POTABLE WATER AFFIDAVIT

PRIVATE WELLS FOR POTABLE WATER SUPPLY

REQUIRED 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 _____

BL - POTABLE WATER AFFIDAVIT - 01122021

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)