

C1 6632

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A522987

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 07/12/11

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 1A0-95-2165

OWNER: Heritages Realty & Land Development last name PO Box 482 first name TOWN LISBOW MD SUBDIVISION Meriwether Farm SECTION 2 LOT 27

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy Sand Stone, MICKA Sand Stone, MICKA Sand Stone, MICKA Sand Stone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing 6 Total depth of main casing 22

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

screen type or open hole insert appropriate code below

SCREEN RECORD: ST STEEL, BR BRASS BRONZE, PL PLASTIC, HO OPEN HOLE, OT OTHER

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

WELL HYDROFRACTURED (Y/N)

- 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...

DRILLERS IDENT. NO. MSO 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

Table for screen depth with columns for depth (nearest ft.) and rows for screen sections.

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

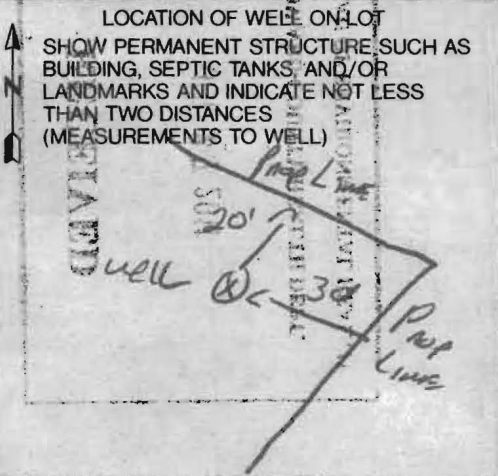
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

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 WHEN PUMPING TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)



**OWNER INFORMATION**  
 Date Received (APA) 06.15.11  
 8 MM DD YY 13  
 15 Heritage Realty & Land Develop Last Name Owner First Name 34  
Po Box 482  
 36 Lis Bow MD. 21765 Street or RFD 55  
 57 Town 70 State 72 Zip 76

**LOCATION OF WELL**  
 B 3 Howard  
 8 COUNTY 21  
Meriwether Farm  
 23 SUBDIVISION 42  
 SECTION 2 LOT 27  
 44 46 48 50  
GLENWEG  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 2 M I  
 73 76 77 78

**DRILLER INFORMATION**  
Ralph E. Mayne M S D 117  
 Driller's Name 76 License No. 81  
Ralph Mayne Well Drilling  
 Firm Name  
17024 Handy Rd Mt Airy MD. 21771  
 Address  
[Signature] 6/12/11  
 Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 B 4  
 1 2  
 N W 8-9 N 8 N E 8-9 E 8 S W 8-9 S 8 S E 8-9  
 W 8-9 TOWN E 8  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 11 NEAR WHAT ROAD Meriwether Rd. 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 165 37  
 DISTANCE FROM ROAD ft  
 ENTER FT OR MI 38 39  
 TAX MAP: 21 BLK: 16 PARCEL 28

**WELL INFORMATION**  
 B 2  
 1 2  
 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)**  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard (13) A522987  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 7/13/2011 Brian Baker 7/13/2012  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 519 0 0 0 EAST GRID 790 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 290  
 N 519  
 000  
 000

**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 \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
well @ 175'  
Meriwether Rd.  
Roxbury Rd.

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER HO2008G010  
 PERMIT No. HO-95-2165  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Wells within 100' must be simultaneously yield tested  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 #: 443-609-4195  
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): Allen Compton License# MSD 009

\*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: Cattail Overlook Lot #: 27 Well Tag #: HO-95-2165  
Site Address: 14921 Meriwether Dr  
Glenelg, MD

Submersible Pump Data

Make: Grundfos  
Model #: 1520GE07-180  
Pump Capacity 7 GPM  
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 36" (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: 205 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4

Torque arrestors, 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: 1100 (160 psi min)  
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve(s' minimum from foundation): 5'  
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: Allen Compton date: 7/29/13

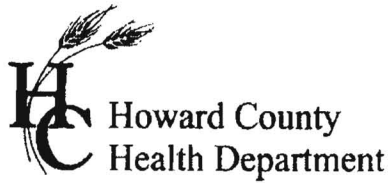
**For Health Department Use Only -- Not to be completed by Installer**

Date Insp. Requested: 7/30/13 Date Insp. Approved: 7/30/13 Inspector: RK

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 3" above finished grade	✓
Water supply line sleeved adequately at house connection	✓
Adequate grout observed below pitless adapter	✓

**RECEIVED**

JUL 30 2013



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:

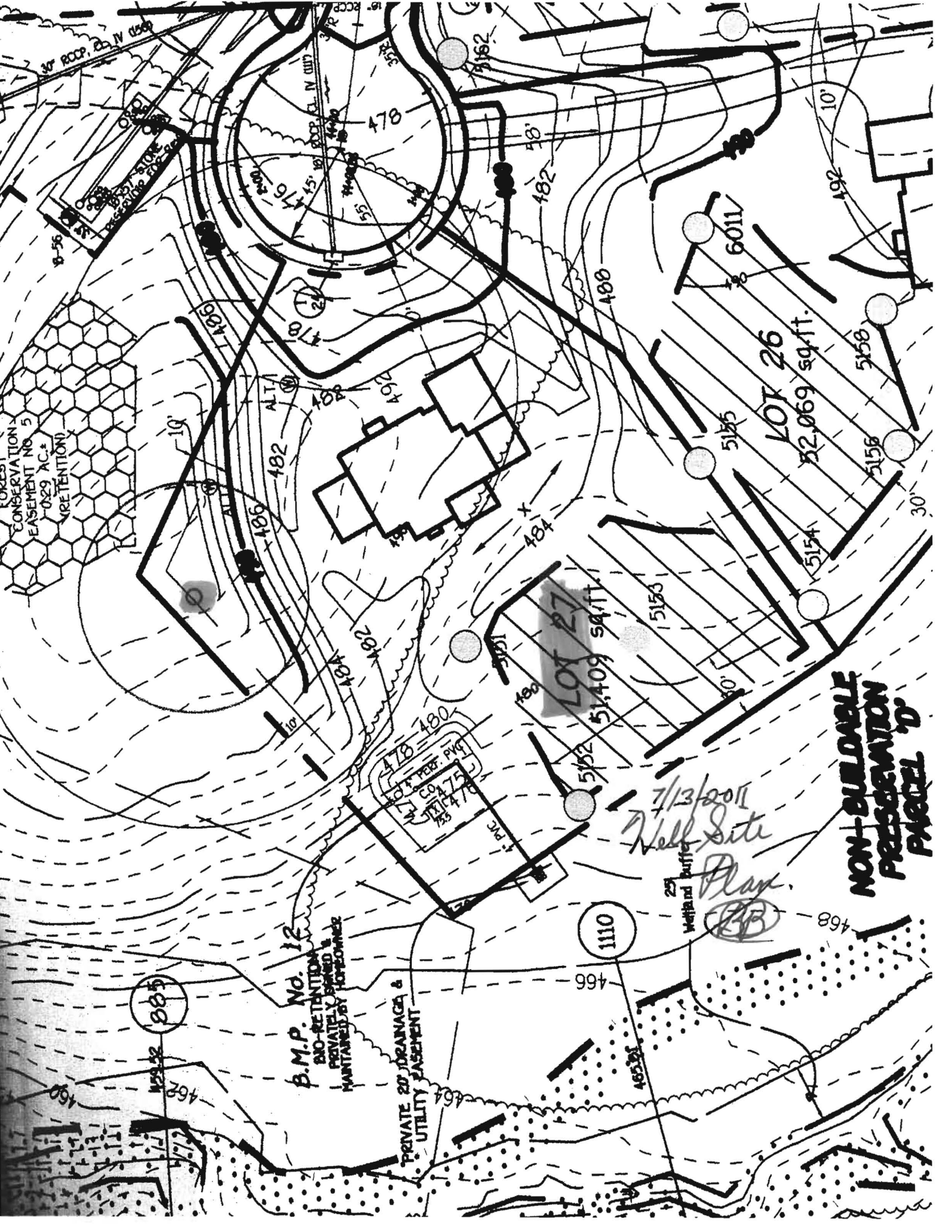
Well Site Location:

<u>Meriwether Farm, Sec. II, Ph. 2</u>	<u>27</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



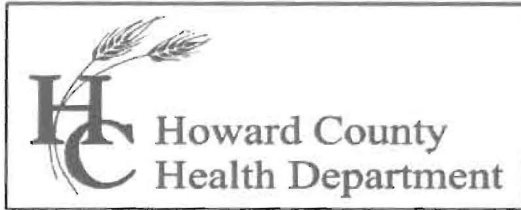
CONSERVATION EASEMENT NO. 5  
0.29 AC.  
(RETENTION)

