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WPS AM
313 2648
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2/1/98
2/6/98
Reinsp

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3028-N Ellicott Hills Drive
Ellicott City, MD 21043

461-8933

410 313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Ben Lewis

Telephone 301 438 3800

License Number 11202

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner Remmona Davis

Telephone 410 309 6045

Subdivision Cittol Creek

Lot # 1

Well Tag # _____

Site Address 3603 Broadleaf Ct

Pump

1. Type

- a. Deep well jet _____
- b. Shallow well jet _____
- c. Submersible

2. Make Howell

3. Model # S 350542-L

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes No _____

6. If yes, is low pressure cutoff switch installed? Yes No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

1. Horsepower 1/3

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220

Pitless Adapter

1. Make _____

2. Model # _____

3. Depth 42

Tank

1. Capacity 180

2. Pressure relief valve? yes

well line, p.a. 4' below grade

well casing 1.5' + above grade

Needs 2 pc cap / Needs safety rope secured inside casing

Piping

1. Type Bek 1600

2. Size 1

3. NSF and/or BOCA Code approved yes

4. Depth of supply line _____

Well data

1. Depth 240 ft.

2. Yield _____ GPM

3. Static water level 301 ft.

4. Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Ben Lewis

Date: 2-26-98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

3/4/98 NOT CORRECTED

3/6/98 NOT CORRECTED