

**C1 6621** SEQUENCE NO. (DENV USE ONLY)  
 (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

DATE WELL COMPLETED  
**07/15/11**

Depth of Well **9/15/2011**  
**22 185 26**  
 (TO NEAREST FOOT) **O.K. (BB)**

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**140-95-2162**

OWNER **Heritage Realty & Land Development**  
 STREET OR RFD **last name PO Box 482 first name** TOWN **Lisbon MD**  
 SUBDIVISION **Meriwether Farm** SECTION **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	
Top Soil	0	2	
Sandy MICKA	2	15	
Sand Stone MICKA	15	20	
Sand Stone MICKA	20	30	<input checked="" type="checkbox"/>
Sand Stone MICKA	30	95	
Sand Stone MICKA	95	100	<input checked="" type="checkbox"/>
Sand Stone MICKA	100	185	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **9** NO. OF POUNDS **900**  
 GALLONS OF WATER **54**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **25** 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)  
**PL** **6** **27**  
 60 61 63 64 66 70

**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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED **Y** **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. **MSD 112**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**[Signature]**

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

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>140</b>	<b>25</b>
2		
3		

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

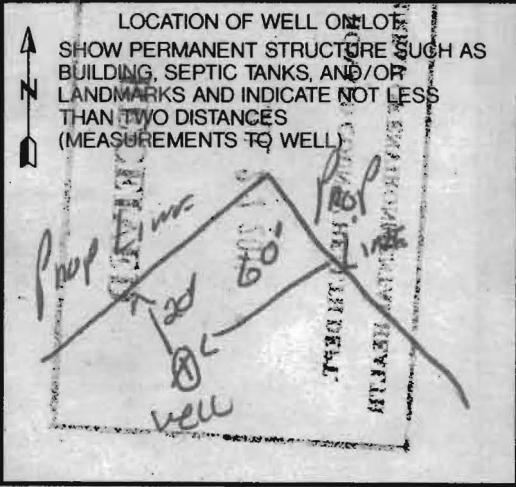
**MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)**  
 T (E.R.O.S.) W Q  
 70  72  74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **27** WHEN PUMPING **30**  
 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 (nearest foot)  
**-** below } **2** (nearest foot)



B 1 0974

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-95-2162 fill in this form completely

535256 please type

Date Received (APA) 06/15/11

OWNER INFORMATION

Heritage Realty & Land Develop, PO Box 482, Lisbon MD, 21765

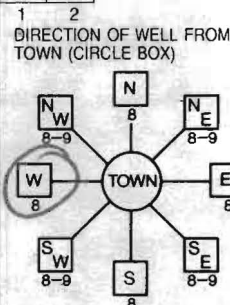
B 3 LOCATION OF WELL

Howard, Meriwether Farm, GLENELG, NEAREST TOWN

DRILLER INFORMATION

Ralph E. Mayne, M S D 117, RAY E. MAYNE WELL DRILLING, 17024 Hardy Rd, Mt Airy MD, 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meriwether Rd, 300, DISTANCE FROM ROAD, TAX MAP: 21 BLK: 16 PARCEL 28

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.), AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A522987, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 6/29/2011, CO SIGNATURE Brian Baber 6/29/2012, NORTH GRID 519 000, EAST GRID 791 000

APPROXIMATE DEPTH OF WELL 150 FEET

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

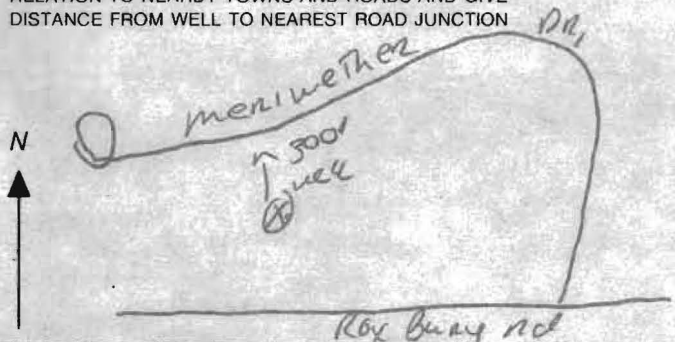
SOURCES OF DRILLING WATER

- well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7921, N 519

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 (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H02008G010, PERMIT No. H0-95-2162

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Wells within 100' Must Be Simultaneously Yield Tested

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2162  
 Location of property (road) Meriwether Dr.  
 Subdivision Meriwether Farm Lot 24 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. 2  
 Well Driller Ralph Mayne Owner Heritage Realty & Land Develop

Depth of well 185 ft  
 Distance of measuring point (M.P.) above ground 20 ft  
 Static water level (S.W.L.) below M.P. 27 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 10 GPM  
 Total time 15 min to reach pumping water level 30 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 _____ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	30 ft	6 Sec		10 GPM
			Test Started	
7:45	30 ft	6 Sec		10 GPM
8:00	30 ft	6 Sec		10 GPM
8:15	30 ft	6 Sec		10 GPM
8:30	30 ft	6 "		10 "
8:45	30 ft	6 "		10 "
9:00	30 "	6 "		10 "
9:15	30 ft	6 Sec		10 GPM
9:30	30 ft	6 Sec		10 GPM
9:45	30 ft	6 Sec		10 GPM
10:00	30 "	6 "		10 "
10:15	30 "	6 "		10 "
10:30	30 ft	6 Sec		10 GPM
10:45	30 ft	6 Sec		10 GPM

**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: Fogel's Well Drilling LLC Telephone #: 410-795-5670  
Address: PO Box 2021  
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 FOGEL License# MSD226

\*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 #: 410-489-7407  
Subdivision: Cottail Overlook Lot #: 24 Well Tag #: HO-95-2162  
Site Address: 1409 Menwether Dr  
Greenbelt, 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>155GED7-180</u>	Model #: <u>10074</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>10</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 wrenches, Cable guards, or other acceptable method used- Must circle one

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

Piping to house

Type: 1" poly pipe

PSI: 160 (160 psi min)

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (minimum from foundation): 6'

Sleeve sealed properly: YES

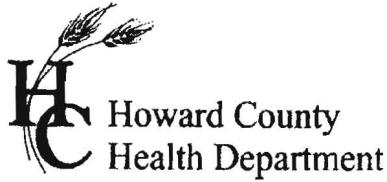
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Paul Fogel date: 9-2-14

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

Date Insp. Requested: 9/3/14 Date Insp. Approved: 9/3/14 Inspector: RR

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope <u>not</u> outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



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

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Peter L. Bielenon, 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:

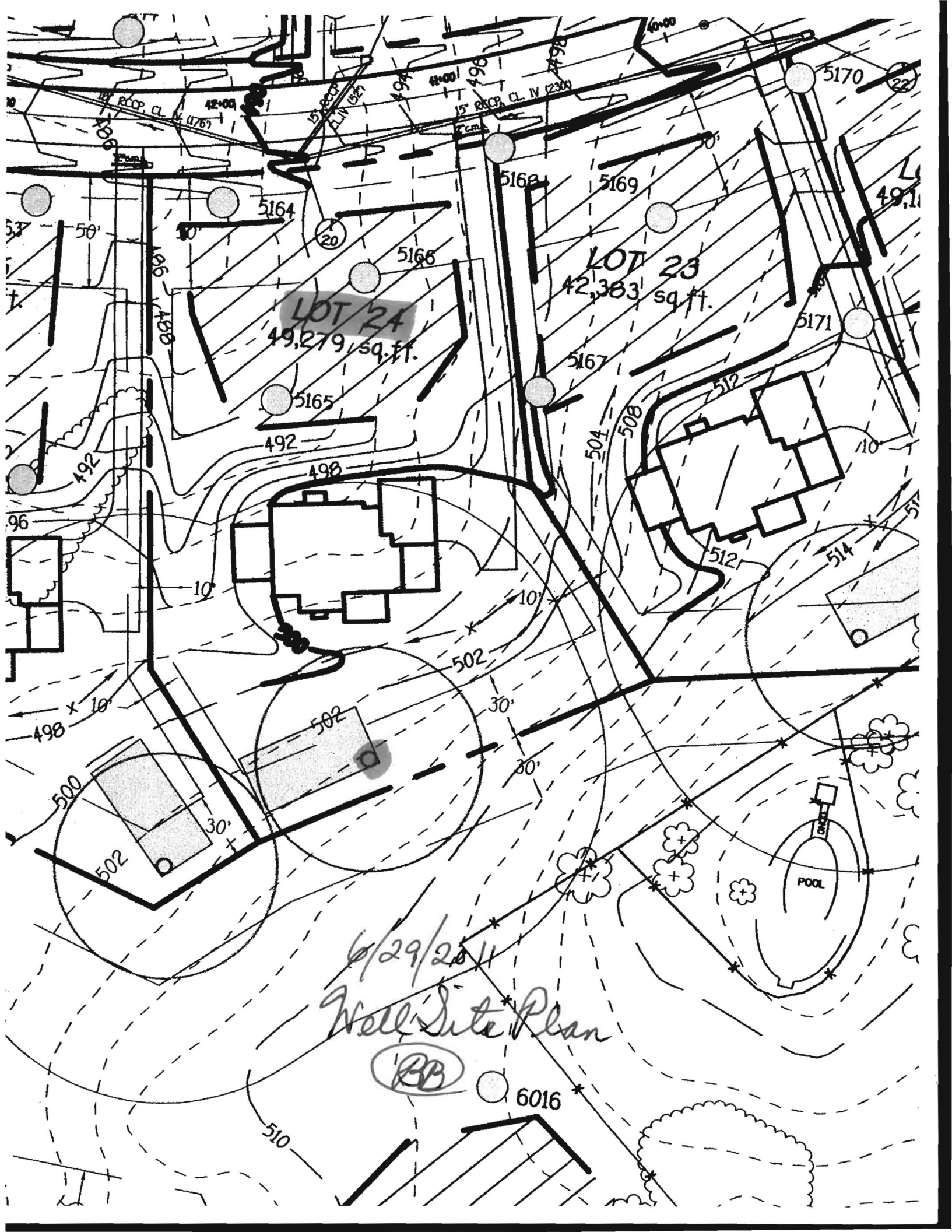
Well Site Location:

