



TOWN OF EDGARTOWN
OFFICE OF
BOARD OF HEALTH

70 MAIN ST
P.O. BOX 1596
EDGARTOWN, MA 02539
TELEPHONE
(508) 627-6120
health@edgartown-ma.us

Connor Downing
Board of Health Agent
Healthagent@edgartown-ma.us

Permit #:

Fee: \$100.00

Application For Permit To Install Well

New Replacement Irrigation Monitoring

Owner's Name: _____

Street Location: _____ Map # _____ Lot # _____

Well Driller's Name: _____

Well Driller's Email: _____

Well Driller's Phone #: _____

Driller's Registration Number: _____

Date Permit Application Filed: _____

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 individual sewage disposal system on the lot or area and the sewage systems and wells on the abutting lots.

Approved _____ Date: _____

Health Agent