

C 1 2952 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER A 517336

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
5 14 2008

Depth of Well

22 280' 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
No 95-1502

OWNER Warfield Jr. Kennedy  
STREET OR RFD Philadelphia Rd TOWN Dayton  
SUBDIVISION The Warfields II SECTION 2 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  
FROM TO

check  
if water  
bearing

Sand Stone 0 30  
Gray Mica Rock 30 280  
Water 30' 40' 240'

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 1850

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 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

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

60 61 63 64 66 67 70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter depth (feet)  
inch from to

screen type  
or open hole  
(insert  
appropriate  
code  
below)

SCREEN RECORD

ST BR HO  
STEEL BRASS OPEN  
PL BRONZE HOLE  
OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER  
OF SCREEN

(NEAREST  
INCH)

from to

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

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE LOG OTHER DATA  
CASING INDICATOR

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28 ft.

WHEN PUMPING 187 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine  
C centrifugal R rotary O (describe below)  
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29.

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH  
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above LAND SURFACE  
- below (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

DRILLERS LIC. NO. 1 M S D 024

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D 024

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

B 1	<b>1084</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <b>527950</b> please type	STATE PERMIT NUMBER <u>40-95-1502</u> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 <u>Warfield Jr.</u> 15 Last Name <u>P.O. Box 30</u> 36 Street or RFD <u>Glennelg</u> <u>md</u> <u>21737</u> 57 Town 70 State 72 Zip 76		<b>OWNER INFORMATION</b> Owner <u>Kennard</u> First Name 34 Street or RFD 55 Town 57 State 70 Zip 76		
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L Mayne</u> Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy Md 21111</u> Signature <u>Joseph L Mayne</u> Date <u>12-10-07</u>		<b>LOCATION OF WELL</b> B 3 8 COUNTY <u>Howard</u> 23 SUBDIVISION <u>The Warfield II</u> SECTION <u>2</u> LOT <u>6</u> 52 NEAREST TOWN <u>Dayton</u> MILES FROM TOWN (enter 0 if in town) <u>4</u> M I 73 76 77 78		
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		<b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b> 		
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <u>1/18/08</u> EXP. DATE <u>1/18/09</u> NORTH GRID <u>516</u> EAST GRID <u>0794</u> 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>794</u> N <u>516</u>		
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>402006G009</u> PERMIT No. <u>40-95-1502</u>		
SPECIAL CONDITIONS <u>Minimum casing depth to be set @ least below 1st water-bearing fracture.</u> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1502  
Location of property (road) Trudolphia Rd  
Subdivision The Warfield Tr Lot 6 Block      Plat      Sec. 2  
Well Driller Joseph Mayne Owner Kennard Warfield Tr

Depth of well 280'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 28'

## 2. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm  
Total time 30 min to reach pumping water level 187 ft. below M.P.

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

[illegible]



**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
**WELL & SEPTIC PROGRAM**  
**TEL: (410)313-1771 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Robert L. Feezer License# 2122

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: NV Homes Telephone #: 410-379-5956  
Subdivision: Warfield Estates II Lot #: 6 Well Tag #: HO - 95 - 1502  
Site Address: 14679 Triadelphia Road  
Glenelg, MD 21738

**Submersible Pump Data**

Make: Sla-Rite  
Model #: S10P4HS07221-01  
Pump Capacity 10 GPM  
Well Yield: 7.5 GPM

**Pitless Adapter**

Make: Campbell  
Model#: PT800  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

Two piece watertight cap: Yes  
Screened, vented well cap: Yes  
Cap secured to casing: Yes  
Conduit min 18" B.G.: Yes  
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 280 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve (5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Robert L. Feezer Digitally signed by Robert L. Feezer  
DN: cn=Robert L. Feezer, o=Howard County Health Department, email=rlf@hcd.net, c=MD  
Date: 2011.07.28 13:50:37 -0400 7/28/2011  
Signature of company representative responsible for installation      date

