

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 _____

ON THE REVERSE SIDE, PROVIDE A WRITTEN DESCRIPTION OF THE WELL LOCATION AS WELL AS A SKETCH OF THE LOT INCLUDING: LOCATION OF WELL, STREET, LOCATION OF SEPTIC SYSTEM, SWIMMING POOL, HOUSE, AND/OR 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

WILL THE WELL PROVIDE POTABLE DRINKING WATER?
IF YES, AN ACCEPTABLE WATER TEST IS REQUIRED FOR A CERTIFICATE OF OCCUPANCY.

WATER TEST RESULTS RECEIVED ON: _____.

IF NO, HOW WILL THE WELL BE USED? _____.

CERTIFICATE OF OCCUPANCY ISSUED ON: _____.

CODE ENFORCEMENT OFFICER

WRITTEN DESCRIPTION OF WELL LOCATION: _____

_____.

SKETCH OF PROPERTY INDICATING LOCATIONS OF: WELL, ALL STRUCTURES (HOUSE, SWIMMING POOL, OUTBUILDINGS, ETC), STREETS, SEPTIC SYSTEM: