

*7/31/87
ASAP*

*7/31/87
AM FINAL
ASAP*

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-398622

INDEXED

P 39727

A 33523

DISTRICT 5th

DATE 7/24/87

DATE SYSTEM APPROVED 7/31/87

INSPECTOR S. Abel

William H. Smith, Jr.

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Brighton Pines II ROAD 13785 Lakeside Drive LOT 24

PROPERTY OWNER Ronald & Janet Seibert

ADDRESS _____

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

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

*Changes
7/29/87
RP*

LOCATION ~~Place the distribution box 125 feet down the right (449.38') lot line and 80 feet off the right lot line as seen when facing the lot from Lakeside Drive. Run trenches on conour toward the right lot line. *** Contractor shall request inspection at time of initial excavation. Exact location to be adjusted at time of installation. Trenches to be placed as high in septic reserve area as possible.~~
100 feet from the front lot line as seen when facing the lot from rd

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

PLANS APPROVED BY C. Williams DATE 6/17/87

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

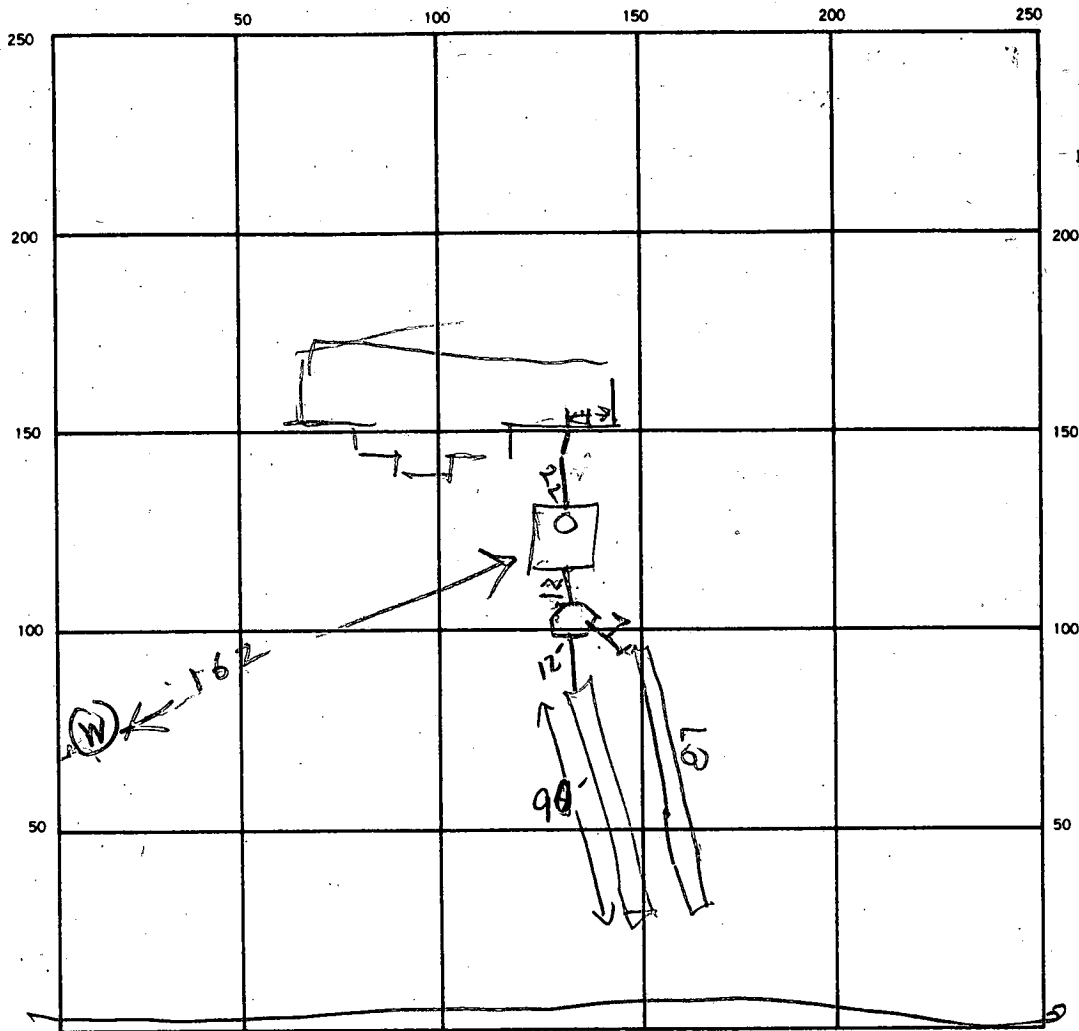
*PLACE THE BOX 100 FT FROM THE FRONT LOT LINE 8140 FT FROM THE RIGHT SIDE LINE AS SEEN WHEN FACING THE LOT FROM RD
KEEP TRENCH OVER 100 FT FROM THE WELL RP*

