



## Permit for Well Casing Extension

Department of Consumer Protection, 450 Columbus Blvd, Suite 901, Hartford, CT 06103

*It is recommended that local health departments issue a no-fee permit for well casing extensions since this type of work typically improves the sanitary condition of the well.*

Property Address Information										
Town				Street Address						
Owner Information										
First Name				Last Name						
Street Address		Town		State		ZIP Code				
Well Information										
Well head location		<input type="checkbox"/> Buried <input type="checkbox"/> Well Pit		Pit abandonment procedure, if applicable						
Lot #		Current use of well:	Domestic <input type="checkbox"/>	Business <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): <input type="checkbox"/>
GPS coordinates				Location of well (eg. east side of building)						
Schematics										
Location of lot to at least two roads					Location of well with distances to at least two landmarks					

*The undersigned is aware that upon completion of the well casing extension, a "Well Casing Extension Completion Form" containing construction details and information required under Section 32-31 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 countersigned by the Director of Health or his/her agent.*

Applicant Name:		Registration Number:	License type: <input type="checkbox"/> W1 <input type="checkbox"/> W5
Applicant Signature:		Date permit approved or denied:	Date work completed:
By (Town Health Officer or Agent)			<input type="checkbox"/> Approved <input type="checkbox"/> Rejected