

April 16, 2021

*Via Electronic Mail ([siting.council@ct.gov](mailto:siting.council@ct.gov))*

Melanie A. Bachman, Esq.  
Executive Director/Staff Attorney  
Connecticut Siting Council  
10 Franklin Square  
New Britain, CT 06051

Re: **PETITION NO. 1442 - SR Litchfield, LLC petition for a declaratory ruling, pursuant to Connecticut General Statutes §4-176 and §16-50k, for the proposed construction, maintenance and operation of a 19.8-megawatt AC solar photovoltaic electric generating facility on 6 contiguous parcels located both east and west of Wilson Road south of the intersection with Litchfield Town Farm Road in Litchfield, Connecticut, and both east and west of Rossi Road, south of the intersection with Highland Avenue in Torrington, Connecticut, and associated electrical interconnection.**

**Submission of Interrogatory Responses Set 1, Part 2 and Request for an Extension of Time to Respond to Additional Interrogatories**

Dear Attorney Bachman:

SR Litchfield, LLC hereby submits its responses to the Connecticut Siting Council's (Council) Interrogatories 31, 35, 40, 43, 47 and 51 as well as Attachments 1 and 2, in connection with the above-referenced Petition.

As discussed in several of the attached responses, the Petitioner has undertaken efforts to redesign aspects of the SR Litchfield LLC solar array to address certain issues and concerns raised by the Council and other Connecticut State Agencies. Therefore, SR Litchfield LLC respectfully **requests an extension of time** from the Council to provide additional and supplemental responses to these Set 1 Interrogatories. SR Litchfield LLC requests until Friday,

22209775-v1

# Robinson+Cole

Melanie Bachman  
April 16 2021  
Page 2

May 14, 2021 to provide these remaining responses to the Council. As always, to help expedite the Council's review, responses to individual interrogatories will be filed as soon as they are available.

If you have any questions concerning this submittal, please contact me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth C. Baldwin". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kenneth C. Baldwin

Enclosures (Responses to Interrogatories 31, 35, 40, 43, 47, 51 and 62 along with Attachment 1 and Attachment 2)

STATE OF CONNECTICUT  
CONNECTICUT SITING COUNCIL

IN RE: :  
: :  
A PETITION FOR A DECLARATORY : PETITION NO. 1442  
RULING, PURSUANT TO CONNECTICUT :  
GENERAL STATUTES §4-176 AND §16-50K, :  
FOR THE PROPOSED CONSTRUCTION, :  
MAINTENANCE AND OPERATION OF A :  
19.8-MEGAWATT AC SOLAR :  
PHOTOVOLTAIC ELECTRIC GENERATING :  
FACILITY ON 6 CONTIGUOUS PARCELS :  
LOCATED BOTH EAST AND WEST OF : APRIL 16, 2021  
WILSON ROAD SOUTH OF THE  
INTERSECTION WITH LITCHFIELD TOWN  
FARM ROAD IN LITCHFIELD,  
CONNECTICUT, AND BOTH EAST AND  
WEST OF ROSSI ROAD, SOUTH OF THE  
INTERSECTION WITH HIGHLAND AVENUE  
IN TORRINGTON, CONNECTICUT, AND  
ASSOCIATED ELECTRICAL  
INTERCONNECTION.

RESPONSES OF SR LITCHFIELD, LLC  
TO CONNECTICUT SITING COUNCIL INTERROGATORIES, SET ONE

On March 12, 2021, the Connecticut Siting Council (“Council”) issued Interrogatories, Set One to SR Litchfield, LLC (“Petitioner”), relating to Petition No. 1442. The Petitioner submitted responses to Council Interrogatories 1-34, 36-39, 41, 42, 44-46, 48, 52-59, 63-73, and 75-80 on April 2, 2021. A supplemental response to Interrogatory 31 and the responses to Council Interrogatories 35, 40, 43, 47 and 51 are provided below.

**Public Safety**

Question No. 31

Are there any drinking water wells on the site or in the vicinity of the site? If so, how would the Petitioner ensure wells and/or water quality are not impacted from construction activities?

### Supplemental Response

Private well information on properties near the Project site was provided by the Torrington Area Health District. *See Attachment 1.* Also included in Attachment 1, is a table summarizing the well information provided including the address of the property where the wells are located and the depth of the well on each parcel, if available. It is not clear from the information provided whether each of the wells identified are used for the supply residential drinking water.

## **Environmental**

### Question No. 35

What is the total acreage of woodland on the site property?

### Response

The total acreage of existing woodland on the site property is approximately 140 acres.

### Question No. 40

Why was a 25-foot wetland setback established for the entire project rather than a qualitative buffer design that accounts for existing disturbance, forested areas and wetland quality

### Response

The minimum 25-foot buffer did account for existing conditions including current limits of agricultural disturbance, lack of mature woody vegetated buffers, relatively quality of wetland resources, etc. It is not uncommon for buffers to be evaluated as having two or more sub-areas based on their primary function, or as a hierarchy to the buffer zone. The first 25± feet of upland adjacent to a wetland or watercourse are usually the most important. For example, this inner buffer zone can include stream banks that may be subject to periodic inundation and may convey and or store floodwaters. Bank vegetation provides root mass that stabilizes banks and the canopy reduces rainfall energy. This inner buffer zone also often supports an interface

between aquatic and terrestrial habitat and its vegetation that provides shade to moderate water temperature fluctuations. Vegetative zones up to 50± feet serve important sources of coarse woody debris, detritus and organic matter that serves as the base of the food chain. The first 50 feet adjacent to a wetland also serves important surface water runoff treatment through filtration, absorption, infiltrations and attenuation of runoff through vegetation. As the buffer zone expands beyond 50± feet, benefits to nearby wetlands and watercourses begin to diminish and are less focuses on direct water resources protection.

For these reasons, avoiding or minimizing encroachment within 25 feet of wetland resource areas served as an initial design constraint for the Project. In those areas of the Project where the existing conditions consisted of maintained agricultural field (which comprises the majority of the Project where the Facility is proposed) and there is a lack of mature woody vegetation buffering nearby wetland resources, providing a 25-foot buffer was considered sufficient to maintain the principal functions and values of those buffer zones. The Project also attempted to increase those buffers where forested upland habitat buffering wetland areas would require clearing to accommodate those portions of the Facility since those buffer areas can sometimes serve more functions and values by comparison to a maintained agricultural field. Also, the Project increased those buffers in sensitive aquatic habitat areas such as the forested riparian corridor to Gulf Stream.

The Project is currently evaluating the ability to further increase those buffers with consideration given to more ecologically sensitive aquatic resources such as the Gulf Stream riparian corridor, higher functioning wetland areas, vernal pool habitats, etc. and anticipates submitting a revised Facility layout that affords improved protections to wetland and watercourse resources.

Question No. 43

Site Plan C-402 shows clearing and construction within the 100-foot buffer of Gulf Stream for Stormwater Basin 8/10. Can the Project be modified to avoid any work within the 100-foot buffer of Gulf Stream, a cold-water fishery, as recommended by the *2004 Connecticut Stormwater Quality Manual* and as required by the DEEP *General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities*, effective December 31, 2020?

Response

The Project is currently evaluating the ability to further increase the buffer to Gulf Stream to minimize or avoid entirely any working within 100 feet of the Gulf Stream riparian corridor and anticipates submission of a revised Facility layout that afford improved protection to Gulf Stream. The Project is particularly focused on the eastern side of Gulf Stream in the proposed Stormwater Basin 8/10 area where a much wider forested buffer currently exists compared to the western side where an agricultural field has resulted in minimal forest buffer to the stream. The Petitioner requests additional time to respond to this question.

Question No. 47

Will the Project require a U.S. Army Corps of Engineers permit/notification for work within wetlands/watercourses?

Response

The Project will result in approximately 10,000 square feet of permanent and temporary direct wetland impacts with the majority of that impact area associated with the proposed Gulf Stream crossing. With the perennial stream crossing design complying with the DEEP Inland Fisheries Division Habitat Conservation and Enhancement Program Stream Crossing Guidelines

(February 26, 2008), the proposed wetland impacts would be eligible under the Department of the Army General Permits for the State of Connecticut (“GP”). Under the eligibility requirements of the GP, the Project would require a Pre-Construction Notification (“PCN”) application likely under General Permit Nos. 17 and 19. The PCN application would be filed with the U.S. Army Corps of Engineers New England District (“Corps”) under Section 404 of the federal Clean Water Act (“CWA”) and DEEP for administration of the Water Quality Certification under Section 401 of the CWA for coordinated agency review under the GP with the Corps serving as the lead agency.

#### Question No. 51

Referring to Petition Exhibit U, Wetlands and Habitat report p. 46, it states that the primary water quality control measure at the site is the maintained grass and forb cover associated with the solar array fields. What specific seed mix is proposed that meets water quality goals? Does the seed mix contain pollinator species?

#### Response

Within the fenced limits of the proposed solar facility, a seed mix that includes a variety of grasses and forbs, including native species that support pollinator wildlife species will be used. A seed mix such as Ernst Seeds ERNMX-146 and/or ERNMX-147, or equivalent, would be used in these areas; specification sheets for both seed mixes are included in Attachment 2. These seeds mixes support both the Adaptive Multi-Paddock Grazing (AMP Grazing) management techniques while also providing pollinator wildlife habitat value. For areas outside of the proposed Facility that are disturbed as part of development activities (i.e., clearing, grading, etc.), such areas will be seeded with a conservation seed mix that has a greater component of native wildflower species to enhance wildlife habitat utilization around the

perimeter of the fenced Facility. A seed mix such as Ernst Seeds ERNX-610 (Northeast Solar Pollinator Buffer Mix), New England Wetland Plants, Inc. (“NEWP”) New England Conservation/Wildlife Mix, or equivalent would be seeded in this ecotone area; specification sheets for both seed mixes are also included in Attachment 2. For stormwater basins, a NEWP New England Erosion Control/Restoration Mix for Detention Basins and Moist Sites seed mix, or equivalent, would be used; the spec sheet for this seed mix is attached. The compilation of these seed mixes within these different habitat zones within and adjacent to the solar facility will meet water quality goals while also providing and enhancement wildlife habitat utilization including providing habitat for pollinator species.



CERTIFICATE OF SERVICE

I hereby certify that on the 16<sup>th</sup> day of April 2021, a copy of the foregoing was sent, via electronic mail, to:

Dominick J. Thomas, Esq.  
Cohen and Thomas  
315 Main Street  
Derby, CT 06418  
Phone: (203) 735-9521  
[djt@cohen-thomas.com](mailto:djt@cohen-thomas.com)



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Kenneth C. Baldwin

# Attachment 1

SR Litchfield, LLC  
Torrington Area Health District  
Summary of Well Data

<b>Property Address</b>	<b>Well Depth Information</b>
56 Wilson Road, Litchfield	90 ft
58 Wilson Road, Litchfield	130 ft
60 Wilson Road, Litchfield	100 ft
62 Wilson Road, Litchfield	2006 well - 325 ft 1985 well – 299
64 Wilson Road, Litchfield	150 ft
66 Wilson Road, Litchfield	225 ft
68 Wilson Road, Litchfield	140 ft
70 Wilson Road, Litchfield	200 ft
74 Wilson Road, Litchfield	185 ft
84 Wilson Road, Litchfield	Well Depth not provided
86 Wilson Road, Litchfield	175 ft
1167 Highland Avenue, Torrington	113 ft; this property is also served by the Torrington Water Company
1188 Highland Avenue, Torrington	Well Depth not provided; this property is also served by the Torrington Water Company
1249 Highland Avenue, Torrington	245 ft; this property is also served by the Torrington Water Company
1493 Highland Avenue, Torrington	245 ft; this property is also served by the Torrington Water Company
89 Rossi Road, Torrington	120 ft
115 Rossi Road, Torrington	115 ft
194 Rossi Road, Torrington	150 ft
201 Rossi Road, Torrington	Well Depth not provided
229 Rossi Road, Torrington	200 ft
236 Rossi Road, Torrington	360 ft
255 Rossi Road, Torrington	135 ft
66 Town Farm Road, Torrington	61 ft



PAID

LOCATION OF WELL (Town) Litchfield (Street) Wilson Rd. (Lot Number) \_\_\_\_\_ DATE 4-26-79