<u>Meriwether Farm, Sec. II, Ph. 2</u>	<u>24</u>	<u>Meriwether Drive</u>
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 3/21/11 (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



LOT 24  
49,279 sq. ft.

LOT 23  
42,383 sq. ft.

6/29/2011  
Well Site Plan

BB

6016

POOL

# 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 #: 98312 Account #: 1930  
Reference: Toll Brothers Lot 24 Company: Fogle's Well Drilling  
Location: 14909 Meriweather Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 12/17/2014 1443 Site: Kitchen Sink Tap  
Date/Time Rec'd: 12/17/2014 1548 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: J. Fogle 1974JF Well #: HO-95-2162

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	12/18/2014 / 1030 / CCH
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/18/2014 / 1030 / CCH
✓ Nitrate	9.17	mg/L	10	601	12/17/2014 / 1600 / CCH
✓ Turbidity	1.04	NTU	<10	SM18 2130B	12/17/2014 / 1600 / CCH
✓ Sand	NS	mg/L	5	Visual/Gravimetric	12/17/2014 / 1600 / CCH

*Reviewed 12/19/14, H.O.*

### 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 # :** 13000886

Date Reported: 12/18/2014

# 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 #: 98327 Account #: 1930  
Reference: Toll Brothers Lot 24 Company: Fogle's Well Drilling  
Location: 14909 Meriweather Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 12/18/2014 1513 Site: Kitchen Sink Tap  
Date/Time Rec'd: 12/18/2014 1602 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.4  
Collected By: J. Fogle 1974JF Well #: HO-95-2162

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
✓ Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/19/2014 / 1015 / LLO
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/19/2014 / 1015 / LLO

*Reviewed 12/19/14, H.O.*

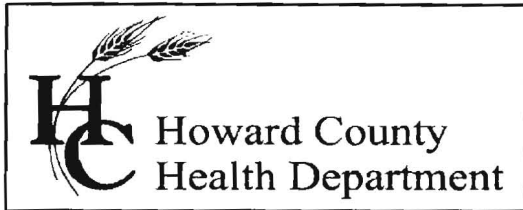
### NOTES

- 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 Sample collected by client, analyzed as received
- 5 pH tested in lab, chlorine level tested on site

**Reason for Test :** Use & Occupancy

**Building Permit # :** 13000886

Date Reported: 12/19/2014



## 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](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – June 19, 2015**

December 19, 2014

Homeowner  
14909 Meriwether Drive  
Glenelg, MD 21737

**RE: Meriwether Farm, Lot # 24  
14909 Meriwether Drive  
Building Permit: B13000886  
Well Permit: HO-95-2162**

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 **12/19/2014**. Final approval of the well line connection to the dwelling was granted on **9/3/2014**. The well construction was completed on **7/15/2011**. Water samples were collected on **12/17/2014 and 12/18/2014**.

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-95-2162. 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,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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

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