

C1 6603  
SEQUENCE NO. (DENV USE ONLY)  
1 2 3 4 5 6  
(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 522 987

ST/CO USE ONLY  
DATE RECEIVED 07/13/11  
DATE WELL COMPLETED 062811  
Depth of Well 9/15/11 185 (TO NEAREST FOOT)  
PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2086  
OWNER Heritage Realty & Land Development  
STREET OR RFD last name PO BOX 482 first name TOWN LISBOW MD  
SUBDIVISION Men, weber farm SECTION 2 PHASE LOT 8

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  
Top Soil  
Sandy  
Sand Stone  
MICKA  
Sand Stone  
MICKA  
Sand Stone  
MICKA

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N  
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 16 NO. OF POUNDS 1600  
GALLONS OF WATER 96  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft.  
CASING RECORD  
casing types insert appropriate code below  
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 38  
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  
BRONZE HOLE  
PL PLASTIC OTHER

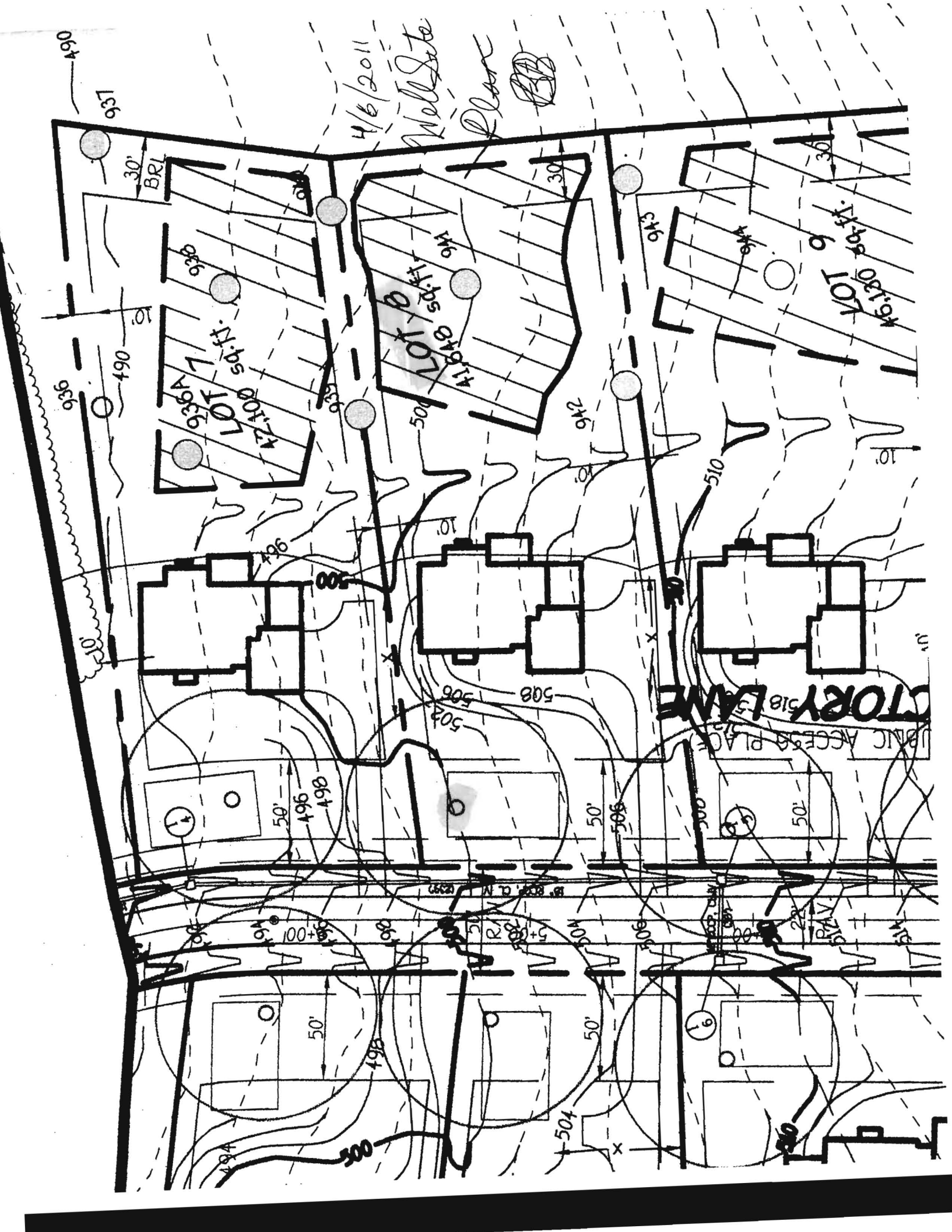
C3  
PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 18  
METHOD USED TO MEASURE PUMPING RATE bucket  
WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING  
TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.  
WELL HYDROFRACTURED yes Y no N  
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 26.04.04 "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. MSO 119  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2  
DEPTH (nearest ft.) 185  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN 56 (NEAREST INCH)  
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 CASING LOG INDICATOR OTHER DATA