OWNER OF WELL William Schlosky

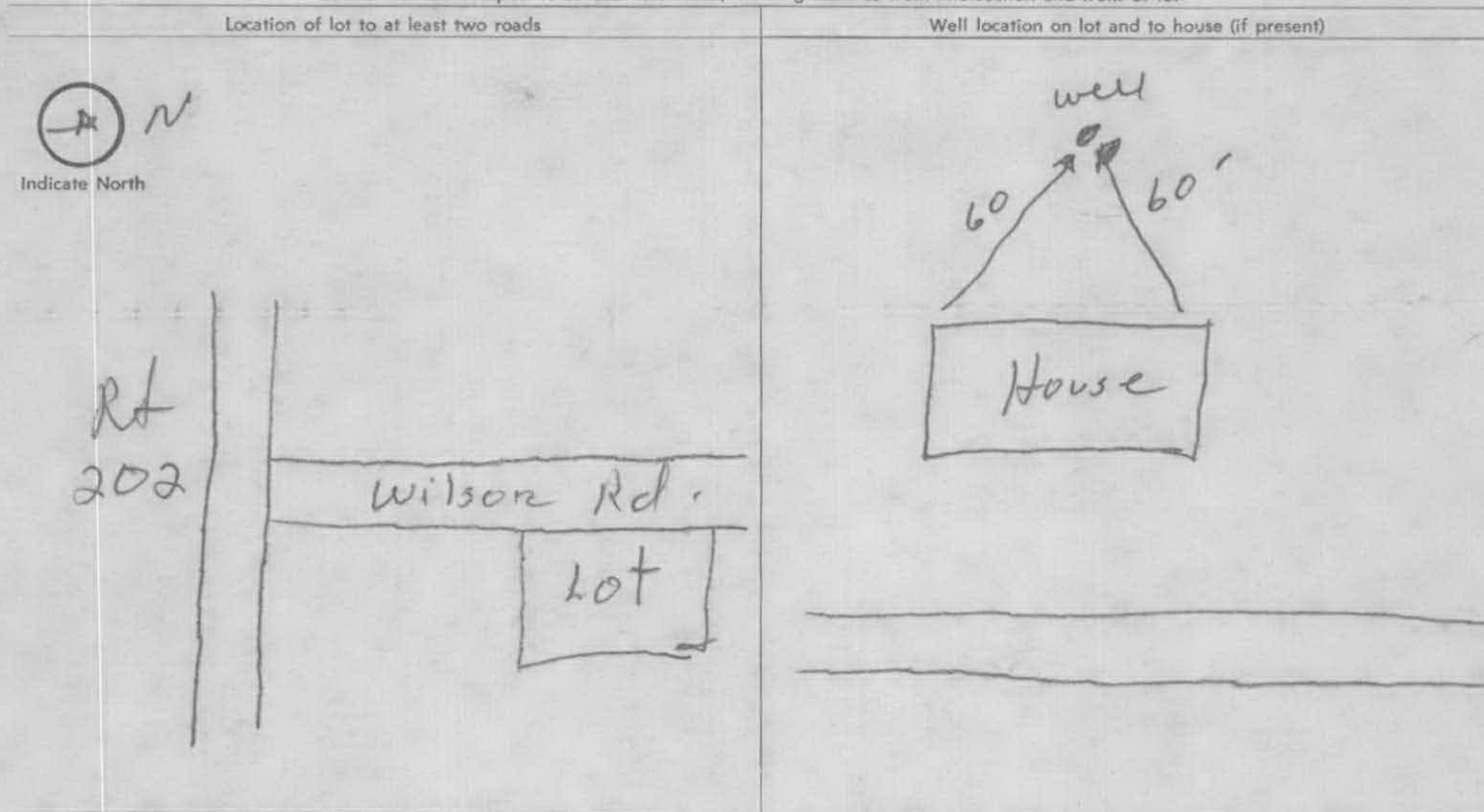
INDIVIDUAL  BUILDER  OTHER (Specify) \_\_\_\_\_

OWNER'S ADDRESS Bantam

PROPOSED USE OF WELL:  DOMESTIC  BUSINESS ESTABLISHMENT  FARM  TEST WELL  PUBLIC SUPPLY  INDUSTRIAL  AIR CONDITIONING  OTHER (Specify) \_\_\_\_\_ Est. No. of People being served. \_\_\_\_\_

SKETCH OF WELL LOCATION

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



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) Richard Brucetti APPLICANT'S ADDRESS Box 1171 Torrington REGISTRATION NO. 156  
BY (Town Health Officer or Agent) \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED  REJECTED

REMARKS \_\_\_\_\_

**WELL COMPLETION REPORT**

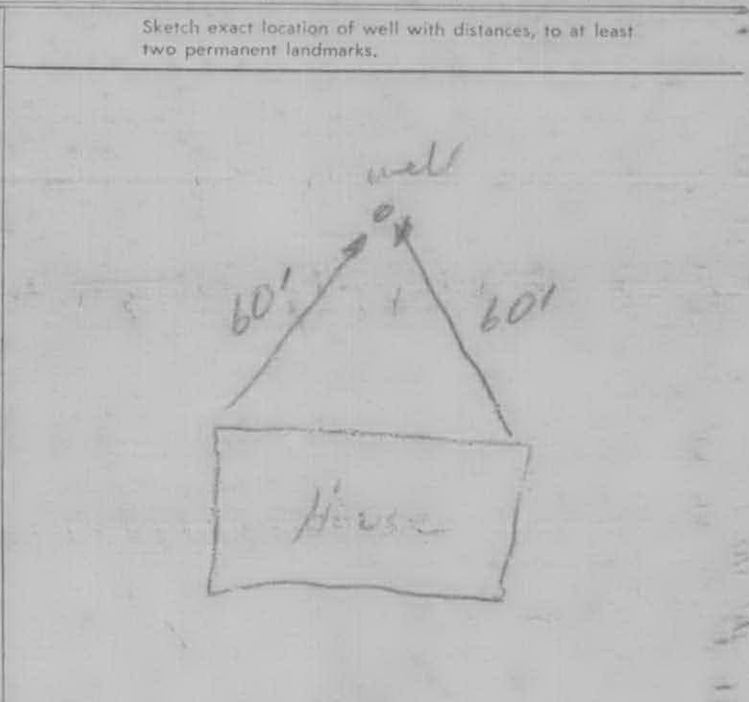
WDB-5 12-69 REV. 9-71

STATE OF CONNECTICUT  
**WELL DRILLING BOARD**  
 State Office Building  
 HARTFORD, CONNECTICUT 06115

Do NOT fill in
STATE WELL NO.
OTHER NO.

OWNER	NAME <i>William E. Macky</i>		ADDRESS <i>Bontemps</i>	
LOCATION OF WELL	(No. & Street) <i>Wilson Rd.</i>		(Town) <i>Litchfield</i>	(Lot Number)
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 type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
CASING DETAILS	LENGTH (feet) <i>65'</i>	DIAMETER (inches) <i>4"</i>	WEIGHT PER FOOT <i>19</i>	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED	WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YIELD TEST	<input checked="" type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>2</i> YIELD (G.P.M.) <i>5</i>
WATER LEVEL	MEASURE FROM LAND SURFACE, STATIC (Specify feet) <i>70</i>		DURING YIELD TEST (feet) <i>70</i>	Depth of Completed Well in feet below Land surface: <i>90'</i>
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 SURFACE FEET to FEET		FORMATION DESCRIPTION
0	30	Clay
30	60	Shale
60	70	Brane Shale



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

FEET	GALLONS PER MINUTE

DATE WELL COMPLETED <i>Mar 79</i>	PERMIT NO. <i>58955</i>	REGISTRATION NO. <i>156</i>	DATE OF REPORT <i>Apr 79</i>	WELL DRILLER (Signature) <i>Richard Minicelli</i>
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*X* *Laura A. Campbell* *4/30/79*



LOCATION OF WELL (Town) LITCHFIELD (Street) Wilson Rd. (Lot Number) \_\_\_\_\_ DATE 1-28-88

OWNER OF WELL  
 INDIVIDUAL  BUILDER  OTHER (Specify) \_\_\_\_\_

OWNER'S ADDRESS  
21 OAK AVE TORRINGTON

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

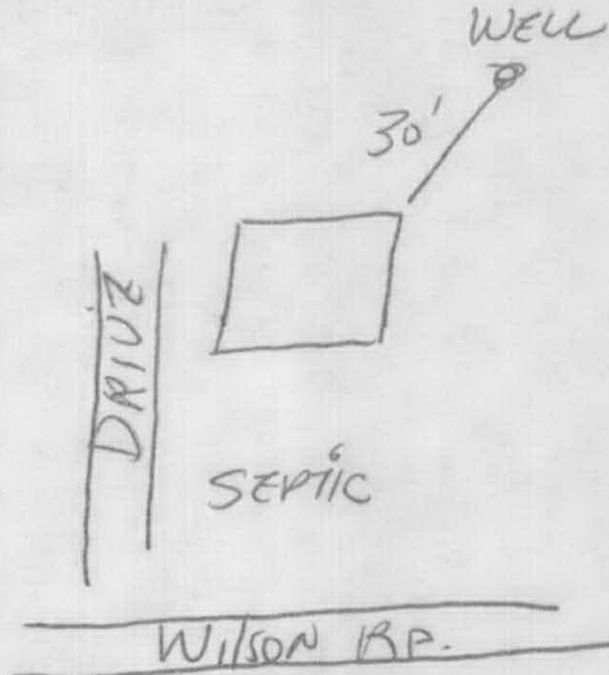
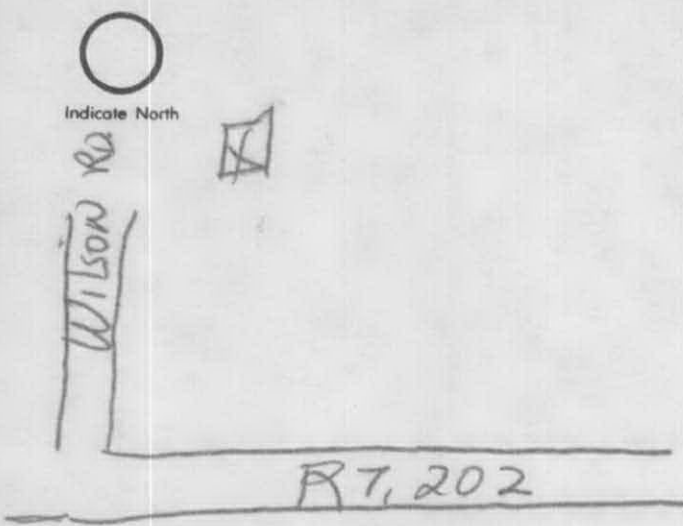
Est. No. of People being served  
4

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)



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.

APPLICANT (Signature) Richard Bisio APPLICANT'S ADDRESS Box 895 - LITCHFIELD REGISTRATION NO. 156  
BY (Town Health Officer or Agent) J. C. [Signature] DATE 1/28/88

REMARKS \_\_\_\_\_



**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.

<b>OWNER</b>	NAME <i>ANDREW EWING</i>		ADDRESS <i>21 OAK AVE HARTFORD</i>		
<b>LOCATION OF WELL</b>	(No. & Street) <i>WILSON RD</i>		(Town)	(Lot Number)	
<b>PROPOSED USE OF WELL</b>	<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)	
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)	
	<b>CASING DETAILS</b>	LENGTH (feet) <i>56</i>	DIAMETER (inches) <i>6</i>	WEIGHT PER FOOT <i>19</i>	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>1 1/2</i>	WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <i>30</i>		DURING YIELD TEST (feet)	Depth of Completed Well in feet below Land surface: <i>130</i>	
<b>SCREEN DETAILS</b>	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.
<i>0</i>	<i>25</i>	<i>bedrock boulders</i>	
<i>25</i>	<i>30</i>	<i>disconformity ledge</i>	
<i>30</i>	<i>130</i>	<i>bedrock</i>	

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

FEET	GALLONS PER MINUTE

DATE WELL COMPLETED <i>2-88</i>	PERMIT NO <i>121192</i>	REGISTRATION NO <i>156</i>	DATE OF REPORT <i>3-6-88</i>	WELL DRILLER (Signature) <i>Richard Bennett</i>
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LOCAL DIRECTOR OF HEALTH

1. Place on a hard surface
2. BEAR DOWN! You are making 3 copies
3. Type or print clearly

State Registration No. PH-0480

### Torrington Water Testing Laboratory

203 Pineridge Road  
Torrington, CT 06790  
Telephone (203) 496-8378

**Bacteriological • Chemical • Physical**

127192 ✓

Address of Supply: WILSON RD 5 LITCHFIELD CT. 06759  
No. & Street Lot No. City State Zip

Collector's Name: ANDREW GRAVES Phone 489-7132

Owner of Supply: ANDREW GRAVES Phone SAME

Date of Collection: 7/24/98 Time 4:00 PM

Name and Address of Person to Receive Report: ANDREW GRAVES WILSON RD.  
RR 3, LITCHFIELD, CT 06759

Source of Water: Drilled  Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Lake or Pond \_\_\_\_\_

Name of Well Driller DICKS ARTESIAN WELL

Reason for Examination: NEW WELL

**DO NOT WRITE BELOW THIS LINE**

Apparent Color .....	8	pH .....	8.06
True Color .....	0	Alkalinity .....	70 Mg/L
Odor .....	0 (0-5)	Chloride .....	3 Mg/L
Turbidity .....	1.4 NTU	Iron .....	.08 Mg/L
Ammonia Nitrogen .....	0 Mg/L	Hardness .....	84 Mg/L
Nitrate Plus .....		Manganese .....	Mg/L
Nitrite Nitrogen .....	3.4 Mg/L	Sodium .....	Mg/L
		Other .....	Mg/L

Number of Coliform Bacteria per 100 ML by Membrane Filter 0

**The Results of the Analysis of this Sample:**

- Meet the Standards for a Potable Supply.
- Meet the Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).
- Other

Sample Certified By \_\_\_\_\_

Reported By [Signature]  
Date 7/31/98

60 Wilson Rd.

**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  
**134986**  
*PAID*

*See Permit #132840*

LOCATION OF WELL (Town) <i>Litchfield</i>	(Street) <i>357C Wilson Rd.</i>	(Lot Number) <i></i>	DATE <i>10/27/88</i>
OWNER OF WELL			
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> BUILDER	<input type="checkbox"/> OTHER (Specify) <i>Anthony Zordan</i>	
OWNER'S ADDRESS <i>814 New Litchfield Rd, Torrington, Ct.</i>			
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
		<input type="checkbox"/> TEST WELL	<input type="checkbox"/> OTHER (Specify)
			Est. No. of People being served <i>Field</i>

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.

APPLICANT (Signature) <i>Frederick &amp; Peap Co Inc</i>	APPLICANT'S ADDRESS <i>321 Albany Tpk, Canton Ct. 06019</i>	REGISTRATION NO. <i>69</i>
<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED	DATE <i>10/31/88</i>

DIRECTOR OF HEALTH

**WELL COMPLETION REPORT**

CP-9 REV. 1-82

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.

