

8/2/88
8/8/88
MSB
05-352754
N

PERMIT

P 42186

A 37689

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 7/28/88

DATE SYSTEM APPROVED 8/5/88 Final

INSPECTOR C.B.D.

R. Calvin Thomas Excavators IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 329-6470

SUBDIVISION Buckskin West ROAD 4251 Buckskin Drive LOT 4

PROPERTY OWNER Howard Popkin

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4
880

TRENCHES - 220 square feet per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from right front lot corner, place 1st trench 180 feet down the front (315') lot line and 155 feet off the front line as seen when facing property from Buckskin Wood Drive. Run trenches along contour towards the left (415') lot line. NOTE: MAINTAIN MINIMUM 100' DISTANCE FROM WELL TO SEPTIC AND PROPER ELEVATION RELATIVE TO WELL.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. JK/CW

PLANS APPROVED BY Bert Nixon DATE 6/25/87

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 TWO YEARS.

BUDG. PERMIT SIGNED AND RETURNED 4/25/90

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. Sewal #322 3P-PM.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

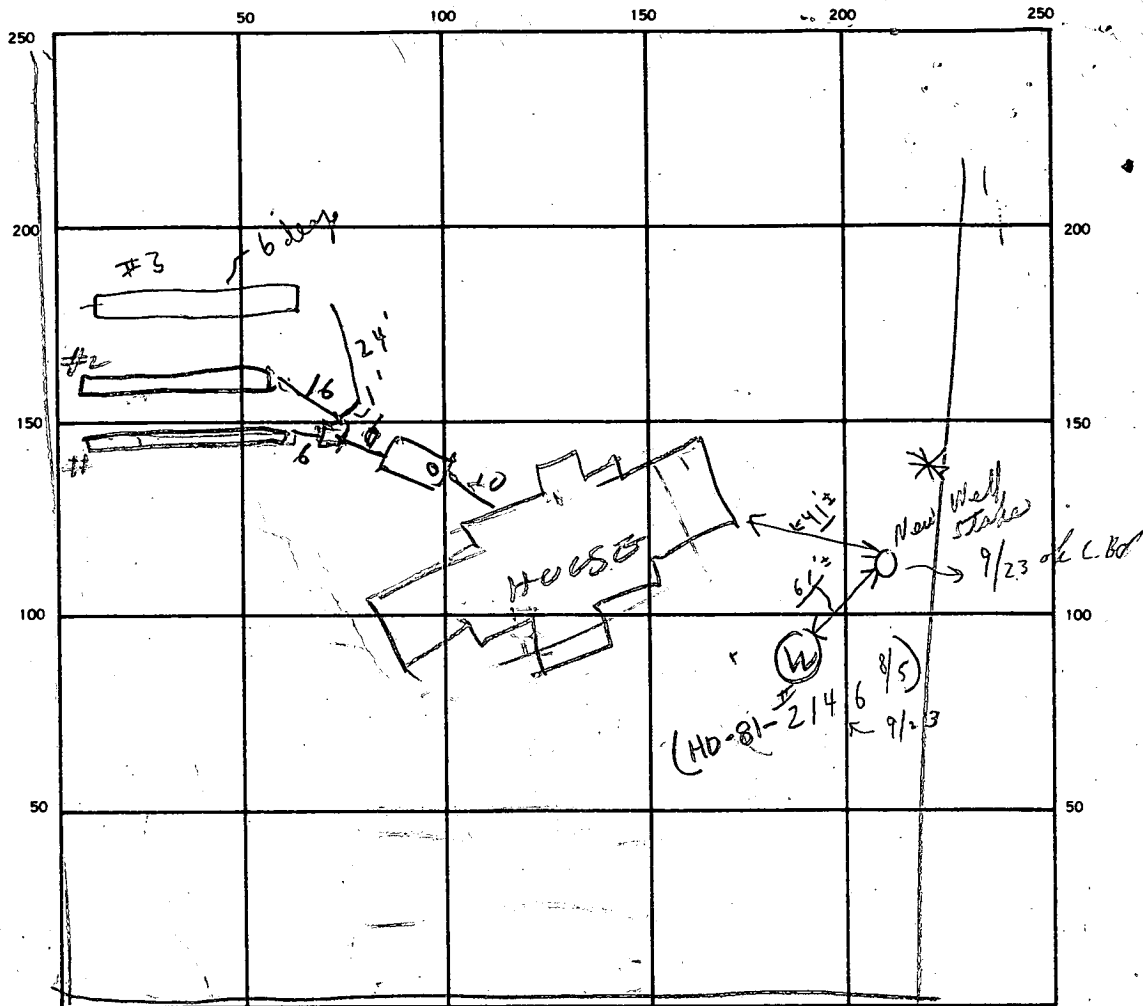
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