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 33523



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
LAKE SIDE DRIVE

SEPTIC TANK. LEVEL OK 1250 CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH

#1	#2
2.5	8

 FT. TRENCH WIDTH

#1
2

 FT. INLET DEPTH

#1
3.5

 FT.

EFFECTIVE GRAVEL DEPTH

#1	#2
4.5	5

 FT. TOTAL LENGTH

#1	#2
87	90

 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA

#1
391

 /

#2
450

 SQ. FT.

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

ABSORBENT AREA 841 SQ. FT.

REMARKS 7/28/07^{PM} CHECKED LOCATION & CHANGED SPECS. R#
7/29/07^{PM} - OK TO COVER TANK TRENCH #1 DUG, ADD
STONE TO TRENCH #1 & DIG TRENCH #2 (R# 7/29/07¹¹⁰³ STONE
ADD TO TRENCH #1 TRENCH #2 DUG, COVER #1 FINISH #2 RN

DATE SYSTEM APPROVED 7/31/07 INSPECTOR S Mul

APPLICATION

SEWAGE DISPOSAL TESTING

A 33523

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

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

DATE 1-30-84

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 ~~ANNA MAE COFFEY~~ RONALD + JANET SEIBERT.

ADDRESS 4100 Cathedral Ave DC 20008 PHONE 202-363-2725

PROPERTY LOCATION: BALHTON PINES II - LOT 24

SUBDIVISION Puppet Prop Area 2 LOT NO. 34

ROAD AND DESCRIPTION Nicholas Dr 13785 LAKESIDE DR.

SIZE OF LOT 3A TYPE BLDG. SFD
(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.

Richard J. Vanm... 465-0842
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