<b>OWNER</b>	NAME <i>Anthony Zordan</i>		ADDRESS <i>214 New Hitchfield Rd, Torrington</i>		
<b>LOCATION OF WELL</b>	(No. & Street) <i>3576 Wilson Rd</i>		(Town) <i>Hitchfield</i>	(Lot Number)	
<b>PROPOSED USE OF WELL</b>	<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)	
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)	
	<b>CASING DETAILS</b>	LENGTH (feet) <i>60</i>	DIAMETER (inches) <i>6</i>	WEIGHT PER FOOT <i>17</i>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <i>1</i>	YIELD (G.P.M.) <i>20+</i>
	<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <i>26</i>		DURING YIELD TEST (feet) <i>50/100</i>	Depth of Completed Well in feet below Land surface <i>100</i>
<b>SCREEN DETAILS</b>	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 - 10	Brown clay	
10 - 30	Gray clay	
30 - 50	Tan clay	
50 - 70	Gray mica schist	
70 - 100	Soft Brown schist	

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

FEET	GALLONS PER MINUTE

DATE WELL COMPLETED <i>12-19-88</i>	PERMIT NO. <i>134986</i>	REGISTRATION NO. <i>69</i>	DATE OF REPORT <i>12/21/88</i>	WELL DRILLER (Signature) <i>Prema Well + Pump Co.</i>
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LOCAL DIRECTOR OF HEALTH

237391

PAID \$100-  
12-8-06



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) Litchfield (Street) 60 Wilson Rd (Lot Number) \_\_\_\_\_ DATE Dec. 8-06

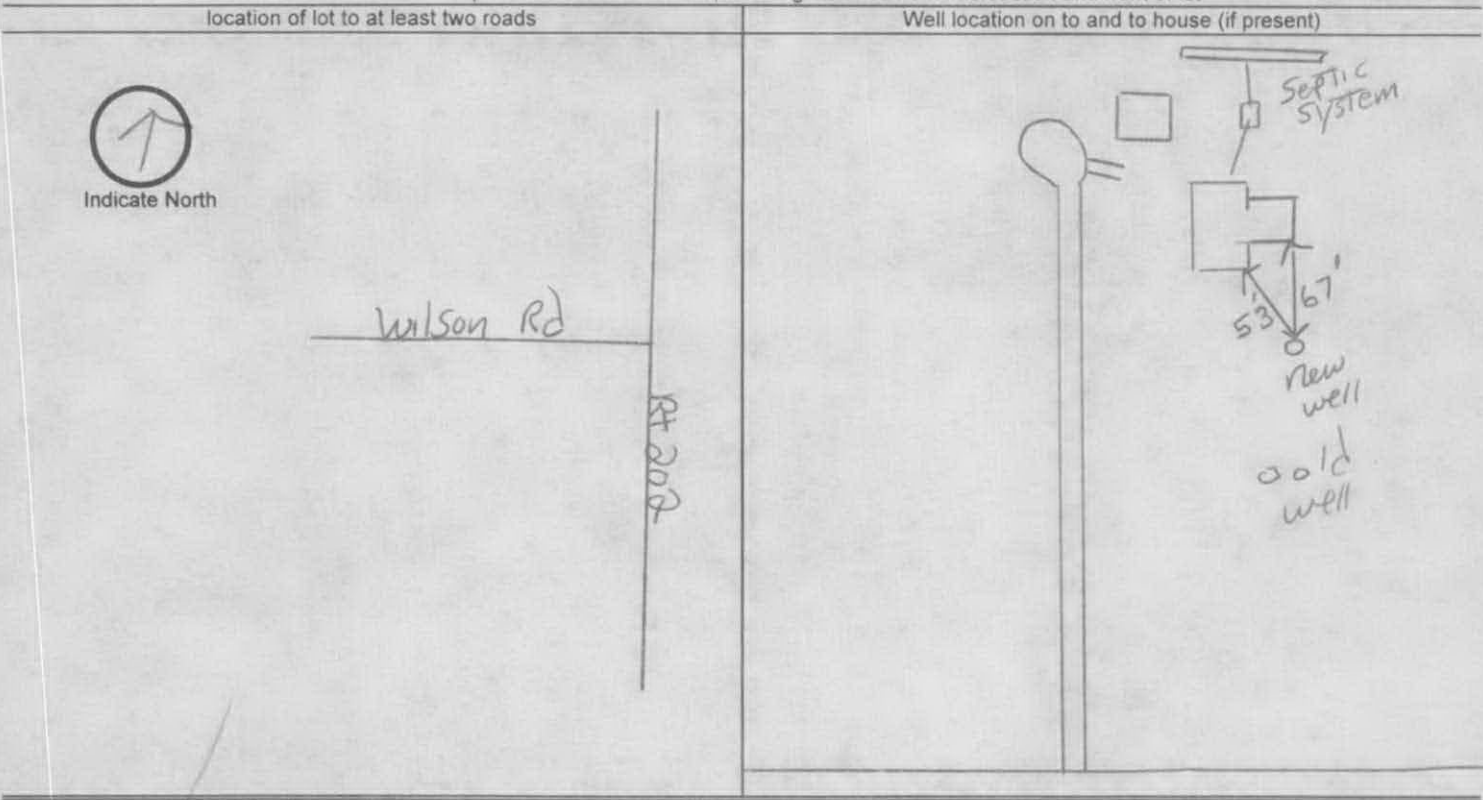
OWNER OF WELL Tony Zordan  
 INDIVIDUAL  BUILDER  OTHER (Specify) \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

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



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 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 143 MAIN ST Tonnsville CT REGISTRATION NO. 46

APPROVED  REJECTED BY (Town Health Officer or Agent) [Signature] DATE 12-16-06

REMARKS \_\_\_\_\_

*PAID*  
*New House*

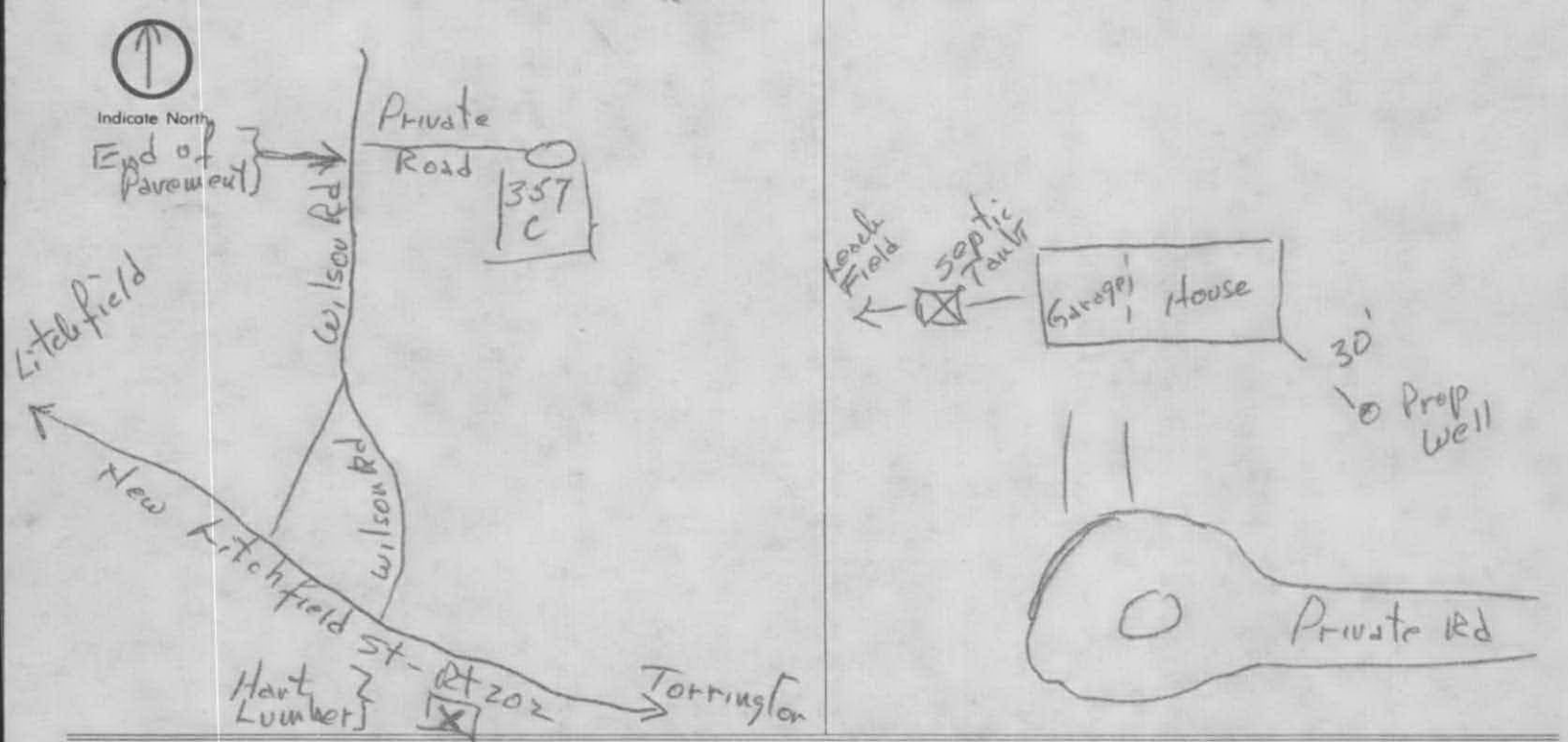
LOCATION OF WELL (Town) <b>Kitchfield</b>	(Street) <b>357C Wilson Rd</b>	(Lot Number)	DATE <b>9-7-88</b>
OWNER OF WELL <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUILDER <input type="checkbox"/> OTHER (Specify) <b>Anthony Jordan (489-4222)</b>			
OWNER'S ADDRESS <b>814 New Kitchfield St Torrington</b>			
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> TEST WELL
		<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> OTHER (Specify)
			Est. No. of People being served <b>3/5</b>

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.

APPLICANT (Signature) <b>Premco Well &amp; Pump Co</b>	APPLICANT'S ADDRESS <b>321 Albany Trpk, Canton Ct 06019</b>	REGISTRATION NO. <b>69</b>
<input checked="" type="checkbox"/> APPROVED	BY Town Health Officer or Agent <b>Julius [Signature]</b>	DATE <b>9/10/88</b>
REMARKS		

**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 \_\_\_\_\_

<b>OWNER</b>	NAME <i>Anthony Zordan</i>		ADDRESS <i>814 New Litchfield Rd, Torrington</i>	
<b>LOCATION OF WELL</b>	(No. & Street) <i>357C Wilson Rd</i>		(Town) <i>Litchfield</i>	(Lot Number)
<b>PROPOSED USE OF WELL</b>	<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)
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
	<b>CASING DETAILS</b>	LENGTH (feet) <i>140</i>	DIAMETER (inches) <i>6</i>	WEIGHT PER FOOT <i>17</i>
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS _____ YIELD (G.P.M.) _____
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE—STATIC (Specify feet)		DURING YIELD TEST (feet)	
	Depth of Completed Well in feet below Land surface			
<b>SCREEN DETAILS</b>	MAKE <i>Atlantic</i>		LENGTH OPEN TO AQUIFER (feet) <i>10</i>	
	SLOT SIZE <i>16</i>	DIAMETER (inches) <i>4"</i>	IF GRAVEL PACKED:	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 - 125	Gray Clay	
125 - 145	Gray Granite	
145 - 225	Soft-very Schist?	
Fault Zone	Some Red-white-Gray-Quartz chert.	
225 - 250	Quartz chert - ?	
250 - 300	Hard Granite - Very Hard	
4"	PVC Screen casing	

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

FEET	GALLONS PER MINUTE
Clay/Soft covered in on 4" PVC Screen casing - No water.	

DATE WELL COMPLETED <i>10-7-88</i>	PERMIT NO. <i>132840</i>	REGISTRATION NO. <i>67</i>	DATE OF REPORT <i>12-78-88</i>	WELL DRILLER (Signature) <i>James Well &amp; Pump Co Inc</i>
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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**

<b>Do NOT fill in</b>
STATE WELL NO.
OTHER NO.

<b>OWNER</b>	NAME <i>Tommy Zordan</i>		ADDRESS				
<b>LOCATION OF WELL</b>	(No. & Street) <i>60 Wilson Rd.</i>		(Lot Number) <i>Litchfield</i>				
<b>PROPOSED USE OF WELL</b>	<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)			
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)			
	<b>CASING DETAILS</b>	LENGTH (feet) <i>200'</i>	DIAMETER (inches) <i>6"</i>	WEIGHT PER FOOT <i>17lb</i>	<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
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <i>4</i>	YIELD (GPM) <i>9</i>		
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <i>20'</i>		DURING YIELD TEST (feet) <i>300'</i>		Depth of Completed Well in feet <i>305'</i>		
<b>SCREEN DETAILS</b>	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>0</i>	<i>140</i>	<i>Clay</i>	
<i>140</i>	<i>305</i>	<i>Green Granite</i>	

If yield was tested at different depths during drilling, list below	
FEET	GALLONS PER MINUTE
<i>50'</i>	<i>1/2</i>
<i>100'</i>	<i>1</i>
<i>200'</i>	<i>1 1/2</i>
<i>305'</i>	<i>9</i>

DATE WELL COMPLETED <i>1/10/07</i>	PERMIT NO. <i>231391</i>	REGISTRATION NO. <i>46</i>	DATE OF REPORT <i>1/11/07</i>	WELL DRILLER (Signature) <i>Jay Miller</i>
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# LITCHFIELD HILLS WATER TESTING LABORATORY

339 Main Street ♦ Torrington, Connecticut 06790  
 Phone (860) 496-8378 ♦ Fax (860) 496-9704 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)

CT LAB NO. PH - 0480 ♦ EPA LAB NO. CT - 00094

*New Well*

## Report of Analysis

Name: Anthony Zordan  
 60 Wilson Road  
 Litchfield, CT 06759

Sample Date: 2/7/2007 1:00 PM  
 Receipt Date: 2/7/2007 1:31 PM  
 Report Date: 2/13/2007  
 Sample Site: 60 Wilson Road, Litchfield  
 Sample ID#: 04065  
 Sample Type: Drinking Water  
 Sample Source: Drilled Well  
 Sample Point: Kitchen Faucet

TORRINGTON AREA HEALTH DISTRICT  
 APPROVED  
 NOT APPROVED  
 DATE 2-16-07 *Polhemus*

TORRINGTON AREA HEALTH DISTRICT  
 APPROVED  
 NOT APPROVED  
 DATE 2-16-07 *Polhemus*

Parameter	Sample Result	Units	Limits
<b>Biological</b>			
Coliform Bacteria (Bio-P/A)	PRESENT *	P/A	0
E. coli (P/A)	absent	P/A	0
<b>Inorganic Compounds</b>			
Chlorine, residual	ND	mg/l	4
<b>Metals</b>			
Iron	0.15	mg/l	0.3
Manganese	0.01	mg/l	0.5
Sodium	4	mg/l	28
<b>Minerals</b>			
Fluoride	0.1	mg/l	4
Chloride	3	mg/l	250
Hardness	72	mg/l	200
Sulfate	7	mg/l	250
<b>Nutrient</b>			
Nitrite as N	<0.5	mg/l	1
Nitrate as N	<0.5	mg/l	10
<b>Physical</b>			
Color	8	CU	15
Odor	ND	0-5 Scale	2
pH	7.64	SU	6.4 - 10
Turbidity	0.81	NTU	5

\* = Parameter does not meet the required levels for CT drinking water  
 ND = Not Detected  
 Non-asterisk parameters meet CT Drinking Water Standards

Comments: Iron & Manganese analysis performed by Hydro Technologies - CT DPH Lab# - PH 0627

Note The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

Lab Directors: James B. Rokos MS, MPH ♦ Maria Arena, BS

The Torrington Area Health District is an equal opportunity provider and employer and operates in accordance with USDA policy which prohibits discrimination. Complaints of discrimination may be filed with the USDA Secretary of Agriculture, Office of Civil Rights, Washington, DC 20250-9410 or call 202-720-5964.

