

C 1 15994 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.

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

COUNTY  
NUMBER A 522 987

ST/CO USE ONLY

DATE Received  
MM DD YY  
07 13 11

DATE WELL COMPLETED

MM DD YY  
06 27 11

Depth of Well

22 205 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO- 95- 2087

OWNER: Heritage Realty Land Development  
STREET OR RFD: PO Box 482 TOWN: Lisbon MD  
SUBDIVISION: Meriwether Farm SECTION: 2 LOT: 9

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	
Top Soil	0	2	
Sandy	2	15	
Sand Stone	15	20	
MICKA	20	35	
Sand Stone	35	40	✓
MICKA	40	110	
Sand Stone	110	115	✓
MICKA	115	205	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes ☒ no ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 45 46 9 NO. OF POUNDS 46 48 420

GALLONS OF WATER 54

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 STEEL CO CONCRETE  
PL PLASTIC OT OTHER

MAIN CASING TYPE PL  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 26

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

screen type or open hole  
insert appropriate code below

ST STEEL BR BRASS HO OPEN  
PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1 2 24 185  
E 8 9 11 15 17 21  
A 23 24 26 30 32 36  
C 3 38 39 41 45 47 51  
S  
R  
E  
E  
N

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.

WHEN PUMPING 45 ft.

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 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 29

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

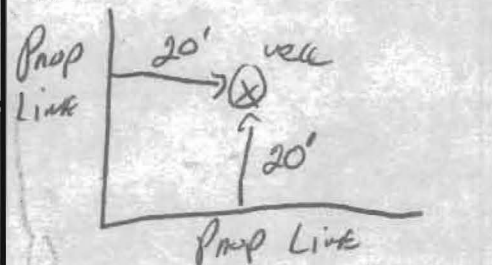
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH  
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)  
+ above  
- below  
LAND SURFACE 2 (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. M S D 112

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. S D 112

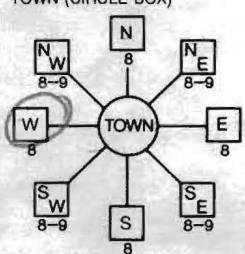
SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

B 1 1 2 3 6 <b>0844</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 534536 please type	STATE PERMIT NUMBER <b>HO-95-2087</b> fill in this form completely
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Date Received (APA) 03/30/11 <b>OWNER INFORMATION</b> 8 MM DD YY 13 15 Last Name First Name 34 Heritaye Land & Develop PO BOX 4802 36 Lisbon MD 21765 57 Town 70 State 72 Zip 76	B 3 <b>LOCATION OF WELL</b> 8 COUNTY 21 Howard 23 SUBDIVISION 42 Meriwether Farm SECTION 25 LOT 9 44 46 48 50 GLEWELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 2 M I 73 76 77 78
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<b>DRILLER INFORMATION</b> 76 Driller's Name 81 License No. RAYNE E. WAYNE M S D 117 RAYNE E. WAYNE INC 17004 Hardy Rd. Mt. Airy MD 20771 Address R E Wayne 3/28/11 Signature Date	B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Victory Lane ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 35 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 16 PARCEL: 28
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B 2 1 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) 8 5 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20	<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL
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APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 64 INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 13 STATE SIGNATURE INSERT S 41 DATE ISSUED 4/6/2011 Brian Baker 4/6/2012 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 518 000 EAST GRID 790 000 50 55 57 63
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REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	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 790 N 518 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Victory Lane 35' well Roxbury Rd
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Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO2008G010 PERMIT No. HO-95-2087 70 71 72 73 74 75 76 77 78 79	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Wells within 100' Must Be Simultaneously Yield Tested
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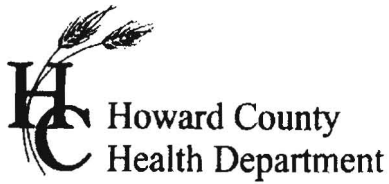


Well Permit No. HO - 95-2087  
Location of property (road) Victory Lane  
Subdivision Merriether Farm Lot 9 Block      Plat      Sec. 2 1st E  
Well Driller Ralph Mayne Owner Heritage Realty & Land Development

Static water level (S.W.L.) below M.P. 35

Time pump started 7:15 Pumping rate 10 Gpm  
Total time 15 min to reach pumping water level 45 ft. below M.P.