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: 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)  
Prop Line 25' well 70' 25' Prop Line

B 1		0895		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <div style="font-size: 18pt; font-weight: bold;">534536</div> please type		STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold;">H0-95-2086</div> <div style="font-size: 10pt;">fill in this form completely</div>	
Date Received (APA) <div style="font-size: 18pt; font-weight: bold;">033011</div>					OWNER INFORMATION				
8 MM DD YY 13 <div style="font-size: 18pt; font-weight: bold;">Heritage Realty &amp; Land Develop</div>									
15 Last Name		Owner		First Name		34			
36		Street or RFD		55					
57 Town		70 State		72 Zip		76			
DRILLER INFORMATION					LOCATION OF WELL				
Driller's Name <div style="font-size: 18pt; font-weight: bold;">Ralph E. Mayne</div>					B 3 <div style="font-size: 18pt; font-weight: bold;">Howard</div>				
Firm Name <div style="font-size: 18pt; font-weight: bold;">Ralph E. Mayne Inc.</div>					8 COUNTY <div style="font-size: 18pt; font-weight: bold;">Meriwether</div>				
Address <div style="font-size: 18pt; font-weight: bold;">17024 Handy Rd Mt Airy MD 21771</div>					23 SUBDIVISION <div style="font-size: 18pt; font-weight: bold;">2nd</div>				
Signature <div style="font-size: 18pt; font-weight: bold;">[Signature]</div>					SECTION <div style="font-size: 18pt; font-weight: bold;">44 46</div>				
Date <div style="font-size: 18pt; font-weight: bold;">3/28/11</div>					LOT <div style="font-size: 18pt; font-weight: bold;">8</div>				
					52 NEAREST TOWN <div style="font-size: 18pt; font-weight: bold;">GLENELG</div>				
					MILES FROM TOWN (enter 0 if in town) <div style="font-size: 18pt; font-weight: bold;">2</div> M I				
B 2 WELL INFORMATION					B 4				
APPROX. PUMPING RATE (GAL. PER MIN.)					1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)				
8 12									
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)					ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
14 20					<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="radio"/> NORTH  <input type="radio"/> WEST  <input type="radio"/> EAST  <input type="radio"/> SOUTH         </div> <div style="text-align: center;"> <div style="font-size: 24pt; font-weight: bold;">45</div> </div> </div>				
USE FOR WATER (CIRCLE APPROPRIATE BOX)					DISTANCE FROM ROAD ENTER FT OR MI				
<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					TAX MAP: <div style="font-size: 18pt; font-weight: bold;">21</div> BLK: <div style="font-size: 18pt; font-weight: bold;">16</div> PARCEL: <div style="font-size: 18pt; font-weight: bold;">28</div>				
APPROXIMATE DEPTH OF WELL <div style="font-size: 18pt; font-weight: bold;">150</div> FEET					NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
APPROXIMATE DIAMETER OF WELL <div style="font-size: 18pt; font-weight: bold;">61</div> INCH					<div style="font-size: 24pt; font-weight: bold;">Howard</div> <div style="font-size: 24pt; font-weight: bold;">(13)</div> <div style="font-size: 24pt; font-weight: bold;">A522987</div> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <div style="font-size: 18pt; font-weight: bold;">4/6/2011</div> CO SIGNATURE <div style="font-size: 18pt; font-weight: bold;">Brian Baker</div> EXP. DATE <div style="font-size: 18pt; font-weight: bold;">4/6/2012</div> NORTH GRID <div style="font-size: 18pt; font-weight: bold;">519</div> 000 EAST GRID <div style="font-size: 18pt; font-weight: bold;">790</div> 000 50 55 57 63				
METHOD OF DRILLING (circle one)					SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
<input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTARY Drive-POINT other _____					SOURCES OF DRILLING WATER 1. well 2. 3.				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)					WRITE THE BOX NUMBER FROM THE MAP HERE				
<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 39 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52					E <div style="font-size: 18pt; font-weight: bold;">790</div> N <div style="font-size: 18pt; font-weight: bold;">519</div>				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)					DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
APPROP. PERMIT NUMBER <div style="font-size: 18pt; font-weight: bold;">H02008G010</div>									
PERMIT No. <div style="font-size: 18pt; font-weight: bold;">H0-95-2086</div>									
SPECIAL CONDITIONS									
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Wells within 100' Must Be Simultaneously Yield Tested									





Owner Heritage Realty & Cyndi Develop

Static water level (S.W.L.) below M.P. 26

Total time 15 min to reach pumping water level 3.5 ft. below M.P.