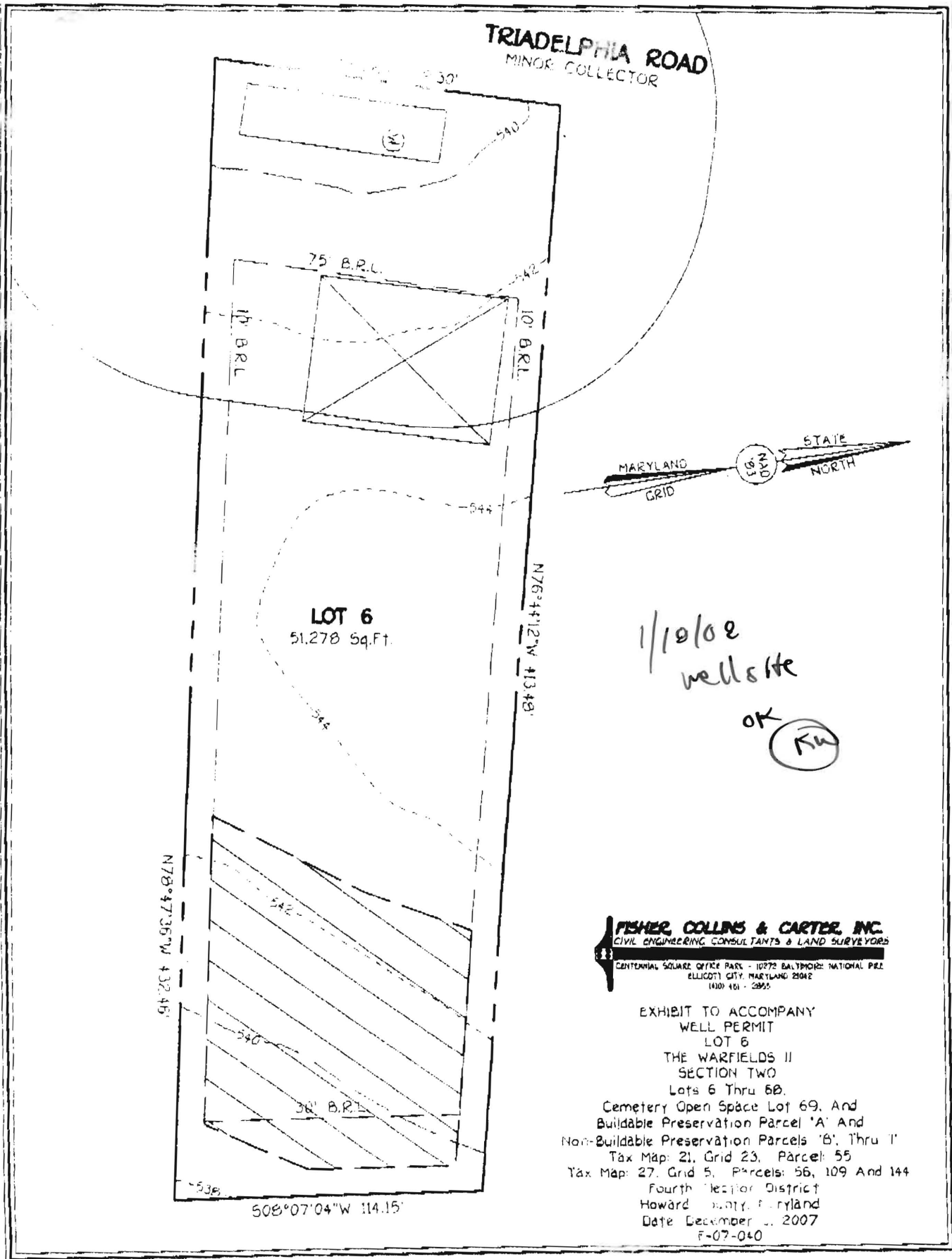
Called Inspection 7/1/2011

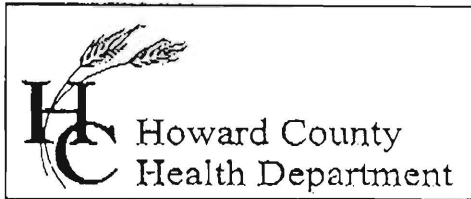
**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/1/11 Inspector: (Kw)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓



K:\Drawings 3\303310 Warfield Homestead\DWG\303310 Well Exhibit War II Section 2 Lot 6 dwg, 12/6/2007 7:49:49 AM





7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

### TO ALL INTERESTED PARTIES

- When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

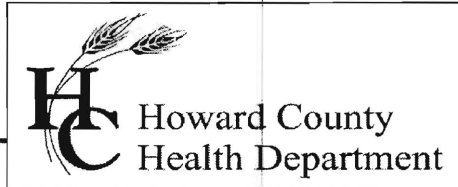
The Warfields II 6 to 30 Irishdelphia Rd + Michele Dr.  
Subdivision/Property Name Lot# Road Name

- ☒ The well site has been staked by Fisher, Collins Carter Inc.  
(professional land surveyor or company employing professional land surveyors)  
on Nov - 2007 (date) and does not require a site inspection.

- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

*Peter Beilenson, M.D., M.P.H., Health Officer*

August 16, 2011

Homeowner  
14679 Triadelphia Road  
Glenelg, MD 21738

RE: The Warfields II, Lot 6  
BP #:11000739  
Well Permit # HO-95-1502

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 7/15/2011. Final approval of the well line connection to the dwelling was approved on 07/01/2011.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-1502. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 08/08/2011  
Date of Well Completion: 05/14/2008

Approving Authority,

Kevin M. Wolf, R.S., R.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

N V Homes  
6085 Marshalee Drive, Suite 130  
Elkridge, MD 21075

Reporting Date: 8/10/2011  
Report #: K7458

Submitted Sample Address: Warfield  
W7, Lot #8006, 14679 Triadelphia Road  
Glenelg, MD 21737  
Submitted Sample Source: Holding Tank-Chemical/Kitchen Sink-Bacteria  
Date / Time Collected: 8/8/2011 9:01 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-95-1502  
Permit #: B11000739

## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
E. Coli	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	9.6	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	1.1	NTU	0.5	10	SM 2130B
pH	5.7	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H <sup>+</sup> B

### Notes:

1. Bacteriological analysis of this sample indicates this water is ☐ safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,

  
C. Rodgers, Customer Service Representative

Reviewed by: \_\_\_\_\_

Water Quality Laboratories certified by the Maryland, Delaware, and Virginia State Health Departments  
Aardvark Labs is a registered trade name of Water Testing Laboratories of Maryland, Inc.

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

N V Homes  
6085 Marshalee Drive, Suite 130  
Elkridge, MD 21075

Reporting Date: 8/10/2011  
Report #: K7458B

Submitted Sample Address: Warfield  
W7, Lot #8006, 14679 Triadelphia Road  
Glenelg, MD 21737  
Submitted Sample Source: Kitchen Sink  
Date / Time Collected: 8/8/2011 9:01 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-95-1502  
Permit #: B11000739

## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Nitrates + Nitrites	ND	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	6.2	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H <sup>+</sup> B

### Notes:

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Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: \_\_\_\_\_

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Aardverk Labs is a registered trade name of Water Testing Laboratories of Maryland, Inc.

# SEND REPORT TO:

Bert Nixon  
\_\_\_\_\_  
\_\_\_\_\_

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration  
201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203

Lab No. 0003870 Date Received E16 8

### WATER ANALYSIS

Do not write above this line.

S A M P L E I D	Bottle Number <u>40-95-1502</u>	Name <u>HCHD</u>	County <u>Howard</u>	County Code <u>13</u>
	Source <u>Wardfield's II - Lot 6</u>	<u>Trinidad</u>	<u>Ad. Sene</u>	Data Category Code <u>4F</u>
	Collected: Date <u>5/14/08</u>	Time <u>9:45</u>	Collector & Phone <u>K. Wolf 410-313-2675</u>	Submitter Code <u></u>
	CHECK (one per box)			
	<input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other	<input type="checkbox"/> Community <input type="checkbox"/> Non-community <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/> Source (raw water) <input type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine <input type="checkbox"/> Recheck <input type="checkbox"/> Special

F I E L D	Plant No. <u>11</u>	Sampling Station <u>11</u>	Preservation: Iced <input checked="" type="checkbox"/>	Acid <input type="checkbox"/>	Type of Acid <u></u>
	pH <u>6.9</u>	Chlorine: Free <input type="checkbox"/>	Total <input type="checkbox"/>	Specific Conductance <u>156</u>	<u></u>
	Notes to Lab/Remarks: <u>Sample collected @ field test</u>				

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
	Dissolved Solids		<u>156. 5/20/08</u>
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested   

Section Chief Arika L. Katumuluwa

Date Reported   

MAY 28 2008





Howard County  
Health Department

Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

**Peter L. Beilenson, M.D., M.P.H., Health Officer**

Friday, January 18, 2008

**IMPORTANT**

**MEMORANDUM**

To: WELL DRILLER,  
FILE

From: Kevin Wolf, Sanitarian  
Well and Septic Program

Re: The Warfield's II (F-07-040)  
Lot's 6-14

- In order to preserve the quality of ground drinking water, a special condition has been set for wells of lots 6 through 14 for the above referenced property. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (whichever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. Any deviations to this condition are to be prior approved by the Health Department.