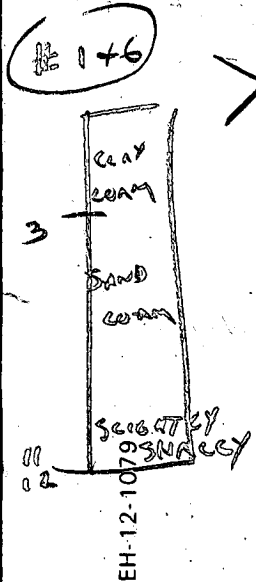
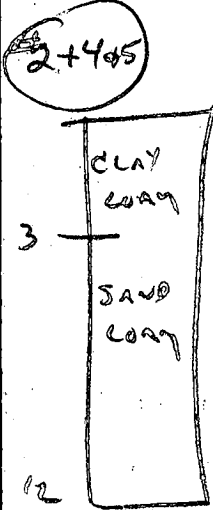
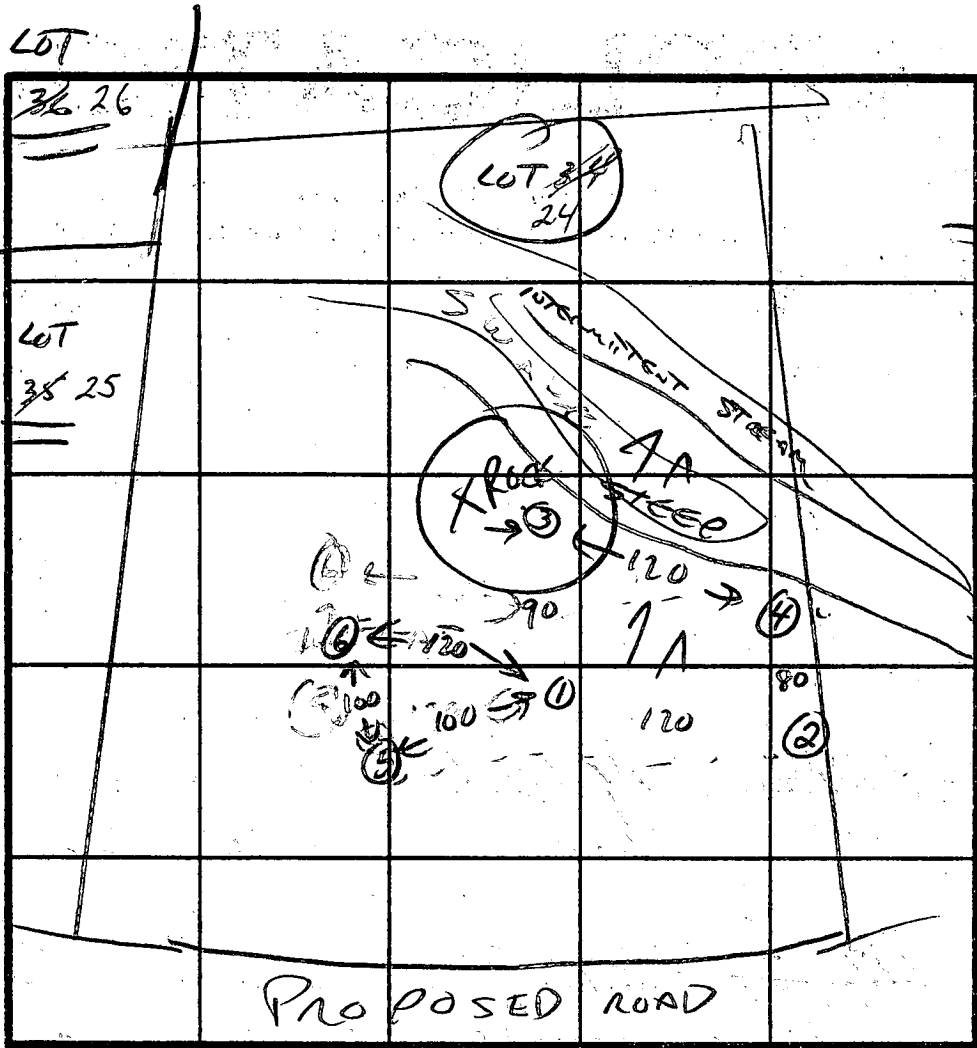
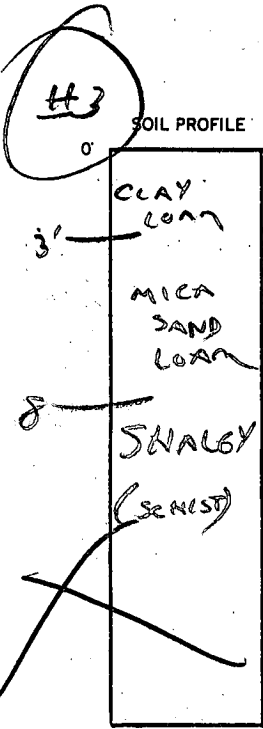
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING ✓

BLDG. PERMIT SIGNED
AND RETURNED 2/2/87
S. Bul 9850
BPA 9850

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-22-89	1 HIGH	4 8 12	1:12	1:14 SANDY SLI GNTLY	1:14	1:16 SHALEY AT 11-12'	2 MIN ✓
2-22-89	2	4 8 12	1:11	1:15 SANDY LITTLE	1:13	1:15	2 MIN ✓
2-22-89	3	4 8 12	1:12	1:14 TOO SHALEY TO DIG PAST 8'	1:16	1:18	2 MIN ✗
2-22-89	4 LOW	4 8 12	1:14	1:16 SANDY	1:16	1:18	2 MIN ✓
2-22-89	5	4 8 12	1:47	1:49	1:49	1:51	2 MIN ✓
2-22-89	6	4 8 12	1:48	1:50	1:50	1:52	2 MIN ✓