26

A 37689



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

ROAD

white plaster
C.O.S.T. 8/5

SEPTIC TANK. LEVEL 2000 (10' x 5') CLEANOUTS OK

DISTRIBUTION BOX. LEVEL Top

DRAIN FIELD/TILE FIELD. DEPTH

| | | |
|-----|---|---|
| 7.5 | 8 | 3 |
|-----|---|---|

 FT. TRENCH WIDTH 2 FT. INLET DEPTH

| | | |
|-----|-------|---|
| 3.5 | 3 1/2 | 3 |
|-----|-------|---|

 FT.

EFFECTIVE GRAVEL DEPTH

| | | |
|---|---|---|
| 4 | 4 | 4 |
|---|---|---|

 FT. TOTAL LENGTH

| | | |
|----|----|----|
| 75 | 75 | 75 |
|----|----|----|

 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA

| | | |
|-----|-----|-----|
| 300 | 300 | 300 |
|-----|-----|-----|

 SQ. FT. 300+ gravel

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 900 + SQ. FT.

REMARKS 8/13/88 - FINISH TRENCH #1 DIG TRENCH #2 & 3

& ADD SOME STONE BUT NOT COMPLETELY FULL

LOCATION OK. CALL RIT 8/4/88¹⁴⁰ - TRENCH #1 OK

TO COVER ADD STONE TO TRENCH #2 DIG TRENCH #2 8/4/88²⁴⁰ HALF

STONE ADDED TO TRENCH #2 FINISH TRENCH #2 & COVER. DIG TRENCH #3

8/5/88 ① Need block in Distribution box - connected to inlet.

① Trench ok for stone. ② ok for #3 trench to be covered

DATE SYSTEM APPROVED 8/5/88 Permit INSPECTOR Charles Bryan Wheeler

APPLICATION

PERCOLATION TESTING

A 37689

P _____

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

DISTRICT _____

DATE 9/22/86

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 Joel Ableson Howard Popkin

ADDRESS C/O Donald Rower PHONE 465-5885

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Buckskin West LOT NO. 4

ROAD AND DESCRIPTION BUCKSKIN WOOD DRIVE - EXTENDED
1251 Buckskin Dr.

TAX MAP 22 PARCEL # 122

SIZE OF LOT 3 ACRES TYPE BLDG. SFD
(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 S. Ableson FOR dup trenches DATE 11/25/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/25/86 PERC OK Hold FOR PLAT 1987

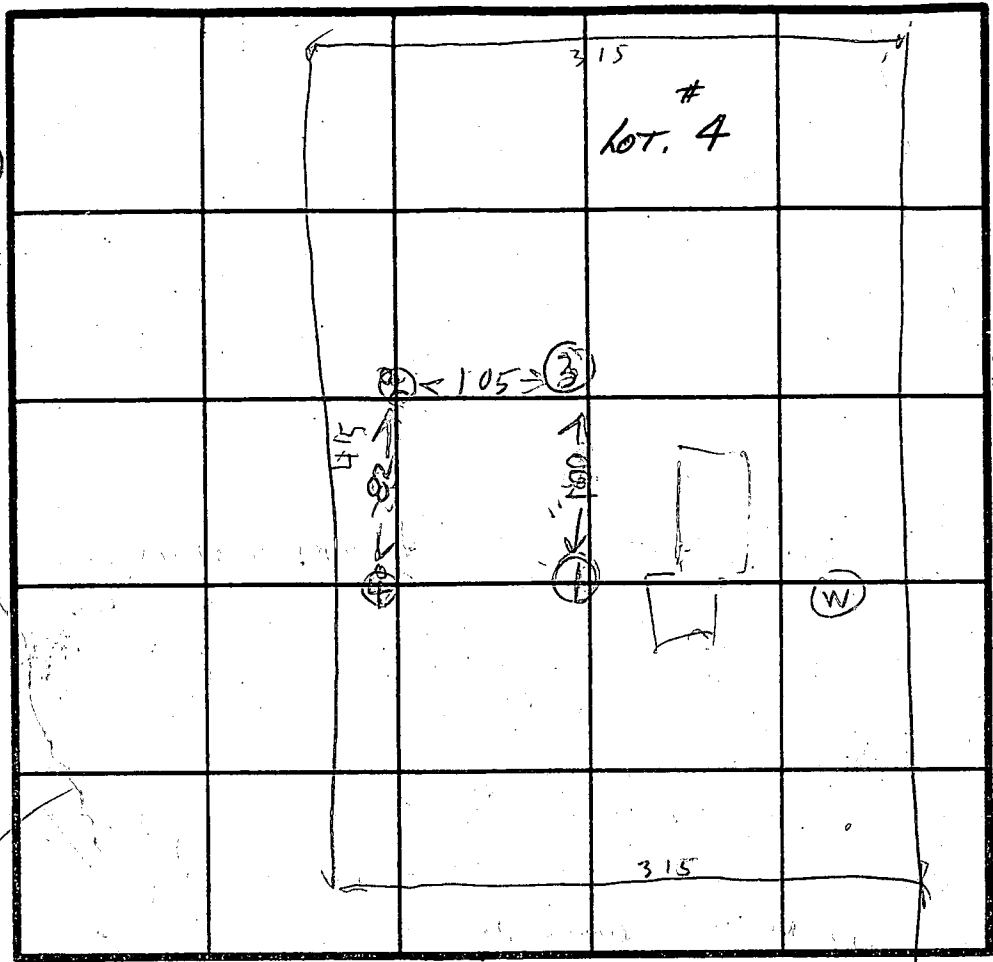
BLDG. PERMIT SIGNED
AND RETURNED 11/25/87

