

**GILA COUNTY COMMUNITY DEVELOPMENT
ENVIRONMENTAL HEALTH WASTEWATER DEPARTMENT**

Number 501.(b)-EH
December 23, 2002

Property Information: **APN #:** _____
 Physical Address: _____
 Owner: _____

STATEMENT OF UNDERSTANDING – WELL SETBACK

The undersigned hereby certifies he/she understands the existing (non-failing) sewage disposal system presently serving the property listed above appears to be located within 100' of wells located on this or other properties. Additionally, the undersigned understands, and agrees in advance, that if any health and/or safety issues arise because the sewage treatment system is within 100' of any well, he/she will properly abandon any wells and/or sewage treatment system, in whole or in part, located on the property listed above.

The undersigned also certifies he/she understands that no warranty, nor guarantee, is given or implied that the property will meet the requirements of a new or upgraded sewage disposal system, or well, should any abandonment be required in the future.

OWNER'S INFORMATION

Date: _____
Signed: _____
Name (print): _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____

AGENT/REPRESENTATIVE INFORMATION

Date: _____
Signed: _____
Name (print): _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____

WITNESS

Date: _____
Signed: _____
Name (print): _____

RECEIVED POWER OF ATTORNEY

Yes