MATCHINE THE COL CONSUMER PROTECTION WELL DRILLING BOARD PERMIT NUMBER STATE OF CONNECTICUT CPR-8 REV. 11-82 DEPARTMENT OF CONSUMER PROTECTION 84353 nalozatio. É. WELL DRILLING PERMIT 165 CAPITOL AVE., I 100106 Staning RT 184 18 LOCATION OF WELL (Town) (Street) (Lot Number) DATE OWNER OF WELL ···· -83 INDIVIDUAL **BUILDER OTHER** (Specify) OWNER'S ADDRESS 06339 AKei BUSINESS PROPOSED TEST Est. No. of DOMESTIC FARM ESTABLISHMENT WELL People being USE OF served. PUBLIC AIR CONDITIONING WELL OTHER INDUSTRIAL SUPPLY (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) Indicate North L07 18 Drive St. Ilaga Approximate number of feet from well to 100 nearest source of possible contamination: 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. Well Drilling AMBOISE REGISTRATION NO. 303 Thompson Ct 06 5T 3 DATE APPROVED REJECTED REMARKS

### DIRECTOR OF HEALTH

CONSUMER PROTECTION WELL DRILLING BOARD CPM-8 REV. 11#82	DEPARTMENT OF CO	ING PERMIT		PERMIT NU 1300	
a pile to a Mall	NO - CH				
North STONINGTONT, 6 10	PT 184		22.05		
Milltown Builders	- (Street)		(Lot Number)	DATE 5-2-8	18
OWNER OF WELL				020	0
	OTHER (Specify)				
OWNER'S ADDRESS DENNISON Hill R	d No, STONING	TON OG	359	a	
PROPOSED DOMESTIC	BUSINESS ESTABLISHMENT	FARM	TEST		Est. No. of People being served.
WELL PUBLIC SUPPLY		AIR CONDITIONING	OTHER (Specify)		4
	SKETCH OF WELL	OCATION			
Locate well with re: Location of lot to at least two road	spect to at least two roads, showing		ection and front of lot all location on lot and to h		
	· · · · · · · · · · · · · · · · · · ·				
Provide North Parts And	polozia	Role T Boost	House Weil WEIL		Polotik
Approximate number of feet from well to					
Approximate number of teel from well to nearest source of possible contamination: The undersigned is aware that upon completion of the 25-131 of the 1969 Supplement to the General Statutes in Board. This permit is not valid uptil all information is filled in ATPANBOISE Well MILLING APPLICANT (Significure) MARKING REJECTED.	iust be sent to the owner, the	Board and the Water y the Director of Healt	Resources Commission or	h the form provid	ed by the TION NO.

CPR-9 KEV 11-82 \*

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#### STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Do NOT fill in STATE WELL NO

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WELL DRILLING BOARD 165 CAPITOL AVE.

HARTFORD, CONNECTICUT 06106

OTHER NO

QWNER	NAME Miltow	1 Builders		DDRESS 358 Dennison Hil	IRoad, N.	Stonginton, Copn		
LOCATION OF WELL	Route 1	(No. & Street)		(Town) (Lot Number)				
PROPOSED USE OF WELL			NT		TEST WELL OTHER (Specify)			
DRILLING EQUIPMENT			ON		OTHER (Specify)			
CASING DETAILS	LENGTH (feet)	DIAMETER (inches)	WEIGHT PER FOOT	THREADED WELDED		YES NO		
YIELD TEST		PUMPED		HOURS	4	YIELD (G.P.M.)		
WATER LEVEL	MEASURE FROM L	AND SURFACE_STATIC (Spec	ify feet) DURING	YIELD TEST (feel)	Depth of Completed V in feet below Land su			
SCREEN DETAILS	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED	Diameter of well including gravel pack (inches):	GRAVEL SIZE (inches)	FROM (feet) TO (feet		
DEPTH FROM LAND		FORMATION DESCI	RIPTION	, , , , , , , , , , , , , , , , , , ,	act location of well with anent landmarks.	distances, to at least		
		rurity Soit						
If yi	ield was tested at d FEET	ifferent depths during drillin GALLON	g, list below S PER MINUTE		and an an angle and an angle and and and an and	<i>رن</i> م. ط. ط		
DATE WELL COMPL		NO. REGIS	TRATION NO.	DATE OF REPORT WELL DE		1 1 p		