CP15708 8AC

THIS IS NOT A PERMIT

Lot 4

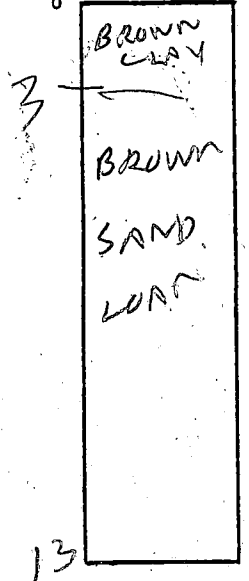
Lot 4



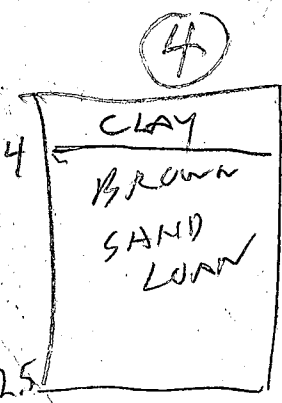
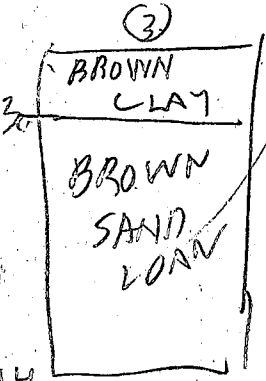
BOCKSKIN WOOD DRIVE

