



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

William White
 Chairman

James Butterick
 Thomas Zinno
 Board Members

Meegan Lancaster
 Health Agent

APPLICATION FOR PERMIT TO INSTALL WELL

Date Application Filed ____/____/_____
 Owner's Name _____ Phone # _____
 Street Address _____ Map # _____ Lot # _____
 New or Replacement Well ? _____
 Reason For Replacement _____
 Well Driller's Name: Island Water Source, Inc. Phone # 508-696-0105
 Doing Business As: 23 North Line Road Cell Phone # _____
 Driller's Address: Edgartown, Ma 02539 Fax # 508-693-6186
 Driller's Registration # 703 E-Mail: islwater@aol.com

Upon applying for this permit, the driller must submit a 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.

Driller's Signature _____ Date ____/____/_____

_____ **Office Use Only** _____

Approved _____ Disapproved _____

Approved With Stipulations

Well to be Properly Capped and Abandon _____

Board of Health Signature _____

Date ____/____/_____

PERMIT # _____ FEE _____