



Town of Oak Bluffs
 Board of Health
 P.O. Box 1327
 Oak Bluffs, MA 02557
 508-693-3554 Ext. 127

William White
 Chairperson
 James Butterick
 Thomas Zinno
 Board Members
 Garrett Albiston
 Health Agent

APPLICATION FOR PERMIT TO INSTALL A WELL

Upon applying for this permit, the driller must submit a certified plot plan of the lot or area showing the exact location of where the well is to be drilled, the location of the sewage disposal system on the lot, and the location of both sewage systems and wells on abutting lots.

Date Application Filed ____/____/____

FEE \$100

Property Owner's Name: _____

Phone # _____

Street Address: _____

Map # _____ Parcel # _____

New or Replacement Well: _____ Reason For Replacement: _____

Type of Well: _____ Intended Use of Well: _____

Well Driller's Name: _____ Phone # _____

Doing Business As: _____ Cell Phone # _____

Driller's Address: _____ E-Mail: _____

Driller's Registration # _____

Driller's Signature _____ Date ____/____/____

OFFICE USE ONLY

Approved: _____ Denied: _____

Approved with Stipulations:

Well to be Properly Capped and Abandoned: _____

Health Agent Signature _____ Date ____/____/____