105

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

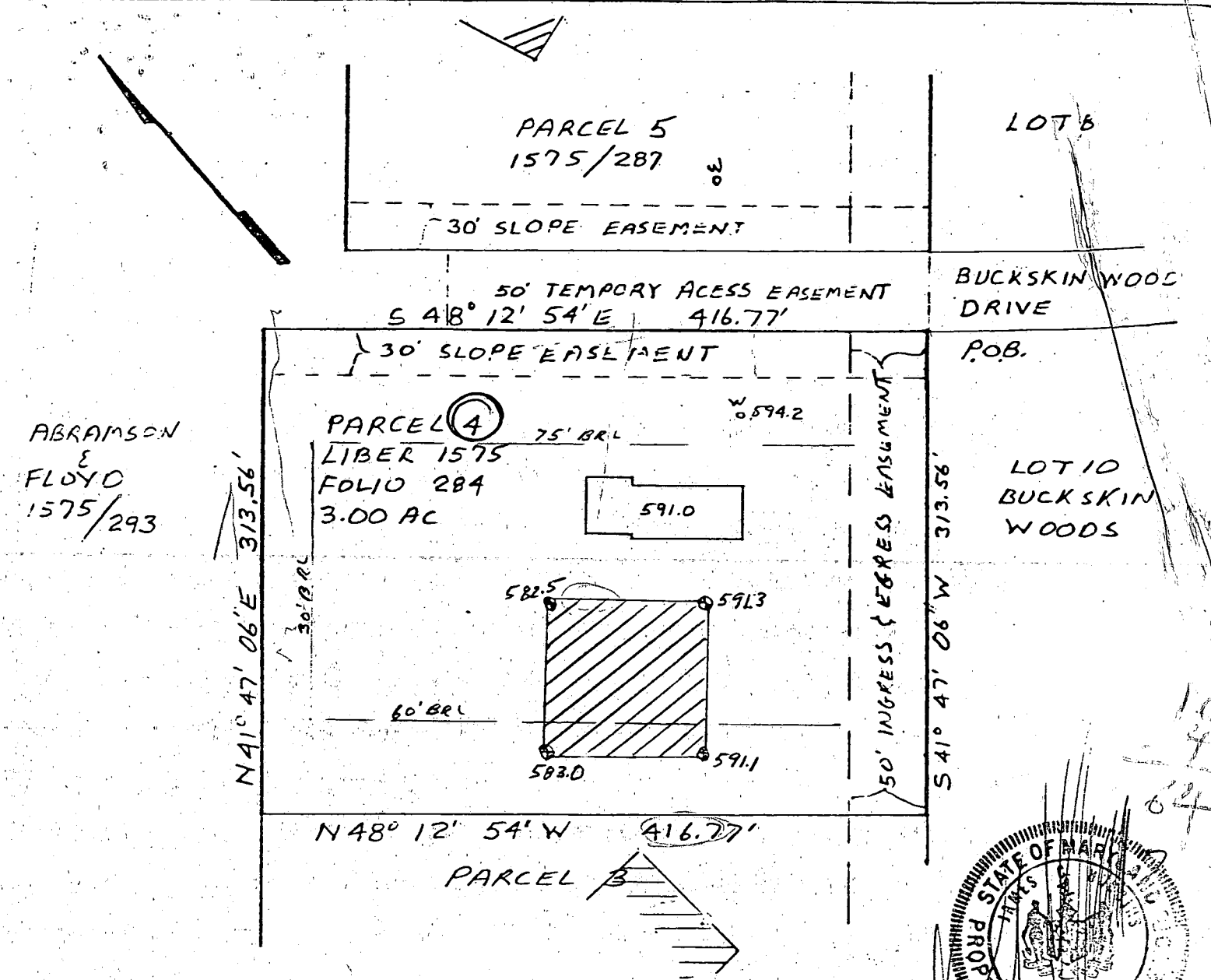



| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 9/23/86 | 1S | 4 | 143 | 144 | 144 | 149 | 3 |
| | 1V | 13 | OK | | | | |
| | 2S | 4 | 156 | 200 | 200 | 204 | 4 |
| 1 | 2V | 12.5 | OK | | | | |
| | 3S | 4.5 | 210 | 212 | 212 | 215 | 3 |
| | 3V | 14 | OK | | | | |
| 9/25/86 | 4S | 4 | 1030 | 1032 | 1032 | 1036 | 4 |
| | 4V | 8.5 | 1032 | 1035 | 1035 | 1038 | 3 |
| | 4V | 12.5 | OK | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

AV. TIME
3 MIN
MAX DEPTH
3 FT

REMARKS: DETAILED SOIL PROFILE NOT NEEDED HERE PER B
 TYPE OF SOIL: 9/24/86 - advise Late Rainy Day
 TESTED BY: B HEDGES
 ALSO PRESENT: G BRISCH, OKOTTERMAN, BACKLIFE

EH-12-1079



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.


Percolation test holes shown hereon have been field located and shown as "⊕".

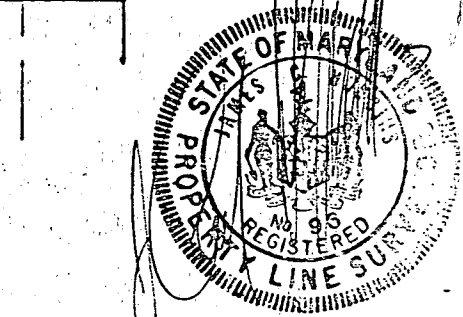
The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

Joyce M. Bayl M.D. / J.F. 6-26-87
 County Health Officer Date

OK 
 6/25/87



PERCOLATION TEST PLAT
 ABRAMSON & FLOYD
 PROPERTY
 PARCEL 4
 BUCKSKIN

5th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 06/11/87

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, MD 21771
 (301) 442-2031

B 7 0792 SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-2146
70 fill in this form completely 79

