

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: Fogarty Well Drilling LLC Telephone #: 443 609 4195
Address: PO Box 202
Woodbine, MD 21797

(Must circle one) Licensed Plumber ☒ Licensed Well Driller ☒ Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License#: MSD009

*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: Joseph Gregory Telephone #: 443 831 7563
Subdivision: _____ Lot #: _____ Well Tag #: HO -
Site Address: 6109 Thompson Drive
Clarksville, MD 21029

Submersible Pump Data

Make: _____
Model #: N/A
Pump Capacity: _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Campbell
Model #: 111A
Depth: 36" (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)

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 inside of well casing

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
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: Allen Compton date: 2-26-13

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

Date Insp. Requested: 2/26/13 Date Insp. Approved: 2/26/13 Inspector: RR

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	(one bolt loose on underside of cap but well cap tight)
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	(no well tag) -> casing was 8" above grade (at least)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	(not exposed at house)
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