62 Wilson Rd.

Litchfield



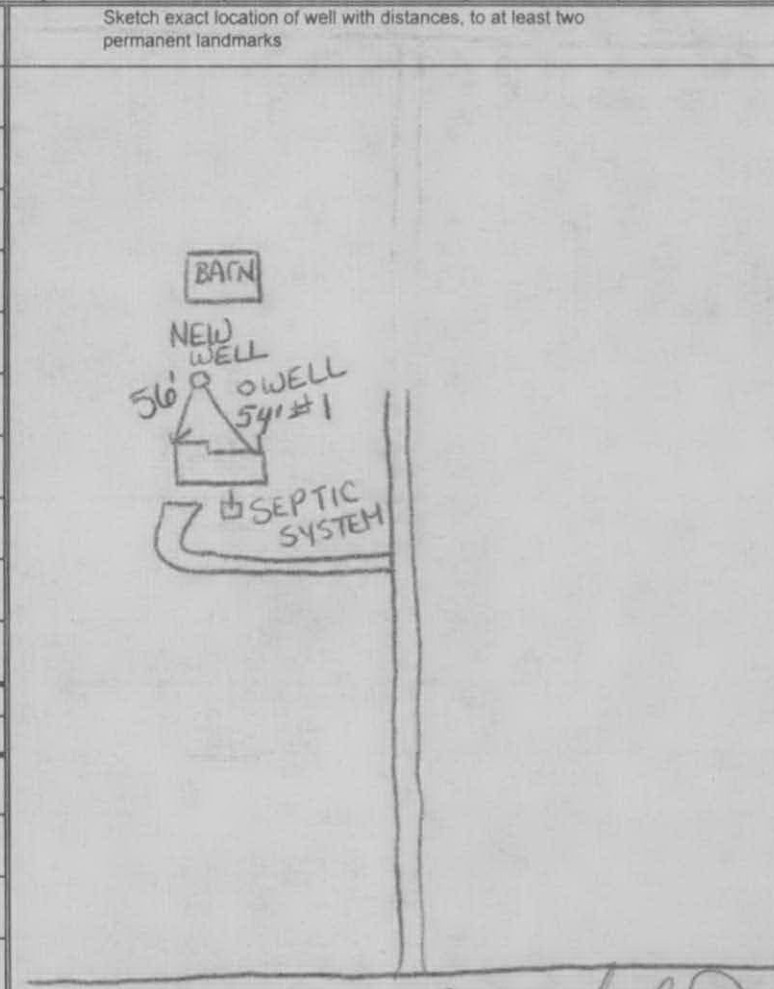
**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
REAL ESTATE & PROFESSIONAL TRADES DIVISION  
WELL DRILLING COMPLETION REPORT  
165 Capitol Avenue, Hartford, Connecticut 06106**

<b>Do NOT fill in</b>
STATE WELL NO.
OTHER NO.

<b>OWNER</b>	NAME <u>mark Zordon</u>		ADDRESS			
<b>LOCATION OF WELL</b>	(No. & Street) <u>602 Wilson Rd.</u>	(Town) <u>Litchfield</u>	(Lot Number)			
<b>PROPOSED USE OF WELL</b>	<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)		
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)		
	<b>CASING DETAILS</b>	LENGTH (feet) <u>180'</u>	DIAMETER (inches) <u>6</u>	WEIGHT PER FOOT <u>1710</u>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <u>4</u>	YIELD (GPM) <u>9+</u>	
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <u>20'</u>		DURING YIELD TEST (feet) <u>320'</u>		Depth of Completed Well in feet <u>325'</u>	
<b>SCREEN DETAILS</b>	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)

DEPTH FROM LAND TO SURFACE FEET TO FEET		FORMATION DESCRIPTION
0	10	Subsoil
10	160	Clay & Gravel
160	165	Grey Granite
165	170	Soft Grey Schist
170	180	Grey Granite
180	225	Grey Granite
225	260	Pink Granite
260	285	Green Granite
285	300	Grey Granite
300	325'	Brown Sandstone

If yield was tested at different depths during drilling, list below	
FEET	GALLONS PER MINUTE
100'	1/2
200'	1
325'	9+



DATE WELL COMPLETED <u>1/26/06</u>	PERMIT NO. <u>233400</u>	REGISTRATION NO. <u>46</u>	DATE OF REPORT <u>1/27/06</u>	WELL DRILLER (Signature) <u>Jay Mula</u>
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233400



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

WELL DRILLING PERMIT

165 Capitol Avenue, Hartford, Connecticut 06106

paid  
1/5/06

LOCATION OF WELL (Town) Litchfield (Street) 62 Wilson Rd (Lot Number) \_\_\_\_\_ DATE 1-4-05

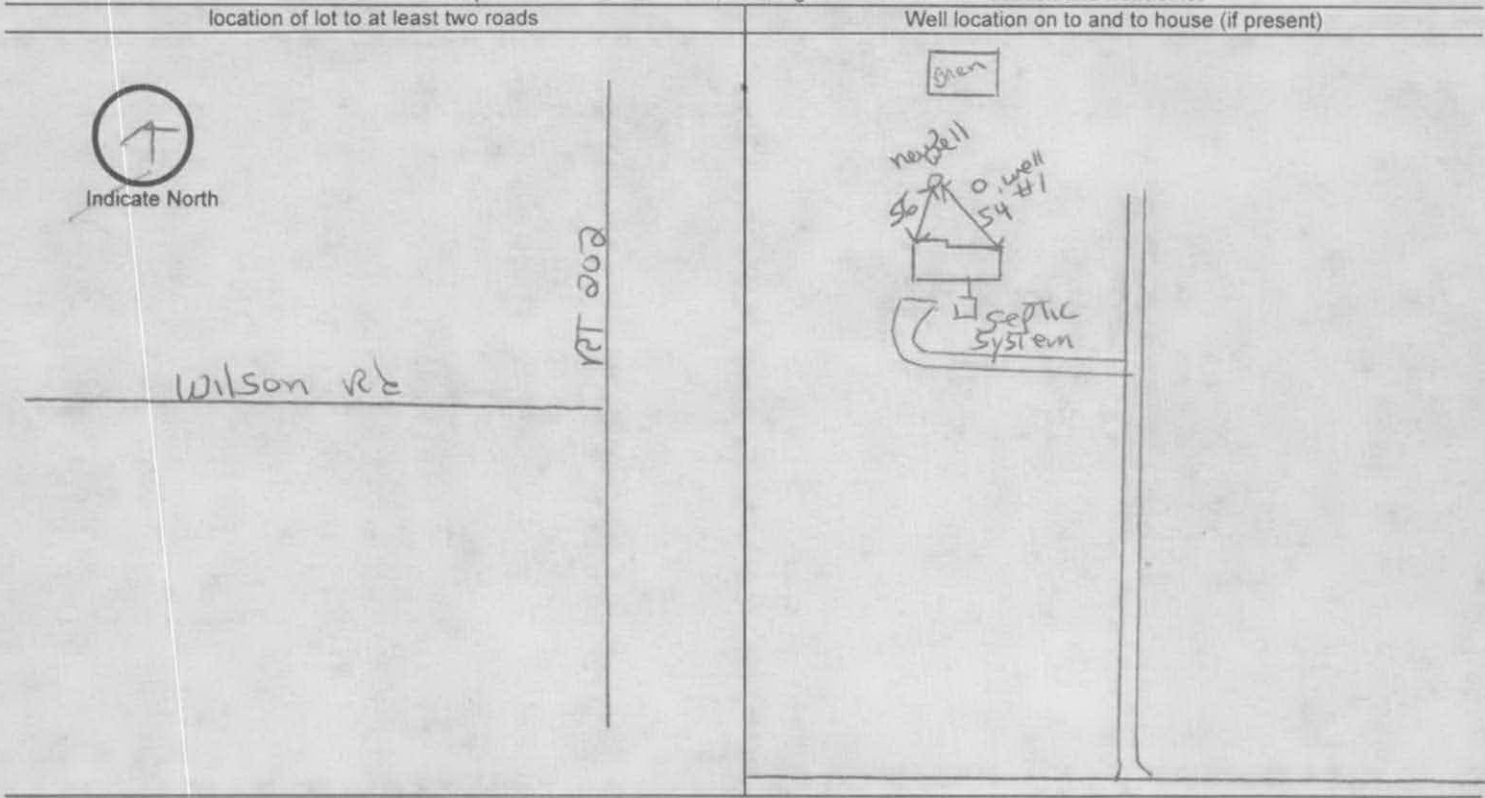
OWNER OF WELL Mark Gordon  
 INDIVIDUAL  BUILDER  OTHER (Specify) \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

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



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 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 143 main ST Terryville REGISTRATION NO 46  
BY (Town Health Officer or Agent) [Signature] DATE 1.9.06

REMARKS  APPROVED  REJECTED



# TORRINGTON AREA HEALTH DISTRICT LABORATORY

339 Main Street ♦ Torrington, Connecticut 06790  
Phone & Fax (860) 496-8378 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)

CT LAB NO. PH - 0480 ♦ EPA LAB NO. CT - 00094

*Rich Rossi*

## Report of Analysis

Name: Mark A. Zordan  
62 Wilson Road  
Litchfield, CT 06759

Sample Date: 2/9/2006 8:00 AM  
Receipt Date: 2/9/2006 8:40 AM  
Report Date: 2/10/2006  
Sample Site: 62 Wilson Road, Litchfield  
Sample ID#: 02144  
Sample Type: Drinking Water  
Sample Source: Drilled Well  
Sample Point: Utility Sink

Parameter	Sample Result	Units	Limits
<b>Biological</b>			
Coliform Bacteria (Bio-P/A)	absent	P/A	0
E. coli (P/A)	absent	P/A	0
<b>Inorganic Compounds</b>			
Chlorine, residual	ND	mg/l	4
<b>Metals</b>			
Iron	0.74 *	mg/l	0.3
Manganese	0.01	mg/l	0.5
Sodium	5	mg/l	28
<b>Minerals</b>			
Fluoride	<0.5	mg/l	4
Chloride	2	mg/l	250
Hardness	84	mg/l	200
Sulfate	7	mg/l	250
<b>Nutrient</b>			
Nitrite as N	<0.5	mg/l	1
Nitrate as N	<0.5	mg/l	10
<b>Physical</b>			
Color	25 *	CU	15
Odor	ND	0-5 Scale	2
pH	7.11	SU	6.4 - 10
Turbidity	3.6	NTU	5

\* = Parameter does not meet the required levels for CT drinking water  
Non-asterisk parameters meet CT Drinking Water Standards

ND = Not Detected

TORRINGTON AREA HEALTH DISTRICT  
 APPROVED  
 NOT APPROVED  
DATE: 2.16.06 *WJ*

**Note:** The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

"Formerly Torrington Environmental Laboratory Est. 1978"

Lab Directors: James B. Rokos MS, MPH ♦ Maria Arena, BS

The Torrington Area Health District is an equal opportunity provider and employer and operates in accordance with USDA policy which prohibits discrimination. Complaints of discrimination may be filed with the USDA Secretary of Agriculture, Office of Civil Rights, Washington, DC 20250-9410 or call 202-720-5964.



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CT LAB NO. PH - 0480 ♦ EPA LAB NO. CT - 00094

*Rich Rossi*

## Report of Analysis

Name: Mark A. Zordan  
62 Wilson Road  
Litchfield, CT 06759

Sample Date: 2/9/2006 8:00 AM  
Receipt Date: 2/9/2006 8:44 AM  
Report Date: 2/10/2006  
Sample Site: 62 Wilson Road, Litchfield  
Sample ID#: 02145  
Sample Type: Drinking Water  
Sample Source: Drilled Well  
Sample Point: Utility Sink

Parameter	Sample Result	Units	Limits
<b>Volatile Organic Compounds</b>			
01) Benzene	ND	ug/l	1
02) Bromobenzene	ND	ug/l	No Limit Set
04) Bromodichloromethane (THM)	ND	ug/l	No Limit Set
05) Bromoform (THM)	ND	ug/l	No Limit Set
06) Bromomethane	ND	ug/l	No Limit Set
07) n-Butylbenzene	ND	ug/l	No Limit Set
10) Carbon tetrachloride	ND	ug/l	5
11) Monochlorobenzene	ND	ug/l	100
12) Chlorodibromomethane (THM)	ND	ug/l	No Limit Set
13) Chloroethane	ND	ug/l	No Limit Set
14) Chloroform (THM)	ND	ug/l	No Limit Set
15) Chloromethane	ND	ug/l	No Limit Set
16) o-Chlorotoluene	ND	ug/l	No Limit Set
17) p-Chlorotoluene	ND	ug/l	No Limit Set
18) Dibromomethane	ND	ug/l	No Limit Set
19) m-Dichlorobenzene	ND	ug/l	No Limit Set
20) o-Dichlorobenzene	ND	ug/l	600
21) p-Dichlorobenzene	ND	ug/l	75
22) 1,1-Dichloroethane	ND	ug/l	No Limit Set
23) 1,2-Dichloroethane	ND	ug/l	1
24) 1,1-Dichloroethylene	ND	ug/l	7
25) cis-1,2-Dichloroethylene	ND	ug/l	70
26) trans-1,2-Dichloroethylene	ND	ug/l	100

\* = Parameter does not meet the required levels for CT drinking water  
Non-asterisk parameters meet CT Drinking Water Standards

ND = Not Detected

Comments: Sample Analysis Performed by Hydro Technologies - CT DPH Lab # - PH 0627.

