

CONSUMER PROTECTION
WELL DRILLING BOARD
CPR-8 REV. 11-82

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT
165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106

PERMIT NUMBER
84353

North Stonington **490 RT 184** **18**

LOCATION OF WELL (Town) (Street) (Lot Number)

ERNE WATROUS DATE **10-7-83**

OWNER OF WELL
☐ INDIVIDUAL ☒ BUILDER ☐ OTHER (Specify)

OWNER'S ADDRESS
87 Quaker Farm Rd Ledyard Ct 06339

PROPOSED USE OF WELL
☒ DOMESTIC ☐ BUSINESS ESTABLISHMENT ☐ FARM ☐ TEST WELL
☐ PUBLIC SUPPLY ☐ INDUSTRIAL ☐ AIR CONDITIONING ☐ OTHER (Specify)

Est. No. of People being served. **4**

SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot

Location of lot to at least two roads

Well location on lot and to house (if present)



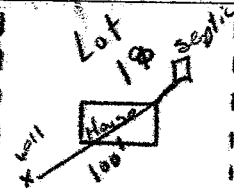
Indicate North

Lot 18

Drive

RT 184

Stillman Rd



RT 184

Stillman Rd

Approximate number of feet from well to nearest source of possible contamination:

100'

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

LA RAMBOISE Well Drilling

APPLICANT (Signature)
Earl Summich

APPLICANT'S ADDRESS

P.O. Box 303 Thompson Ct 06377

REGISTRATION NO.

3

BY (Town Health Officer or Agent)

Robert J. Shuh

DATE

11/3/83

☒ APPROVED

☐ REJECTED

REMARKS

DIRECTOR OF HEALTH

**CONSUMER PROTECTION
WELL DRILLING BOARD**
CPR-8 REV. 11/82

STATE OF CONNECTICUT
**DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT**

165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106

PERMIT NUMBER

130064

Diff to collect 480
North STONINGTON

RT 184

22.05

LOCATION OF WELL (Town)

(Street)

(Lot Number)

DATE

5-2-88

OWNER OF WELL

☐ INDIVIDUAL

☒ BUILDER

☐ OTHER (Specify)

OWNER'S ADDRESS

358 DENNISON Hill Rd No, STONINGTON 06359

PROPOSED
USE OF
WELL

☒ DOMESTIC

☐ BUSINESS
ESTABLISHMENT

☐ FARM

☐ TEST
WELL

Est. No. of
People being
served.

4

☐ PUBLIC
SUPPLY

☐ INDUSTRIAL

☐ AIR
CONDITIONING

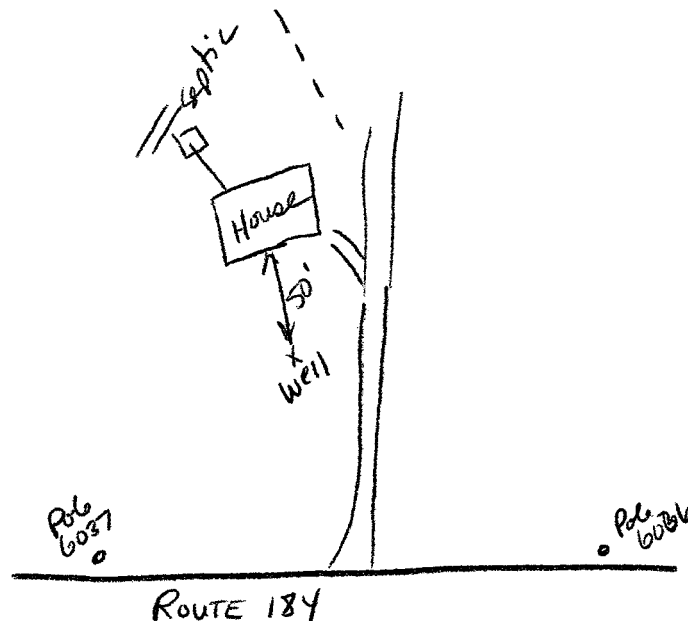
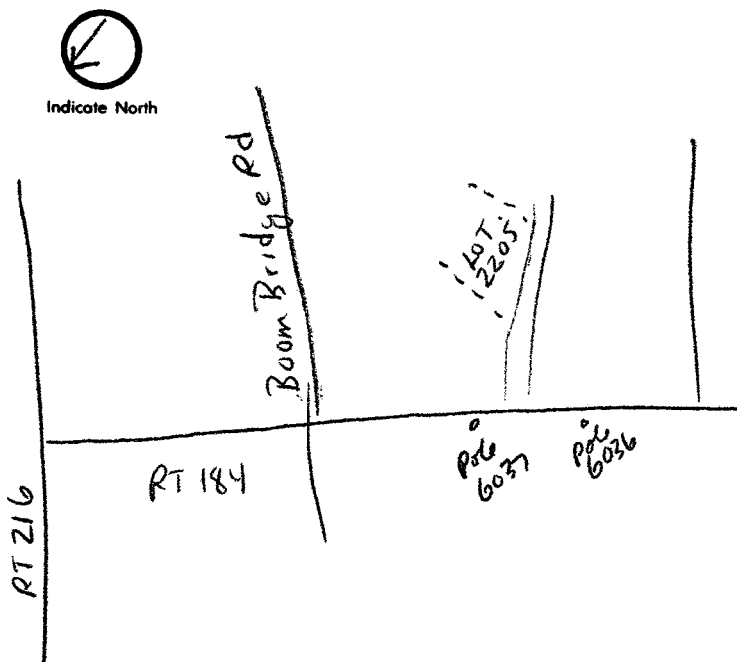
☐ OTHER
(Specify)

SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot

Location of lot to at least two roads

Well location on lot and to house (if present)



Approximate number of feet from well to
nearest source of possible contamination:

100'

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature)

APPLICANT'S ADDRESS

REGISTRATION NO.

LATAMBOISE Well Drilling
Carl Jemelch

20. 1384 RT 185 Oakdale CT, 06370

3

☒ APPROVED

☐ REJECTED

BY (Town Health Officer or Agent)

DATE

R. J. Shul

5/12/88

REMARKS

DIRECTOR OF HEALTH

WELL COMPLETION REPORT

CPR-9 REV 11-82

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING BOARD
165 CAPITOL AVE.
HARTFORD, CONNECTICUT 06106

Do NOT fill in
STATE WELL NO
OTHER NO

OWNER	NAME Millett Builders		ADDRESS 358 Dennison Hill Road, N. Stonington, Conn	
LOCATION OF WELL	(No. & Street) Route 184		(Town) (Lot Number) N. Stonington, Connecticut	
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> BUSINESS ESTABLISHMENT <input type="checkbox"/> FARM <input type="checkbox"/> TEST WELL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER (Specify)			
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY <input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION <input type="checkbox"/> CABLE PERCUSSION <input type="checkbox"/> OTHER (Specify)			
CASING DETAILS	LENGTH (feet) 21	DIAMETER (inches) 6	WEIGHT PER FOOT 17	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WAS CASING GROUTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED <input type="checkbox"/> PUMPED <input checked="" type="checkbox"/> COMPRESSED AIR		HOURS 4	YIELD (G.P.M.) 10
WATER LEVEL	MEASURE FROM LAND SURFACE—STATIC (Specify feet) 20		DURING YIELD TEST (feet) 125	Depth of Completed Well in feet below land surface: 125
SCREEN DETAILS	MAKE			LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED: Diameter of well including gravel pack (inches):	GRAVEL SIZE (inches) FROM (feet) TO (feet)

DEPTH FROM LAND SURFACE FEET TO FEET		FORMATION DESCRIPTION	Sketch exact location of well with distances, to at least two permanent landmarks.
0	11		
11	125	Granite	
If yield was tested at different depths during drilling, list below			
FEET	GALLONS PER MINUTE		

DATE WELL COMPLETED 7/1/88	PERMIT NO. 130064	REGISTRATION NO. 3	DATE OF REPORT 7/1/88	WELL DRILLER (Signature) [Signature]
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LOCAL DIRECTOR OF HEALTH

CONSUMER PROTECTION
WELL DRILLING BOARD
CPR-8 REV. 1-7-82

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT
165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106