LOCAL DIRECTOR OF HEALTH an and the second s

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CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV. 174-82	STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION WELL DRILLING PERMIT 165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106	PERMIT NUMBER
NOFTH STONINGTON LOCATION OF WELL (TOWN) JAMES FITZGERALD	RT 184 (N.L.TPKE) # 47 (Street) (Lot	6 LOT 24.01 Number) DATE 10-2-87
OWNER OF WELL UIDIVIDUAL BUILDER	OTHER (Specify)	
OWNER'S ADDRESS <u>31</u> POND DRIVE PROPOSED USE OF PUBLIC	North Stonington (+, 06359 BUSINESS ESTABLISHMENT AIR	TEST Est. No. of WELL People being Served.
WELL SUPPLY		(Specify) 4
	rell with respect to at least two roads, showing distance from intersection or	
Location of lot to at lea	st two roads Well locatio	on on lot and to house (if present)
Indicate North	RTISU PropXE	- Have Dreght
an at any tao and ang tao	···	RT184
The undersigned is aware that upon completion 25-131 of the 1969 Supplement to the General	n of the well, a "Well Completion Report" containing construction del Statutes must be sent to the owner, the Board and the Water Resource is filled in and it has been counter-signed by the Director of Health or his r//////C APPLICANT'S-ADDRESS A. O. BOX 303 Through Co BY (Town Health Origin Theref)	es Commission on the form provided by the

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WELL COMPLETION REPORT

CPR-9 REV 11-82

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#### STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION RD

Do NOT fill in STATE WELL NO

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WELL	DRILL	ING	BOA
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165 CAPITOL AVE. HARTFORD, CONNECTICUT 06106

OTHER NO.

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OWNER		iame	2 45° m	F.	12 15	, id			ADDRE	······	Dr.v.	N. Stur	in the	CT
LOCATION OF WELL				6° 3	(Norse s	treet) 154		······			(Town)	i tur,	📜 📜 (Lot l	
PROPOSED		200	MESTIC		BUSH ESTAI					FARM		TEST WELL		
USE OF WELL			BLIC IPPLY			STRIAL				AIR CONDITIONII	NG	OTHER (Specify)		
DRILLING EQUIPMENT	.	RO	TARY		AIR F	PRESSED	1			CABLE PERCUSSION		OTHER (Specify)		
CASING DETAILS	LE	ENGTH (	-	D		ches) W	EIGHT PE	ER FOOT	2	THREADED	WELDED	PRIVE SHOE	WAS CASING	GROUTED?
YIELD TEST		ВА	ILED			ŧD		MPRESSE	AIR		HOURS		YIELD (G.P.M.	) 2
WATER LEVEL	N	EASURE	FROM LAN	id sur /	FACESTAT	C (Specify	feet)	DURING	YIELD	TEST (feet)		Depth of Completed in feet below Land s		مور در در ۱۰۰۰ اکن
				MAKE									LENGTH OPEN	I TO AQUIFER (feet)
SCREEN DETAILS	s	LOT SIZE		D	IAMETER (in	ches)		Ravel Ked:		Diameter of w gravel pack (i		GRAVEL SIZE (inches)	FROM (feet)	TO (feet
DEPTH FROM LA		RFACE			FORMATIO	N DESCRIP						t location of well with nent landmarks.	distances, to at	least
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											N.SC	- Chapter		
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1			ted at diffe	erent de	epths during									
•	Ft	EET			G	ALLONS PE	R MINU	TE						
												Rute	1×4	
												for the stand of the second	11	
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														<b>i</b>
DATE WELL CON	APLETEC	>	PERMIT N	0. Mal	SHC	REGISTRA	TION NO		DATE	OF REPORT	WELL DRILL	ER (Signature)	ie L	<i>.</i>

	CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV. 11-82	DEPARTMENT OF CO WELL DRIL	CONNECTICUT DNSUMER PROTECTION LING PERMIT FORD, CONNECTICUT 06106	PERMIT NUMBER 119009
Souther States	North STONINGTON	RT184	472	
	KIP TAY OR	(Street)	(Lot Number)	DATE 1-5-87
	Wher's address V.O. BOX 145 472	New London Toke	No. STONINGTON CT	06359
	PROPOSED USE OF WELL PUBLIC		FARM TEST WELL	Est. No. of People being served.
13		SKETCH OF WELL		<u> </u>
	Location of lot to at lea		ing distance from intersection and front of lot Well location on lot and to	house (if present)
			RT 184	P.1e 6 63 6
ي ، الموقع ال	Indicate North Pale 603 6 PT 184	Boom Bridge Rd	House	Xwell 1 Prop Lat L
*	<b>(</b> ∦ ™ 44 1		Supplie and	Line
voor ale voor na statistisk statistisk statistisk statistisk op op op	Approximate number of feet from well to nearest source of possible contamination: /// The undersigned is aware that upon completion 25-131 of the 1969 Supplement to the General Board. This permit is not valid until efficient for Approximation for the source of the supplement Approximation of the supplement of the supplement of the supplement Approximation of the supplement of the supplement of the supplement Approximation of the supplement of the supplement of the supplement Approximation of the supplement of the supplement of the supplement Approximation of the supplement of the superior of the supplement of the supplement of the supplement of the	APPLICANT'S ADDRESS		nation required under Section on the form provided by the REGISTRATION NO. JATE DATE 12/87