Note: The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

"Formerly Torrington Environmental Laboratory Est. 1978"

Lab Directors: James B. Rokos MS, MPH ♦ Maria Arena, BS

*MA*

TORRINGTON AREA HEALTH DISTRICT  
 APPROVED  
 NOT APPROVED  
DATE 2-16-06 *pp/bs*

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# TORRINGTON AREA HEALTH DISTRICT LABORATORY

339 Main Street ♦ Torrington, Connecticut 06790  
Phone & Fax (860) 496-8378 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)  
CT LAB NO. PH-0480 ♦ EPA LAB NO. CT-00094

## Report of Analysis

Name: Mark A. Zordan  
62 Wilson Road  
Litchfield, CT 06759

Sample Date: 2/9/2006 8:00 AM  
Receipt Date: 2/9/2006 8:44 AM  
Report Date: 2/10/2006  
Sample Site: 62 Wilson Road, Litchfield  
Sample ID#: 02145  
Sample Type: Drinking Water  
Sample Source: Drilled Well  
Sample Point: Utility Sink

Parameter	Sample Result	Units	Limits
<b>Volatile Organic Compounds</b>			
28) Dichloromethane	ND	ug/l	5
29) 1,2-Dichloropropane	ND	ug/l	5
30) 1,3-Dichloropropane	ND	ug/l	No Limit Set
31) 2,2-Dichloropropane	ND	ug/l	No Limit Set
32) 1,1-Dichloropropene	ND	ug/l	No Limit Set
33) 1,3-Dichloropropene	ND	ug/l	No Limit Set
34) Ethylbenzene	ND	ug/l	700
39) MTBE	ND	ug/l	70
40) Naphthalene	ND	ug/l	No Limit Set
41) n-Propylbenzene	ND	ug/l	No Limit Set
42) Styrene	ND	ug/l	110
43) 1,1,1,2-Tetrachloroethane	ND	ug/l	No Limit Set
44) 1,1,2,2-Tetrachloroethane	ND	ug/l	No Limit Set
45) Tetrachloroethylene	ND	ug/l	5
46) Toluene	4.8	ug/l	1000
48) 1,2,4-Trichlorobenzene	ND	ug/l	70
49) 1,1,1-Trichloroethane	ND	ug/l	200
50) 1,1,2-Trichloroethane	ND	ug/l	5
51) Trichloroethylene	ND	ug/l	5
52) 1,2,3-Trichloropropane	ND	ug/l	No Limit Set
54) 1,2,4-Trimethylbenzene	ND	ug/l	No Limit Set
55) 1,3,5-Trimethylbenzene	ND	ug/l	No Limit Set
56) Vinyl chloride	ND	ug/l	2

\* = Parameter does not meet the required levels for CT drinking water  
Non-asterisk parameters meet CT Drinking Water Standards  
ND = Not Detected

Comments: Sample Analysis Performed by Hydro Technologies - CT DPH Lab # - PH 0627.

Note: The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

"Formerly Torrington Environmental Laboratory Est. 1978"

Lab Directors: James B. Rokos MS, MPH ♦ Maria Arena, BS

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TORRINGTON AREA HEALTH DISTRICT  
APPROVED  
DATE 2.16.06  
NOT APPROVED





# TORRINGTON AREA HEALTH DISTRICT LABORATORY

339 Main Street ♦ Torrington, Connecticut 06790  
Phone & Fax (860) 496-8378 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)  
CT LAB NO. PH - 0480 ♦ EPA LAB NO. CT - 00094

## Report of Analysis

Name: Mark A. Zordan  
62 Wilson Road  
Litchfield, CT 06759

Sample Date: 2/9/2006 8:00 AM  
Receipt Date: 2/9/2006 8:44 AM  
Report Date: 2/10/2006  
Sample Site: 62 Wilson Road, Litchfield  
Sample ID#: 02145  
Sample Type: Drinking Water  
Sample Source: Drilled Well  
Sample Point: Utility Sink

Parameter	Sample Result	Units	Limits
<b>Volatile Organic Compounds</b>			
57) Xylene - Para	ND	ug/l	No Limit Set
57a) Xylene - Meta	ND	ug/l	No Limit Set
58) Xylene - Ortho	ND	ug/l	No Limit Set

TORRINGTON AREA HEALTH DISTRICT  
 APPROVED  
 NOT APPROVED  
DATE 2-16-06 *[Signature]*

\* = Parameter does not meet the required levels for CT drinking water  
Non-asterisk parameters meet CT Drinking Water Standards  
ND = Not Detected

**Comments:** Sample Analysis Performed by Hydro Technologies - CT DPH Lab # - PH 0627.

**Note:** The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

"Formerly Torrington Environmental Laboratory Est. 1978"

Lab Directors: James B. Rokos MS, MPH ♦ Maria Arena, BS

The Torrington Area Health District is an equal opportunity provider and employer and operates in accordance with USDA policy which prohibits discrimination. Complaints of discrimination may be filed with the USDA Secretary of Agriculture, Office of Civil Rights, Washington, DC 20250-9410 or call 202-720-5964.



# STATE OF CONNECTICUT

Department of Health Services  
 Laboratory Division  
 10 Clinton St.  
 P.O. Box 1689  
 Hartford, CT 06144  
 TELEPHONE: (203) 566-5063

I.D.	ACCESSION NO.	ACCOUNT NO.	ROUTE	PAGE
NR:23-DF	22075453	006790	T01	1

### INFORMATION

074LITCHFIELD  
 ZORDAN  
 WILSON RD.  
 LITCHFIELD CT

POTABLE WATER  
 TORRINGTON AREA HEALTH DIST.  
 JAMES ROKOS MPH  
 1116 LITCHFIELD  
 TORRINGTON CT 06790

COLLECTED	RECEIVED	REPORTED
01/03/89 15:15	01/04/89 09:00	01/09/89 10:58

REPORT: FINAL REPORT

COMMENT:

TEST	RESULT	ACCEPTABLE RANGE	LOW	ACCEPTABLE RANGE	HIGH
*** ( SAMPLING POINT: OUTDOOR TAP ) ( COLLECTOR: DAWN FORD TITLE: R.S. ) ( PRIVATE WELL ) ( SOURCE: DRILLED WELL )					
*** TOTAL COLIF MF WATER	1 /100 ML				
CONF COLIF MF WATER	0 /100 ML				
*** APPARENT COLOR	5				
TRUE COLOR	5				
ODOR	NONE				
TURBIDITY	3.5				
PH	8.4				
AMMONIA	<0.05				
*** UNITS: MG/L UNLESS NOTED					
ALKALINITY	602 96				
HARDNESS	96				
CHLORIDE	502 5.0				
NITRATE	203 0.0				
NITRITE	0.001				
IRON 113	0.30				
MANGANESE	0.01				
*** THIS IS A FINAL REPORT. ***					



# STATE OF CONNECTICUT

Department of Health Services  
 Laboratory Division  
 10 Clinton St.  
 P.O. Box 1689  
 Hartford, CT 06144  
 TELEPHONE: (203) 566-5063

I.D.	ACCESSION NO.	ACCOUNT NO.	ROUTE	PAGE
NR:23-DF	16080032	D06790	T01	1

### INFORMATION

000  
 ZORDAN  
*wilson rd*  
 LITCH CT

POTABLE WATER  
 TORRINGTON AREA HEALTH DIST.  
 JAMES ROKOS MPH  
 1116 LITCHFIELD  
 TORRINGTON CT 06790

COLLECTED	RECEIVED	REPORTED
1 / 1 00:00	01/06/89 09:36	01/10/89 15:22

REPORT: **FINAL REPORT** COMMENT:

TEST	RESULT	ACCEPTABLE RANGE	LOW	ACCEPTABLE RANGE	HIGH
*** INFORMATION RECEIVED ON ARRIVAL ( COLLECTOR: TITLE: ) ( PRIVATE WELL )					
*** ( EC 63 NI 3920-B ORGANOHALIDES ) ORGANO EXTRACTION	NONE DETECTED				
*** THIS IS A FINAL REPORT. ***					



STATE OF CONNECTICUT

Department of Health Services
Laboratory Division
10 Clinton St.
P.O. Box 1689
Hartford, CT 06144
TELEPHONE: (203) 566-5063

Table with columns: I.D., ACCESSION NO., ACCOUNT NO., ROUTE, PAGE. Values: NR:23-DF, 16080033, 006790, T01, 1

INFORMATION
162WINSTED
ZORDAN
Wilson rd - Litch

POTABLE WATER
TORRINGTON AREA HEALTH DIST.
JAMES ROKOS MPH
1116 LITCHFIELD
TORRINGTON CT 06790

Table with columns: COLLECTED, RECEIVED, REPORTED. Values: / / 00:00, 01/04/89 09:36, 01/13/89 11:02

REPORT: FINAL REPORT COMMENT:

Main data table with columns: TEST, RESULT, ACCEPTABLE RANGE, LOW, ACCEPTABLE RANGE, HIGH. Contains text: INFORMATION RECEIVED ON ARRIVAL, ( SAMPLING POINT: -), ( COLLECTOR: D.FORD TITLE: R.S.), ( PRIVATE WELL ), ( PID/FID OTHER HYDROCARBONS UG/L), ( TOLUENE 2.4 UG/L), ( BENZENE 1.5 UG/L), \*\*\* THIS IS A FINAL REPORT. \*\*\*

**CONSUMER PROTECTION  
WELL DRILLING BOARD**  
GPR-8 REV. 7-75

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

PERMIT NUMBER  
**100546**

*Litchfield Wilson Rd.*  
~~4111010~~

LOCATION OF WELL (Point) *Block Zordan* (Street) (Lot Number) DATE *3-20-85*

OWNER OF WELL  
 **INDIVIDUAL**     **BUILDER**     **OTHER (Specify)**

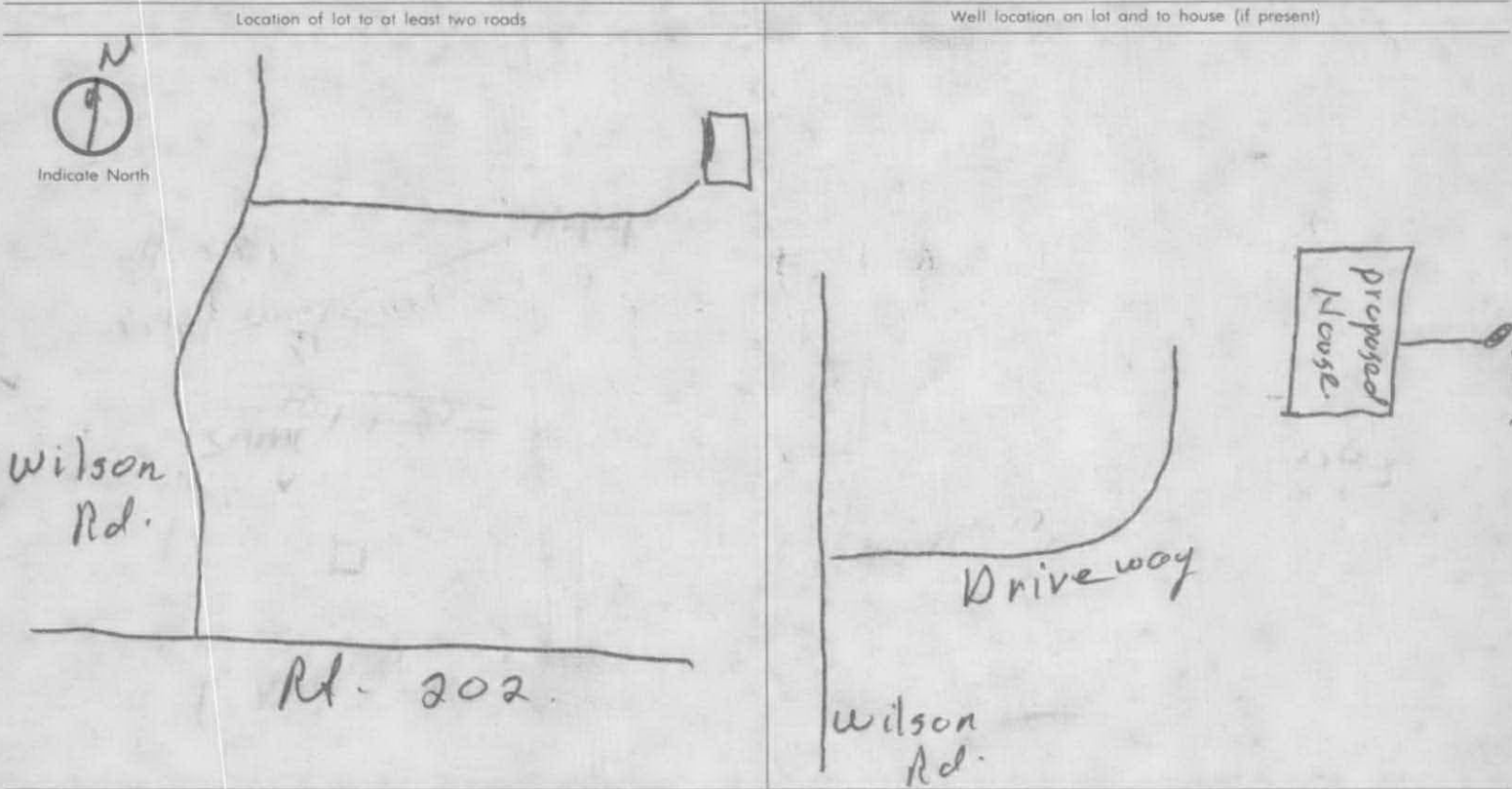
OWNER'S ADDRESS  
*Torrington*

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

Est. No. of People being served.

