

**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: _____ 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: **HO-94-3417**
Site Address: **3881 Ten Oaks Road**

| | | |
|--|------------------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: _____ | Make: _____ | Two piece watertight cap: _____ |
| Model #: _____ | Model#: _____ | Screened, vented well cap: _____ |
| Pump Capacity _____ GPM | Depth: _____ (36" min) | Cap secured to casing: _____ |
| Well Yield: _____ GPM | NSF/WSC approved: _____ | Conduit min 18" B.G.: _____ |
| Depth of well encountered at time of pump installation: _____ (feet) | Conduit secured to well cap: _____ | |

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 _____

| | |
|---------------------------------------|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: _____ | PVC sleeve to undisturbed soil at wall penetration: _____ |
| PSI: _____ (160 psi min) | Length of sleeve(5' minimum from foundation): _____ |
| Depth of supply line: _____ (36" min) | Sleeve 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: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
 ✓ Two piece cap installed and attached to casing securely **Not Missing**
 ✓ 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 **No Tag**
 Water supply line sleeved adequately at house connection **Covered**
 Adequate grout observed below pitless adapter ✓

8/14/07
BB

Casing Extended