

Bradford County Building and Zoning Department



WELL AFFIDAVIT

I _____ of _____,
NAME OF OWNER 911 ADDRESS

Will be sharing the usage of my water well and pump on the property at

_____ Parcel ID # _____
911 ADDRESS PARCEL ID #

With my neighboring property owned by _____
NAME OF OWNER

Located at _____ Parcel ID # _____
911 ADDRESS PARCEL ID #

I UNDERSTAND THAT IF I EVER DISCONTINUE THE USAGE SHARING OF THIS WELL & PUMP WITH THE NEIGHBORING PROPERTY, THE NEIGHBORING RESIDENCE WILL BECOME IMMEDIATELY UNINHABITABLE AND THE RESIDENT OF SAID DWELLING SHALL BE GIVEN 7 DAY'S NOTICE PRIOR TO THE TERMINATION OF THIS AGREEMENT AS A COURTESY.

WELL OWNER'S SIGNATURE Well User's Signature Date

NOTARY SIGNATURE NOTARY SEAL DATE Type of ID

State of Florida, County of _____

Sworn to and Subscribed Before Me This _____ Day of _____ 2013