## HD-224



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

Peter L. Bielensohn, M.D., M.P.H., Health Officer

## TO ALL INTERESTED PARTIES

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

Well Site Location:

Meriwether Farm, Sec. II, Ph. 1	9	Victory Lane
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 03/21/11 (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 3/11/07

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: Fogle's Well Drilling LLC Telephone #: 410 795-5670  
Address: PO Box 202 J  
Woodbine, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): David C Fogle License# MSD 226

\*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: Toll Brothers Telephone #: 410-489-7408  
Subdivision: Cattail Overlook Lot #: 9 Well Tag #: HO-95-2067  
Site Address: 14914 Victory Lane  
Glenn, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISSQE07-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>6</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>205</u> (feet)		Conduit secured to well cap: <u>YES</u>
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 <u>inside of well casing</u> <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>140</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

Signature of company representative responsible for installation: David Fogle date: 8-7-14

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Good  
Copy

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

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

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_

Site Address: 4914 Victory Lane

**Submersible Pump Data**

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Pump Capacity \_\_\_\_\_ GPM

Well Yield: \_\_\_\_\_ GPM

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

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

Torque arrestors or Cable guards are required – Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Pitless Adapter**

Make: \_\_\_\_\_

Model#: \_\_\_\_\_

Depth: \_\_\_\_\_ (36" min)

NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_

Screened, vented well cap: \_\_\_\_\_

Cap secured to casing: \_\_\_\_\_

Conduit min 18" B.G.: \_\_\_\_\_

Conduit secured to well cap: \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_

Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

Depth of supply line: \_\_\_\_\_ (36" min)

Sleeve caulked and sealed properly: \_\_\_\_\_

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.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

Inspection Data: Pitless adapter and 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

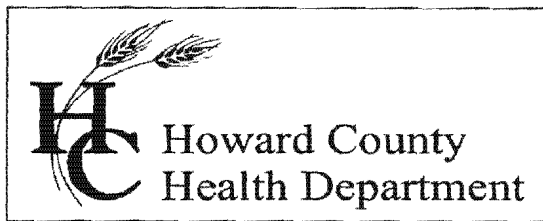
Safety rope installed inside of well casing

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

8/7/2014  
BB  
Tag Missing



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – May 2, 2015**

December 2, 2014

Homeowner  
14914 Vicotory Lane  
Glenelg, MD 21737

**RE: Meriwether Farm, Lot #9  
14914 Vicotory Lane  
Building Permit: B14000696  
Well Permit: HO-95-2087**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **11/20/2014**. Final approval of the well line connection to the dwelling was granted on **8/07/2014**. The well construction was completed on **6/27/2011**. Water samples were collected on **11/26/2014**.

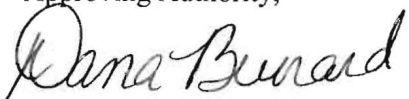
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2087. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