CPR-8 Rev. 7/95 STATE OF CONNECTICUT	PERMIT NUMBER
DEPARTMENT OF CONSUMER PROTECTION REAL ESTATE & PROFESSIONAL TRADES DIVISION WELL DRILLING PERMIT 165 Capitol Avenue, Hartford, Connecticut 06106	
NOVTH Stonington 454 Route 184	DATE 12 11 CO
	ature Comtort
OWNER'S ADDRESS 454 ROUTE 184 N. Stonington OI	6359
PROPOSED USE OF WELL PUBLIC INDUSTRIAL AIR OTHER	Est. No. of People being served Correct Family
Locate well with respect to at least two roads, showing distance from intersection and from location of lot to at least two roads Well location on to and to	
ETZ 49 ETZ 49 E E E E E E E E E E E E E	prevoits or of House
<u></u>	NIL TAKE
Approximate number of feet from well to	- 
nearest source of possible contamination: The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction deta Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Department of Co Resources Commission on the form provided by the agency. This permit is not valid until all information is filled in a UNY'S WELL DETAILING	nsumer Protection and the Water
APPLICANT (Signature)	REGISTRATION NO.
APPROVED REJECTED BY (Town Health Officer or Agent)	DATE 12/6/00
REMARKS	

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Permit Number: 201461				State of Connecti PARTMENT OF CO			Staff use Only lev	
(fo	r Driller's	Use)	— •	PROTECTION		Quad		
This report	must be su	ubmitted		Well Drilling Bo 165 Capitol Av		62,50025,00	0024,000	
to the CT V later than 6		-	no ]	Hartford, Connecticu	it 06106	Latitude0_		
completion			W	ELL COMPLETION	REPORT	Longitudeo_	OŖ	
		I	A LOCATION M	AP MUST BE ATTA	ACHED TO THI	S FORM		GINAL
1. Well/Hor and/or	me Owner	Name: (	CREATURE CO	MFORT Perma	nent Mailing Add	ress 454 ROUTE 18 NORTH STON	4	
Building C	ontractor	Na	me: TOMASZEK	C& SONS				
2. Location	of Well:	Т	own NORTH S	TONINGTON	Road	454 ROUTE 184	ļ	
		S	State: CT		Lot #		_	
					Map:	Parc	el:	
3. Date We	•							
4. Proposed	d Use of W	ell: Dom	estic					
5. Reason f	for Constru	action: R	eplace Existing					
6. Type of	Well: Dr	rill in Beo						
7. Total De	epth of We	ll 365	feet below lar	id surface				
8. Depth to	Bedrock:	24 F	eet					
9. Casing I	Details Le	ngth 40	Ft., Dia 6	in., Material Stee	el Wt	17 lb/ft		
10. Method	d of Sealin	g Casing	to Bedrock Drive	e Shoe				
11. Yield 7				for 4 hrs. at 5	GPM			
12. Static	Water Leve	el 3 fo	eet below land sur	face Date Measur	red 1/9/01			
13. Water	Analysis:	Has the v	vater been analyze	ed No If yes, where	;			
14. Screen	Details:M	lake		Туре:	Material		Length ft	•
	Di	iameter	in. Slot si	ze:	Depth to top of s	screen from land surfa	ice	
		el Pack, if	used: Gravel Size	e or Type				
<u>15. We</u> ll <u>L</u>	.og:	Water	<b>_</b>					
From	То	Bearing	Formation Description	n Wel	۲ ۱		2	
0	24	No	SAND GRAVEL & O	· ·	40	( with		
24	154	No	GRAY GRANITE		Kennel	Rovie		
154	158	No	SOFT GRAY SCHIS	T W/GREEN QU	4 / J Z		r	
158	300	No	GRAY GRANITE		5		House	
300	305	Yes	PINK & GRAY GRA	ANITE FRACTUR	DY I	well dowin	l	
305	365	Yes	FC GRAY GRANITE		Was	h at		
	   Vialda	⊥						
16. Tested If the yield		different		Б	oing Business a	s TONY'S WELL D	RILLING. INC	
depths dur			ow					
					Report Filed by	ho	Alt.	>
						Authorized Si	gnature	

Permit Number: 201461	State of Connecticut	No.	Staff use Only Elev.			
(for Driller's Use)	PROTECTION	Quad	Liev	•		
This report must be submitted	Well Drilling Board 165 Capitol Ave.	·	25,000	24,00	00	
to the CT Well Drilling board no later than 60 days after the	Hartford, Connecticut 06106	Latitude	0	•	An	
completion of the well.	WELL COMPLETION REPORT	Longitude	_0	+	ORIGINA	
17. Additional Information	Date of Report	01/08/200			LAVE	
Permit # 201461	License No. (	29			•	
	Dept of Environmental Protection er, 5) Local Director of Health					