Date Received

8 13

OWNER INFORMATION

15 Last Name 34 Owner First Name
HOPKIN HOWARD

36 Street or RFD 55
9502 HARRAWAY CT

57 Town 70 State 72 Zip 76
COLUMBIA MD 21046

B 3

LOCATION OF WELL

1 2
HOWARD
8 COUNTY 21

23 SUBDIVISION 42
BUCKSKIN WEST

SECTION 44 46 LOT 48 50
4

52 NEAREST TOWN 71
GLENELG

MILES FROM TOWN (enter 0 if in town) 73 76 77 78
1 MI

2146

DRILLER INFORMATION

Driller's Name 77 License No. 80
Ralph Wayne 223

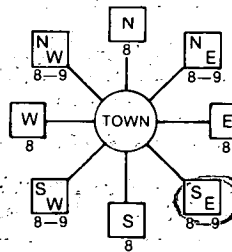
Firm Name
Ralph Wayne (Well Drilling)

Address
9120 Brown Court Rd. Mt. Airy

Signature 5/26/87 Date

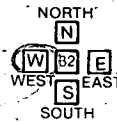
B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11. NEAR WHAT ROAD 30
BUCKSKIN 10000 RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37
DISTANCE FROM ROAD
200
ENTER FT or MI 38 39
FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
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

COUNTY NAME HOWARD COUNTY NO. A37689

OEP SIGNATURE DATE ISSUED

062587 AN Nufon 12/25/87
49 CO SIGNATURE 48 52 EXP. DATE 41

NORTH GRID 50 55 EAST GRID 57 63
517000 0807000

APPROXIMATE DEPTH OF WELL 24 28 FEET
150

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

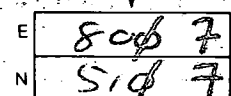
METHOD OF DRILLING (circle one)

- 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



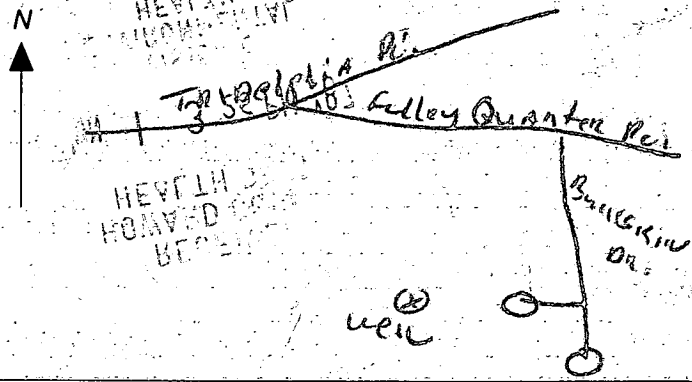
Location of well
58' - casing
2' - crown
40' x open
15' - Bags cement
6/30/87

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
- THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63

FORCE 67 68 WRITE INITIALS IN BOX PERMIT NO. 70 71 72 73 74 75 76 77 78 79
1078-2146

SPECIAL CONDITIONS GEORGIA Job American Prop.

B 1. **1622** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

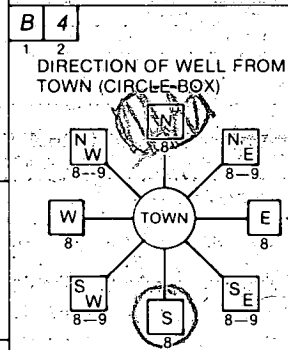
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0198
 fill in this form completely

Date Received (APA) **062080**
 OWNER INFORMATION
 15 Last Name **McFadden** Owner
 First Name **PLumbing**
 36 Street or RFD **224 Hunters Ridge Rd**
 57 Town **Lutherville** 70 State 72 **MD** Zip 76 **21043**

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD**
 23 SUBDIVISION **BUCKSKIN WEST**
 SECTION **44** LOT **4**
 52 NEAREST TOWN **WEST FRIENDSHIP**
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
 Driller's Name **Sandy B. Cochran** 77 License No. 80 **125**
 Firm Name **G. EDGAR HARR SONS CORP**
 Address **247 TALLS ROAD Cockeysville 21031**
 Signature **Sandy B. Cochran** Date **6-15-88**



4251 NEAR WHAT ROAD **BUCKSKIN WEST DR**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N)
 WEST (W)
 SOUTH (S)
 EAST (E)
 DISTANCE FROM ROAD **50** FT or MI