PERMIT NUMBER
126093

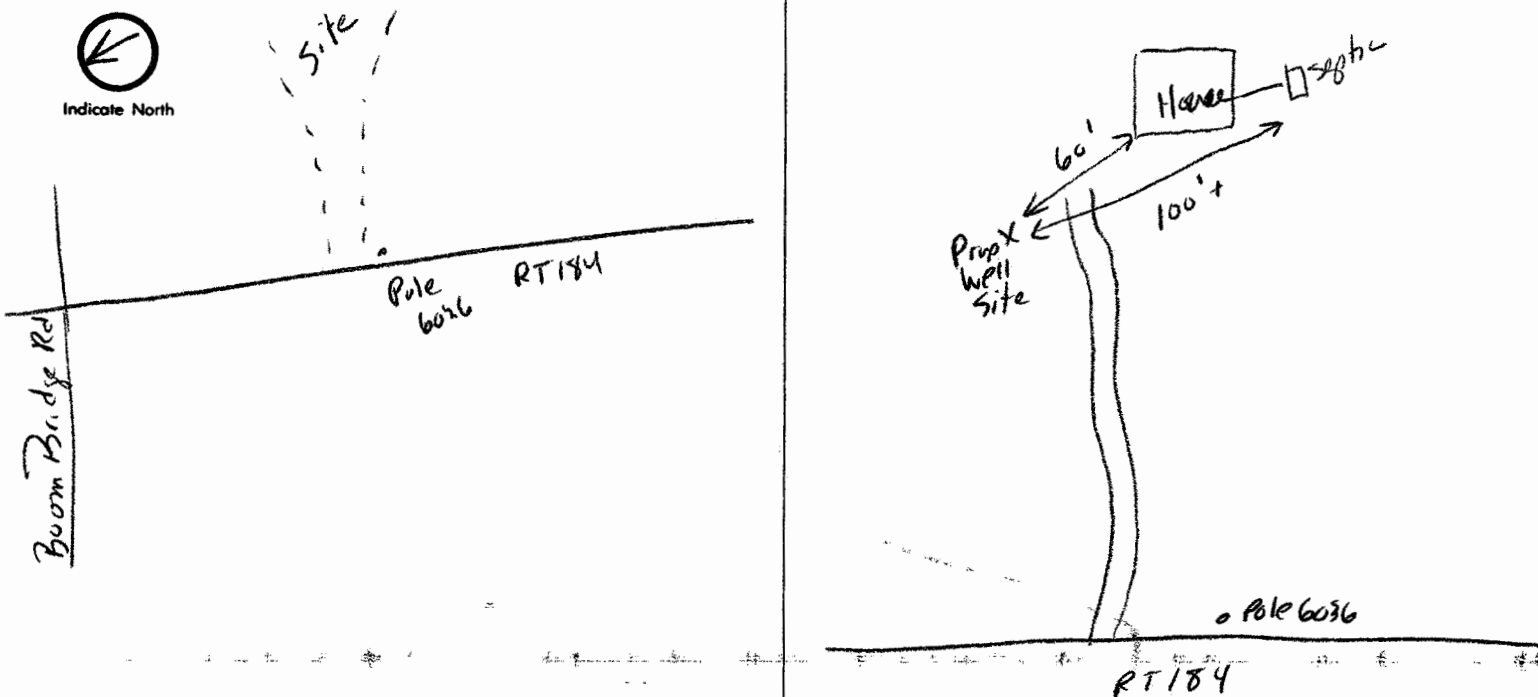
LOCATION OF WELL (Town) NORTH STONINGTON		(Street) RT184 (N.L.TAKE) #476	(Lot Number) LOT 24.01	DATE 10-2-87
OWNER OF WELL JAMES FITZGERALD				
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUILDER <input type="checkbox"/> OTHER (Specify)				
OWNER'S ADDRESS 31 POND DRIVE North Stonington Ct, 06359				
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM	<input type="checkbox"/> TEST WELL
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> OTHER (Specify)
	Est. No. of People being served. 4			

SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot

Location of lot to at least two roads

Well location on lot and to house (if present)



Approximate number of feet from well to
nearest source of possible contamination: **100'+**

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

LATROUBOISE WELL DRILLING

APPLICANT (Signature) Carl Jemelchuk	APPLICANT'S ADDRESS P.O. Box 303 Thompson Ct, 06277	REGISTRATION NO. 3
<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	BY (Town Health Officer or Agent) [Signature]	DATE 10/14/87
REMARKS		

DIRECTOR OF HEALTH

CPR-9 REV 11-82

165 CAPITOL AVE.
HARTFORD, CONNECTICUT 06106

STATE WELL NO

OTHER NO. _____

OWNER	NAME James F. Fitzgerald		ADDRESS 31 Rind Drive N. Sturbridge, CT	
LOCATION OF WELL	(No. & Street) Route 184		(Town) North Sturbridge	(Lot Number) 3401
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> BUSINESS ESTABLISHMENT <input type="checkbox"/> FARM <input type="checkbox"/> TEST WELL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER (Specify)			
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY <input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION <input type="checkbox"/> CABLE PERCUSSION <input type="checkbox"/> OTHER (Specify)			
CASING DETAILS	LENGTH (feet) 20	DIAMETER (inches) 6	WEIGHT PER FOOT 17	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WAS CASING GROUTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS 4 YIELD (G.P.M.) 2
WATER LEVEL	MEASURE FROM LAND SURFACE--STATIC (Specify feet) 1		DURING YIELD TEST (feet) 2.5	Depth of Completed Well in feet below land surface: 3.5
SCREEN DETAILS	MAKE 2			LENGTH OPEN TO AQUIFER (feet) 2
	SLOT SIZE 1/2	DIAMETER (inches) 6	IF GRAVEL PACKED: Diameter of well including gravel pack (inches): 6	GRAVEL SIZE (inches) 20

DEPTH FROM LAND SURFACE FEET TO FEET		FORMATION DESCRIPTION
	1	light blue
1		dark

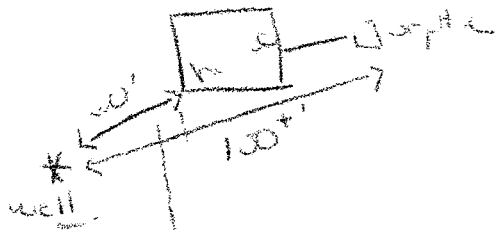
Sketch exact location of well with distances, to at least two permanent landmarks.

The sketch shows a well (marked with an asterisk) located approximately 100 feet from a landmark (labeled 'M'). The landmark is further away from another point by over 100 feet.

If yield was tested at different depths during drilling, list below

FEET	GALLONS PER MINUTE

Sketch exact location of well with distances, to at least two permanent landmarks.



Route 144

DATE WELL COMPLETED 11/18/17	PERMIT NO. 126093	REGISTRATION NO 3	DATE OF REPORT 11/16/17	WELL DRILLER (Signature) <i>[Signature]</i>
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LOCAL DIRECTOR OF HEALTH

**CONSUMER PROTECTION
WELL DRILLING BOARD**
CPR-8 REV. 11-82

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT
165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106

PERMIT NUMBER
119009

North STONINGTON		RT184	472	DATE 1-5-87
LOCATION OF WELL (Town)		(Street)	(Lot Number)	
KIP TAYLOR				
OWNER OF WELL				
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> BUILDER	<input type="checkbox"/> OTHER (Specify)		
OWNER'S ADDRESS P.O. BOX 145 472 New London Tpke No. STONINGTON CT 06359				
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM	<input type="checkbox"/> TEST WELL
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> OTHER (Specify)
	Est. No. of People being served. 4			