REMARKS +30' Δ ELEV TO INTERMITTENT STREAM BED

TYPE OF SOIL MICA SAND

TESTED BY C. W. [Signature] ALSO PRESENT PHIL, CISSEL

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

(BP 9850)

LOCATION BRIGHTON PINES II LOT 24 ZIP _____

OWNER OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT Wm SMITH ADDRESS SEPTIC CONTRACTOR PHONE _____

REASON FOR INVESTIGATION MR SMITH INDICATES THAT HE CANNOT LOCATE THE SYSTEM AT THE PRESCRIBED SPOT. HE BELIEVES THE HOUSE IS NOT CORRECTLY LOCATED. CODES _____

RECEIVED BY CW DATE 6/10/87 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 6/10/87 TIME 4:30 WEATHER _____

REPORT THE PLUMBING LEAVES THE HOUSE AT A DEPTH AND LOCATION THAT MAKES IT IMPOSSIBLE TO REACH ANY PART OF THE SEPTIC AREA AT THE DESIGNATED DEPTH. THE HOUSE APPEARS TO BE LOCATED ABOUT AT LEAST 50' FURTHER BACK ON THE LOT THAN INDICATED BY THE BUILDING PERMIT.

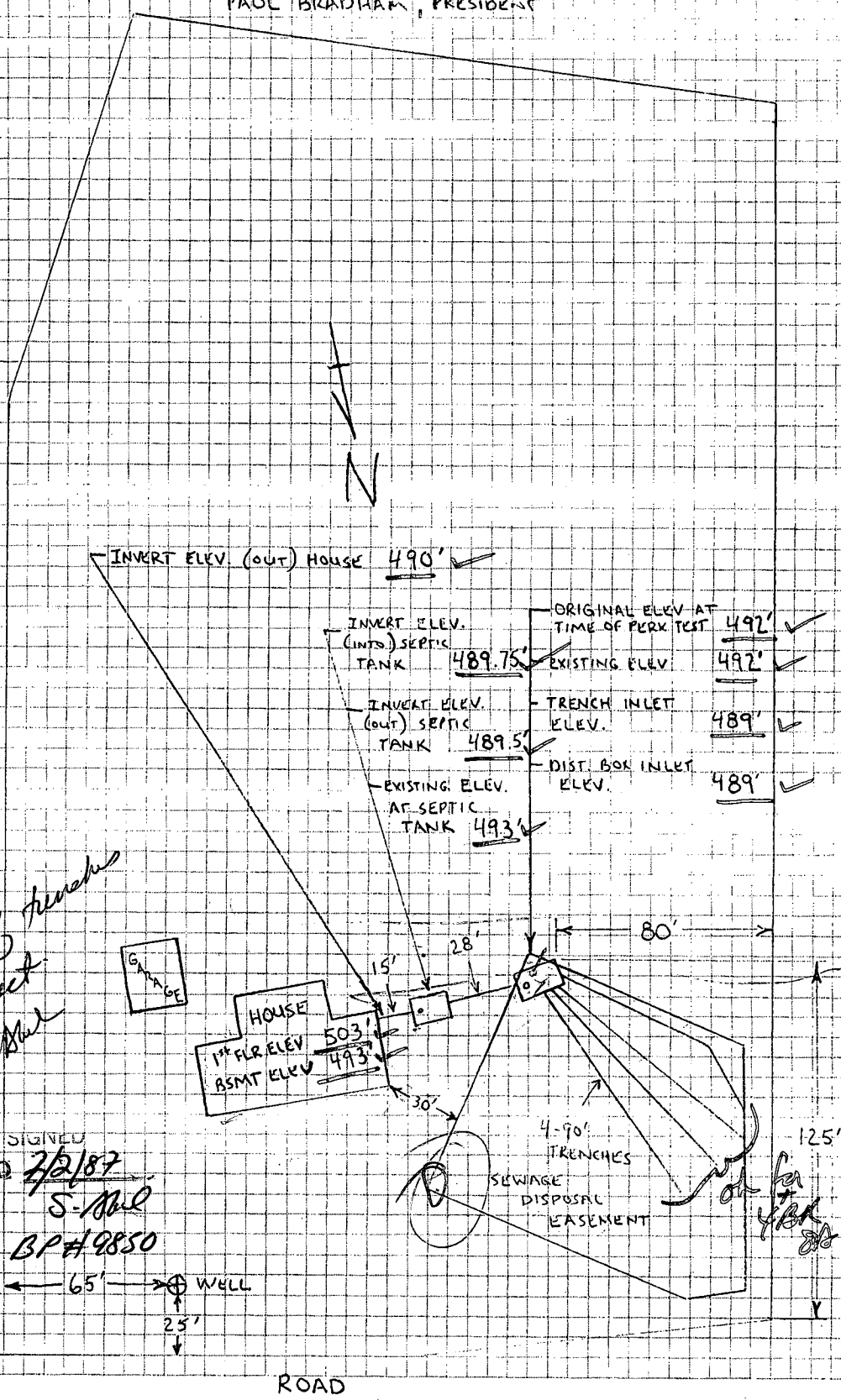
(788-3983)