موجعه المراجع المراجع المراجع	lan an th a call the sea	5 5. 7 <sup>37</sup>	* 				L 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 1 1
	CDD 8 Days 7/05					PE		
	CPR-8 Rev. 7/95							
				CONNECTICUT			219980	2
4 19-14 19-14	23.20		ARTMENT OF CO					L
4. M i		REAL E.						
		÷ 1861	WELL DRIL Capitol Avenue, Ha		· · · · ·		े न प्र क्षेत्र क्यू	*i 7
	<u>د</u>		Capitol Avenue, na	rtiora, Connecti	CUT DEIDE	÷ * -	÷.	st i
an Same and Same and Same	LOCATION OF WELL	TONIA 672 NI	PROV NIL	(Lot Number) TPKE L	134	DATE	121/03	
Ec	OWNER OF WELL		BUILDER			1 dro Frac	existing	Well
	JOWNER'S ADDRESS		LTAKE	No. Stone	ington PT	06359		
	PROPOSED USE OF	DOMESTIC	BUSINESS ESTABLISHMENT	FARM	TEST WELL		Est. No. of People being served.	
	WELL See waa we hije ee				OTHER		served.	\$- \$
~				VELL LOCATION				
-		Locate well with respec	t to at least two roads,					
		location of lot to at least two ro	ads	W	ell location on to and	to house (if pre	esent)	
en de la compañía de	Indicate Nort	th	- DA	Hous	71	dratter.		a. 1. 1
	1	1 17	Spinnen Rd	- Contracting Income		by (port)		
	RT 184	Prv. N.L PTPKE				- 11 #1 <b>-</b> 4	¥ \$ \$	·· · · · · · · · · · · · · · · · · · ·
				and the second of	PROS' N.L. T.P.	ke *	and and	all of the second
		r of feet from well to	00'+	<u></u>		8	an off	
	nearest source of po	ossible contamination: aware that upon completion of		ation Denort"		-16		<u> </u>
	Section 25-131 of th	sion on the form provided by the	neral Statutes must be e agency This permit-	sent to the owner if	the Department of C	onsumer Protei	ation and the Ma	407
	APPLICANT (Signature		APPLICANT'S ADDR		~		TRATION NO	ž
	inc	Jun	F198	122/1	mpson 17-06	286 B	13	
directed after			BY (Tow Health Office	J Mul	~p.Sr		121/05	
	REMARKS	527	, <b>V</b> ., 1	2 	ار با			

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CONSUMER PROTECTION WELL DRILLING BOARD SPR-8 REV 11-82	DEPARTMENT OF C WELL DR	OF CONNECTICUT CONSUMER PROTECTION ILLING PERMIT RTFORD, CONNECTICUT 06106	PERMIT NUMBER		
North Stonington	<u> </u>	(Lot Number)	DATE		
Edgar Wood	9 		5-23-86		
INDIVIDUAL BUILDER WNER'S ADDRESS 19 Country Clu	b Dr. Ledyard	C+ 06339			
	BUSINESS	FARM	Est. No. of People being served		
WELL PUBLIC SUPPLY		AIR CONDITIONING (Specify)	4		
locat	SKETCH OF WE	LL LOCATION			
Location of lot to at		Well location on lot and			
D Indicate North Property		RTIRY	House		
		Ponce	Bophen Well		
STILL MAR RA	t.,				

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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.

1 6 ac

-TERAMODISE WELL PRITTING		
APPLICANT (Signature)	APPLICANT'S ADDRESS	REGISTRATION NO.
Tarl Somelioch	P.O. BOX 305 Damason (+ 0627)	3
	BY (Town Health Officer & Agent)	DATE (12/86
REMARKS	for one	1/

CONSUMER PROTECTION WELL DRILLING BOARD CPR-B REV. 11-82	DEPARTMENT OF	E OF CONNECTICUT CONSUMER PROTECTION DRILLING PERMIT HARTFORD, CONNECTICUT 06106	PERMIT NUMBER	
N. Stonington	196 Boombri		//A	
LOCATION OF WELL (Town)	(Street)	(Lot Number)	DATE 10/12/00	
Martin King OWNER OF WELL MINDIVIDUAL BUILDER OWNER'S ADDRESS	OTHER (Specify)	· · · · · · · · · · · · · · · · · · ·	<u>10/12/89</u>	
8 Upper Barlett Rd.,	Quaker Hill, CT 0	6375		
PROPOSED X DOMESTIC		FARM TEST WELL	Est. No. of People being served.	
WELL PUBLIC SUPPLY		AIR OTHER CONDITIONING (Specify)	4	
		WELL LOCATION		
Locate Location of lot to at le		showing distance from intersection and front of lot Well location on lot and		
Indicate North	• • • •		Kora	
- Roumbridge	nd.	Beombridge Poo	Il scottic	
Gruton	450		401 (Sell	

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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. TRETRAMOISE Well Drilling INC.

