

**C 1 6634** SEQUENCE NO. (DENV USE ONLY)  
 1 2 3 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 [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **07/20/11**

Depth of Well **205**  
 (TO NEAREST FOOT)  
 22 [ ] [ ] [ ] [ ] [ ] [ ] 26  
 9/15/11  
 O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**HA-75-2167**  
 28 29 30 31 32 33 34 35 36 37

OWNER **Heritage Realty & Land Development**  
 STREET OR RFD last name **PO Box 482** first name TOWN **LISBON MD**  
 SUBDIVISION **Meriwether Farm** SECTION **2** LOT **29**

**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	20	
Sand Stone	20	30	
MICKA	30	45	
Sand Stone	45	50	✓
MICKA	50	120	
Sand Stone	120	125	✓
MICKA	125	205	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 (Circle Appropriate Box) 44 44  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS **94** NO. OF POUNDS **1400**  
 GALLONS OF WATER **87**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **33** ft.  
 48 TOP 52 54 BOTTOM 58  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 PL  6  35  70  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.  
 WELL HYDROFRACTURED  YES  NO  
 Y N

**C 2**

E A C H S C R E E N	DEPTH (nearest ft.)	
	1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
1	<b>140</b>	<b>33</b> <b>205</b>
2		
3		

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

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 117**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**[Signature]**

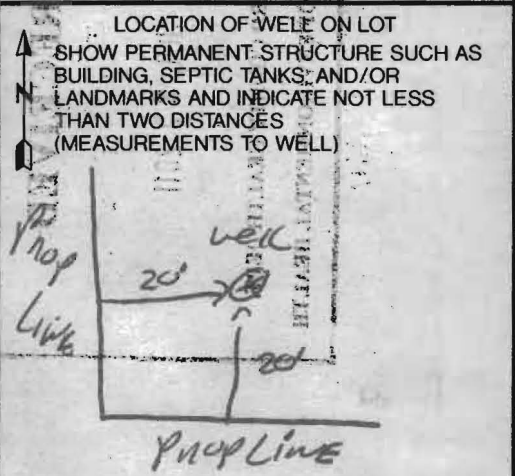
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68  68

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**  
 8 9  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **79**  
 17 20  
 WHEN PUMPING **54**  
 22 25  
 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  
 (CIRCLE) (YES or 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 } LAND SURFACE  
 - below } **2** (nearest foot)  
 49 50 51



B 1 0969

SEQUENCE NO. (MDE USE ONLY)

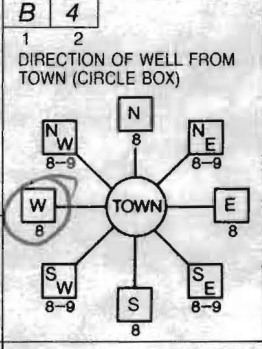
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER H0-95-2167

OWNER INFORMATION: Date Received (APA) 06/15/11, Heritage Realty & Land Develop, PO Box 482, Lisbow MD, 21765

LOCATION OF WELL: Howard County, Meriwether Farm, Section 2, Lot 29, Glenelg, 2 miles from town

DRILLER INFORMATION: RALPH E. MAYNE, M SD 117, RALPH E. MAYNE WELL DRILLING, 17024 Handy Rd, Mt Airy MD, 21771



meriwether Dr., 400 feet from road, Tax Map: 21 BLK: 16 PARCEL 28

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

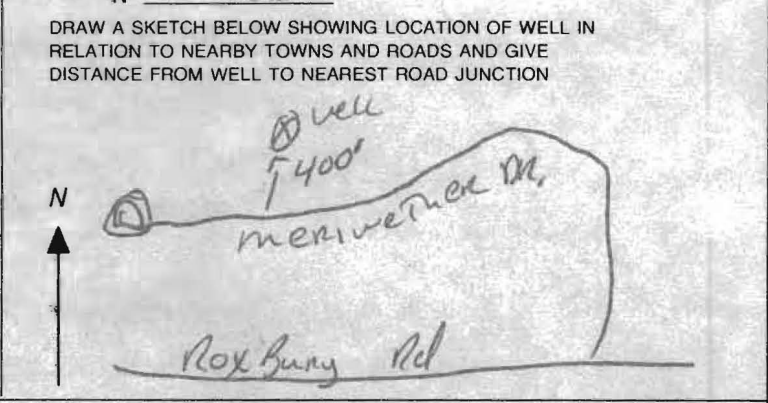
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, Brian Baker, 7/13/2011

- USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (D)

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 64 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 1. well

METHOD OF DRILLING: BORED (or Augered), AIR-ROTARY, CABLE



REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL (N)

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER H02008G010, PERMIT No. H0-95-2167

SPECIAL CONDITIONS: Wells Within 100' Must Be Simultaneously Yield Tested

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2167  
 Location of property (road) Meriwether Dr  
 Subdivision Meriwether Farm Lot 29 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. 2  
 Well Driller Ralph Mayne Owner Heritage Realty & Land Develop

Depth of well 205'  
 Distance of measuring point (M.P.) above ground 2ft  
 Static water level (S.W.L.) below M.P. 49