SKETCH OF WELL LOCATION

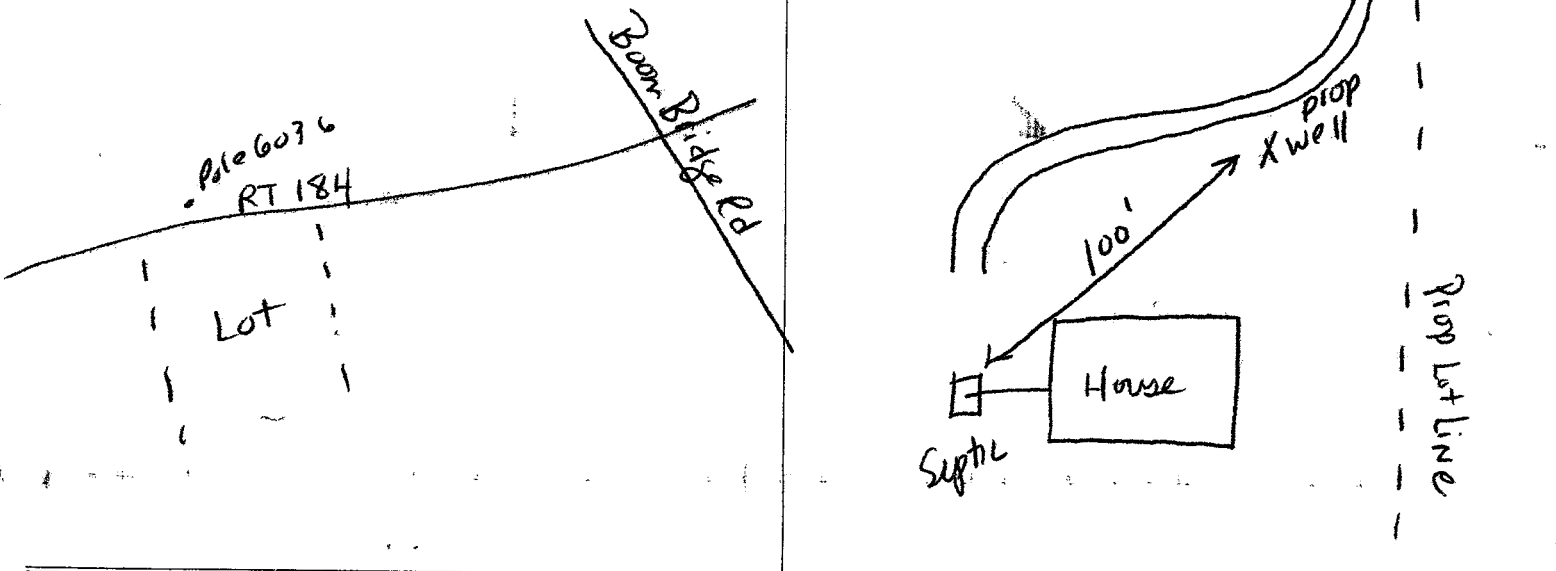
Locate well with respect to at least two roads, showing distance from intersection and front of lot

Location of lot to at least two roads

Well location on lot and to house (if present)



Indicate North



Approximate number of feet from well to
nearest source of possible contamination: **100'**

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

LABRANCHE Well Drilling APPLICANT (Signature)		APPLICANT'S ADDRESS P.O. Box 303 Thompson CT 06277	REGISTRATION NO. 3
<input checked="" type="checkbox"/> APPROVED		DATE 1/21/87	
<input type="checkbox"/> REJECTED			
REMARKS			

DIRECTOR OF HEALTH

201461



**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING PERMIT
165 Capitol Avenue, Hartford, Connecticut 06106**

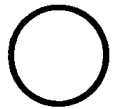
LOCATION OF WELL (Town) <u>North Stonington</u> (Street) <u>454 Route 184</u> (Lot Number) <u></u>		DATE <u>12/1/00</u>
OWNER OF WELL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUILDER <input checked="" type="checkbox"/> OTHER (Specify) <u>Creature Comfort Peg Cass</u>		
OWNER'S ADDRESS <u>454 Route 184 N. Stonington 06359</u>		
PROPOSED USE OF WELL	<input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> BUSINESS ESTABLISHMENT <input type="checkbox"/> FARM <input type="checkbox"/> TEST WELL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER (Specify) <u></u>	Est. No. of People being served <u>one family</u>

SKETCH OF WELL LOCATION

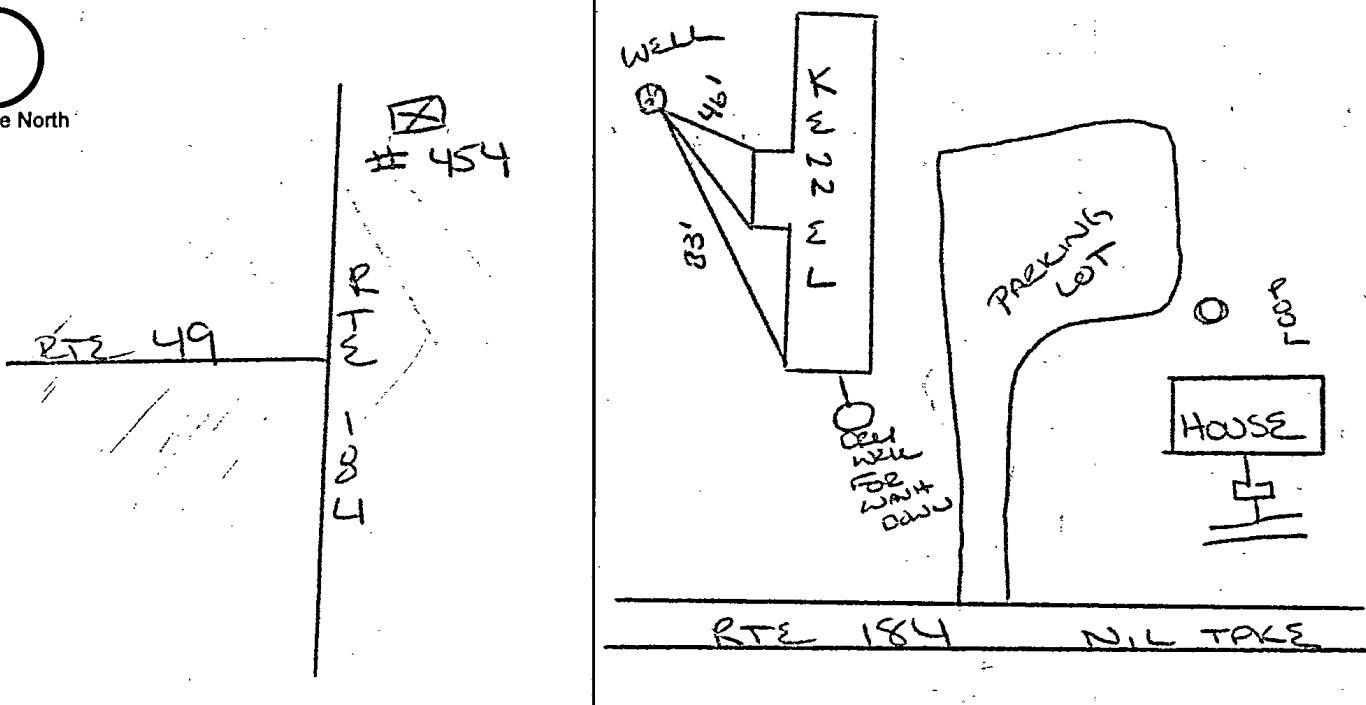
Locate well with respect to at least two roads, showing distance from intersection and front of lot

location of lot to at least two roads

Well location on to and to house (if present)



Indicate North



Approximate number of feet from well to nearest source of possible contamination:

85' FROM WASHDOWN OR WELLS

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Department of Consumer Protection and the Water Resources Commission on the form provided by the agency. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature)

APPLICANT'S ADDRESS 376 BUTLERTOWN RD.

REGISTRATION NO.

☒ APPROVED☐ REJECTED

BY (Town Health Officer or Agent)

DATE

REMARKS

Permit Number: 201461

State of Connecticut

Staff use Only

(for Driller's Use)

DEPARTMENT OF CONSUMER
PROTECTION

Well Drilling Board

165 Capitol Ave.

Hartford, Connecticut 06106

No. _____

Elev. _____

Quad _____

_____ 62,500 _____ 25,000 _____ 24,000

Latitude _____

Longitude _____

ORIGINAL

This report must be submitted
to the CT Well Drilling board no
later than 60 days after the
completion of the well.

WELL COMPLETION REPORT

A LOCATION MAP MUST BE ATTACHED TO THIS FORM

1. Well/Home Owner Name: **CREATURE COMFORT**Permanent Mailing Address **454 ROUTE 184**

and/or

NORTH STONIN CT 06359

Building Contractor

Name: **TOMASZEK & SONS**

2. Location of Well:

Town **NORTH STONINGTON**Road **454 ROUTE 184**State: **CT**

Lot # _____

Map: _____

Parcel: _____

3. Date Well Completed **01/01/200**4. Proposed Use of Well: **Domestic**5. Reason for Construction: **Replace Existing**6. Type of Well: **Drill in Bedrock**7. Total Depth of Well **365** feet below land surface8. Depth to Bedrock: **24** Feet9. Casing Details Length **40** Ft., Dia **6** in., Material **Steel**Wt **17** lb/ft10. Method of Sealing Casing to Bedrock **Drive Shoe**11. Yield Test: **Compressed Air** for **4** hrs. at **5** GPM12. Static Water Level **3** feet below land surface Date Measured **1/9/01**13. Water Analysis: Has the water been analyzed **No** If yes, where

14. Screen Details: Make

Type:

Material

Length ft.

