



TOWN OF WEST TISBURY  
BOARD OF HEALTH  
P.O. Box 278  
West Tisbury, Ma 02575

CK#  
14796

2020-0088

APPLICATION FOR PERMIT TO INSTALL WELL FEE: \$100

Date Application Filed 3 / 12 / 20

Owner's Name Jevon Rego Phone # 508 693 2781  
Street Address 690 Old County Road Map # 31 Lot # 17.1

New or Replacement Well ? New  
Reason For Replacement \_\_\_\_\_

Well Driller's Name John Clarke Phone # 508-693-4999  
Doing Business As Island Water Source, Inc. Cell Phone # 508-922-7698  
Driller's Address 23 North Line Rd., Edg MA 02539 Fax # N/A  
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 [Signature] Date 3 / 12 / 20

\_\_\_\_\_ Office Use Only \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Approved With Stipulations  
\_\_\_\_\_  
\_\_\_\_\_

Well to be Properly Capped and Abandon \_\_\_\_\_

Board of Health Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PERMIT # \_\_\_\_\_

# Plot Plan

Scale: 1"=40'

Lot Area: 3.99± acres



Assessor Parcel 26-13.1

Assessor Parcel 31-17.2

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189.34'