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

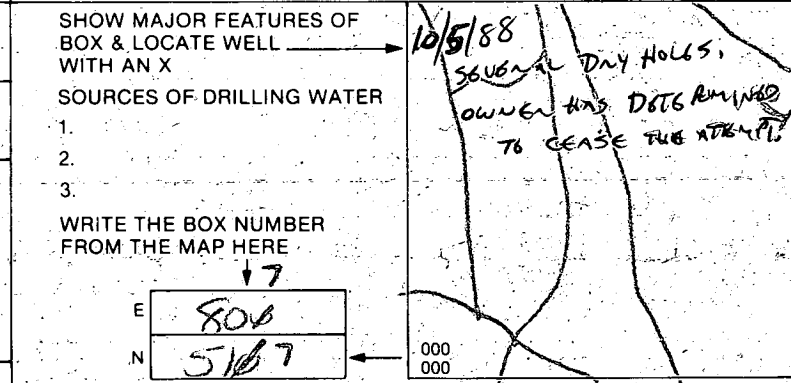
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A# 37687**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **092388** **Jane E. Madigan** EXP. DATE **03/28/89**
 NORTH GRID **517000** EAST GRID **0807000**

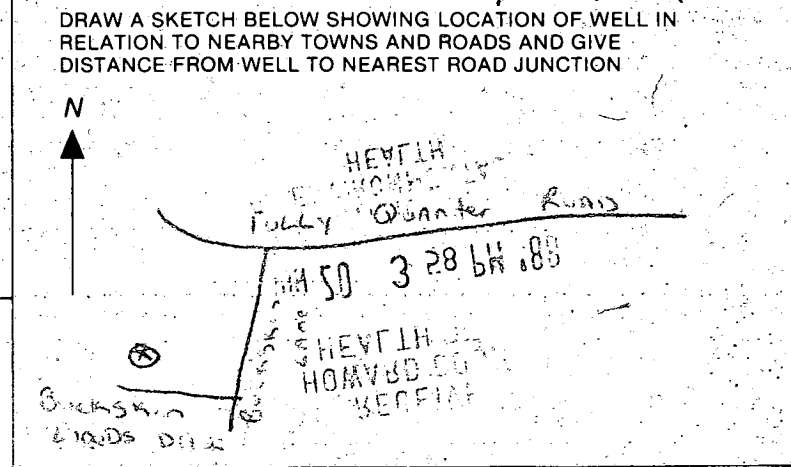
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTARY Drive-POINT
 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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



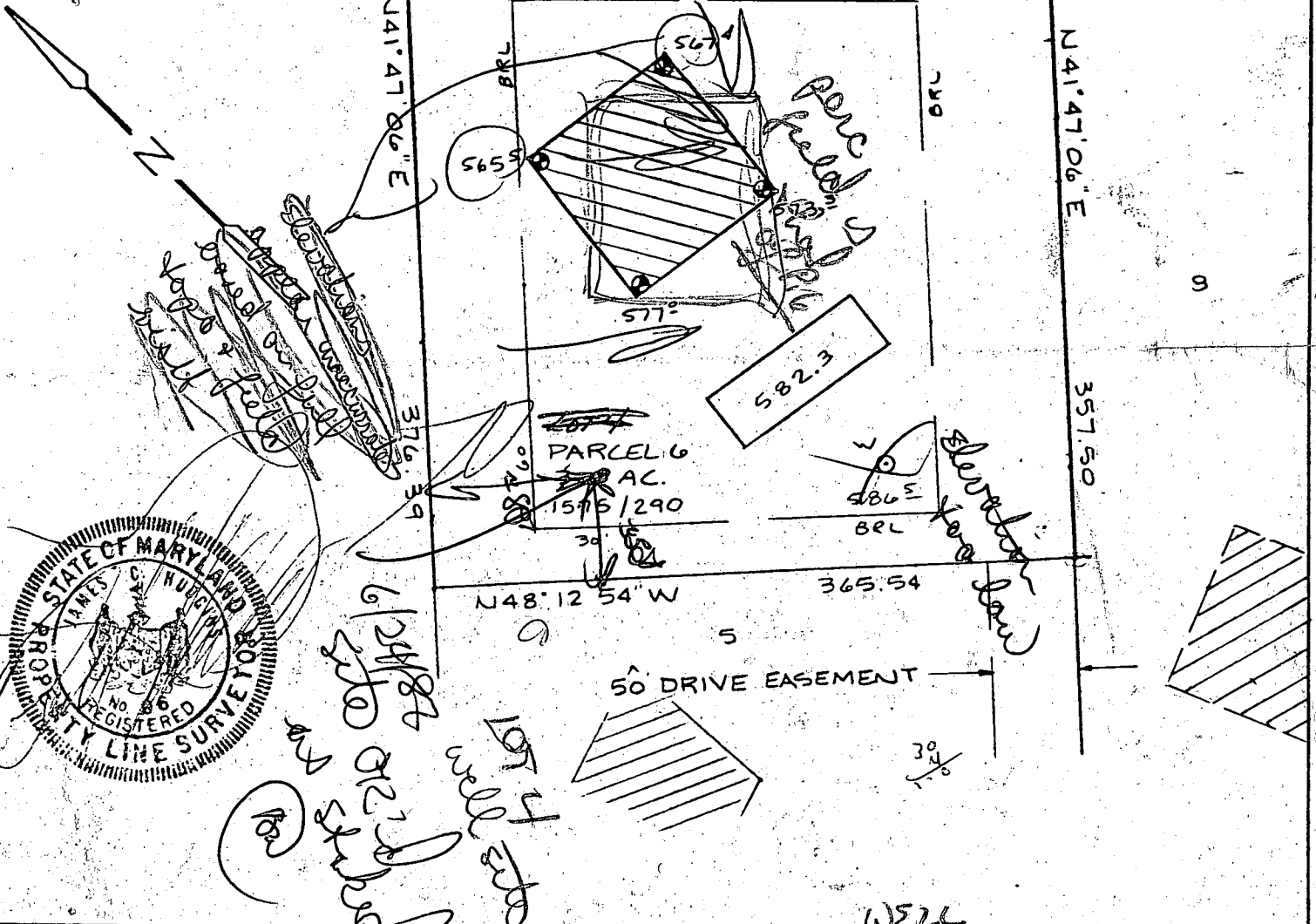
Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **1M** WRITE INITIALS IN BOX PERMIT No. **40-88-0198**