Diameter in.

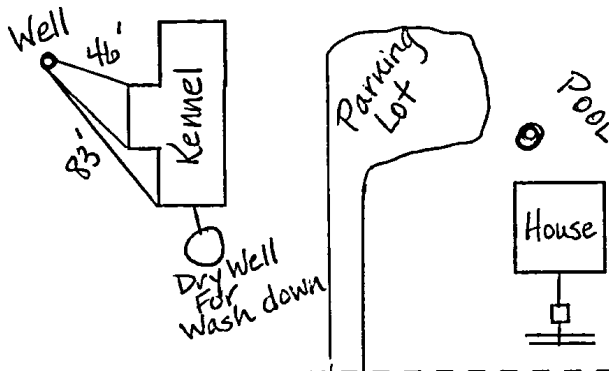
Slot size:

Depth to top of screen from land surface

Gravel Pack, if used: Gravel Size or Type

15. Well Log:

From	To	Water Bearing	Formation Description
0	24	No	SAND GRAVEL & COBBLES
24	154	No	GRAY GRANITE
154	158	No	SOFT GRAY SCHIST W/GREEN QU ARTZ
158	300	No	GRAY GRANITE
300	305	Yes	PINK & GRAY GRANITE FRACTUR ED
305	365	Yes	GRAY GRANITE



16. Tested Yield:

If the yield tested at different
depths during drilling, list below

Doing Business as **TONY'S WELL DRILLING, INC**

Report Filed by

Authorized Signature

Permit Number: 201461

(for Driller's Use)

This report must be submitted
to the CT Well Drilling board no
later than 60 days after the
completion of the well.

17. Additional Information

Permit # 201461

Provide copies to: 1) Well Drilling Board, 2) Dept of Environmental Protection
3) Property Owner, 4) Driller, 5) Local Director of Health

State of Connecticut

DEPARTMENT OF CONSUMER
PROTECTION

Well Drilling Board

165 Capitol Ave.

Hartford, Connecticut 06106

WELL COMPLETION REPORT

Staff use Only

No. Elev.

Quad
 62,500 25,000 24,000

Latitude 0 '

Longitude 0 '

Date of Report 01/08/200

License No. 039

ORIGINAL

219980



**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING PERMIT
165 Capitol Avenue, Hartford, Connecticut 06106**

LOCATION OF WELL (Town) <u>NORTH STONINGTON</u> (Street) <u>PROV N.L TPKE</u> (Lot Number) <u>434</u>		DATE <u>5/21/03</u>
OWNER OF WELL <u>Edgar Wood</u>	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUILDER <input type="checkbox"/> OTHER (Specify) <u>Hydrofrac existing well</u>	
OWNER'S ADDRESS <u>434 Prov. N.L TPKE No. Stonington CT 06359</u>		
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> BUSINESS ESTABLISHMENT <input type="checkbox"/> FARM <input type="checkbox"/> TEST WELL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER (Specify)	Est. No. of People being served. <u>4</u>

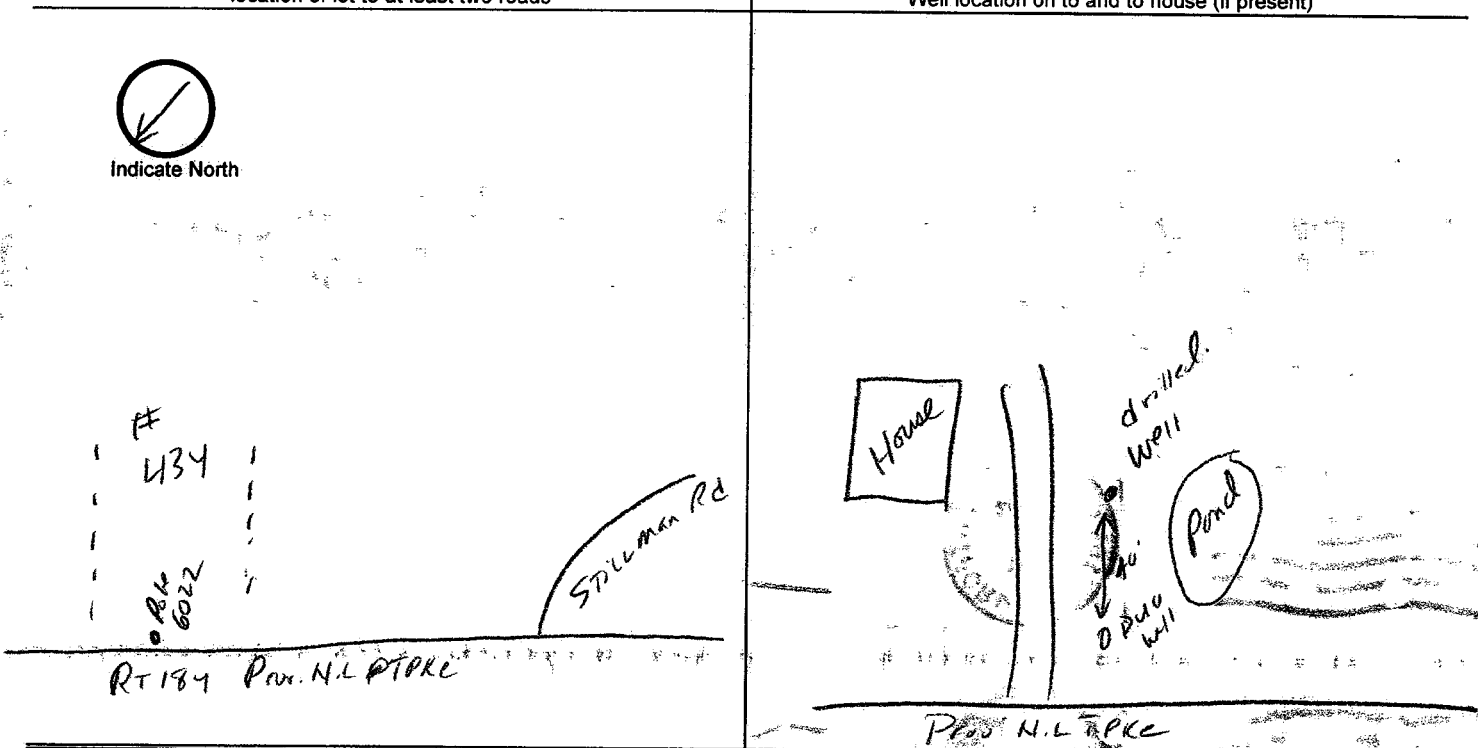
SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot location of lot to at least two roads

Well location on to and to house (if present)



Indicate North



Approximate number of feet from well to nearest source of possible contamination: 100'+

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Department of Consumer Protection and the Water Resources Commission on the form provided by the agency. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature) <u>[Signature]</u>	APPLICANT'S ADDRESS <u>P.O. Box 303 IT Pkwy 1T 06277</u>	REGISTRATION NO <u>13</u>
APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/>	BY (Town Health Officer or Agent) <u>[Signature]</u>	DATE <u>5/27/03</u>
REMARKS <u>#5527</u>		

**CONSUMER PROTECTION
WELL DRILLING BOARD**
CPR-8 REV 11-82

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT
165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106

PERMIT NUMBER
112099

North Stonington RT 184 434
LOCATION OF WELL (Town) (Street) (Lot Number)
Edgar Wood 5-23-86
DATE

OWNER OF WELL
☒ INDIVIDUAL ☐ BUILDER ☐ OTHER (Specify)

OWNER'S ADDRESS

19 Country Club Dr. Ledyard Ct 06339

PROPOSED
USE OF
WELL

☒ DOMESTIC
☐ PUBLIC
SUPPLY

☐ BUSINESS
ESTABLISHMENT
☐ INDUSTRIAL

☐ FARM
☐ AIR
CONDITIONING

☐ TEST
WELL
☐ OTHER
(Specify)