[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: Fogles Well Drilling LLC Telephone #: 410-795-5670  
Address: PO Box 202  
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 #: 8 Well Tag #: HO-95-20th  
Site Address: 14920 Victory Ln  
Glennview, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISSAEDT-180</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>100 gpm</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>185</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  
Type: 1" poly pipe  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

House Connection  
PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 6'  
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.

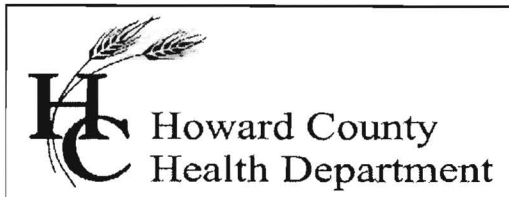
Signature of company representative responsible for installation Dave Fogle

date 1-20-15

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

Date Insp. Requested: <u>1/21/15</u>	Date Insp. Approved: <u>1/21/15</u>	Inspector: <u>SC</u>
Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	
Two piece cap installed and attached to casing securely	<u>✓</u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	
Safety rope not outside of well cap/casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	
Water supply line sleeved adequately at house connection	<u>✓</u>	
Adequate grout observed below pitless adapter	<u>✓</u>	

No grout visible  
probed & found  
grout just below  
pitless. 1/21/15 SC



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-2640 | 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](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 26, 2015**

May 26, 2015

Homeowner  
14920 Victory Lane  
Glenelg, MD 21737

**RE: Meriwether Farm, Lot 8  
14920 Victory Lane  
Building Permit: B14004392  
Well Permit: HO-95-2086**

Dear Homeowner:

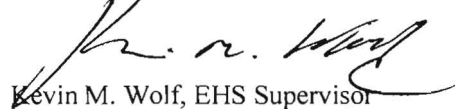
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/26/2015**. Final approval of the well line connection to the dwelling was granted on **1/21/2015**. The well construction was completed on **6/28/2011**. Water samples were collected on **5/14/2015 and 5/22/2015**.

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-95-2086. 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 black ink, appearing to read "K. M. Wolf", is written over the printed name.

Kevin M. Wolf, EHS Supervisor  
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 #: 100713 Account #: 1930  
Reference: Toll Brothers Lot 8 Company: Fogle's Well Drilling  
Location: 14920 Victory Lane Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 5/14/2015 1432 Site: Kitchen Sink  
Date/Time Rec'd: 5/14/2015 1558 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.7  
Collected By: J. Fogle 1974JF Well #: HO-95-2086

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM18 9223	5/15/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/15/2015 / 1030 / LLO
Nitrate	9.75	mg/L	10	601	5/15/2015 / 1130 / CCH
Turbidity	0.62	NTU	<10	SM18 2130B	5/15/2015 / 1100 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	5/15/2015 / 1100 / CCH

**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 # :** B14004392Date Reported: 5/18/2015

MD State Certification # 133



**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 #:	100857	Account #:	1930
Reference:	Toll Brothers Lot 8	Company:	Fogle's Well Drilling
Location:	14920 Victory Lane	Requested By:	Dave Fogle
	Glenelg, MD 21737	Source:	Well Water
Date/ Time Collected:	5/22/2015 1140	Site:	Utility Sink Tap
Date/Time Rec'd:	5/22/2015 1315	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.5
Collected By:	B. Dutterer 4717BD	Well #:	HO-95-2086

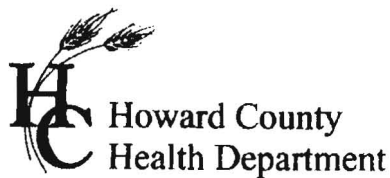
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/23/2015 / 0945 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/23/2015 / 0945 / BCD

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy**Building Permit # :** B14004392Date Reported: 5/26/2015

MD State Certification # 133



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	8	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

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