SPECIAL CONDITIONS
683-1600

COUNTY _____

545°15'21"E

366.03



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

County Health Officer

Date

WELL
 ↓
 LOT 4 - BUCKSKIN WEST

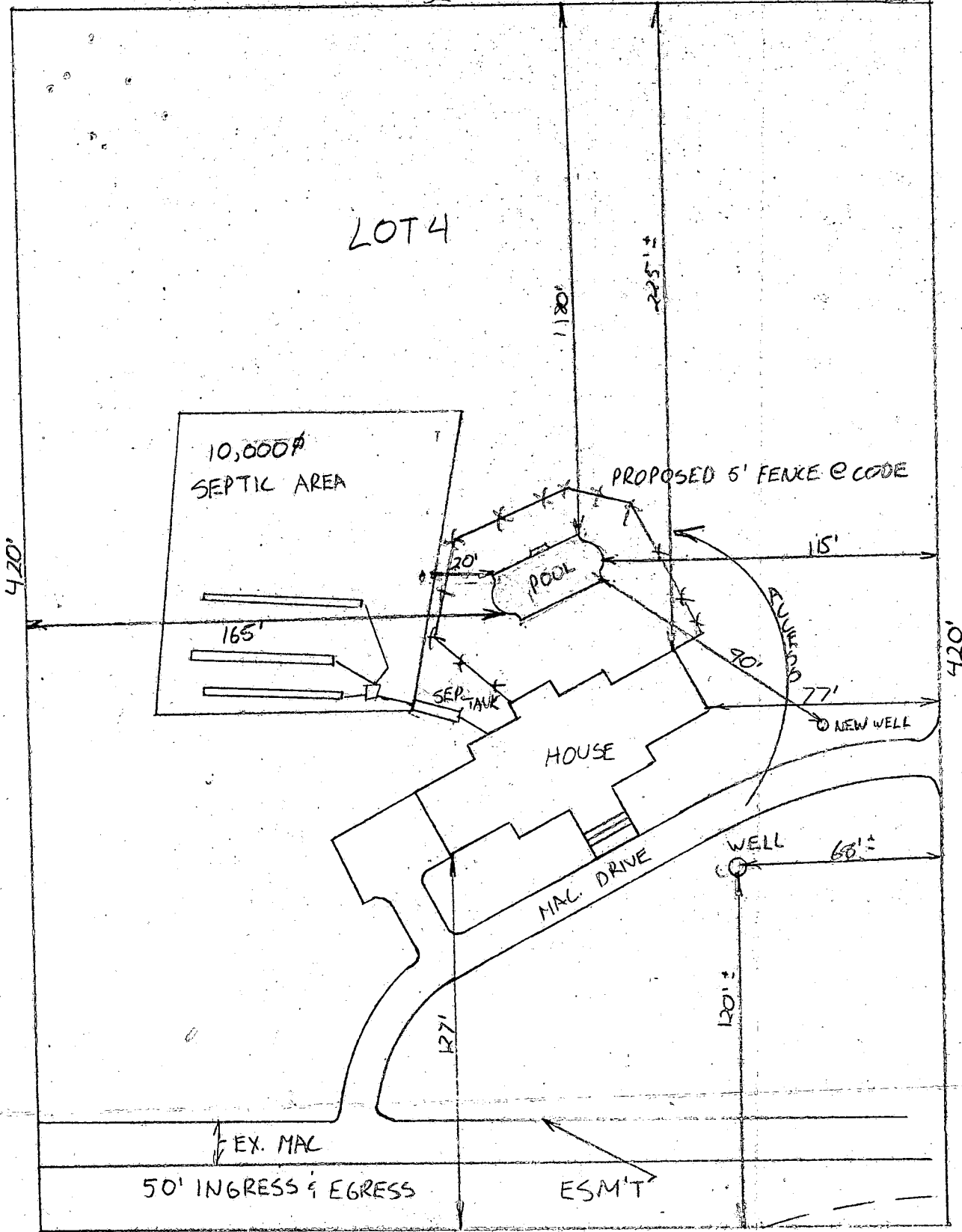
PERCOLATION TEST PLAT
 ABRAMSON & FLOYD
 PROPERTY
 PARCEL 6
 BUCKSKIN

5th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 5/14/87

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, MD 21771
 (301) 442-2031

320'

LOT 4



SCALE 1" = 50'

LOT 4

BOCKSKIN WEST

10-28-88
Before 12 noon

Field Work
Completed
10/28/88
C.B.D.

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 # P 42876
Date 10/27/88
Name of Installer G. Edger Harri & Sons INC. Telephone 252-4588
License Number 120
Certified Well Pump Installer _____ Well Driller Registered Plumber _____
Name of Property Owner Howard Pophin's Telephone _____
Subdivision Buckskin Woods Lot # 4 Well Tag # _____
Site Address 4251 Buckskinwood Dr.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goolds
3. Model # 5 E907412
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards _____ Other _____

Motor
1. Horsepower 3/4
2. RPM 3500
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make HARROTT
2. Model # B-10X
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? Yes

Piping
1. Type Polyethylene
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 320 FT

Well data
1. Depth 335 ft.
2. Yield _____ GPM
3. Static water level 35 ft.
4. Will water supply be disinfected by installer? Yes

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: Patricia N. Pophin