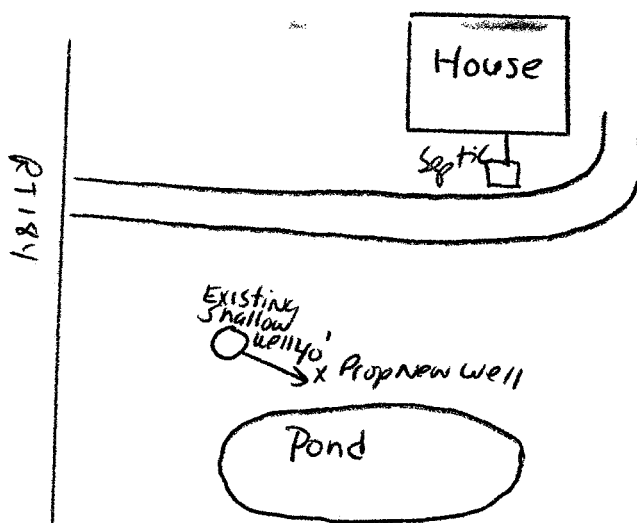
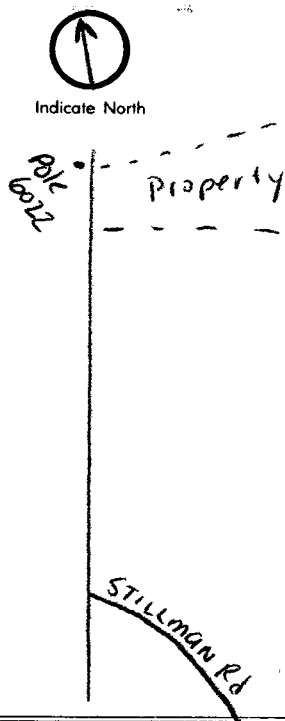
Est. No. of
People being
served.
4

SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot

Location of lot to at least two roads

Well location on lot and to house (if present)



Approximate number of feet from well to
nearest source of possible contamination: 100'

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

LA FRAMBOISE Well Drilling
APPLICANT (Signature)
Earl Semelovich

APPLICANT'S ADDRESS

P.O. Box 303 Thompson Ct 06277

REGISTRATION NO.

3

BY (Town Health Officer or Agent)

Robert J. Miller

DATE

6/2/86

☒ APPROVED

☐ REJECTED

REMARKS

DIRECTOR OF HEALTH

CONSUMER PROTECTION
WELL DRILLING BOARD
CPR-8 REV. 11-82

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT
165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106

PERMIT NUMBER
141331

N. Stonington

196 Boombridge Rd.

N/A

LOCATION OF WELL (Town) (Street) (Lot Number) DATE

Martin King

10/12/89

OWNER OF WELL

☒ INDIVIDUAL ☐ BUILDER ☐ OTHER (Specify)

OWNER'S ADDRESS

8 Upper Barlett Rd., Quaker Hill, CT 06375

PROPOSED
USE OF
WELL

☒ DOMESTIC

☐ BUSINESS
ESTABLISHMENT

☐ FARM

☐ TEST
WELL

Est. No. of
People being
served.

☐ PUBLIC
SUPPLY

☐ INDUSTRIAL

☐ AIR
CONDITIONING

☐ OTHER
(Specify)

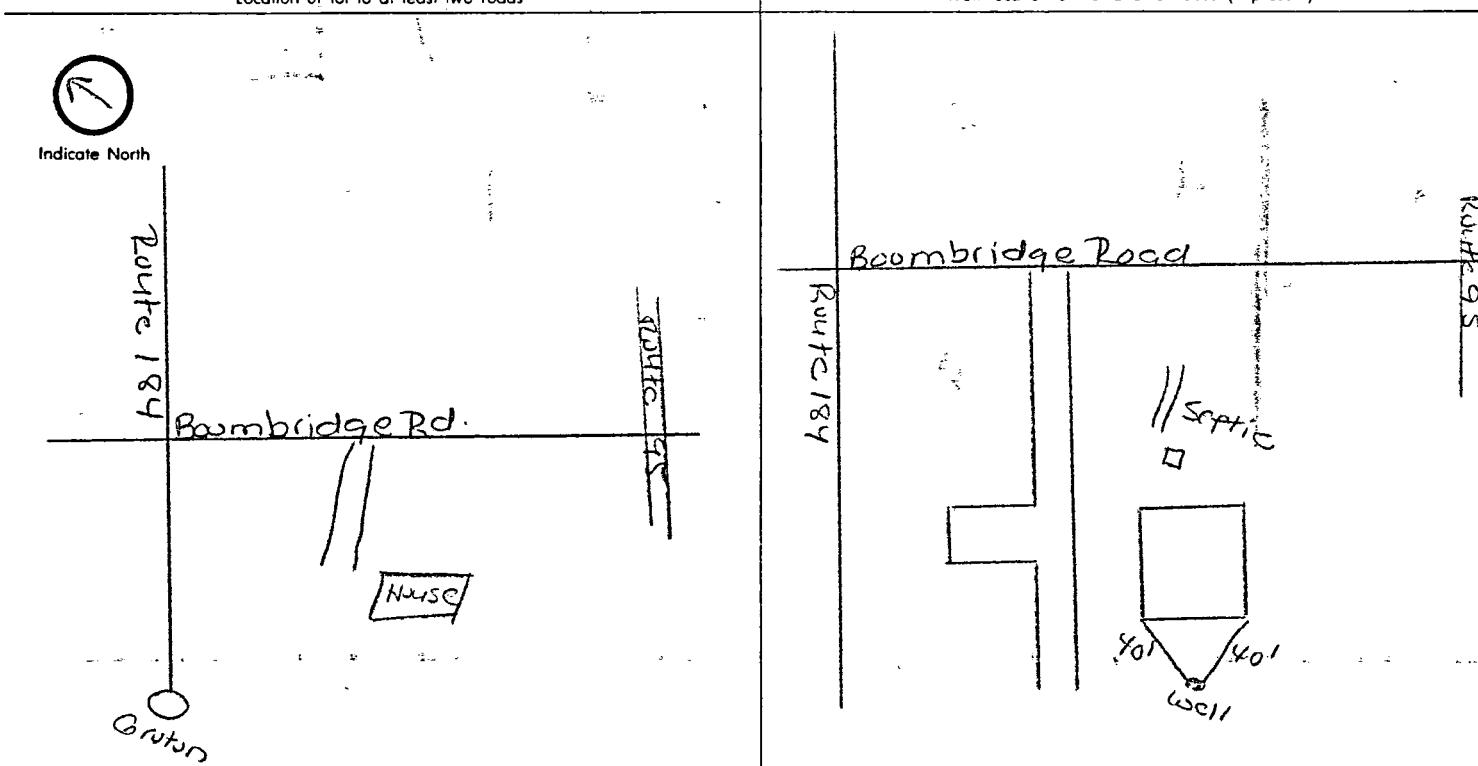
4

SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot

Location of lot to at least two roads

Well location on lot and to house (if present)



Approximate number of feet from well to
nearest source of possible contamination: **+75**

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

LaFramboise Well Drilling INC.

APPLICANT (Signature) <i>Ronald Donovan CWO</i>	APPLICANT'S ADDRESS 1384 RT 85, Barre, CT 06370	REGISTRATION NO. 3
<input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> REJECTED	BY (Town Health Officer or Agent) <i>[Signature]</i>	DATE <i>10/12/89</i>

DIRECTOR OF HEALTH

CPR-9 REV 11-82

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING BOARD
165 CAPITOL AVE.
HARTFORD, CONNECTICUT 06106

Do NOT fill in	
STATE WELL NO	
OTHER NO	

OWNER	NAME Martin King			ADDRESS 8 Upper Barlett Rd., Quaker Hill CT 06375			
LOCATION OF WELL	(No. & Street) 196 Boombridge Rd.			(Town) N. Stonington		(Lot Number) N/A	
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> BUSINESS ESTABLISHMENT <input type="checkbox"/> FARM <input type="checkbox"/> TEST WELL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER (Specify)						
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY <input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION <input type="checkbox"/> CABLE PERCUSSION <input type="checkbox"/> OTHER (Specify)						
CASING DETAILS	LENGTH (feet) 1	DIAMETER (inches) 6	WEIGHT PER FOOT 17	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED		DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WAS CASING GROUTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED <input type="checkbox"/> PUMPED <input checked="" type="checkbox"/> COMPRESSED AIR			HOURS 4			YIELD (G.P.M.)
WATER LEVEL	MEASURE FROM LAND SURFACE—STATIC (Specify feet) 15			DURING YIELD TEST (feet) 1		Depth of Completed Well in feet below Land surface: 15	
SCREEN DETAILS	MAKE N/A						LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of well including gravel pack (inches):		GRAVEL SIZE (inches)	FROM (feet) TO (feet)

DEPTH FROM LAND SURFACE FEET TO FEET		FORMATION DESCRIPTION	
0	30		
30	150	Gray Rock	
If yield was tested at different depths during drilling, list below			
FEET		GALLONS PER MINUTE	
DATE WELL COMPLETED	PERMIT NO. 141331	REGISTRATION NO. 3	DATE OF REPORT 12-7-89
WELL DRILLER (Signature) <i>Ronald L. ...</i>			

LOCAL DIRECTOR OF HEALTH

189375



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION

WELL DRILLING PERMIT

165 Capital Avenue, Hartford, Connecticut, 06106

LOCATION OF WELL (Town) N. Stonington (Street) 183 Boom bridge Rd (Lot Number) 1 DATE 9/22/98

OWNER OF WELL

Frank Perez



INDIVIDUAL



BUILDER



OTHER (Specify)

OWNER'S ADDRESS

373

Dennison Hill Rd.