MR SMITH CONTACTED THE PLUMBER - BRYAN OF MAINT PLUMBING. HE AGREED TO CONTACT THE BUILDER AND REQUEST HE CALL THIS DEPT. A CALL TO BOB GEMMILL HAS INITIATED AN INQUIRY BY THE BP OFFICE.

6/16/87 JANE NADEN + CARL WILLIAMS MET BUILDER AND OWNER AT SITE. IT WAS AGREED TO MAKE PLUMBING CHANGES AS NEEDED TO PROVIDE GRAVITY FED SERVICE TO THE 1ST FLOOR.

DATE SUBMITTED _____ SANITARIAN _____

I CERTIFY THE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY. SIGNED: Paul Bradham, Pres. BRADHAM CONST. CO., INC.
 PAUL BRADHAM, PRESIDENT



2/2/87
 elevations ok
 S. Mail
 exact location of trenches
 may not be correct
 S. Mail

BLDG. PERMITS SIGNED
 AND RETURNED 2/2/87
 S. Mail
 BP # 9850

*ok for
 1/31/87
 PLB*

SCALE 1" = 60'

10/7/86

Please extend well
Permit no. Ho-81-1335-

Joseph L. Mayne

11/7/86

OK to extend permit
from 8/4/86. New expiration
date 2/4/87

BN
Reissued same tag

HD - 81

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Ellicott City, Maryland 21043

Phone: 461-_____

To:

From: _____

Date: _____

B 1 **3972** 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

please print or type

OEP PERMIT NUMBER

HO-81-1335

fill in this form completely

OWNER INFORMATION

Date Received **2-20-86**

HIGHLAND DEVELOPER

15 Last Name Owner First Name

9966 R.T. 99

36 Street or RFD 55

FAIRFACET CITY MD 21043

57 Town 70 State 72 Zip 76

LOCATION OF WELL

HOWARD

8 COUNTY 21

BRIGHTON PINES

23 SUBDIVISION 42

SECTION **F** LOT **24** AREA **II**

44 46 48 50

DAYTON

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

73 76 77 78

DRILLER INFORMATION

Joseph L. Wagner

Driller's Name 77 License No. **238**

Joseph L. Wagner Well Drilling

Firm Name

3512 Ridge Rd. Mt. Airy Md. 21771

Address

Joseph L. Wagner **2/3/86**

Signature Date

B 4

Take Side Dr.