**SKETCH OF WELL LOCATION**

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



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.

APPLICANT (Signature) *H. Bisio*    APPLICANT'S ADDRESS *Box 895 Litchfield*    REGISTRATION NO. *156*  
 **APPROVED**     **REJECTED**    BY (Town Health Officer or Agent) *Gay A. Campbell, R.S.*    DATE *3/19/85*

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.

<b>OWNER</b>	NAME <i>Mark Jordan</i>		ADDRESS <i>101 Workman Ave - Burlington</i>		
<b>LOCATION OF WELL</b>	<i>Wilson Rd</i> (No. & Street)		<i>17th field</i> (Town) (Lot Number)		
<b>PROPOSED USE OF WELL</b>	<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)	
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)	
	<b>CASING DETAILS</b>	LENGTH (feet) <i>123</i>	DIAMETER (inches) <i>6</i>	WEIGHT PER FOOT <i>19</i>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED
<b>YIELD TEST</b>	<input checked="" type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>1</i>	YIELD (G.P.M.) <i>4</i>
	<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <i>116</i>	DURING YIELD TEST (feet) <i>290</i>	Depth of Completed Well in feet below Land surface: <i>299</i>	
<b>SCREEN DETAILS</b>	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.
<i>0 - 123</i>	<i>Hard pan</i>	
<i>123 - 299</i>	<i>micr schist</i>	

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

FEET	GALLONS PER MINUTE

DATE WELL COMPLETED <i>4/3/85</i>	PERMIT NO. <i>100546</i>	REGISTRATION NO. <i>156</i>	DATE OF REPORT <i>6-11-85</i>	WELL DRILLER (Signature) <i>Robert H. ...</i>
--------------------------------------	-----------------------------	--------------------------------	----------------------------------	--

1. Place on a flat surface  
 2. BEAR DOWN: are making 3 copies  
 3. Type or print clearly

100546C

**Torrington Water Testing Laboratory**

203 Pineridge Road  
 Torrington, CT 06790  
 Telephone (203) 482-8367

Bacteriological • Chemical • Physical

Litchfield 06759

Address of Supply: 357 B Wilson Rd Ferrington, Ct. 06790  
No. & Street Lot No. City State Zip

Collector's Name: Mark A. Zordan Phone 496-9168

Owner of Supply: Mark A. Zordan Phone 496-9168

Date of Collection: 8/9/85 Time 12:30 P.M.

Name and Address of Person to Receive Report: Same as Above

Source of Water: Drilled  Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Lake or Pond \_\_\_\_\_

Reason for Examination: For certificate of occupancy

**DO NOT WRITE BELOW THIS LINE**

Apparent Color	<u>10</u>	pH	<u>7.62</u>
True Color	<u>0</u>	Alkalinity	<u>114</u> Mg/L
Odor	<u>0</u> (0-5)	Detergents	_____ Mg/L
Turbidity	<u>4.9</u> NTU	Iron	<u>.68</u> Mg/L
Ammonia Nitrogen	<u>0</u> Mg/L	Hardness	<u>104</u> Mg/L
Nitrate Plus		Manganese	<u>0</u> Mg/L
Nitrite Nitrogen	<u>0</u> Mg/L	Sodium	_____ Mg/L
Chloride	<u>2</u> Mg/L	Other	_____ Mg/L

Number of Coliform Bacteria per 100 ML by Membrane Filter 0

The Results of the Analysis of this Sample:

- Meet the Standards for a Potable Supply.
- Meet the Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.  
elevated iron
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because:
  - The coliform density exceeds acceptable limits (see attachment)
- Other

Reported By [Signature]  
 State Registration No. PH-0480





**WELL COMPLETION REPORT**

R-9 REV. 9-79

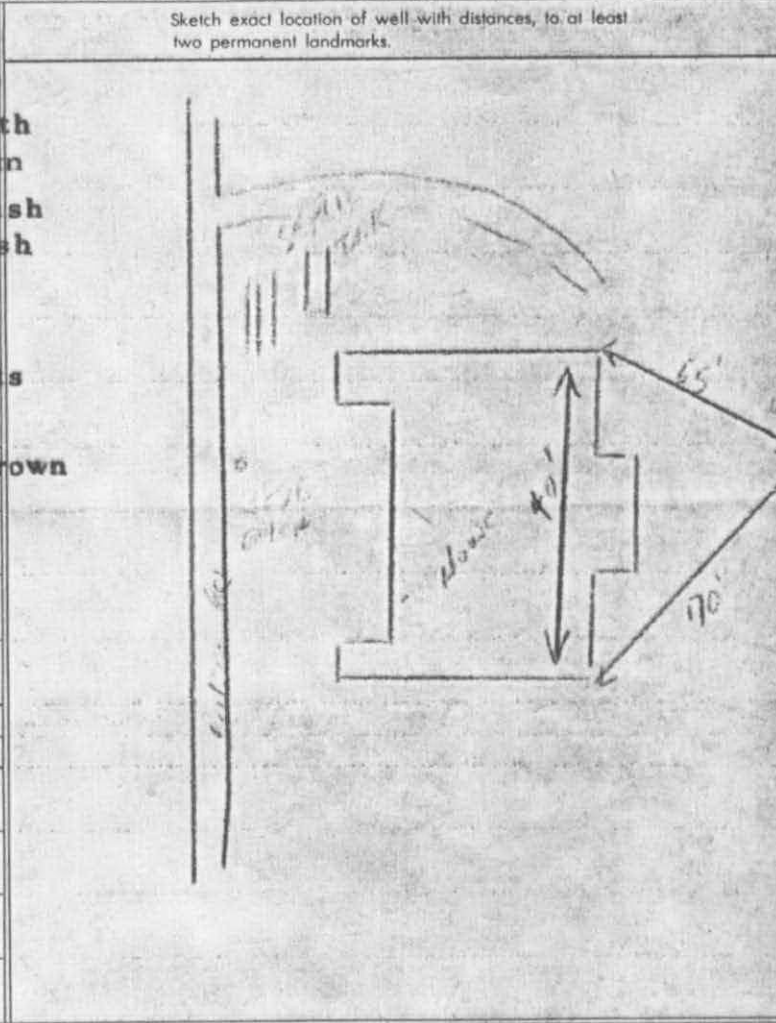
STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
**WELL DRILLING BOARD**

20 GRAND STREET  
 HARTFORD, CONNECTICUT 06106

Do NOT fill in
STATE WELL NO.
OTHER NO.

OWNER	NAME <b>W. Rand Tyrrell</b>		ADDRESS <b>Litchfield Rt. 202, <del>Box 111</del> Conn 06759</b>	
LOCATION OF WELL	(No. & Street) <b>Wilson Rd.</b>		(Town) <b>Litchfield</b>	(Lot Number)
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) <b>66'6"</b>	DIAMETER (inches) <b>6"</b>	WEIGHT PER FOOT <b>19 lb.</b>	<input checked="" type="checkbox"/> THREADED <input checked="" 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 <b>3 hrs.</b>
				YIELD (G.P.M.) <b>20 gpm</b>
WATER LEVEL	MEASURE FROM LAND SURFACE--STATIC (Specify feet) <b>45 ft</b>		DURING YIELD TEST (feet) <b>same</b>	Depth of Completed Well in feet below Land surface: <b>150 ft</b>
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
0	90	Sandy hardpan and gravel to 45' 8-1/2" hole to 61', rock soft with some hard streaks, color from gray with white quartz to greenish black hornblende-some yellowish also. seam @73', & 85' & 90'
90	150	Rock soft @63', reamed to 65', rock medium hard with soft spots color from blackish and yellow into soda gravite @120' color brown and white seam @130'
If yield was tested at different depths during drilling, list below		
73'	FEET	GALLONS PER MINUTE <b>5 gal per min.</b>
85'		<b>10 gal per min.</b>
130'		<b>10 gpm</b>
pumping at 150ft		<b>20 gal per min.</b>



DATE WELL COMPLETED <b>Dec. 8 1982</b>	PERMIT NO. <b>71757</b>	REGISTRATION NO. <b>64</b>	DATE OF REPORT <b>Dec. 10, 1982</b>	WELL DRILLER (Signature) <b>E. O. Phelps &amp; Sons, Inc, Bantam, Ct</b>
---	----------------------------	-------------------------------	--	---

LOCATION OF WELL (Town) **Litchfield** (Street) **Wilson Road** (Lot Number) \_\_\_\_\_ DATE **Dec. 1st 1982**

OWNER OF WELL  
 INDIVIDUAL  BUILDER  OTHER (Specify) **W. Rand Tyrrell**

OWNER'S ADDRESS  
**Rt. 202 Litchfield, Ct. 06759**

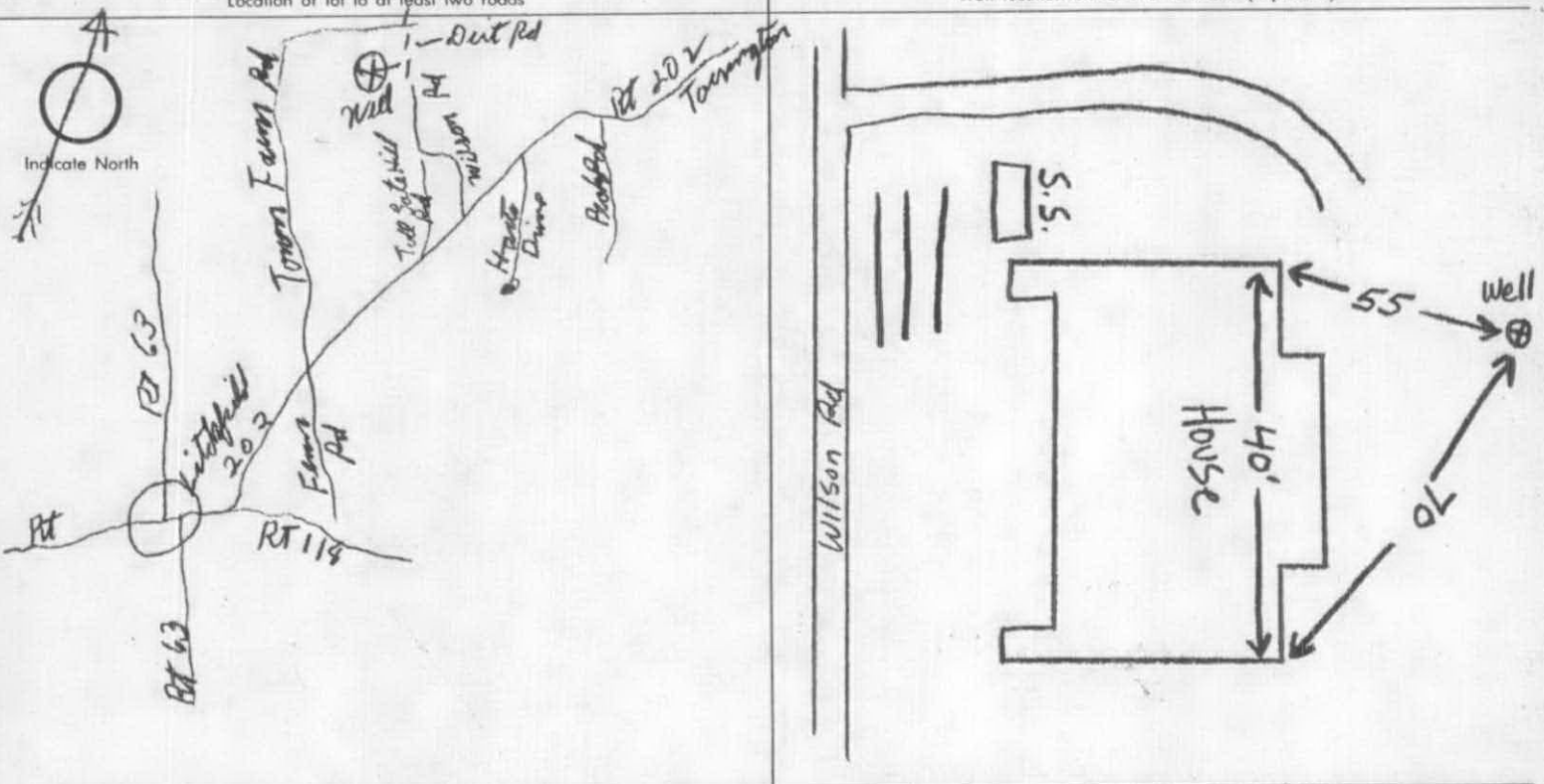
PROPOSED USE OF WELL  
 DOMESTIC  BUSINESS ESTABLISHMENT  FARM  TEST WELL  
 PUBLIC SUPPLY  INDUSTRIAL  AIR CONDITIONING  OTHER (Specify) \_\_\_\_\_  
Est. No. of People being served. **4**

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)



Approximate number of feet from well to nearest source of possible contamination: **OVER 75' to Septic System**

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) **W. Phelps & Sons, Inc.** APPLICANT'S ADDRESS **E. O. Phelps & Sons, Inc. Box 308 Bantam, Ct. 06750** REGISTRATION NO. **64**