Larrampo.	ise weit Driffin	g INC.		
APPLICANT (Signature)	\	APPLICANT'S ADDRESS		REGISTRATION NO.
(Amale )	Jonovan CWO	1384 RT 85 012419, CT 06370		3
APPROVED	REJECTED	BY (Town Health Office or trent)		DATE 10/10/09
REMARKS	$\sim$		÷	2 1 1 1 1
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VELL COMI PŘ-9 REV 11-82	PLETION	N REPOR	T DI	EPARTMENT WE	OF LL DI	DF CONNECTICUT CONSUMER PROTECTI RILLING BOARD CAPITOL AVE. CONNECTICUT 06106	ON	Do STATE WELL NO	NOT fill in
OWNER	NAME	in Xi	ng		ADDRE 8 T	ss Jpper Barlett 1	Rd., Quake:	r Hill	CT 06375
LOCATION OF WELL			(No. & Street) ridge Rd.			(Town) N. Stoningto	n	(Lot N	lumber) A
PROPOSED		ESTIC		 т		FARM	TEST WELL		
USE OF WELL				AIR CONDITIONING	OTHER (Specify)	-			
DRILLING EQUIPMENT						CABLE PERCUSSION	OTHER (Specify)		
CASING	LENGTH (fe		DIAMETER (inches) V	VEIGHT PER FOOT		· · · · · · · · · · · · · · · · · · ·		WAS CASING (	
DETAILS YIELD						HOURS		YIELD (G.P.M.)	
WAIER			URFACE-STATIC (Specify		Ġ YIELI	D TEST (feet)	Depth of Completed		
LEVEL		MAI	KE		1	<u> </u>	in feet below Land si	····	TO AQUIFER (feet)
SCREEN DETAILS	SLOT SIZE		DIAMETER (inches)	IF GRAVEL PACKED:		Diameter of well including gravel pack (inches):	GRAVEL SIZE (inches)	FROM (feet)	TO (feet
TH FROM LAND S			FORMATION DESCRI	PTION		14	ct location of well with inent landmarks.	distances, to at	least
~	0		()	lŗ			; ; ; •	·	
If yie	ld was teste FEET		depths during drilling, GALLONS	list below PER MINUTE	-				
DATE WELL COMPLET	TED	PERMIT NO. 14133		ATION NO.	DATE	OF REPORT WELL DRI			Curl

# LOCAL DIRECTOR OF HEALTH

		2		and the second second
	CPR-8 Rev 7/95			PERMIT NUMBER
, *		STATE	<b>PF CONNECTICUT</b>	189375
i.			CONSUMER PROTECTION	100010
		•	ESSIONAL TRADES DIVISION	an a
			ILLING PERMIT	
a state and the state of the st	$\Lambda$ $\Lambda$ $\Lambda$	165 Capitol Avenue	Hartford, Connecticut, 06106	
	LOCATION OF WELL	(Tou'n) (Street)	(Lot Number)	DATE
ar ty ty de	OWNER OF WELL	Perca		9/22/98
a ann an tha ann an tha an			DER OTHER (Specify)	
Ai e	OWNER'S ADDRESS	Dennison HIL RI.	N. Stonington, C	T. 06359
-1	PROPOSED		FARM TEST	Est. No. of People being
	USE OF WELL	ESTABLISHMENT		served
	-	PUBLIC INDÚSTRIAL		
:			F WELL LOCATION	the state of the s
1	loca	tion of lot to at least two roads.	Well location on to an	
₹ <sup>2</sup> ¥	سر ہو ہو ادام آبادہ اس اور ادام آبادہ	A MAR		
د یا 18		En la constante de la constante	đ	(ST.)
્યા હતુ સંસ્થાર હતુ				130'
. المر	Indicate North	+		
	Philad	5		
	Rt . 184			6
4		N		
1		Q /88		
		-F D.W. Lot		3 Propposed
				ja well
•7		×.	188 _ /	
\$••	i j'a t ar	us produktion de la second	Ø	and the second second
	•		5. Boomb.	ridge Rd.
-	Approximate number of f	eet from well to		* 
-	nearest source of possib	le contamination: 130 Ft. to	the septic tank	
	Section 25-131 of the 19	969 Supplement to the General Statutes mus	t be sent to the owner, the Department of (	Consumer Protection and the Water
	Resources Commission the Director of Health or I	on the form provided by the agency. This pe	mit is not valid until all informations filled in	n and it has been counter-signed by
	APPLICANT (Signature)	APPLICANT'S A	MICHAEL DBILLING DDRESS DALMIK WELL DBILLING 137 Providence Street 137 Providence Street	REGISTRATION NO.
	Mind	BY (Town Health	PLTNAM, CT 06260	<i>WI-92</i>
		REJECTED	110/1	istated
5 - 5 -	REMARKS		JAURI	with the second
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<b>#</b> * 5	· · · · · · · · · · · · · · · · · · ·	1867	3	
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DIRECTOR OF HEALTH

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## 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.	
Road,	No.	Stonington,	