N. Stonington, CT. 06359

PROPOSED
USE OF
WELL

DOMESTIC

BUSINESS
ESTABLISHMENT

FARM

TEST
WELLPUBLIC
SUPPLY

INDUSTRIAL

AIR
CONDITIONINGOTHER
(Specify)Est. No. of
People being
served.

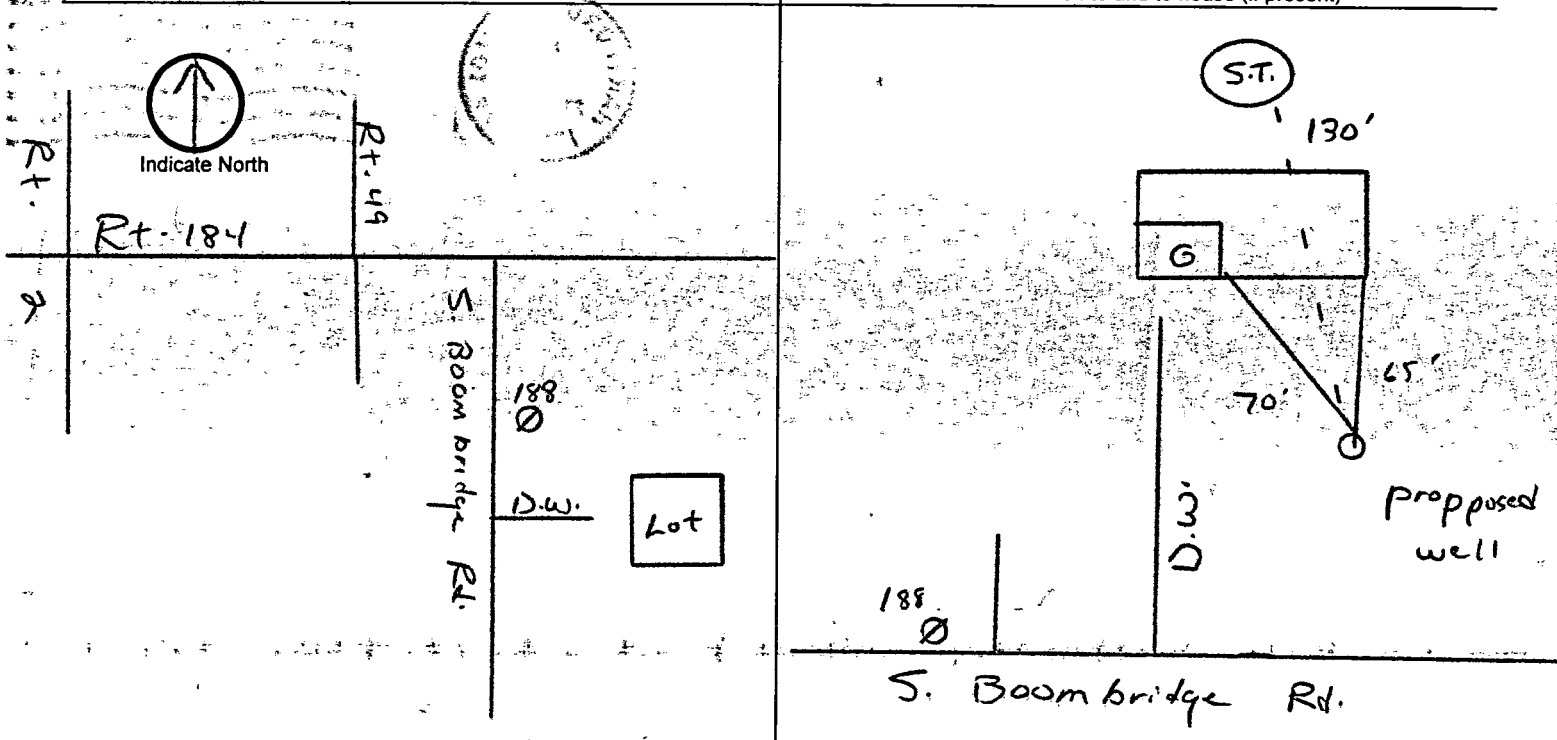
1 Family

SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot

location of lot to at least two roads.

Well location on to and to house (if present)



Approximate number of feet from well to

nearest source of possible contamination: 130 Ft. to the septic tank

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Department of Consumer Protection and the Water Resources Commission on the form provided by the agency. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature)

APPLICANT'S ADDRESS

MICHAEL YOUTANT
DALMIK WELL DRILLING
137 Providence Street
PUTNAM, CT. 06260
1-800-922-6220

REGISTRATION NO.

W1-92

DATE

10/13/98



APPROVED



REJECTED

REMARKS



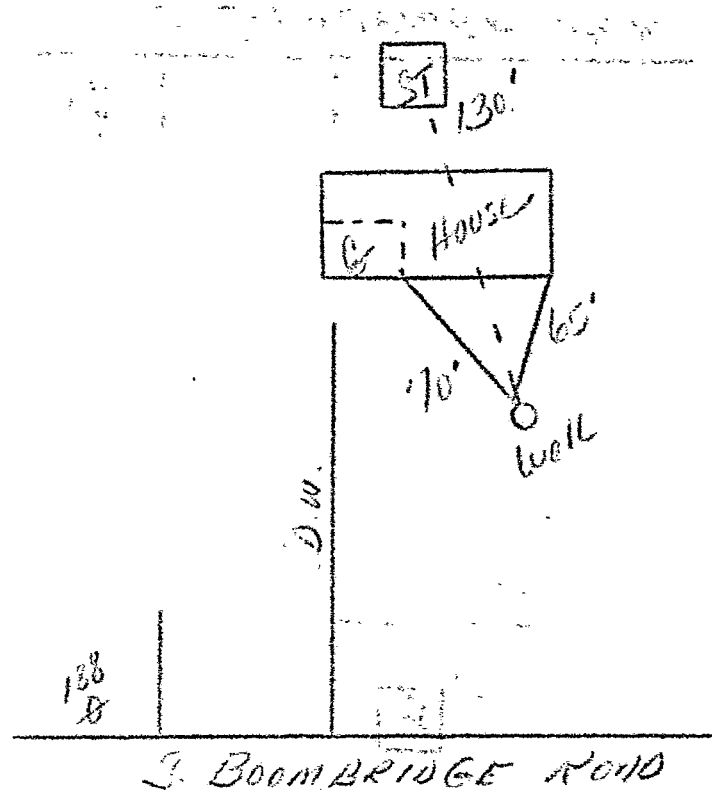
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING COMPLETION REPORT
 165 Capitol Avenue, Hartford, Connecticut 06106

Do NOT fill in
 STATE WELL NO.

OTHER NO.

