



Edwin F. Singer, L.E.H.S.
Director

TRANSFER OF COUNTY WELL/SEPTIC PERMIT

I, _____, hereby request that the
(Owner/Agent for Owner)

Health Department File Number _____

be transferred FROM:

(Original Licensed Installer/
Driller name & address) _____

TO:

_____ Well Driller (name and address) _____

_____ Licensed Installer (name and address) _____

Additional Comments and/or changes: _____

I agree to install system(s) in accordance with Health Department regulations. I understand the property owner, contractor, or sub contractor are equally responsible in complying with Health Department regulations. If any changes are necessary or desirable, I will first consult the Health Department. See any qualifications on plot plan or attached permit.

Signature of Owner/Agent for Owner