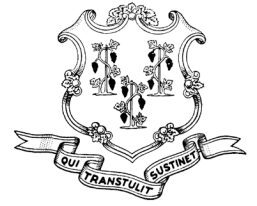




**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
WELL DRILLING PERMIT**  
450 Columbus Boulevard, Suite 901, Hartford, CT 06103  
Email: [DCP.WellReports@ct.gov](mailto:DCP.WellReports@ct.gov)  
Website: [www.ct./dcp](http://www.ct./dcp)



Property Address Information										
Town Name			Address							
Owner of Well:		<input type="checkbox"/> Individual		<input type="checkbox"/> Business		Other: (Specify)				
Owner Information			First Name:				Last Name:			
Street Address (please enter information in fields above)						Town		State	Zip Code	
Proposed Use of Well										
Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)	Estimated # of people served		
Sketch of Well Location										
Locate well with respect to at least two roads.										
Location of lot to at least two roads						Well location with distances to at least two landmarks				
 Indicate North						 Indicate North				
Approximate number of feet from well to nearest source of possible contamination:										
<i>The undersigned is aware that upon completion of the well casing extension, a "Well Completion Report" containing construction details and information must be sent to the owner, the Department of Consumer Protection, the Water Resources Commission and the local Health Department 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.</i>										
Applicant Name (Print above)			Applicant Business Name				Applicant Address			
Applicant Email Address				Applicant Phone Number			Applicant Signature			
Registration Number		Approved		Rejected		Date Permit Approved/Rejected		Date Work Completed		
BY: Town Health Officer/Agent (Print name above)						Signature				
REMARKS										