



**CENTER FOR ENVIRONMENTAL HEALTH**

Dr. Robert L. Yeager Health Center  
50 Sanatorium Road, Building D  
Pomona, New York 10970  
Phone: (845) 364-2608 Fax: (845) 364-2025



**Public Health**  
Prevent. Promote. Protect.

**EDWIN J. DAY**  
*County Executive*

**SAMUEL RULLI, PE**  
*Director, Environmental Health*

**Well Permit Application**

PROPERTY OWNER 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 specified on said permit or as contained in Article II of the Rockland County Sanitary Code. I further certify that well(s) and/or boring(s) will be sited, drilled, installed, and the water produced therefrom tested and used in compliance with all applicable laws, rules and regulations.

The printed name and business or corporate title of the individual authorized to sign on behalf of any business or corporation is required to complete the application. If the property is under private ownership, the owner(s) must sign the application unless power of attorney has been assigned and an affidavit signifying that such power of attorney is in full effect is attached to the application.

\_\_\_\_\_  
Name/Authorized Representative if Corporate Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date