

Depth of well 225'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 52'

HD-224

4.98
C.O. + WPI
ASAP

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~XXXXXXXX~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation XX
Replacement _____

Receipt # P510557 (No Fee)
Date 7/9/98

Name of Installer Walter W. King Plumbing & Heating, Inc. Telephone (301) 662-6290

License Number 2217
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber XX

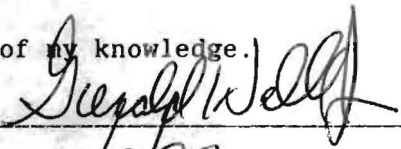
Name of Property Owner Ryan Homes, Inc. Telephone (410) 654-0501
Subdivision Riggs Meadow Lot # 12 Well Tag # HO -94 -1124
Site Address 14618 Riggs Meadow Drive, Cookesville, MD 21723

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Boshart</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # <u>P-100-4</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <u>XX</u>	a. 110 _____	
2. Make <u>STA-RITE</u>	b. 220 <u>XX</u>	
3. Model # <u>5SP4C02HL</u>		
4. Capacity <u>6.5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <u>X</u>		
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 <u>XX</u> Other _____		

Tank	Piping	Well data
1. Capacity <u>86</u> Gal.	1. Type <u>160 PSI Plastic</u>	1. Depth <u>225</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>20</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level <u>52'</u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>YES</u>

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: 7/9/98

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