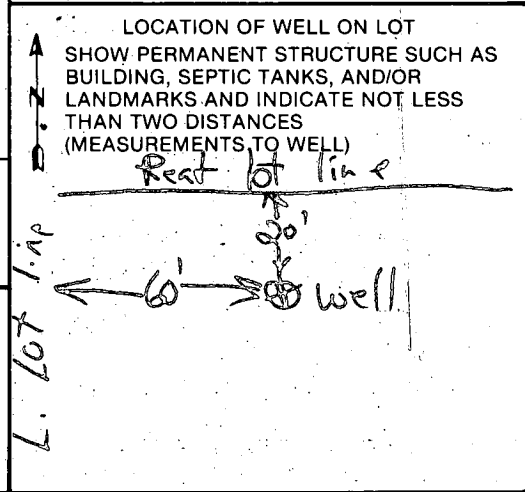
**C2**  
 DEPTH (nearest ft.)  
 HO **65** **300**  
 SLOT SIZE 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN [ ] (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T [ ] (E.R.O.S.) WQ [ ] [ ] [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) [ ] [ ] [ ] [ ]  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **4** WHEN PUMPING **127**  
 TYPE OF PUMP USED (for test)  S submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP (CIRCLE) YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  above  below LAND SURFACE **2** (nearest foot)



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 10.17.13 "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 IDENT. NO. **40**  
**George J. Eastday**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Wesley H. Bergquist**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

9:00

Review 5/2/84 OK, FS

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0501

Location of property (road) Chamblis Drive

Subdivision Broadwater Estate Lot Block Plat Sec.

Well Driller Gary S. Gooding Owner Leland Miller

Depth of well 300 2 GPM

Distance of measuring point (M.P.) above ground 24"

Static water level (S.W.L.) below M.P. 15' 5"

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 GPM

Total time 8:00 to reach pumping water level 124' 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)
8:00	124'	20 sec		3.6 G.P.M.
8:15	124'	20 sec		3.6 G.P.M.
8:30	124' 2"	20 sec		3.6 G.P.M.
8:45	125'	20 sec		3.6 G.P.M.
9:00	125'	20 sec		3.6 G.P.M.
9:15	124' 10"	20 sec		3.6 G.P.M.
9:30	124' 10"	20 sec		3.6 G.P.M.
9:45	125'	20 sec		3.6 G.P.M.
10:00	125'	20 sec		3.6 G.P.M.
10:15	125' 4"	20 sec		3.6 G.P.M.
10:30	126'	20 sec		3.6 G.P.M.
10:45	126' 1"	20 sec		3.6 G.P.M.
11:00	126' 3"	20 sec		3.6 G.P.M.
11:15	126' 4"	20 sec		3.6 G.P.M.
11:30	126' 4"	20 sec		3.6 G.P.M.
11:45	126'	20 sec		3.6 G.P.M.
12:00	126'	20 sec		3.6 G.P.M.
12:15	126'	20 sec		3.6 G.P.M.
12:30	126'	20 sec		3.6 G.P.M.
12:45	126' 6"	20 sec		3.6 G.P.M.
1:00	126'	20 sec		3.6 G.P.M.
1:15	126'	20 sec		3.6 G.P.M.
1:30	127'	20 sec		3.6 G.P.M.
1:45	127' 1"	20 sec		3.6 G.P.M.
2:00	127' 1"	20 sec	Bruc	3.6 G.P.M.