

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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 - ____ - _____
Site Address: 2286 Duwall Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and 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: 3/13/17 Date Insp. Approved: 3/13/17 Inspector: SC

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 seen outside of well cap/casing _____ ✓

~~Correct well tag attached properly and casing 8" above finished grade~~ _____ ✓

~~Water supply line sleeved adequately at house connection~~ _____

~~Adequate grout observed below pitless adapter~~ _____

** Must inspect and meet these parameters -KMD*

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 #: 113558 Account #: 25404
Reference: Michael Bonsby Company: CASH ACCOUNT
Location: 2286 Duvall Road Requested By: Michael Bonsby
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 3/30/2017 0931 Site: Utility Sink
Date/Time Rec'd: 3/30/2017 1157 Treatment: Sediment Filter/UV Light
Chlorine ppm: Free: ND Total: ND pH: 5.2
Collected By: R. Ott 4269RO Well #: No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/31/2017 / 1020 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/31/2017 / 1020 / CCH
Nitrate	3.76	mg/L	10	601	3/30/2017 / 1555 / CRS
Turbidity	0.36	NTU	<10	SM18 2130B	3/30/2017 / 1600 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/30/2017 / 1600 / CRS

NOTES

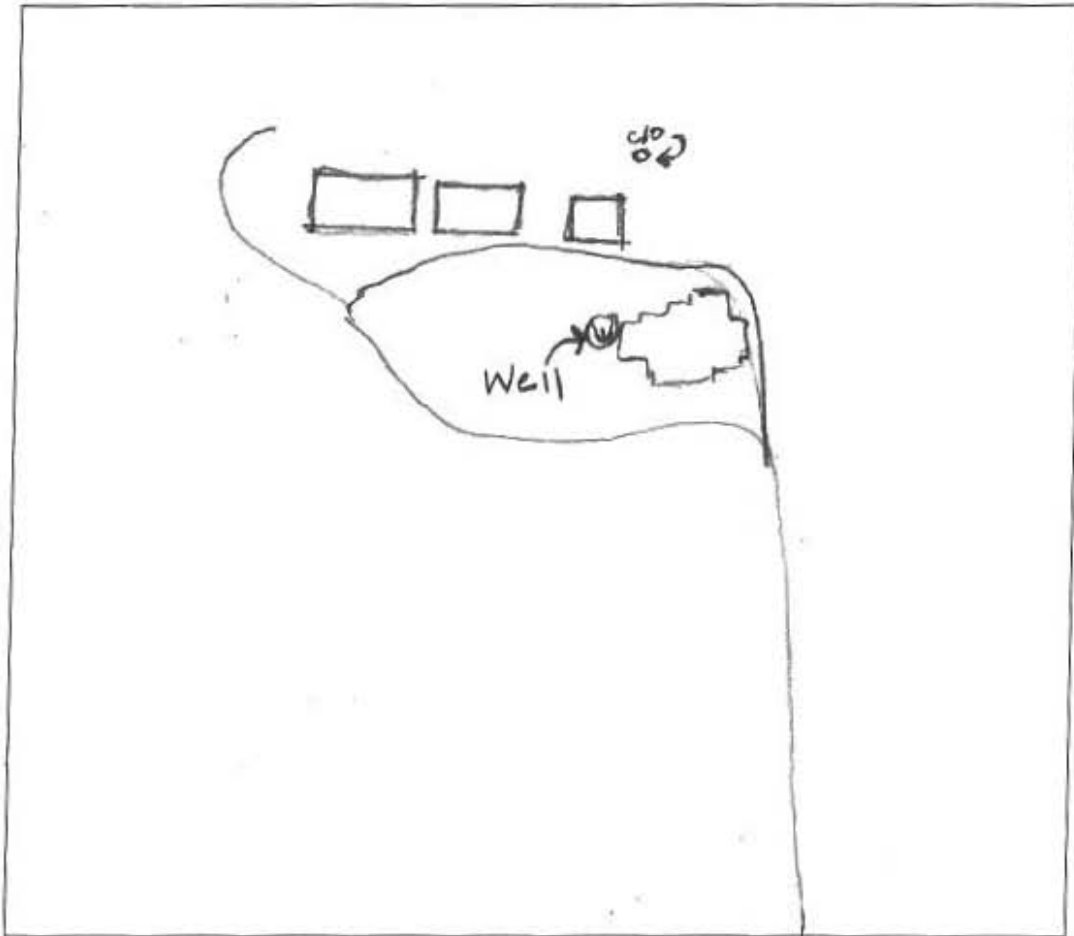
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : HoCHDDate Reported: 3/31/2017