OWNER	NAME Frank & Carol Perez		ADDRESS 373 Dennison Hill Road, No. Stonington, CT	
LOCATION OF WELL	(No. & Street) (Town) (Lot Number) So. Boonbridge Road, No. Stonington, CT 06359			
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM	<input type="checkbox"/> TEST WELL
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> OTHER (Specify)
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
CASING DETAILS	LENGTH (feet) 60	DIAMETER (inches) 6	WEIGHT PER FOOT 17	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	WAS CASING GROUTED?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS 4 YIELD (GPM) 5
WATER LEVEL	MEASURE FROM LAND SURFACE - STATIC (Specify feet) 20		DURING YIELD TEST (feet) 360	Depth of Completed Well in feet 400
SCREEN DETAILS	MAKE			LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of well including gravel pack (inches) GRAVEL SIZE (inches) FROM (feet) TO (feet)
DEPTH FROM LAND TO SURFACE		FORMATION DESCRIPTION		
FEET TO FEET				
0	50	Sandy Soil		
50	400	Grey Rock		
If yield was tested at different depths during drilling, list below				
FEET		GALLONS PER MINUTE		
DATE WELL COMPLETED 12/14/98		PERMIT NO 189375	REGISTRATION NO W1-92	DATE OF REPORT 02/03/99 WELL DRILLER (Signature)

Sketch exact location of well with distances, to at least two permanent landmarks



CPR-9 Rev. 7/95



**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING COMPLETION REPORT**
165 Capitol Avenue, Hartford, Connecticut 06106

Do NOT fill in

STATE WELL NO

OTHER NO.

OWNER	NAME Frank & Carol Perez		ADDRESS 373 Dennison Hill Road, No. Stonington, CT	
LOCATION OF WELL	(No. & Street) (Town) (Lot Number) So. Boombridge Road, No. Stonington, CT 06359			
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> BUSINESS ESTABLISHMENT <input type="checkbox"/> FARM <input type="checkbox"/> TEST WELL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER (Specify)			
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY <input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION <input type="checkbox"/> CABLE PERCUSSION <input type="checkbox"/> OTHER (Specify)			
CASING DETAILS	LENGTH (feet) 60	DIAMETER (inches) 6	WEIGHT PER FOOT 17	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED <input type="checkbox"/> PUMPED <input checked="" type="checkbox"/> COMPRESSED AIR		HOURS 4	YIELD (GPM) 5
WATER LEVEL	MEASURE FROM LAND SURFACE - STATIC (Specify feet) 20		DURING YIELD TEST (feet) 360	
SCREEN DETAILS	MAKE			LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED	Diameter of well including gravel pack (inches) GRAVEL SIZE (inches) FROM (feet) TO (feet)
DEPTH FROM LAND TO SURFACE FEET TO FEET		FORMATION DESCRIPTION		Sketch exact location of well with distances, to at least two permanent landmarks
0	50	Sandy Soil		
50	400	Gray Rock		
If yield was tested at different depths during drilling, list below				
FEET	GALLONS PER MINUTE			
DATE WELL COMPLETED 12/14/98	PERMIT NO 189375	REGISTRATION NO W1-92	DATE OF REPORT 02/03/99	WELL DRILLER (Signature)

CONTRACTOR



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING COMPLETION REPORT
 165 Capitol Avenue, Hartford, Connecticut 06106

Do NOT fill in
 STATE WELL NO.

OTHER NO.

LOCATION OF WELL	(No. & Street)		(Town)		(Lot Number)	
	116 Boonbridge Rd		North Stoughton			
OWNER	NAME			ADDRESS		
	Patricia Lewis			116 Boonbridge Rd No. Stoughton CT 06355		
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM	<input type="checkbox"/> TEST WELL		
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> OTHER (Specify)		
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)		
CASING DETAILS	LENGTH (feet)	DIAMETER (inches)	WEIGHT PER FOOT	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	20	6	17			
YIELD TEST	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS	YIELD (GPM)	
				4	1	
WATER LEVEL	MEASURE FROM LAND SURFACE - STATIC (Specify feet)		DURING YIELD TEST (feet)		Depth of Completed Well in feet	
	45		250		400	
SCREEN DETAILS	MAKE					LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of well including gravel pack (inches)	GRAVEL SIZE (inches)	FROM (feet) TO (feet)
DEPTH FROM LAND TO SURFACE FEET TO FEET		FORMATION DESCRIPTION		Sketch exact location of well with distances, to at least two permanent landmarks		
0	10	Topsoil, Gravel				
10	400	Bedrock				
If yield was tested at different depths during drilling, list below						
FEET		GALLONS PER MINUTE				
DATE WELL COMPLETED	PERMIT NO.	REGISTRATION NO.	DATE OF REPORT	WELL DRILLER (Signature)		
7/12/16	261418	201418-13	8/2/16			

ENTERED IN
 FILEBOUND

261418



**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING PERMIT
165 Capitol Avenue, Hartford, Connecticut 06106**

LOCATION OF WELL (Town) <u>North Stonington</u>	(Street) <u>Boonbridge Rd #116</u>	DATE <u>3/23/16</u>
OWNER OF WELL <u>Amelia Lewis</u> <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUILDER <input type="checkbox"/> OTHER (Specify)		
OWNER'S ADDRESS <u>116 Boonbridge Rd North Stonington CT 06355</u>		
PROPOSED USE OF WELL	<input type="checkbox"/> DOMESTIC <input type="checkbox"/> BUSINESS ESTABLISHMENT <input type="checkbox"/> FARM <input type="checkbox"/> TEST WELL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> OTHER (Specify)	Est. No. of People being served. <u>4</u>

SKETCH OF WELL LOCATION

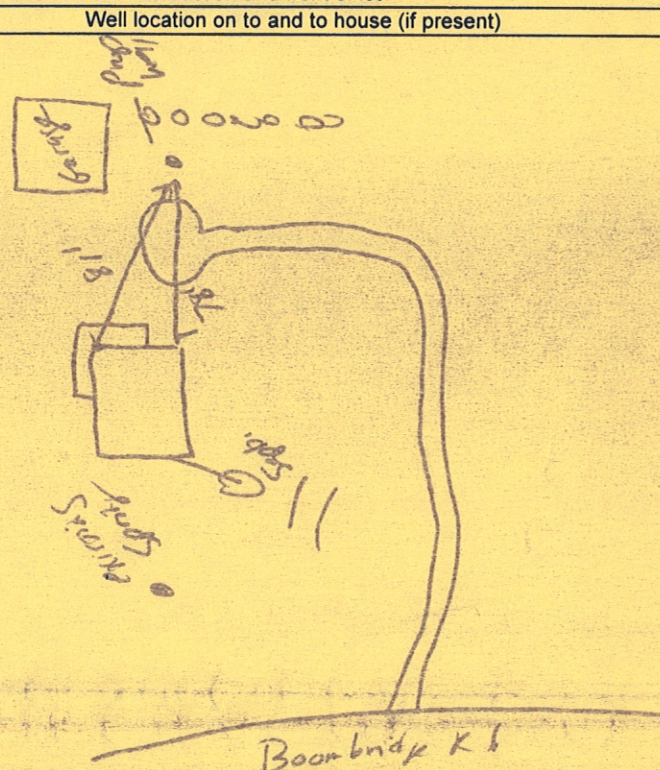
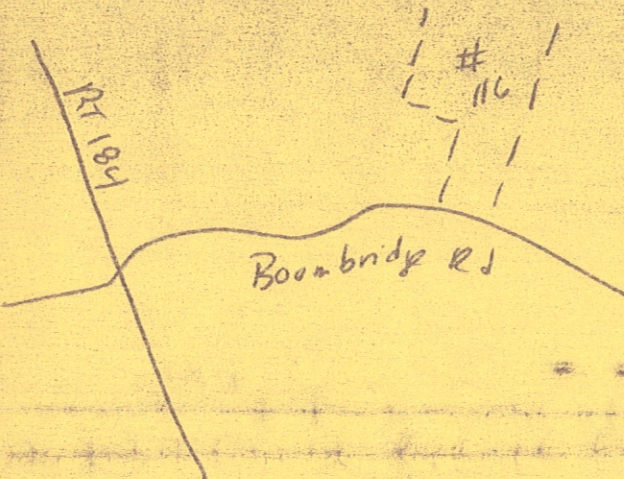
Locate well with respect to at least two roads, showing distance from intersection and front of lot

location of lot to at least two roads

Well location on to and to house (if present)



Indicate North

Approximate number of feet from well to nearest source of possible contamination: 100' ±

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Department of Consumer Protection and the Water Resources Commission on the form provided by the agency. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature) <u>[Signature]</u>	APPLICANT'S ADDRESS <u>P.O. Box 303 Thompson CT 06277</u>	REGISTRATION NO. <u>15</u>
<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	BY (Town Health Officer or Agent) <u>[Signature]</u>	DATE <u>3/28/16</u>

REMARKS

**ENTERED IN
FILEBOUND**



72D Stillman Rd.
(Cranberry Bog Rd.)

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING COMPLETION REPORT
165 Capitol Avenue, Hartford, Connecticut 06106

Do NOT fill in

STATE WELL NO.

