



CENTER FOR ENVIRONMENTAL HEALTH

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Public Health
Prevent. Promote. Protect.

EDWIN J. DAY
County Executive

SAMUEL RULLI, PE
Director, Environmental Health

Well Permit Application

PUMP CONTRACTOR AFFIDAVIT

I do hereby certify that to the best of my knowledge and belief, the information being submitted on and with this application is complete, accurate and true. I understand that completion of this application does not constitute an approved permit to construct a well, drill for borings, conduct maintenance on a well or decommission a well. I also certify that no well or boring construction, well maintenance or well decommission activities will be initiated prior to receipt of the approved permit, and that all work will be conducted in compliance with the terms and conditions specified on said permit or as contained in Article II of the Rockland County Sanitary Code.

Name/Authorized Representative if Corporate Owner

Title

Signature

Date