SITE INSPECTION SHEET

OWNER: Michael Bonsby PHONE #: _____
ADDRESS: 2286 Duvall Road CONTRACTOR: _____
Woodbine MD WELL TAG #: No tag
SUBDIVISION: _____ LOT: 23 COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



Duvall Road

COMMENTS: _____
Well constructed of steel casing, no cap or tag
located within pvc pipe w/ steel lid. See
pic for more detail.

DATE: 3/2/17 INSPECTOR: Hank Oswald

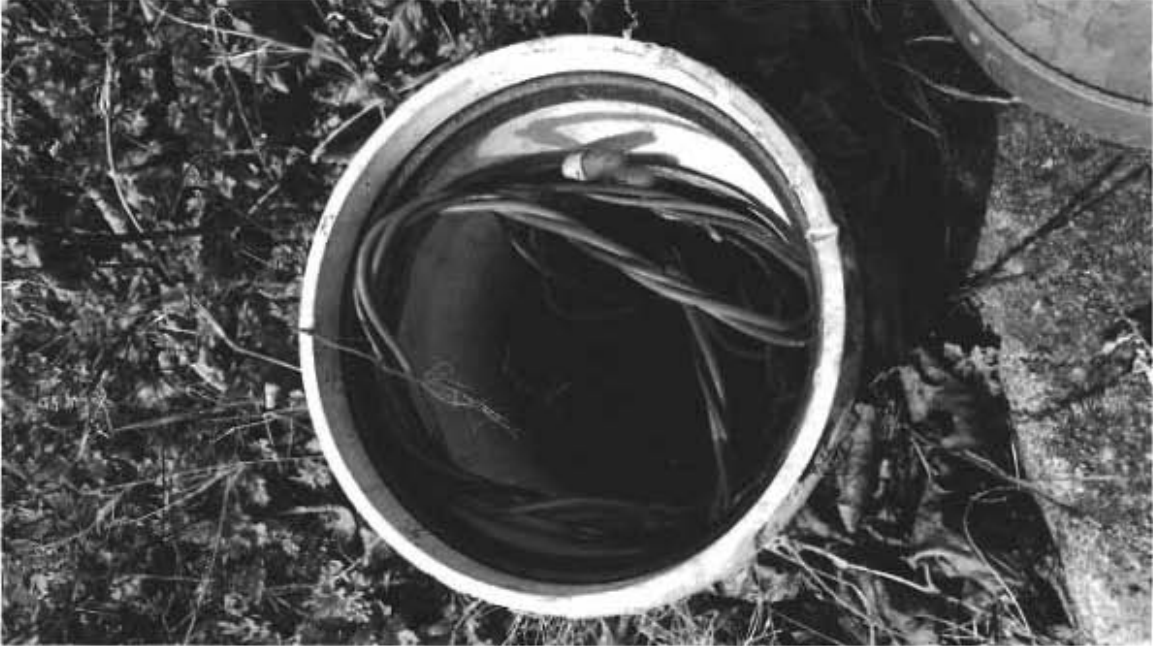
3/2/17
2286 Duvall Road
Woodbine, MD



Cleanout



3/2/17
2286 Duvall Road
Woodbine, MD



Well

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
3/6/17	Spoke w/ owner and met w/ him in office
	Discussed what needs to be done to bring well
	up to code, → Extend casing min 8" above
	grade, 2-piece cap or equivalent, water tight w/
	electrical conduit extending @ least 8" below grade

RM