



WELL INSPECTION AFFIDAVIT

PROJECT NUMBER _____ WELL APPROVAL DATE _____

SEPTIC NUMBER _____

The undersigned hereby states and affirms that he or she desires a Certificate of Occupancy/Final approval for the residence listed below. The well certification will be completed within ten (10) working days of the date of this letter and prior to the use of the water for drinking. I understand that if I fail to get my well water certified before use, I will be in violation of Hillsborough County Ordinance 05-12, as amended, and subject to enforcement by the Hillsborough County Building Board of Adjustment, Appeals and Examiners.

Please contact the Hillsborough County Health Department at 813-307-8015 to arrange for an inspection of the well.

This letter does not allow the use of your well water as “drinking water.”

Residence to receive Final approval/Certificate of Occupancy:

Address _____ City _____ Zip Code _____

Owner's Name _____

Owner's Signature _____

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledge before me this _____ date of _____, 20____,
by _____, who (is) (are) personally known to me or produced
_____ as identification, who did / did not take an oath.

(Driver's License #)

Signature - Notary Public

Planning and Growth Management Department
Building Services Division, Main Office
5701 E. Hillsborough Avenue, Suite 1140
Tampa, FL 33610
813-272-5600