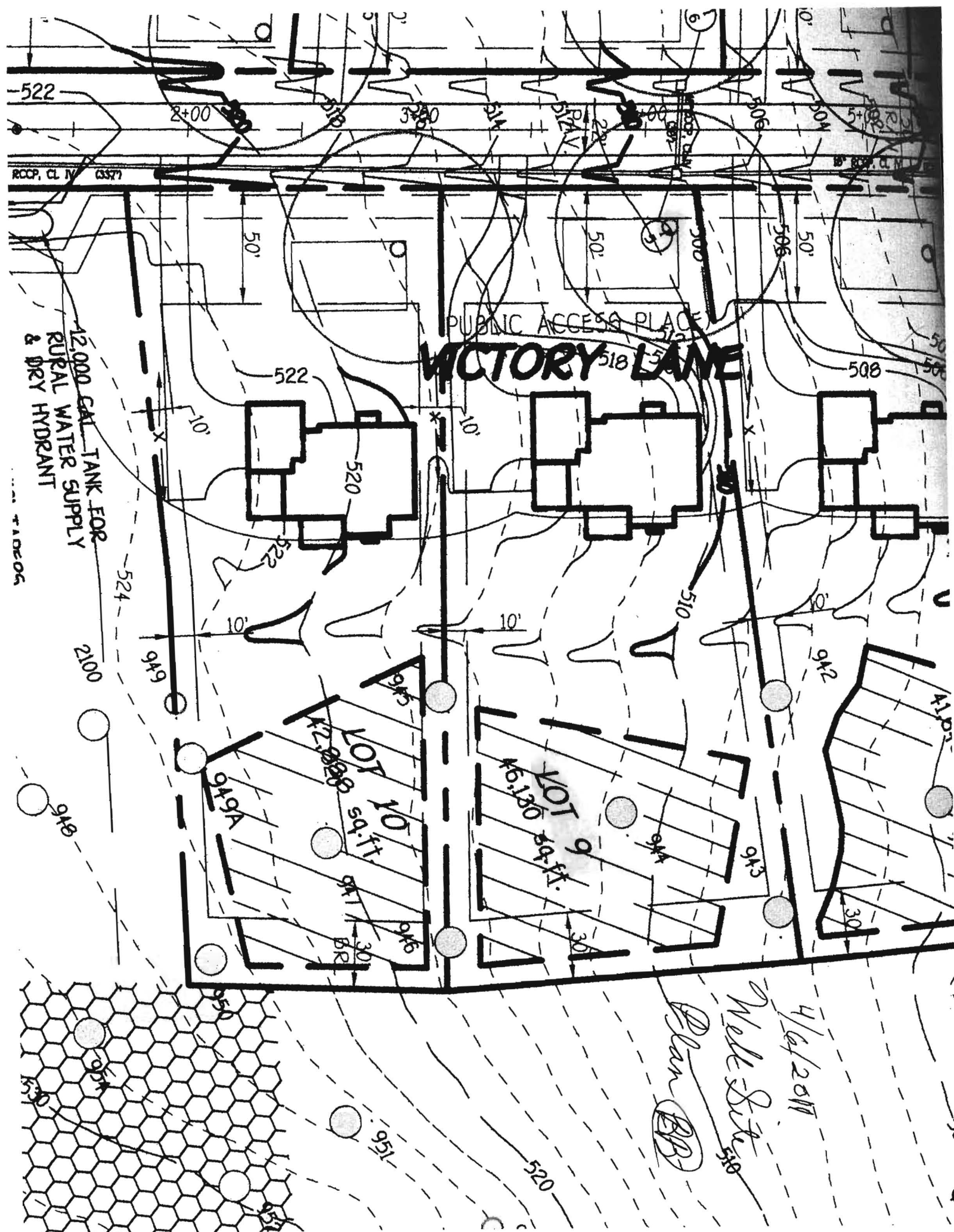
Approving Authority,

A handwritten signature in cursive script, appearing to read "Dana Bernard".

Dana Bernard  
Environmental Sanitarian  
Well & Septic Program

cc:     Howard County Dept. of Inspections, Licenses, and Permits  
         Community Hygiene Program  
         File





**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 98027 Account #: 1930  
Reference: Toll Brothers Lot 9 Company: Fogle's Well Drilling  
Location: 14914 Victory Lane Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 11/26/2014 1104 Site: Kitchen Sink  
Date/Time Rec'd: 11/26/2014 1432 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: J. Fogle 1974JF Well #: HO-95-2087

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/27/2014 / 1440 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/27/2014 / 1440 / CCH
Nitrate	8.11	mg/L	10	601	11/26/2014 / 1600 / CCH
Turbidity	5.31	NTU	<10	SM18 2130B	11/26/2014 / 1500 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	11/26/2014 / 1500 / CCH

OK  
DB  
12-2-14

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested in lab, chlorine level tested on site

**Reason for Test :** Use & Occupancy  
**Building Permit # :** 14000696

Date Reported: 12/1/2014

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.
12. \*\*\*\*\*  
\* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE\*  
\* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE\*  
\* USES SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS \*  
\* PERMIT SHALL EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED \*  
\* WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS PERMIT \*  
\* EXCEPT THAT UPON WRITTEN REQUEST TO THE ADMINISTRATION \*  
\* PRIOR TO THE EXPIRATION OF THE TWO YEAR PERIOD, THE TIME \*  
\* LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE DISCRETION \*  
\* OF THE ADMINISTRATION. \*  
\*\*\*\*\*
13. WELL SPACING- IN ORDER TO MINIMIZE THE POTENTIAL FOR INTERFERENCE BETWEEN WELLS, ALL WELLS SHALL BE LOCATED WITHIN LOCALLY APPROVED WELL BOXES AND, WHERE FEASIBLE, BE CONSTRUCTED SO AS TO ACHIEVE A SEPARATION OF AT LEAST 100 FEET FROM EACH OTHER AND/OR FROM EXISTING WELLS ON OTHER PROPERTIES. THE PERMITTEE SHALL CONDUCT SIMULTANEOUS YIELD TESTS FOR ANY WELLS THAT ARE SEPARATED BY LESS THAN 100 FEET. IN THE EVENT THAT A WELL TESTED SIMULTANEOUSLY WITH OTHER WELLS DOES NOT MEET MINIMUM YIELD STANDARDS, THE PERMITTEE SHALL RELOCATE OR DEEPEN THE WELL OR SEEK LOCAL APPROVAL TO RELOCATE THE WELL BOXES SO AS TO ACHIEVE THE 100-FOOT SEPARATION DISTANCE. ALL WELLS SHALL COMPLY WITH WELL CONSTRUCTION REQUIREMENTS.

BY AUTHORITY OF THE DIRECTOR  
WATER MANAGEMENT ADMINISTRATION

*John W. Grace* 2/6/2009  
for John W. Grace, Chief  
SOURCE PROTECTION AND APPROPRIATION DIV  
MSM