OTHER NO.

OWNER	NAME <i>Rex Freeman</i>		ADDRESS <i>156 Stillman Rd. Cranberry Bog Rd.</i>	
LOCATION OF WELL	(No. & Street) <i>156 Stillman Rd.</i>		(Town) <i>Cranberry Bog</i>	(Lot Number) <i>940</i>
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM	<input type="checkbox"/> TEST WELL
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> OTHER (Specify)
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
CASING DETAILS	LENGTH (feet) <i>95</i>	DIAMETER (inches) <i>1 1/2</i>	WEIGHT PER FOOT <i>17</i>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED
				DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <i>4</i>
				YIELD (GPM) <i>3</i>
WATER LEVEL	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <i>40</i>		DURING YIELD TEST (feet) <i>300</i>	
			Depth of Completed Well in feet <i>300</i>	
SCREEN DETAILS	MAKE			LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of well including gravel pack (inches) GRAVEL SIZE (inches) FROM (feet) TO (feet)
DEPTH FROM LAND TO SURFACE FEET TO FEET		FORMATION DESCRIPTION		Sketch exact location of well with distances, to at least two permanent landmarks
<i>55</i>		<i>Topsoil</i>		
<i>100</i>		<i>Sand & gravel</i>		
<i>150</i>		<i>Water bearing P.L.</i>		
<i>200</i>		<i>P.L. R.</i>		
If yield was tested at different depths during drilling, list below				
FEET		GALLONS PER MINUTE		
DATE WELL COMPLETED <i>1-11-91</i>	PERMIT NO. <i>11-11-91</i>	REGISTRATION NO. <i>11-11-91</i>	DATE OF REPORT <i>1-11-91</i>	WELL DRILLER (Signature) <i>[Signature]</i>



**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION
WELL DRILLING COMPLETION REPORT
165 Capitol Avenue, Hartford, Connecticut 06106**

Do NOT fill in

STATE WELL NO.

OTHER NO.

OWNER	NAME	ADDRESS	
LOCATION OF WELL	(No. & Street)	(Town)	(Lot Number)
PROPOSED USE OF WELL	<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING
DRILLING EQUIPMENT	<input type="checkbox"/> ROTARY	<input type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION
			<input type="checkbox"/> TEST WELL
CASING DETAILS	LENGTH (feet)	DIAMETER (inches)	WEIGHT PER FOOT
	<input type="checkbox"/> THREADED <input type="checkbox"/> WELDED		DRIVE SHOE <input type="checkbox"/> YES <input type="checkbox"/> NO
YIELD TEST	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR
	HOURS		YIELD (GPM)
WATER LEVEL	MEASURE FROM LAND SURFACE - STATIC (Specify feet)		DURING YIELD TEST (feet)
			Depth of Completed Well in feet
SCREEN DETAILS	MAKE		LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED: Diameter of well including gravel pack (inches)
		GRAVEL SIZE (inches)	FROM (feet) TO (feet)
DEPTH FROM LAND TO SURFACE FEET TO FEET		FORMATION DESCRIPTION	
		Sketch exact location of well with distances, to at least two permanent landmarks 	
If yield was tested at different depths during drilling, list below			
FEET	GALLONS PER MINUTE		
DATE WELL COMPLETED	PERMIT NO.	REGISTRATION NO.	DATE OF REPORT
			WELL DRILLER (Signature)

LOCAL DIRECTOR OF HEALTH

175852



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
REAL ESTATE & PROFESSIONAL TRADES DIVISION

WELL DRILLING PERMIT

165 Capitol Avenue, Hartford, Connecticut 06106

LOCATION OF WELL (Town) (Street) (Lot Number) DATE
North Stonington 72 B Stillman Rd June 28/96

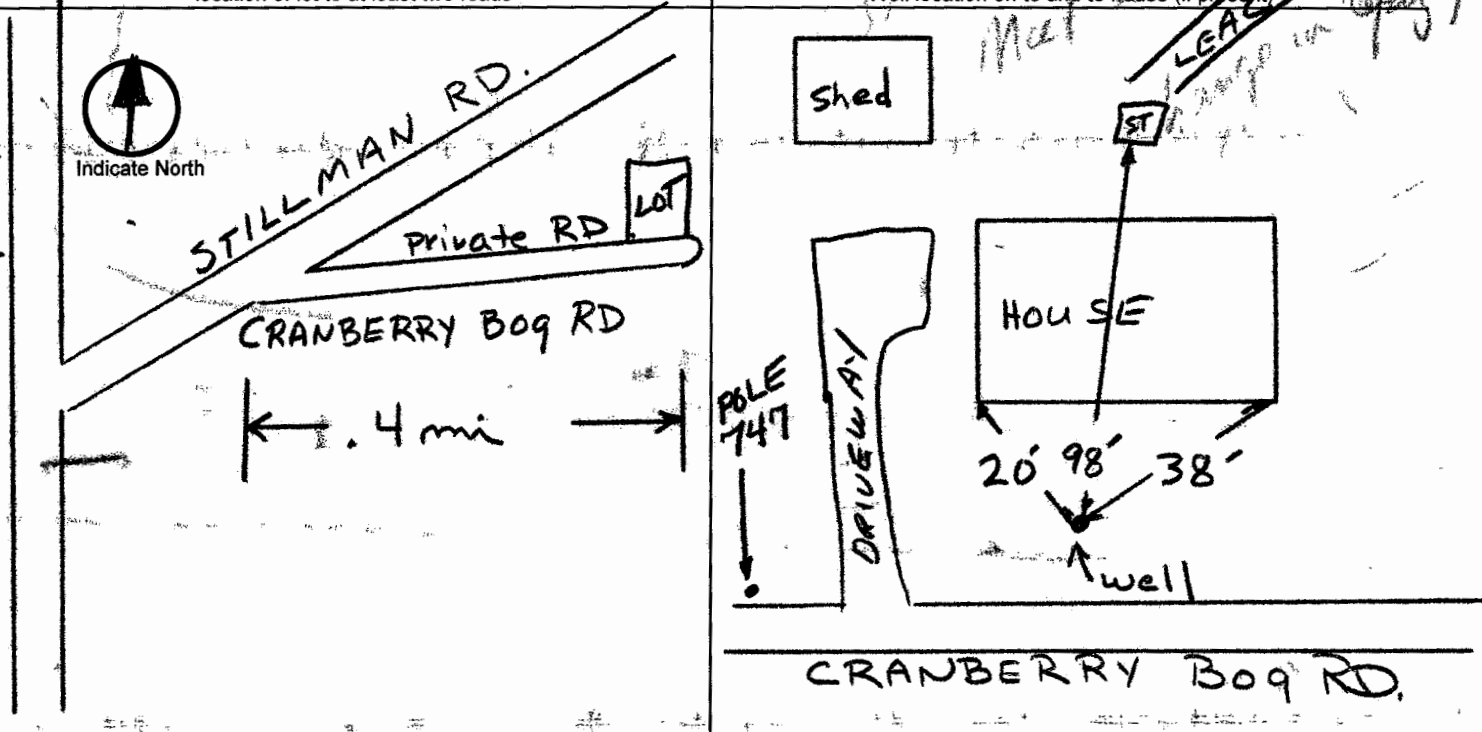
OWNER OF WELL ☒ INDIVIDUAL ☐ BUILDER ☐ OTHER (Specify) *Sharon Dufelie*

OWNER'S ADDRESS *72 B Stillman Rd (Private Rd Cranberry Bog Rd)*

PROPOSED USE OF WELL ☒ DOMESTIC ☐ BUSINESS ESTABLISHMENT ☐ FARM ☐ TEST WELL ☐ PUBLIC SUPPLY ☐ INDUSTRIAL ☐ AIR CONDITIONING ☐ OTHER (Specify)
Est. No. of People being served. *3*

SKETCH OF WELL LOCATION

Locate well with respect to at least two roads, showing distance from intersection and front of lot location of lot to at least two roads Well location on to and to house (if present)



Approximate number of feet from well to nearest source of possible contamination: *98' from Septic Tank.*

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Department of Consumer Protection and the Water Resources Commission on the form provided by the agency. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature) *[Signature]* APPLICANT'S ADDRESS *646 Thompson Rd, Thompson, Ct. 06277* REGISTRATION NO. *760*
BY (Town Health Officer or Agent) *[Signature]* DATE *8/8/96*

REMARKS *146-115*