

MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ ZONE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

# TOWN OF OGUNQUIT

## WELL PERMIT APPLICATION

Owner's Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contractor \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Will the well provide potable drinking water? IF YES, AN ACCEPTABLE WATER TEST IS REQUIRED FOR A CERTIFICATE OF OCCUPANCY. IF NO, HOW WILL THE WELL BE USED?

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**ON THE REVERSE SIDE, SKETCH YOUR LOT INCLUDING STREET AND LOCATION OF WELL, SEPTIC SYSTEM, SWIMMING POOLS, AND STRUCTURES.**

**NOTE: ALL WELLS MUST BE SETBACK AT LEAST 100 FEET FROM SEPTIC SYSTEMS.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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For official use only

APPLICATION RECEIVED ON \_\_\_\_\_ PERMIT FEE \$70.00 ( ) PAID

DATE APPLICATION APPROVED OR DENIED \_\_\_\_\_

Conditions for Approval or Denial \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CODE ENFORCEMENT OFFICER