Water Well Location
Sign-off Form

Project Name & Address: ____________________________________________

The review of the submitted water well location plan has been completed by the Steuben County Health Department (SCHD).

The individuals involved in the well placement project hereby acknowledge that the location of the well has been accurately represented on the approved drawing as indicated by their signatures below. By signing, the well driller and property owner also acknowledge that the placement of the well meets all separation distances and setbacks as applicable and required by law and is capable of being installed as represented in the approved plan.

Any change to the approved plan including, but not limited to, the well location, must be approved by the SCHD prior to the installation. **If the well driller or property owner of record change after the permit is issued, the SCHD must be notified.** The new well driller and/or property owner must agree to the approved water well location and must also sign a new Water Well Location Sign-off Form.

This form must be signed, dated and returned to the SCHD prior to the issuance of the well permit. Well permits are not transferable to any other location or person other than described on the permit application. The form will be retained as part of the permanent property record.

**After signatures have been obtained, please schedule an appointment with the SCHD for permit issuance.**

Required Signatures:

Property Owner ____________________________ Date ________________

Well Driller ____________________________ Date ________________