

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-95-2168  
 Site Address: 14900 Meriwether Dr.

<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 <u>inside of well casing</u>		

<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: 95-2168 14900 14828

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

↓  
 95-2119  
 O.K. But  
 Right Tag?

(Next Door → 14820 → 95-2121)  
 Grout Missing