OWNER	NAME			ADDRESS	······	
	Frank & Carol Perez			373 Denni	son Hill Road	I, No. Stonington, CT
LOCATION	(No. & S	treet)	(Town)	(Lot Nui		06359
OF WELL	Sc. Box	ombridge Road	No. Ston	ington. CT		
				FARM	TEST	
PROPOSED	Z DOMES		BLISHMENT	FARM	WELL	
USE OF WELL			-	_		
	PUBLIC		STRIAL	AIR	OTHER	
DRILLING			RESSED		(Specify) OTHER	· · · · ·
EQUIPMENT	KUTAK		ERCUSSION	PERCUSSION	(Specify)	
CASING	LENGTH (feet)		WEIGHT PER FOOT	THREADED	WEIDED	E SHOE WAS CASING GROUTED?
DETAILS	60	6	17			
YIELD TEST	BAILED		COMPRESSED AIR	HOURS		YIELD (GPM)
					4	5
WATER	MEASURE FROM LAN	ID SURFACE - STATIC (Spe	cify feet) DURIN	G YIELD TEST (feet)	Depth of	Completed Well in feet
LEVEL		20		360		400
	MAKE				I	LENGTH OPEN TO AQUIFER (feet)
SCREEN						
DETAILS	SLOT SIZE	DIAMETER (inches)	IF GRAVEL	Diameter of well	GRAVEL SIZE (inches)	FROM (feet) TO (feet)
DETAILS	01010.22		PACKED:	including gravel pack		
				(inches)		
DEPTH FROM LAN	ID TO SURFACE	FORMATION DES	CRIPTION		ocation of well with distan	ices, to at least two
FEET TO	) FEET			permanent lan	idmarks	-
0	50	Sandy Soil	L I			
				-	· · · · · · · · · · · · · · · · · · ·	
50	400	Grey Rock		بيومون ورواني	n mar a sur sur 🚺	
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16 - 2 - 1 at	a tastad at different i	antho dusta data			51	
		epths during drilling, list b			, <b>,</b>	
FÉE		GALLONS PER I		-		· .
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				188 B		
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						and the stand of the
				1	BOOMBR	TOGE NOND
	1	,			· -	
	1					
DATE WELL COMPLI			SISTRATION NO	DATE OF REP		WELL DRILLER (Signature)
12/14/9	38   1	89375	W1-92	02/03/	99	1227
	L	I			18882	

