

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer GREG C. FEYFOGLE PLUMBING, INC.

Telephone 410-875-0300

License Number 9081

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner WILLIAM D. BOWLING Telephone 410-442-8040

Subdivision WARFIELD ESTATES Lot # 31 Well Tag # _____

Site Address 14821 BUENTWOODS RD.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make JACUZZI
- Model # SANOWANDER
- Capacity UNK GPM

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make HARPER
- Model # PT800
- Depth 42"

- Pump exceeds well capacity Yes No _____
- If Yes, is low pressure cutoff switch installed? Yes No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- Capacity WK250
- Pressure relief valve? YES

Piping

- Type POLYETHYLENE
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? NO

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: _____

Date: 11/18/98

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