PRIVATE WELL CONSTRUCTION PERMIT APPLICATION Fee: $100.00

Permit Number:_____

_____
Well Driller's Name

_____
Street Address

_____
Town, State Zip

_____
Registration Number

_____
Date Lot was Created

_____
Property Tax Map & Parcel

_____
Street Address

_____
Owner's Name

_____
Owner's Address, if different

_____
Town, State Zip

_____
name of Engineer or Surveyor

WELL:
_____ New Construction
_____ Repaired for Maintenance
_____ Emergency
_____ Deepened
_____ Reconstructed
_____ Other, explain_____
_____

PERMIT APPLICATION must include a plan stamped by a registered engineer or surveyor demonstrating all applicable Sections of 62.02(B)(3) and 62.02(B)(4) for lots created after August 24, 1990. Sections 62.02(B)(1) and 62.02(B)(2) of said regulations shall apply to lots in existence prior to August 24, 1990. Permit runs with the property.

Permit application must have attached, return receipt requested postal receipt sent to all abutters within four hundred (400) feet of proposed well location.

NOTE: Notify Health Officer 24 hours prior to sampling per Section 62.05(C).

Application approved by _____ Permit approval date_____
Nantucket Board of Health Expiration date _____

THIS PERMIT MUST BE ON-SITE DURING WELL INSTALLATION. .

IMPORTANT: PLEASE BE AWARE THAT THERE IS A THIRTY DAY APPEAL PERIOD FOLLOWING ISSUANCE OF THIS PERMIT, DURING WHICH, ABUTTERS MAY CHALLENGE THE PROPOSED WELL LOCATION.

THIS APPLICATION MUST HAVE A NOTARIZED SIGNATURE OF THE WELL INSTALLER:

_____
WELL DRILLER'S SIGNATURE

_____
NOTARY'S SIGNATURE

NOTARY SEAL