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ć	CPR-9 Rev. 7/95						•	·	•		Do NO	T fill In
			REAI WE	ESTAT	MENT OF C TE & PROFE	ONSI SSIC	NECTICUT UMER PROT DNAL TRADE PLETION I	S DIVISIO			STATEV	
			10	35 Capit	ol Avenue, H		rd, Connectic	ut 06106	·····			
	OWNER	Frank	& Carol F	erez		ADI	DRESS 373 Denn	ison Ril	1 Road.	No. S	Stonin	gton, CT
		So. Bo	Sireel)	Road,	(Town) No. Stor	ning	(Lot N	lumber)				06359
	PROPOSED USE OF WELL	DOMESTIC     BUSINESS ESTABLISHMENT       PUBLIC     INDUSTRIAL       SUPPLY     INDUSTRIAL					FARM AIR CONDITIONING					
	DRILLING EQUIPMENT				CUSSION		CABLE PERCUSSION		HER ipecify)			
	CASING DETAILS		DIAMETER (Inche	s) WE	IGHT PER FOOT	11	THREADED	WELDED				SING GROUTED?
	YIELD TEST	BAILED		x	OMPRESSED AIF	<u> </u>	HOURS	4		YIELD (GPA		
	WATER LEVEL	MEASURE FROM L	AND SURFACE - ST. 20	ATIC (Speci	y feel) DURI	NG YIEL	D TEST (1981) 360		Depth of Co	4	00	· · · · · · · · · · · · · · · · · · ·
	SCREEN	MAKE								LENGT	H OPEN TO	AQUIFER (Jpel)
	DETAILS	SLOT SIZE	DIAMETER	(inches)	IF GRAVEL PACKED		Diamoter of well ncluding gravel pack (inches)		SIZE (mathes)	FROM	(leal)	TO (1061)
•	DEPTH FROM LAN	D TO SURFACE	FORMATI	ON DESCI			Sketch exact	location of we	I with distance	s, lo al lea	si iwo	
	FEET TO	FEET	· ·			<u> </u>	permanent la					<u> </u>
•	0	50	Sandy	Soil								
· * · ·	50	400	Grey	Rock						1	1	
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•		·								10'	Y sugl	L
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	If yield was FEE	s lested at different							7			
•		·	GALLON	IS PER MI			188					
-	÷					. —		P. Boo.	m BR I	ØGL	r A	POAD
•	DATE WELL COMPLE		189375		TRATION NO W1-92	Τ	DATE OF RE		1177	WELL DRILL	LER (Signal	(0)
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23.49					SUMER PROTEC	A STATE OF A	I		OTUE	
The second					MPLETION R				OTHE	R NU.
		165 Cap	itol Avenue,	Hart	ford, Connecticut	06106				
LOCATION OF WELL	(No. &. 116 B	street)	(Town) Rd A	lor	(Lot Num 16 Stoning 7	1000	Prista.			
OWNER	NAME	in louis			ADDRESS	~ I .	1. 101	11	C4	ming to 1
	DOME		NESS		FARM	TES	ST	No.	/ *	North
PROPOSED USE OF WELL			BLISHMENT							acso 1
	PUBLI SUPPL	<u>Y</u>	STRIAL			(S	HER pecify)			
DRILLING EQUIPMENT			PRESSED		CABLE PERCUSSION		HER pecify)			
CASING	LENGTH (feet)	DIAMETER (inches)	WEIGHT PER FOO	т	THREADED	WELDED	DRIVE	SHOE		SING GROUTED?
DETAILS YIELD TEST	20 BAILED		COMPRESSED		HOURS	]	YES	NO YIELD (GPM)	YE	s 🗆 NO
TILLE TEST					4	1			1	
WATER	MEASURE FROM LA	ND SURFACE - STATIC (Spe	ecify feet) DUI	RING Y	/IELD TEST (feet)		Depth of C	ompleted Well		
	MAKE	45			250			LENGTH		AQUIFER (feet)
SCREEN										
DETAILS	SLOT SIZE	DIAMETER (inches)	IF GRAVE PACKED:		Diameter of well including gravel pack (inches)	GRAVELS	SIZE (inches)	FROM	(feet)	TO (feet)
DEPTH FROM LAI		FORMATION DES	CRIPTION		Sketch exact lo permanent land		I with distance	es, to at leas	t two	
FEET TO										
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If yield wa		depths during drilling, list GALLONS PER		_			S. S.			
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DATE WELL COMPL	FTED ST	RMIT NO. RE	EGISTRATION NO.			ODT		A NELL DOUT	-	turel
DATE WELL COMPL			CITED V		DATE OF REPO	URI	2	WELL DRILL	ER (Signa	ure)
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CPR-8 Rev. 7/95					PERMIT NUMBER
AMA	DEDA	STATE OF CO RTMENT OF CON		CTION	201410
24 AC		TATE & PROFESS			
The second		WELL DRILL			
	165 Ca	pitol Avenue, Hart	ford, Connecticu	t 06106	
		STORE STATISTICS AND ADDRESS AND ADDRESS AND ADDRESS AD	Number) Imbridge R	1 #116	DATE 3/23/16
) OWNER OF WELL micia Lewis OWNER'S ADDRESS		BUILDER	ОТНЕ	R (Specify)	
	116 Boombridge	Rd M	orth Somia	gth CT 06:	355
PROPOSED USE OF WELL			FARM	TEST	Est. No. of People being served.
VVELL				OTHER (Specify)	4
	Surreita	SKETCH OF WE		(Specify)	<u>intelle el oriente chirie que elle se</u> prese
and and a second	Locate well with respect location of lot to at least two road			intersection and front of lo	
		8	S S	location on to and to hou	se (ir present)
9			1 del	200000	
Indicate Nort	h		Gard	A	
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X - S	1#1		rt-	14	
A	L 1161				
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15	1			133	
	- Lide BI		Ste	5//	
X	Boombridge Rd		E.	5	
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a second and a second	$\sum_{i=1}^{n} \left( \frac{1}{2} + \frac{1}{2} +$	$e_{i} \varphi \varphi = e_{i} \left[ \frac{1}{2} \varphi_{i} - \frac{1}{2} \varphi_{i} + \frac{1}{2}$	e for the second	An an african a second	1
age after a from	the total and the	the information of the	post pokt to	Dank	ndy Kb
				1200-	
nearest source of po		=1 F			
Section 25-131 of the Resources Commis	aware that upon completion of the 1969 Supplement to the Gen sion on the form provided by the	eral Statutes must be s agency/ This permit is	ent to the owner, the not valid until all info	e Department of Consum	ner Protection and the Water
the Director of Healt APPLICANT (Signature		APPLICANT'S ADDRES	S, 7	0	REGISTRATION NO.
- last &	m	and the state of the	50x 503	AmpalT	15
	D REJECTED	BY (Town Health Office)	for Agent)	06277	DATE 3/28/16
REMARKS		1	28		
			40		
			33	- E	
			A R		
3					