I. High rate pumping -- reservoir drawdown  
 Time pump started 6:00 Pumping rate 10 GPM  
 Total time 10 min to reach pumping water level 52 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)
6:00	49 ft	6 Sec		10 GPM
			Test started	GPM
6:15	52 ft	6 Sec		10 GPM
6:30	52 ft	6 Sec		10 GPM
6:45	52 ft	6 Sec		10 GPM
7:00	52 "	6 "		10 GPM
7:15	52 "	6 "		10 "
7:30	52 "	6 "		10 "
7:45	52 ft	6 Sec		10 "
8:00	52 ft	6 Sec		10 GPM
8:15	52 ft	6 Sec		10 GPM
8:30	52 "	6 "		10 GPM
8:45	52 "	6 "		10 "
9:00	52 ft	6 Sec		10 "
9:15	52 ft	6 Sec		10 GPM
				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: 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# M3D 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 #: 410-489-7407  
Subdivision: Cattail Overlook Lot #: 29 Well Tag #: HO-95-2167  
Site Address: 14904 Meriwether Dr  
Glebe, 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>1550E07-180</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>10</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.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 inside of well casing N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" black poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</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: 5-7-14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/7/14 Inspector: YCW

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 \_\_\_\_\_



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/hccohealth  
Twitter: HowardCoHealthDep

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

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

DATE: May 29, 2014

WELL PERMIT #: HO - 95-2167

PROPERTY OWNER: NADEEM BHATTI

SUBDIVISION & LOT #: Meriwether Farm, Lot 29


PROPERTY ADDRESS: 14904 Meriwether Drive

**CONDITIONS:**

- 1) The well installed under permit # HO -95-2167 has been documented to have a nitrate level of 10.4 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on May 27, 2014 indicated that the nitrate contamination has been reduced to 1.2 ppm at the primary drinking tap.

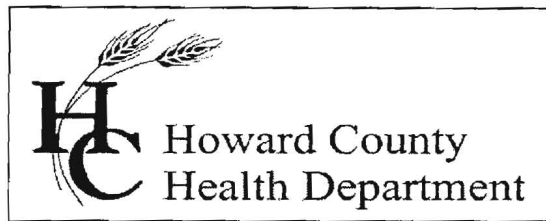
I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95-2167. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of 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]

 \_\_\_\_\_

Prospective Owner's Day Time Phone Number(s)

301-343-4195 \_\_\_\_\_



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

Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

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

Expiration Date – NOVEMBER 29, 2014

May 29, 2014

Nadeen Bhatti  
14904 Meriwether Drive  
Glenelg, MD 21737

**RE: Meriwether Farm, Lot 29**  
**14904 Meriwether Drive**  
**Building Permit: B13003085**  
**Well Permit: HO-95-2167**

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 **5/28/2014**. Final approval of the well line connection to the dwelling was granted on **5/7/2014**. The well construction was completed on **7/20/2011**. Water samples were collected on **5/20/2014**.

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.

The untreated water sample collected on **5/20/2014** indicated a nitrate level of **10.4 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 **5/27/2014** and indicated a nitrate level of **1.2 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-95-2167. 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.**

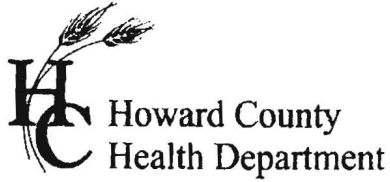
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



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

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



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. Bielsonson, 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. 2	29	Meriwether Drive
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

- 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



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventris Court \* P.O. Box 245 \* Myersville, MD 21773 \* 301-293-3340 \* Fax 301-293-3266  
www.fredericktownelabs.com \* info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 8933 - 3-1

### Field Record

Site visit performed on: Tuesday, May 27, 2014 10:33 AM  
by: Jessica Fogle  
Affiliation: Fogle's Well Drilling & Pumps  
Property Owner: Residence  
Property Address: 14904 Meriwether Drive  
Glencig, MD 21737  
Sample Source: Reverse Osmosis  
Treatment Devices Noted: RO System  
Sample taken after treatment: Yes

### Laboratory Report

Sample Received at laboratory: 5/27/2014 12:11 PM

#### Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u> <u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen - RUS	1.2 mg/l	10	5/27/2014	300.0	PH

OK  
JW  
5/28/14

Reported by: Edlin Mellott 5/27/14  
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
Maryland Cert. No. 116 Virginia Cert. No. 00444  
MDOT WBE Cert. No.: 91-158

# 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 #: 94280 Account #: 1930  
Reference: Toll Brothers Lot 29 Company: Fogle's Well Drilling  
Location: 14904 Meriwether Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 5/20/2014 1024 Site: Kitchen Sink Tap  
Date/Time Rec'd: 5/20/2014 1400 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.5  
Collected By: J. Fogle 1974JF Well #: HO-95-2167

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/21/2014 / 0815 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/21/2014 / 0815 / LLO
Nitrate	10.4	mg/L	10	601	5/21/2014 / 1615 / CRS
Turbidity	1.00	NTU	<10	SM18 2130B	5/21/2014 / 0825 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	5/21/2014 / 0825 / JKW

OK - high Nitrate  
5/28/14  
JFW

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

Reason for Test : Use & Occupancy

Building Permit # : B13003085

Date Reported: 5/21/2014



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

