

UPGRADE

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: Fogles Well Pump & WT, LLC Telephone #: 410 795 5670
Address: 580 Obrecht Rd
Cooksville, MD 21784

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

Name (Print): DAVID C. FOGLE License #: MSD2226

*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: Ellie Miles Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - -
Site Address: 2409 Millers Mill Rd
Cooksville, MD 21723

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>75805422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>100</u> (feet)	Conduit secured to well cap: <u>YES</u>	

If pump capacity exceeds well yield, a low water cutoff 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 adaptor or other acceptable method inside of well casing

<u>Pipe to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (160 psi min)</u>	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: <u>48"</u> (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: 11/29/17

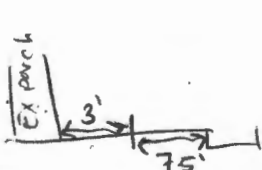
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/29/17 Date Insp. Approved: 11/30/17 Inspector: [Signature]

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

11/29/17 ~ 48" from lowest measurable grade point
Not a new SFD 11/29/17
NO RECORD 11/29/17

11/29/17
Casing extension
to update
pit well.
Pitless adapter ~ 48"
from elev. of TOW.



11/30/2017
Well is upgrade from
substandard condition
OK to approve.

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES	_____	
TOTAL LENGTH	_____	
ABSORPTION AREA	_____	
DISTRIBUTION BOX LEVEL	_____	
DISTRIBUTION BOX BAFFLE	_____	
DISTRIBUTION BOX PORT	_____	

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

11/29/17
inspection notes 6' up from pit

ROAD NAME

PRE-CONSTRUCTION:

INSTALLATION:

FINAL INSPECTOR _____ DATE OF APPROVAL _____