CPR-9 Rev. 7/95	* 725	WEL		<b>MPLETION RE</b>	DIVISION SPORT	Do NOT STATE WE OTHER	LL NO.
OWNER	NAME	Frank	E E E	ADDRESS	Matter	1 In	A Set ??
LOCATION OF WELL		Street)	(Town)	(Lot Num	· 9.90		2 (1) 
PROPOSED USE OF WELL			BUSINESS ESTABLISHMENT		TEST WELL OTHER (Specify)		
DRILLING EQUIPMENT		RY	COMPRESSED	CABLE PERCUSSION	OTHER (Specify)		
CASING DETAILS	LENGTH (feet)	DIAMETER (inches)	WEIGHT PER FOOT	THREADED		HOE WAS CAS NO YIELD (GPM)	
YIELD TEST	BAILED	AND SURFACE - STAT	COMPRESSED AIR	HOURS	Sec.	ompleted Well in feet	
WATER LEVEL	MEASURE FROM L	LAND SURFACE - STAT				LENGTH OPEN TO	AQUIFER (feet)
SCREEN DETAILS	SLOT SIZE	DIAMETER (inc	ches) IF GRAVEL PACKED:	Diameter of well including gravel pack (inches)	GRAVEL SIZE (inches)	FROM (feet)	TO (feet)
DEPTH FROM LA		FORMATION	N DESCRIPTION		cation of well with distance dmarks	es, to at least two	······································
- 	No. 20	- Figure 6	in al				
المقابر القيمينين المقابر المراجع	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Metter has	o to party				
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	vas tested at differen ET	nt depths during drillin GALLON	ig, list below S PER MINUTE		م معرف اللہ میں م		
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						WELL DRIELER (Signa	

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### STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION REAL ESTATE & PROFESSIONAL TRADES DIVISION WELL DRILLING COMPLETION REPORT

Do NOT fill in

STATE WELL NO.

OTHER NO.

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TRANSTRIP	165 Capitol Avenue, Hai	rtford, Connecticut 06106	
OWNER	NAME	ADDRESS	
		La a tal tanan and	
LOCATION OF WELL	(No. & Street) (Town)	(Lot Number)	
PROPOSED USE OF WELL	DOMESTIC BUSINESS ESTABLISHMENT UNDUSTRIAL	FARM TEST WELL AIR OTHER CONDITIONING Specify	
DRILLING EQUIPMENT	ROTARY COMPRESSED	CABLE OTHER PERCUSSION (Specify)	
CASING DETAILS	LENGTH (feet) DIAMETER (inches) WEIGHT PER FOOT	THREADED WELDED DRIVE SH	NO VES NO
YIELD TEST			TIELD (GPM)
WATER LEVEL	ž <sub>i</sub>	G YIELD TEST (feet) Depth of Co	npleted Well in feet
SCREEN	МАКЕ		LENGTH OPEN TO AQUIFER (feet)
DETAILS	SLOT SIZE DIAMETER (inches) IF GRAVEL PACKED:	Diameter of well GRAVEL SIZE (inches) including gravel pack (inches)	FROM (feet) TO (feet)
DEPTH FROM LA	ND TO SURFACE FORMATION DESCRIPTION	Sketch exact location of well with distances	s, to at least two
FEET T	O FEET	permanent landmarks	and the second
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If yield w FE			
DATE WELL COMPI	and,		WELL DRILLER (Signature)
			and the second se

 C# R-8 Rev 7/95	PERMIT NUMBER
STATE OF CONNECTICUT	175852
DEPARTMENT OF CONSUMER PROTECTION	
REAL ESTATE & PROFESSIONAL TRADES DIVISIONAL TRA	i i i i i i i i i i i i i i i i i i i
WEBL DRIBLING PERMIT	ν. τ
165 Capitol Avenue, Hartford, Connecticut 06106	\$ }
LOCATION OF WELL (Town) (Street) (Loc Numper)	ROME 20/91
OWNER OF WELL	Rel June 28/16
	Sharon Dufilie
72 13 Stillman Rd Private Rel Cranbern	BOG RD
	EST Est. No. of People being Served.
WELL	DTHER 3
	Specify)
SKETCH OF WELL LOCATION Locate well with respect to at least two roads, showing distance from intersection	and front of lot
	to and to House (if present)
	at the way
R T Indicate North MAN STILLE Private RD Lot	লি নি
T Indicate North	New Anterna Street and the second
I and the second s	
4 STILL Private RD	
CRANBERRY BOG RD	ouse
	· · · ·
Pole S	
K 4 m - 141 3	1 901
	0 <sup>98</sup> 38
han a the standing process of the operation of the standing of	
	well
	werr
CRANBE	KRY BOG KD.
My the set of the set	a <u>anna an an</u>
Approximate number of feet from well to nearest source of possible contamination: 98 from Septic Torr	k
The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construct	tion details and information required under
Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Departme Resources Commission on the form provided by the agency This permit is not valid until all information is	
the Director of Health ornis agent. NumA Diviling 80 APPLICANT'S ADDRESS 646 Transser ORd	(0-903-3119 REGISTRATION NO.
AFFEICANT SADDRESS DE TIMUSSION	
BY (Toyn Health Officer or Agent)	DATE
APPROVED REJECTED	8/8/84
REMARKS	V V
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•	NA.
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