11 NEAR WHAT ROAD 30

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N WEST W EAST E SOUTH S

34 **45** 37 DISTANCE FROM ROAD

ENTER FT or MI **FT**

38 39

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

14 20

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 COUNTY NO. **A-25523**

OEP SIGNATURE **B. Wilson** STATE HEALTH INSERT S

DATE ISSUED **020986** EXP. DATE **08/04/86**

43 NORTH GRID **504000** EAST GRID **0802000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** INCH

NEAREST 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 _____

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 **80p 2**

N **50p 1**

000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

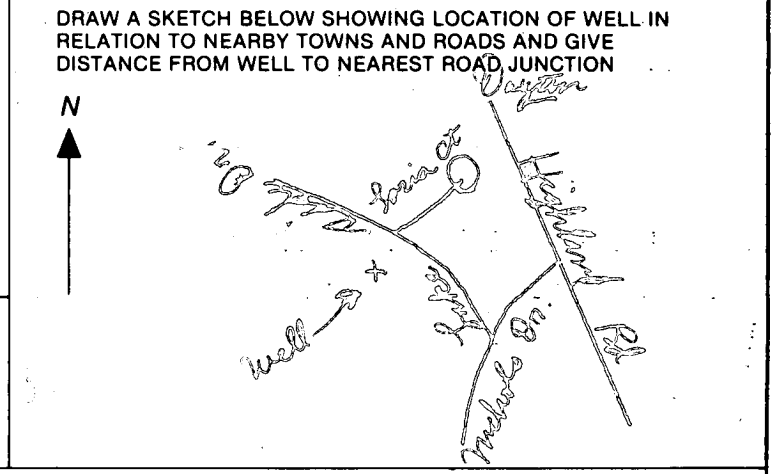
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEN AN EXISTING WELL