APPROVED  REJECTED BY **T.A.H.P.** DATE **12/1/82**

REMARKS \_\_\_\_\_

LOCATION OF WELL (Town) **Litchfield** (Street) **Wilson Road** (Lot Number) \_\_\_\_\_ DATE **Dec. 1st 1982**

OWNER OF WELL  
 INDIVIDUAL     BUILDER     OTHER (Specify) **W. Rand Tyrrell**

OWNER'S ADDRESS  
**Rt. 202 Litchfield, Ct. 06759**

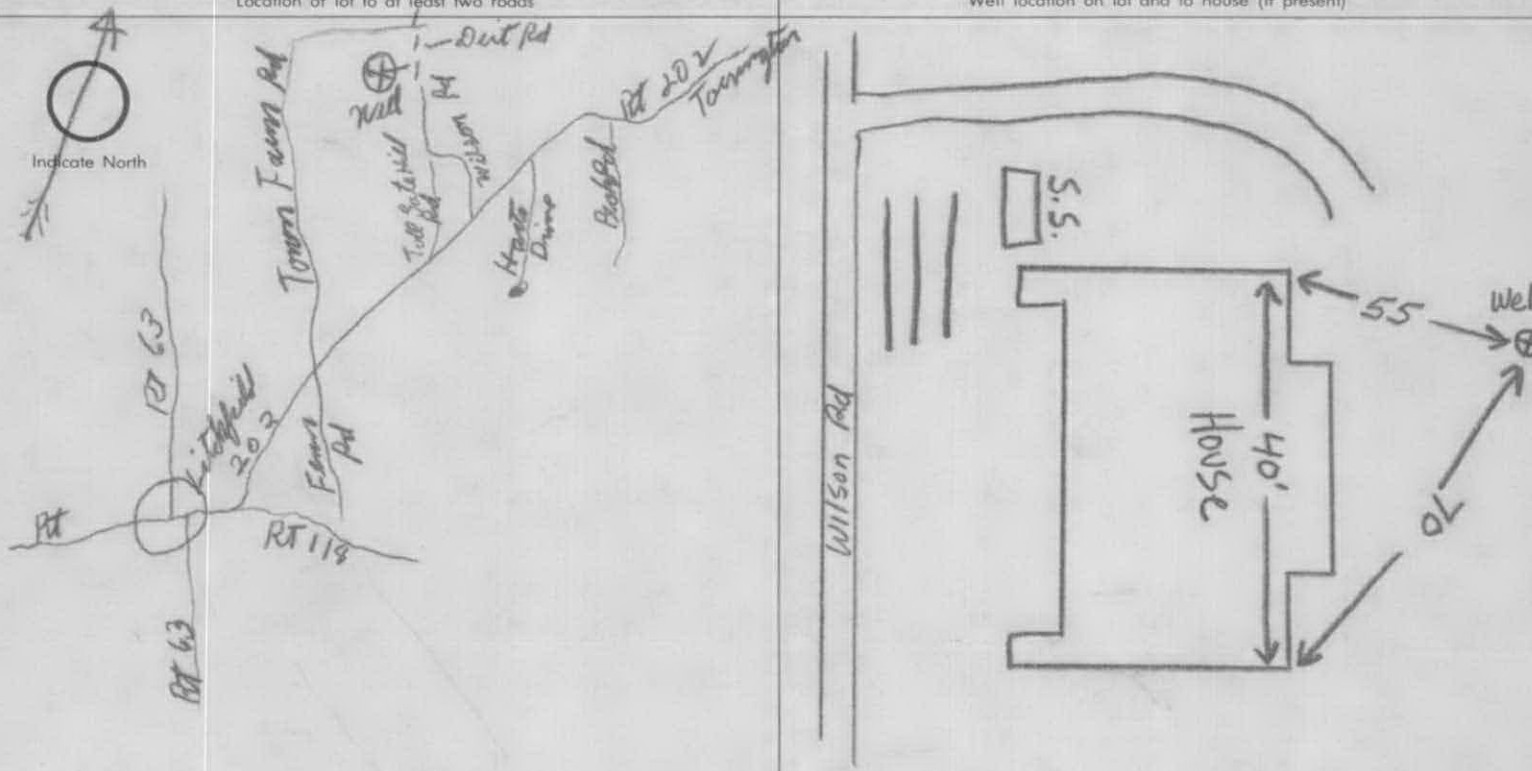
PROPOSED USE OF WELL  
 DOMESTIC     BUSINESS ESTABLISHMENT     FARM     TEST WELL  
 PUBLIC SUPPLY     INDUSTRIAL     AIR CONDITIONING     OTHER (Specify) \_\_\_\_\_  
 Est. No. of People being served: **4**

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)



Approximate number of feet from well to nearest source of possible contamination: **OVER 75' to Septic System**

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) **W. O. Phelps & Sons, Inc.** APPLICANT'S ADDRESS **E. O. Phelps & Sons, Inc. Box 308 Bantam, Ct. 06750** REGISTRATION NO. **64**

APPROVED     REJECTED  
 BY **Town Health Officer or Agent** **T.A.H.P.** DATE **12/1/82**

REMARKS

**WELL COMPLETION REPORT**

CPR-9 REV. 9-79

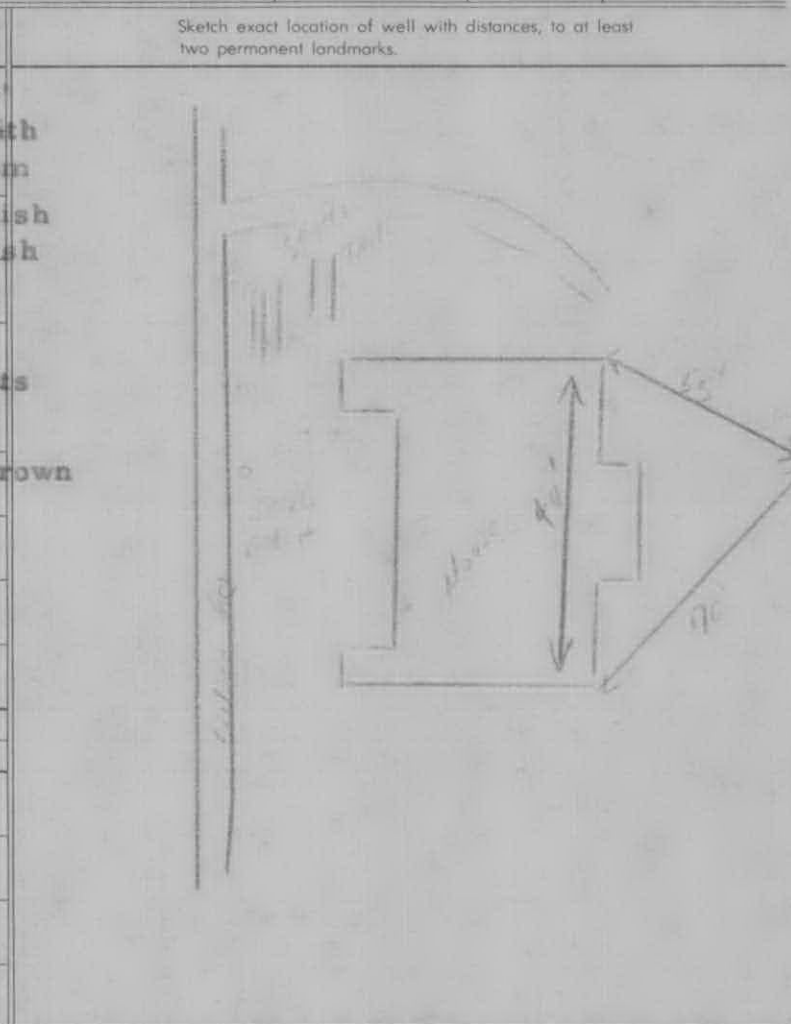
STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
**WELL DRILLING BOARD**

20 GRAND STREET  
 HARTFORD, CONNECTICUT 06106

Do NOT fill in
STATE WELL NO.
OTHER NO.

OWNER	NAME <b>W. Rand Tyrrell</b>		ADDRESS <b>Litchfield Rt. 202, Conn 06759</b>	
LOCATION OF WELL	(No. & Street) <b>Wilson Rd.</b>		(Town) <b>Litchfield</b>	(Lot Number)
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) <b>66'6"</b>	DIAMETER (inches) <b>6"</b>	WEIGHT PER FOOT <b>19 lb.</b>	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input checked="" type="checkbox"/> THREADED <input checked="" type="checkbox"/> WELDED	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 <b>3 hrs.</b>
				YIELD (G.P.M.) <b>20 gpm</b>
WATER LEVEL	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <b>45 ft</b>		DURING YIELD TEST (feet) <b>same</b>	Depth of Completed Well in feet below Land surface: <b>150 ft</b>
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
0 - 90	Sandy hardpan and gravel to 45' 8-1/2" hole to 61', rock soft with some hard streaks, color from gray with white quartz to greenish black hornblende-some yellowish also. seam @73', & 85' & 90'
90 - 150	Rock soft @63', reamed to 65', rock medium hard with soft spots color from blackish and yellow into soda gravite @120' color brown and white seam @130'



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

FEET	GALLONS PER MINUTE
73'	5 gal per min.
85'	10 gal per min.
130'	10 gpm
pumping at 150ft	20 gal per min

DATE WELL COMPLETED <b>Dec. 8 1982</b>	PERMIT NO. <b>71757</b>	REGISTRATION NO. <b>64</b>	DATE OF REPORT <b>Dec. 19, 1982</b>	WELL DRILLER (Signature) <b>E. O. Phelps &amp; Sons, Inc, Bantam, Ct</b>
---	----------------------------	-------------------------------	--	---

66 Wilson Rd.

Litchfield



**MAX WATER LAB, LLC**  
**429 Main Street**  
**Watertown, CT 06795**  
**Phone/Fax (860) 945-3566**

Sample Number : 19491  
 Sample Date : 07-20-2016  
 Water Source : 66 Wilson Rd, Litchfield, CT  
 Owner's Name : **Keith Zordan** (sampler : Larry Grela)  
 Analysis Date: 07-26-2016  
 Date: 07-28-2016

<u>BACTERIOLOGICAL EXAMINATION</u>	<u>RESULT</u>	<u>METHOD</u>
Total Coliforms	Present	SM 9223 B
E. Coli	Absent	SM 9223 B

TORRINGTON AREA HEALTH DISTRICT  
 APPROVED  
 NOT APPROVED **RACT. ONLY**  
 DATE 8-8-16  
**TRW**

**CONCLUSIONS:** Based on the bacteriological examination, this water was **UNSAFE** for drinking purposes at the time the sample was collected. The Maximum Contaminant Level (MCL) for total coliform bacteria is exceeded if the sample tests positive (Present) for total coliform bacteria, based on a 100mL sample.  
 Residual chlorine, none detected (< 0.05ppm). method 4500-C1 G

<u>PHYSICAL EXAMINATIONS</u>	<u>RESULTS</u>	<u>U.S. PUBLIC HEALTH ADVISORY LIMIT</u>	<u>METHOD</u>
Turbidity	0.7	5.0 NTU	SM 2130 B
pH	7.8	6.4-8.5	SM 4500 H+
Color	14	15	SM 2120 B
Odor	None detected	2	SM 2150 B

<u>CHEMICAL EXAMINATIONS</u>	<u>RESULTS</u>	<u>U.S. PUBLIC HEALTH ADVISORY LIMIT</u>	<u>METHOD</u>
Hardness	74	150 mg/L	SM 2340 C
Nitrate N	0.4	10.0 mg/L, MCL	SM 4500 NO3
Nitrite N	Less than 0.01	1.00 mg/L, MCL	SM 4500 NO2
Sulfate	6	250 mg/L	SM 4500 SO4
Sodium	5.0	28.0 mg/L	SM 3500 Na
Chloride	2.0	250.0 mg/L, MCL	SM 4500 Cl
Iron	Less than 0.01	0.30 mg/L	SM 3500 Fe
Manganese	Less than 0.01	0.50 mg/L	SM 3500 Mn

Note: 1mg/L = 1ppm

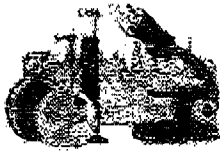
MCL - CT State Maximum Contaminant Level

CT PH # 0202  
 EPA # CT00987

TORRINGTON AREA HEALTH DISTRICT  
 APPROVED **Chemical only**  
 NOT APPROVED  
 DATE 8-8-16 **AR**

Robert Impresa  
 Robert Impresa - Laboratory Director

000 446 8043



**MAX WATER LAB, LLC**  
**429 Main Street**  
**Watertown, CT 06795**  
**Phone/Fax (860) 945-3566**

Sample Number : 19509  
 Sample Date : 08-01-2016 Analysis Date: 08-03-2016  
 Water Source : 66 Wilson Rd , Litchfield, CT  
 Owner's Name : Keith Zordon (sampler : Larry Grela)

Date: 08-04-2016

<u>BACTERIOLOGICAL EXAMINATION</u>	<u>RESULT</u>	<u>METHOD</u>
Total Coliforms	Absent	SM 9223 B

CONCLUSIONS: Based on the bacteriological examination, this water was **SAFE** for drinking purposes at the time the sample was collected. The Maximum Contaminant Level (MCL) for total coliform bacteria is exceeded if the sample tests positive (Present) for total coliform bacteria, based on a 100mL sample.