Date: 10/27/88

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

10/28 { Field pitless adapter; lining; pump & tank approved }
C.B.D.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

81-2146

Well Permit No. HO - 81-2146
 Location of property (road) BUCKSKIN WOOD DR.
 Subdivision BUCKSKIN WEST Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNOR Owner POPKIN, HOWARD

Depth of well 325
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 285

I. High rate pumping -- reservoir drawdown

Time pump started 8:40 Pumping rate 12 GPM
 Total time 1 HR. to reach pumping water level 285 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) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 9:00 | 285 A | 60 Sec | | 1 GPM |
| 9:15 | 285 A | 60 Sec | | 1 GPM |
| 9:30 | " " | " " | | " " |
| 9:45 | " " | " " | | " " |
| 10:00 | " " | " " | | " " |
| 10:15 | 285 A | 60 Sec | | 1 GPM |
| 10:30 | " " | " " | | " " |
| 10:45 | " " | " " | | " " |
| 11:00 | " " | " " | | " " |
| 11:15 | 285 A | 60 Sec | | 1 GPM |
| 11:30 | " " | " " | | " " |
| 11:45 | " " | " " | | " " |
| 12:00 | " " | " " | | " " |
| 12:15 | 285 A | 60 Sec | | 1 GPM |
| 12:30 | " " | " " | | " " |
| 12:45 | " " | " " | | " " |
| 1:00 | " " | " " | | " " |
| 1:15 | 285 A | 60 Sec | | 1 GPM |
| 1:30 | " " | " " | " " | |
| 1:45 | " " | " " | " " | |
| 2:00 | " " | " " | " " | |
| 2:15 | 285 A | 60 Sec | 1 GPM | |
| 2:30 | 285 A | 60 Sec | 1 GPM | |
| 2:45 | 285 A | 60 Sec | 1 GPM | |
| 3:00 | 285 A | 60 Sec | 1 GPM | |