## 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:	Robert L. Feezer Co., Inc.	Telephone #	‡: 410-781-4655
	6321 Barnett Avenue	•	
	Sykesville, MD 21784		
License # and nar	ne of individual responsi	Licensed Well Driller ble for the field installation:	Licensed Well Pump Installer
Name (Print): Rot	pert L. Feezer		License# 2122
licensed journey verification. Un	man or master plumbei licensed individuals ma	r, pump installer or well dri y be reported to the approp	
Name of Property Subdivision:	Owner: <u>tolumbia</u> 5451 Rivercresi	Builders Telepho	one #:
Submersible Pu	Brookville Md mp Data	2083.3 Pitless Adapter	Well Cap and Electric Conduit  Two piece watertight cap: Yes  Screened, vented well cap: Yes  Cap secured to casing: Yes  Conduit min 18" B.G.: Yes
Make: 6001d	5	Make: Campbell	Two piece watertight cap: Yes
Model #: <u>565</u>	60 1912 CDM	Model#: P1800  Denth: 42" (36" min)	Can secured to casing: Yes
Well Yield:	5 GPM	NSF/WSC approved: Yes	Conduit min 18" B.G.: Yes
Depth of well end	countered at time of pum	p installation: 300 (feet)	Conduit secured to well cap: Yes
			ired by NSPC 1990 Section 17.8.4
		cceptable method used- Mus	
			able method inside of well casing N/A
Piping to house		House Connection	
Type: Poly			d soil at wall penetration: Yes
PSI: 200 (160 p	osi min)	Length of sleeve(5' minimum	
	line:42"(36" min)		
distribution box	, drainfields, and sewag		ptic tank, pump chamber, sewage piping, <u>not</u> be accomplished, contact this office for
approval prior t	O INSTALLATION.  Stylete Styret: Filter 1, Finance 12 and Filter 1, Filter 12 and Filter 1, Filter 12 and Filter 1, Filter 1, Filter 1, Filter 1	dirrangisuus am truš	5-10-21
	pany representative response	onsible for installation	5-12-21 date
Signature of com	ipany representative respo	onsidie for instantation	date
	For Health Depart	tment Use Only - Not to be	completed by Installer
Date Insp. Reque Inspection Data:	Pitless adapter watertigl Two piece cap installed Elec. conduit extends at Safety rope not outside Correct well tag attache	ht & water supply line at leas and attached to casing secur- t least 18" below grade/attach of well cap/casing and properly and casing 8" about ed adequately at house connections.	ve finished grade