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



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

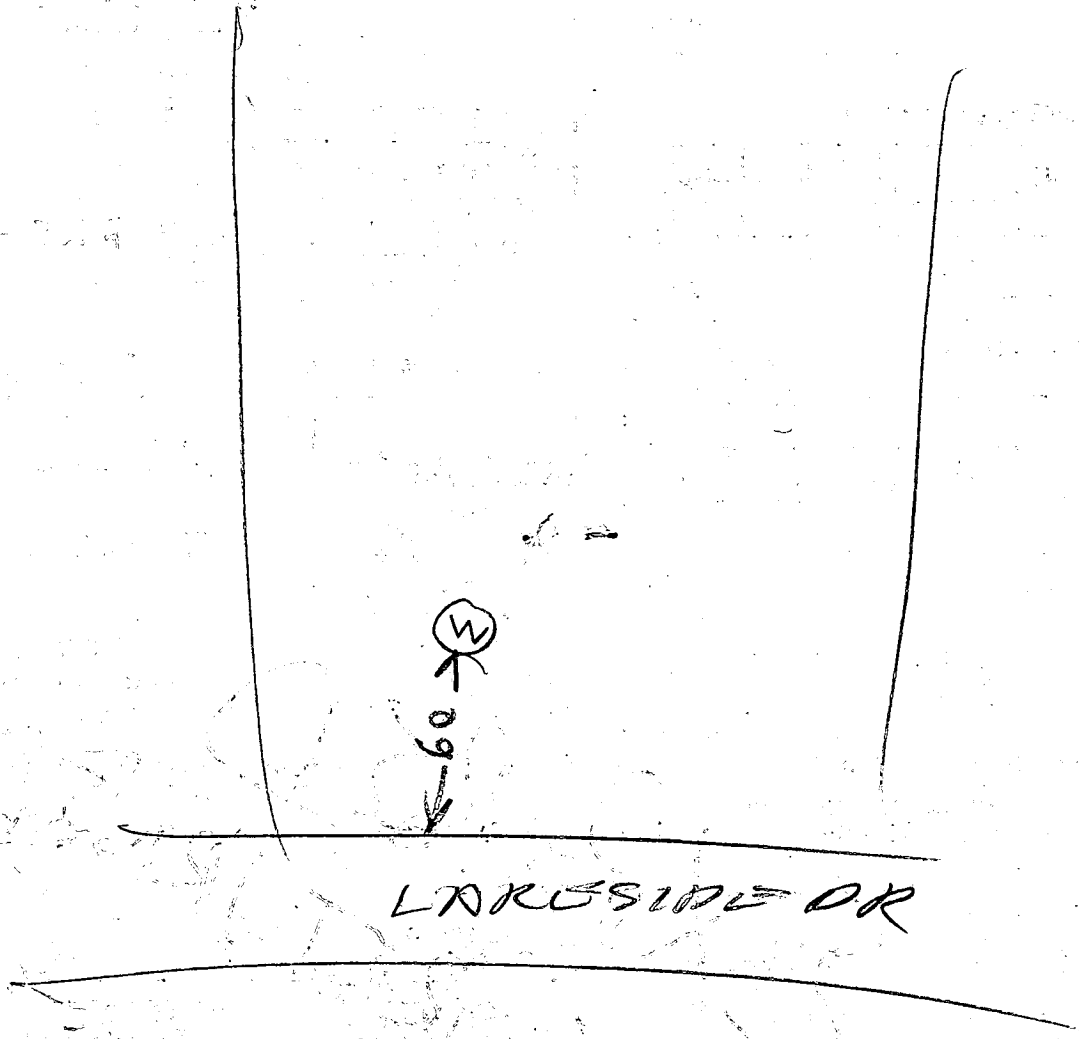
APPROX. PERMIT NUMBER _____

54 63

FORCE **BC** WRITE INITIALS IN BOX PERMIT No. **HO-81-1335**

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



LAKESIDE DR

11/7/86

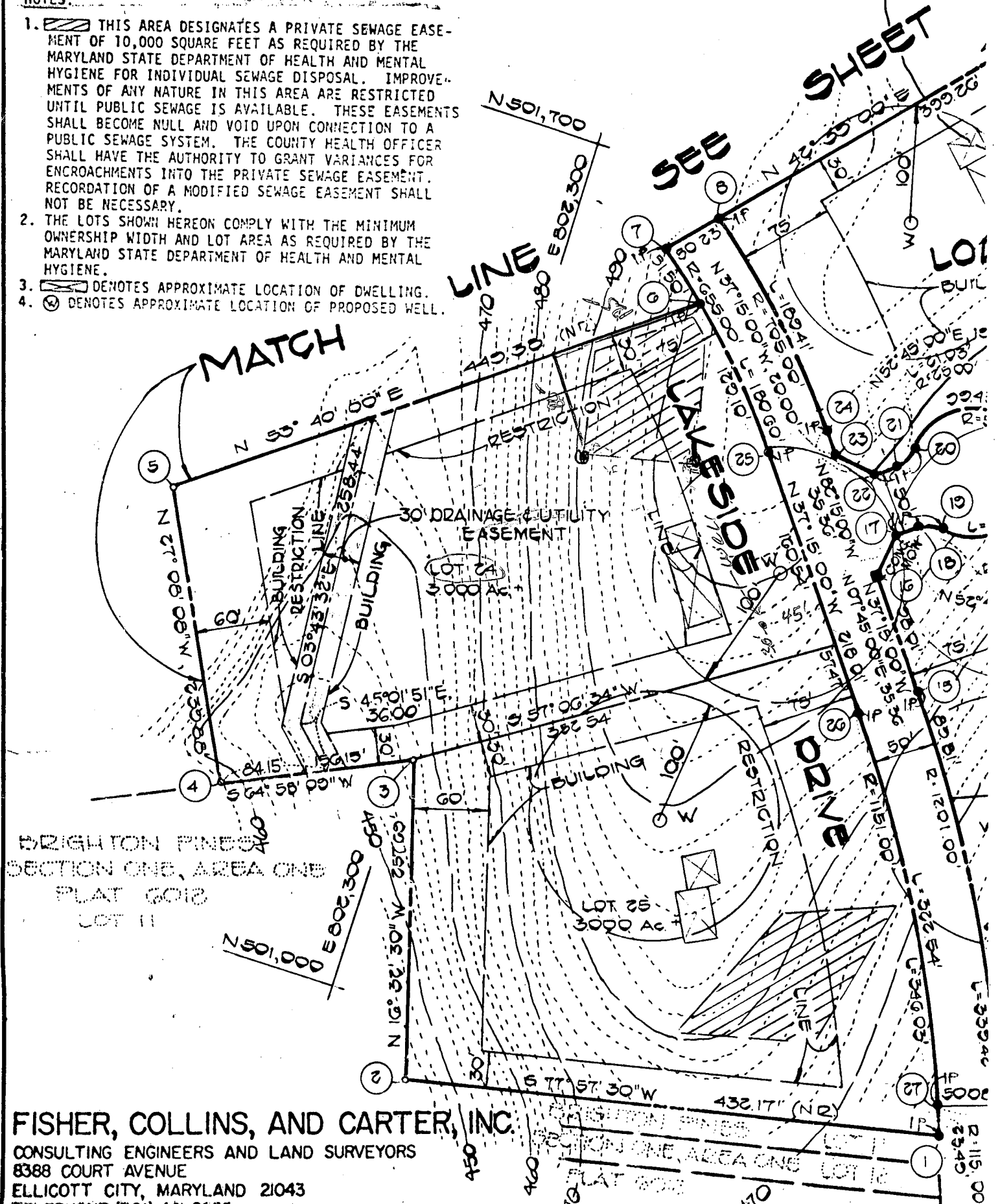
- ① 109 FT PIPE
- ② 50 + OPEN HOLE
- ③ 14 Bags
- ④ Well Grout already started at time of arrival

