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: __________________________ Telephone #: __________________________
Address: _______________________________________________________________________

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

*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: __________________________ Telephone #: __________________________
Subdivision: __________________________________ Lot #: ______ Well Tag #: HO - _______
Site Address: ___________________________________________ ___________________________

Submersible Pump Data
Make: ___________________ Make: _______________ +
Model #: _______________ Model#: _______________
Pump Capacity __________ GPM Depth: ______ (36” min)
Well Yield: ______________ GPM NSF/WSC approved: ______

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house
Type: PVC
PSI: ______ (160 psi min)
Depth of supply line: _______ (36” min)

House Connection
PVCSleeve 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: __________________________
date: __________________________

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

(Revised form 10/24/2018)