



CITY OF APOPKA  
BUILDING DIVISION

407-703-1713 Phone -- 407-703-1791 Fax -- 407-703-1815 Automated Inspection Line

**AFFIDAVIT FOR DISINFECTION OF  
POTABLE WATER SUPPLY SYSTEM**

COMPANY:		LICENSE NO.:	
<b>PROJECT INFORMATION</b>			
SUBDIVISION:			
Street Address:	City: APOPKA	State: FLORIDA	Zip:
PERMIT NUMBER:			LOT:

I, \_\_\_\_\_, affiant, hereby affirm that I am duly licensed contractor, that all of the foregoing information is true and accurate, and that the potable water system at the above referenced address/lot has been "disinfected" in accordance with procedures set forth in Section 610.1 of the *Florida Building Code/Plumbing, current edition*.

CONTRACTOR: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the above referenced individual, \_\_\_\_\_, who acknowledged that he/she is a duly licensed contractor/owner-builder with \_\_\_\_\_, and who acknowledged that he/she was authorized to execute this document. He/She is either personally known to me \_\_\_\_\_ or produced \_\_\_\_\_ as valid identification.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_