

**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: DRAIN RELIEF INC Telephone #: 410-984-2127
Address: POB 297
LISBON MD 21765

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): JOSEPH DIMARTINO License# 3969

***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: CHARLES ONEIL Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - -
Site Address: 5428 KERGER RD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Meyer</u>	Make: <input checked="" type="checkbox"/>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1/2 HD</u>	Model#: _____	Screened, vented well cap: _____
Pump Capacity <u>10 gal</u> GPM	Depth: <u>150</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>12 gal</u> 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: Joseph Dimartino date: 9/25/13

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: BB
 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 No Tag
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter No Grout Found

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Address: _____

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Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - ____ - ____
Site Address: 5428 Kerger Rd

<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 _____

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 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

10/24/2013

 No Tag
 Connected to Existing Line
 No Grout Observed

SITE INSPECTION SHEET

OWNER: Charles O'Neil PHONE #: _____

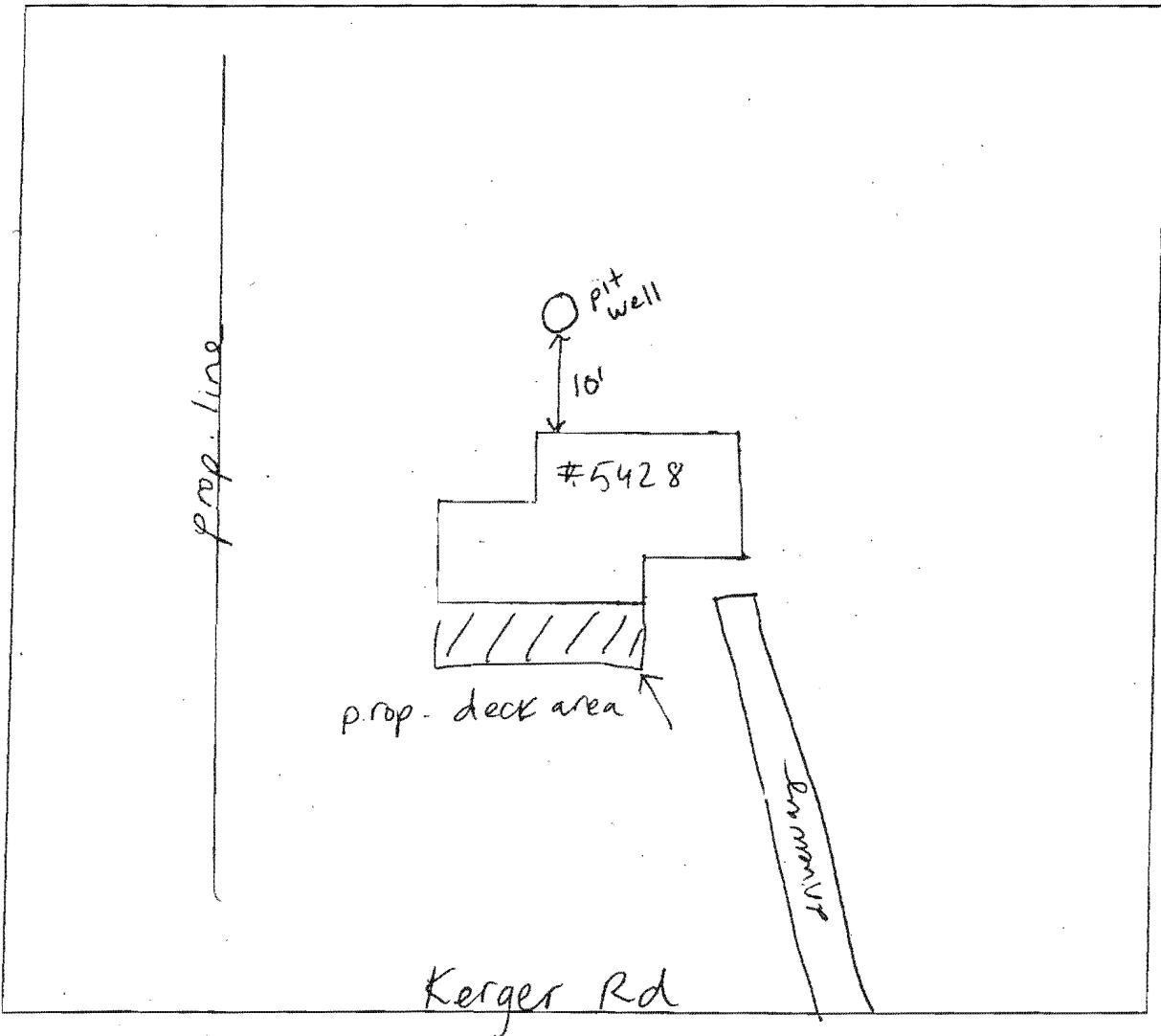
ADDRESS: 5428 Kerger Rd CONTRACTOR: _____

WELL TAG #: N/A

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: building permit for deck - old well on property

LOCATION DIAGRAM



COMMENTS: pit well is used for irrigation. Inspected plumbing inside of the house, confirmed no cross connections. Home is connected to public water and sewer.

Owner must upgrade well to keep using for irrigation or abandon the well. No sign of old septic cleanouts.

DATE: 9/17/13 INSPECTOR: HS

Connection Object 7101047801 ELLICOTT CITY, KERGER RD 5428

Device location 6101047388

Device 11/09/93-**.**.**. 7730025 6030000 Water Meter - 5/8" 1CCF4N
Device 11/09/93-**.**.**. 20022762 6040000 ERT - 5/8" 1CCF4D

Premise 5331402310 KERGER RD 5428, ELLICOTT CITY

Utility Installation 4101201079 Water 5003140 1

Utility contract 3101012008 07/01/2010 12/31/9999 09/30/2013

Move-out document 00/00/0000
Move-In Document 1000012008 07/01/2010 X

UTIL ACCOUNT 211010169112 RESI

Business Partner 1101001233 CHARLES R O'NEIL JR

Device 04/01/09-**.**.**. 7730025 Water Meter - 5/8" 1CCF4N
Device 04/01/09-**.**.**. 20022762 ERT - 5/8" 1CCF4D

Utility Installation 4101201088 Sewer 5003140 1

Utility contract 3101012014 07/01/2010 12/31/9999 09/30/2013

Move-out document 00/00/0000
Move-In Document 1000012014 07/01/2010 X

UTIL ACCOUNT 211010169112 RESI

Business Partner 1101001233 CHARLES R O'NEIL JR

Device 04/01/09-**.**.**. 7730025 Water Meter - 5/8" 1CCF4N
Device 04/01/09-**.**.**. 20022762 ERT - 5/8" 1CCF4D

Utility Installation 4101201097 Bay Fees 5003140 7

Utility contract 3101012018 07/01/2010 12/31/9999 09/30/2013

Move-out document 00/00/0000
Move-In Document 1000012018 07/01/2010 X

UTIL ACCOUNT 211010169112 RESI

Business Partner 1101001233 CHARLES R O'NEIL JR

well
ID
1 ft well
the well holes
MSN.com
joneil5428@