



BUILDING DEPARTMENT

190 Malabar Road, S.E. • Suite 105 • Palm Bay, FL 32908 • Phone: (321) 953-8924 • Fax: (321) 953-8925

POTABLE WATER AFFIDAVIT

PRIVATE WELLS FOR POTABLE WATER SUPPLY

FORM TO BE EXECUTED PRIOR TO ISSUANCE OF BUILDING

PERMIT TO: BUILDING DEPARTMENT

DATE: _____

RE: BUILDING PERMIT # _____

SITE ADDRESS _____

I, _____

(CONTRACTOR - PLEASE PRINT NAME)

do hereby certify that prior to placing the water system in service for the above referenced facility, I will secure a well permit and submit the Environmental Health Department approval before issuance of the Certificate of Occupancy. If the laboratory analysis of the drinking water discloses the presence of any bacteria, I will take the appropriate action needed to safeguard the water supply.

Signature of Owner

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or
online notarization, this (date) by (name of person acknowledging), who is personally known to
me or who has produced (type of identification) as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, **by means of** **physical presence or** **online**
notarization, this _____ day of _____, _____ (year),
by _____

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

Signature of Contractor

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or
online notarization, this (date) by (name of person acknowledging), who is personally known to
me or who has produced (type of identification) as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, **by means of** **physical presence or** **online**
notarization, this _____ day of _____, _____ (year),
by _____

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)