



Plumbing & Heating
8177 Mission Road, Jessup, Maryland 20794
(410) 799-7727 or (301) 604-7306 F (410) 799-8368
MD 6428, MDHVACR 16044, WSSC 243

May 22, 2012

Howard County Health Department,

Attached you will find a copy of the Information Form for Well Pump, Pitless Adapter and Supply Piping.

We are going to repair or replace 40' of 1" CTS 200-PSI Polyethylene piping at this property.

The existing well does not have a well tag on it, so that information is not available.

We are not doing any other installation.

If you have any questions or concerns, please contact us at 410/799-7727.

Thank You,
Tim Seal

Office Manager
Joseph Heil Company

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**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: JOSEPH HEIL COMPANY, INC. Telephone #: 410 799 7727
Address: 2177 MISSION ROAD
JESSUP, MD 20794

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

Name (Print): EDWARD A HEIL SR. License# 6428

***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: KEVIN DONOUGHE Telephone #: 410 531 2560
Subdivision: MICHELLE KLOSS Lot #: 9 Well Tag #: HO - -
Site Address: 3534 LAKEWAY DRIVE
ELICOTT CITY, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>N/A</u>	Make: <u>N/A</u>	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>		

Piping to house
Type: 1" PE
PSI: 200(160 psi min)
Depth of supply line: _____ (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: 2"
Length of sleeve(5' minimum from foundation): 5'
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: Edward A Heil date: 5/22/12

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____

5/22/2012
Piping
Not
Inspected **(BB)**