B.M.P. No. 12  
EAO-RETENTION  
PRIVATELY OWNED &  
MAINTAINED BY HOMEOWNER

PRIVATE 20' DRAINAGE &  
UTILITY EASEMENT

7/13/2011  
Well Site  
Plan  
(28)

NON-BUILDABLE  
PRESERVATION  
PARCEL 'D'



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**

Expiration Date – MARCH 18, 2014

September 18, 2013

Homeowner  
14921 Meriwether Drive  
Glenelg, MD 21737

**RE: Cattail Overlook, Lot 27**  
**14921 Meriwether Drive**  
**Building Permit: B13000585**  
**Well Permit: HO-95-2165**

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 **7/23/2013**. Final approval of the well line connection to the dwelling was granted on **7/30/2013**. The well construction was completed on **7/17/2011**. Water samples were collected on **8/22/2013, 9/4/2013, and 9/9/2013**.

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 untreated water sample collected on **8/22/2013** indicated a nitrate level of **10.3 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **9/4/2013** and indicated a nitrate level of **1.03 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-2165. 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.**

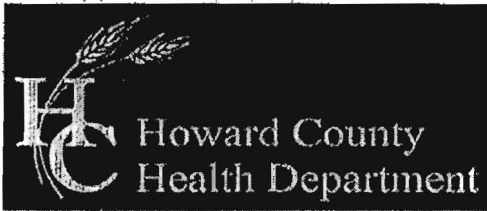
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Bricker, REHS/R.S.  
Environmental Sanitarian  
Well & Septic Program

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



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

**REQUEST FOR PERMANENT DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 9/18/13 WELL PERMIT #: HO - 95 - 2165  
PROPERTY OWNER: Toll Brothers Inc  
SUBDIVISION & LOT #: Cattail Overlook 27  
PROPERTY ADDRESS: 14921 Meriwether Dr

**CONDITIONS:**

- 1) The well installed under permit # HO 95 - 2165 has been documented to have a nitrate level of 10.3 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 9/4/13 indicated that the nitrate contamination has been reduced to 1.03 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO 95 - 2165. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

[Signature] 9/18/2013

Prospective Owner's Day Time Phone Number(s)

301-461-1190

# 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 #: 90851 Account #: 1930  
Reference: Toll Brothers Lot 27 Company: Fogle's Well Drilling  
Location: 14921 Meriwether Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 9/4/2013 1130 Site: R/O Tap  
Date/Time Rec'd: 9/4/2013 1535 Treatment: Reverse Osmosis ✓  
Chlorine ppm: Free: ND ✓ Total: ND pH: 6.3  
Collected By: J. Fogle 1974JF Well #: HO-95-2165

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	1.03 ✓	mg/L	10	601	9/4/2013 / 1645 / CWM

'OK' 9/18/13

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

**Reason for Test :** Use & Occupancy

**Building Permit # :** 13000585

Date Reported: 9/5/2013

# 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 #: 90914 Account #: 1930  
Reference: Toll Brothers Lot 27 Company: Fogle's Well Drilling  
Location: 14921 Meriwether Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 9/9/2013 1137 Site: Mud Room Sink  
Date/Time Rec'd: 9/9/2013 1442 Treatment: None  
Chlorine ppm: Free: ND ✓ Total: ND ✓ pH: 5.7  
Collected By: J. Fogle 1974JF Well #: HO-95-2165

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/10/2013 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/10/2013 / 0930 / CCH

OK  
reb 9/10/13

### 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 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 13000585

Date Reported: 9/12/2013 Reviewed By: \_\_\_\_\_

# 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 #: 90651 Account #: 1930  
Reference: Toll Brothers Lot 27 Company: Fogle's Well Drilling  
Location: 14921 Meriwether Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 8/22/2013 1226 Site: Kitchen Sink Tap  
Date/Time Rec'd: 8/22/2013 1455 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.7  
Collected By: J. Fogle 1974JF Well #: HO-95-2165

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	8/23/2013 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/23/2013 / 1000 / LLO
Nitrate	10.3	mg/L	10	601	8/22/2013 / 1630 / BCD
Turbidity	1.51	NTU	<10	SM18 2130B	8/22/2013 / 1630 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	8/22/2013 / 1635 / JKW

*Nitrate & Bacteria Fail  
Others OK!  
ref 9/18/13*

### NOTES

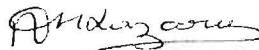
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory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

Reason for Test : Use & Occupancy  
Building Permit # : 13000585

Date Reported: 8/23/2013

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



2/6/2009

for John W. Grace, Chief  
SOURCE PROTECTION AND APPROPRIATION DIV

MSM