B. Hodges

18	501494.64	802636.71	45	500720.92	800548.83
19	501499.29	802656.58	46	501415.23	800000.47
20	501552.36	802516.23	47	502260.52	801068.10
21	501534.44	802606.44	48	501662.80	801177.78
22	501522.88	802591.24	49	501669.96	801013.84
23	501527.65	802556.21	50	501679.10	800995.59
24	501543.57	802544.10	51	501612.50	800992.68
25	501513.31	802504.30	52	501620.01	801011.66
26	501339.77	802636.26	53	501612.85	801175.60
27	501059.20	802793.21			

15-14 1201.00' 339.42' 170.85' 16°-11'-34" S 29°-09'-13" E,

- NOTES:
1. 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.
 2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
 3. DENOTES APPROXIMATE LOCATION OF DWELLING.
 4. DENOTES APPROXIMATE LOCATION OF PROPOSED WELL.



FISHER, COLLINS, AND CARTER, INC.
 CONSULTING ENGINEERS AND LAND SURVEYORS
 8388 COURT AVENUE
 ELLICOTT CITY, MARYLAND 21043

7/21/97
PM 5:15

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer ~~EDM SMITH~~ [?] MARRINO Telephone _____

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

Name of Property Owner SEIBERT Telephone _____
Subdivision BRIGHTEN PINES II Lot # 27 Well Tag # HO-81-1335
Site Address 13785 LAESSIG DR

- | | | |
|---|---------------------|------------------------|
| 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 _____ | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ 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 _____ | | |

- | | | |
|---------------------------------|--|---|
| Tank | Piping | Well data |
| 1. Capacity _____ | 1. Type _____ | 1. Depth _____ ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line _____ | 4. Will water supply be disinfected by installer? _____ |

7/21/97 well line AT 40-52"; Piping AT 50" on 2100' well line

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.

^{AM}
7/29/97 - NOT READY YET Signature of Applicant: _____
Date: _____

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

C1 **8218** SEQUENCE NO. (OEP USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-33523**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **010787** Depth of Well **245** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1335**

OWNER **HIGHLAND Development** STREET OR RFD **9966 RT 97** TOWN **ELlicott City 21043** SUBDIVISION **BRIGHTON Pines** SECTION **I Area 2** LOT **24**

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	
SAND	0	103	
GARY MICA Rock	103	245	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **136**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

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) **107**

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.)
 1 **10** **108** **245**
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []

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. **238**
 DRILLERS SIGNATURE *Wesley L. Mays*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

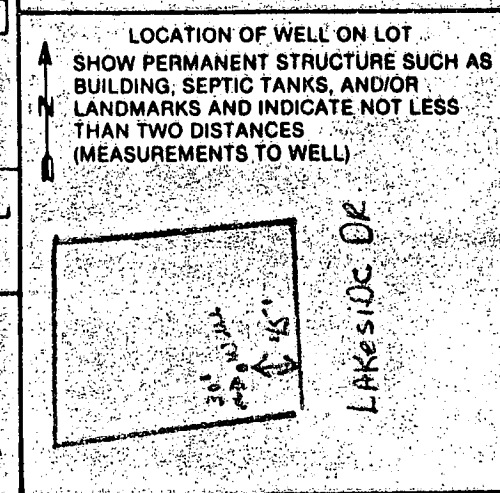
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from to

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
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25** WHEN PUMPING **118**
 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 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
 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 } LAND SURFACE **11** (nearest foot)
- below }



DRILLER