Residual chlorine, none detected (< 0.05ppm). method 4500-C1 G

Note: 1mg/L = 1ppm

MCL - CT State Maximum Contaminant Level

CT PH # 0202  
 EPA # CT00987

*Robert Impresa*  
 Robert Impresa - Laboratory Director



Environmental Laboratories, Inc.  
 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045  
 Tel. (860) 645-1102 Fax (860) 645-0823

# Analysis Report

July 26, 2016

FOR: Attn: Mr. Bob Impressa  
 Max Water Labs  
 429 Main Street  
 Watertown, CT 06795

## Sample Information

Matrix: DRINKING WATER  
 Location Code: MAXWATER  
 Rush Request: 72 Hour  
 P.O.#:

## Custody Information

Collected by:  
 Received by: LB  
 Analyzed by: see "By" below

Date Time  
 07/20/16 18:18  
 07/21/16 16:32

## Laboratory Data

SDG ID: GBN77903  
 Phoenix ID: BN77903

Project ID: 19491  
 Client ID: 66 WILSON LITCHFIELD

Parameter	Result	RL/ PQL	DIL	Units	DW MCL	Sec Goal	Date/Time	By	Reference
Volatile Library Search	Completed						07/25/16	HM	
<b>Volatiles</b>									
1,1,1,2-Tetrachloroethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,1,1-Trichloroethane	ND	0.50	1	ug/L	200		07/21/16	HM	E524.2
1,1,2,2-Tetrachloroethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,1,2-Trichloroethane	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
1,1-Dichloroethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,1-Dichloroethene	ND	0.50	1	ug/L	7		07/21/16	HM	E524.2
1,1-Dichloropropene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,2,3-Trichlorobenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,2,3-Trichloropropane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,2,4-Trichlorobenzene	ND	0.50	1	ug/L	70		07/21/16	HM	E524.2
1,2,4-Trimethylbenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,2-Dichlorobenzene	ND	0.50	1	ug/L	600		07/21/16	HM	E524.2
1,2-Dichloroethane	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
1,2-Dichloropropane	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
1,3,5-Trimethylbenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,3-Dichlorobenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,3-Dichloropropane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,4-Dichlorobenzene	ND	0.50	1	ug/L	75		07/21/16	HM	E524.2
2,2-Dichloropropane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
2-Chlorotoluene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
4-Chlorotoluene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Benzene	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
Bromobenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Bromochloromethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Bromodichloromethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2



Parameter	Result	RL/ PQL	DIL	Units	DW MCL	Sec Goal	Date/Time	By	Reference
Bromoform	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Bromomethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Carbon tetrachloride	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
Chlorobenzene	ND	0.50	1	ug/L	100		07/21/16	HM	E524.2
Chloroethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Chloroform	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Chloromethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
cis-1,2-Dichloroethene	ND	0.50	1	ug/L	70		07/21/16	HM	E524.2
cis-1,3-Dichloropropene	ND	0.40	1	ug/L			07/21/16	HM	E524.2
Dibromochloromethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Dibromomethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Dichlorodifluoromethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Ethylbenzene	ND	0.50	1	ug/L	700		07/21/16	HM	E524.2
Hexachlorobutadiene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Isopropylbenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
m&p-Xylene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Methyl t-butyl ether (MTBE)	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Methylene chloride	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
Naphthalene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
n-Butylbenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
n-Propylbenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
o-Xylene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
p-Isopropyltoluene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
sec-Butylbenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Styrene	ND	0.50	1	ug/L	100		07/21/16	HM	E524.2
tert-Butylbenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Tetrachloroethene	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
Toluene	ND	0.50	1	ug/L	1000		07/21/16	HM	E524.2
Total Trihalomethanes	ND	0.50	1	ug/L	80		07/21/16	HM	E524.2
Total Xylenes	ND	0.50	1	ug/L	10000		07/21/16	HM	E524.2
trans-1,2-Dichloroethene	ND	0.50	1	ug/L	100		07/21/16	HM	E524.2
trans-1,3-Dichloropropene	ND	0.40	1	ug/L			07/21/16	HM	E524.2
Trichloroethene	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
Trichlorofluoromethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Vinyl chloride	ND	0.50	1	ug/L	2		07/21/16	HM	E524.2
<b><u>QA/QC Surrogates</u></b>									
% 1,2-dichlorobenzene-d4	93		1	%	NA	NA	07/21/16	HM	70 - 130 %
% Bromofluorobenzene	93		1	%	NA	NA	07/21/16	HM	70 - 130 %



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

<b>Do NOT fill in</b>
STATE WELL NO.
OTHER NO.

<b>OWNER</b>	NAME <u>Keith Zorden</u>		ADDRESS			
<b>LOCATION OF WELL</b>	(No. & Street) <u>Wilson Rd.</u>		(Town) <u>Hitchfield</u>	(Lot Number) <u>66</u>		
<b>PROPOSED USE OF WELL</b>	<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input checked="" 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)		
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)		
	<b>CASING DETAILS</b>	LENGTH (feet) <u>160'</u>	DIAMETER (inches) <u>6"</u>	WEIGHT PER FOOT <u>17 lbs.</u>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <u>4</u>	YIELD (GPM) <u>9+</u>	
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <u>21'</u>		DURING YIELD TEST (feet) <u>220'</u>		Depth of Completed Well in feet <u>225'</u>	
<b>SCREEN DETAILS</b>	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 - 140	Clay	
140 - 225	Blue Granite	

If yield was tested at different depths during drilling, list below	
FEET	GALLONS PER MINUTE
<u>50'</u>	<u>1</u>
<u>100'</u>	<u>1 1/2</u>
<u>225'</u>	<u>9+</u>

DATE WELL COMPLETED <u>8/4/11</u>	PERMIT NO. <u>250709</u>	REGISTRATION NO. <u>46</u>	DATE OF REPORT <u>8/5/11</u>	WELL DRILLER (Signature) <u>Jay... Pr</u>
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250709

PAID \$175-  
12-14-10  
CK 5984



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

WELL DRILLING PERMIT

165 Capitol Avenue, Hartford, Connecticut 06106

Litchfield

66 Wilson Rd

LOCATION OF WELL (Town) (Street) (Lot Number) DATE  
Litchfield Zorden 12/13/10

OWNER OF WELL  
 INDIVIDUAL  BUILDER  OTHER (Specify)

OWNER'S ADDRESS

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

SKETCH OF WELL LOCATION

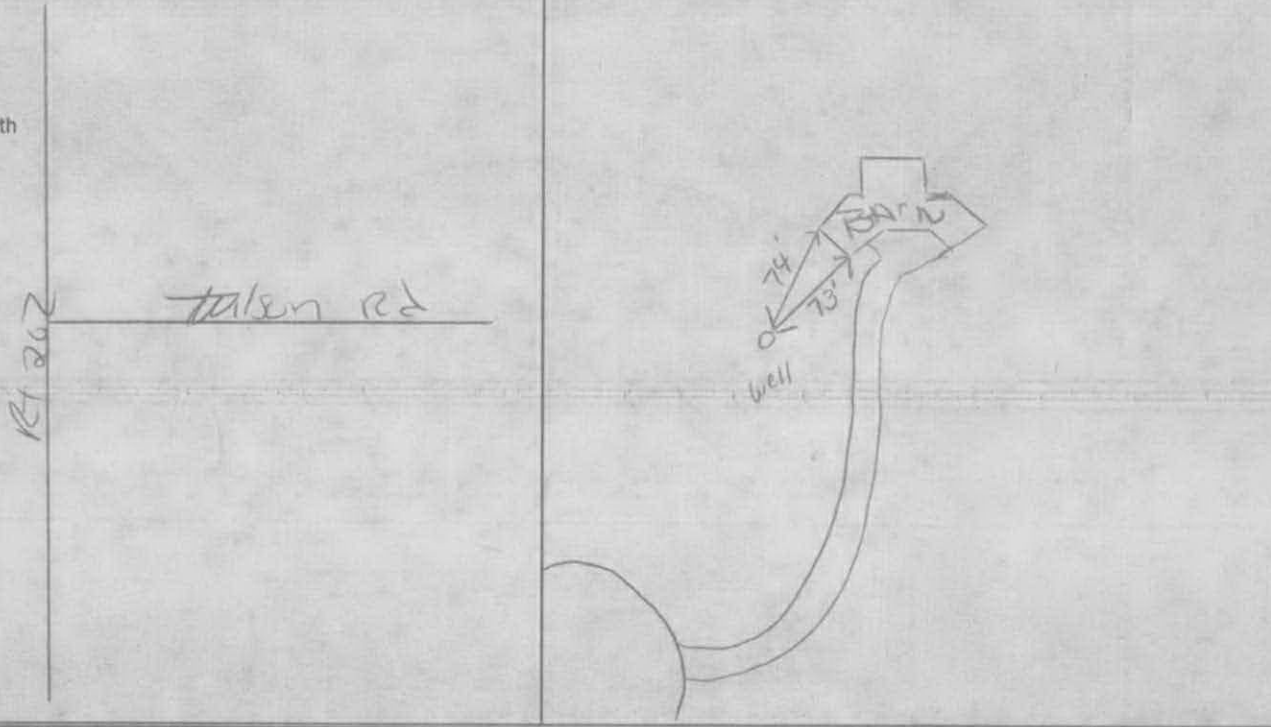
Locate well with respect to at least two roads, showing distance from intersection and front of lot

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: 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 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 REGISTRATION NO.  
143 Main St. Terryville Ct. 46

APPROVED  REJECTED  BY (Town Health Officer or Agent) DATE  
1/31/11

REMARKS  
No SEPTIC SYSTEM EXISTS. CONNECTION CAN ONLY be made to a frost-free HYDRAWT.

- Installer Permit
- Sieve Test Results
- As Built & Permit to Discharge
- Well permit & Completion Report
- Water Test Results
- Street Address

**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

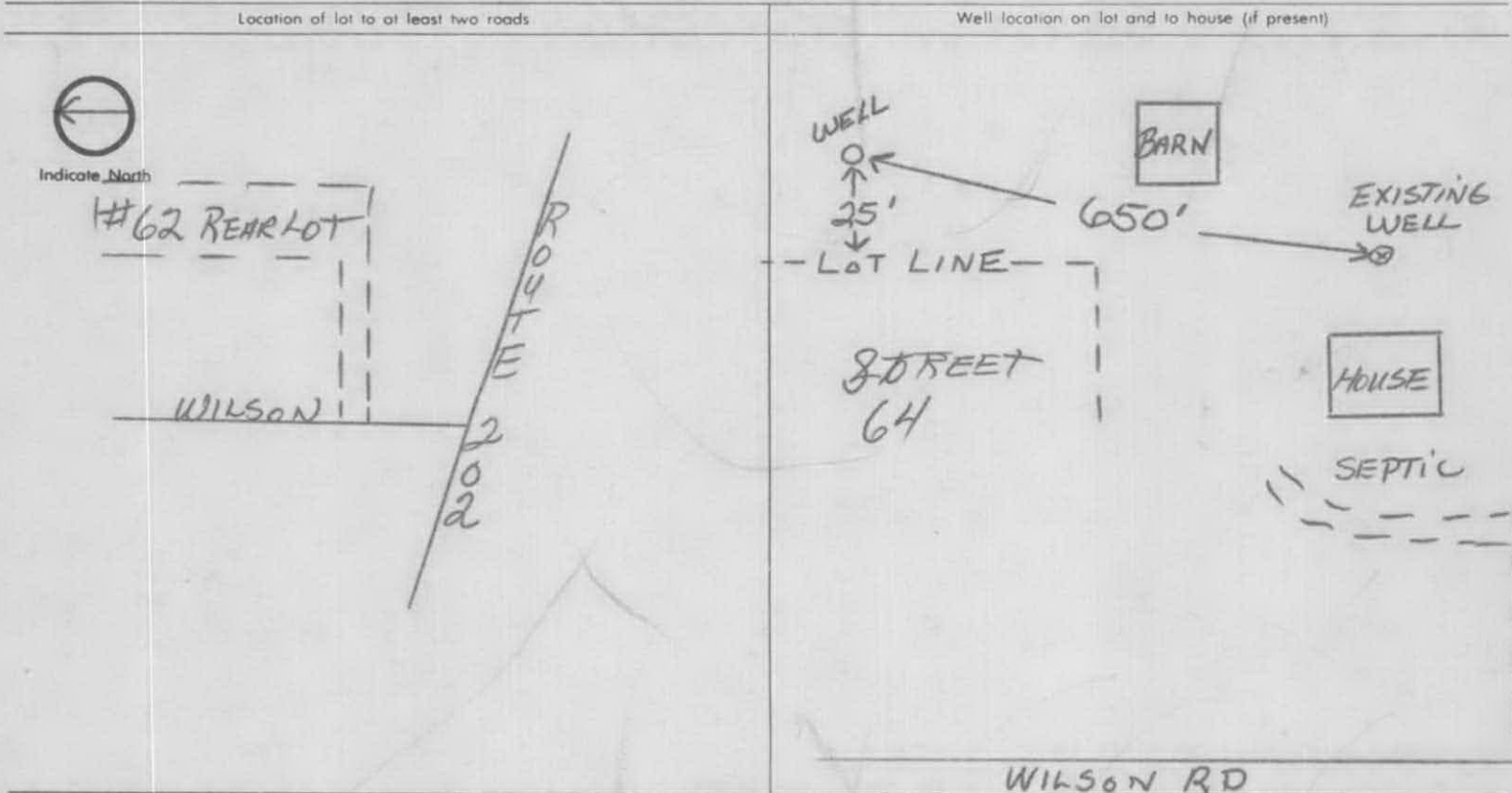
PERMIT NUMBER  
**148172**

*pd*

LOCATION OF WELL (Town)	(Street)	(Lot Number)	DATE
LITCHFIELD	68 WILSON RD		6-4-91
OWNER OF WELL			
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> BUILDER	<input type="checkbox"/> OTHER (Specify)	MARK ZORDAN
OWNER'S ADDRESS			
68 WILSON RD, LITCHFIELD CONN			
PROPOSED USE OF WELL	<input checked="" 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
		<input type="checkbox"/> TEST WELL	<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



Approximate number of feet from well to nearest source of possible contamination: 100' + TO #64 SEPTIC

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.
<i>Alan Spence</i>	Po Box 200 West Granby CT	33/
<input checked="" type="checkbox"/> APPROVED	BY (Town Health Officer or Agent)	DATE
<input type="checkbox"/> REJECTED	Catherine J. Weber, R.S.	06090 6/5/91

REMARKS  
APPROVED PER DRAWING

**WELL COMPLETION REPORT**

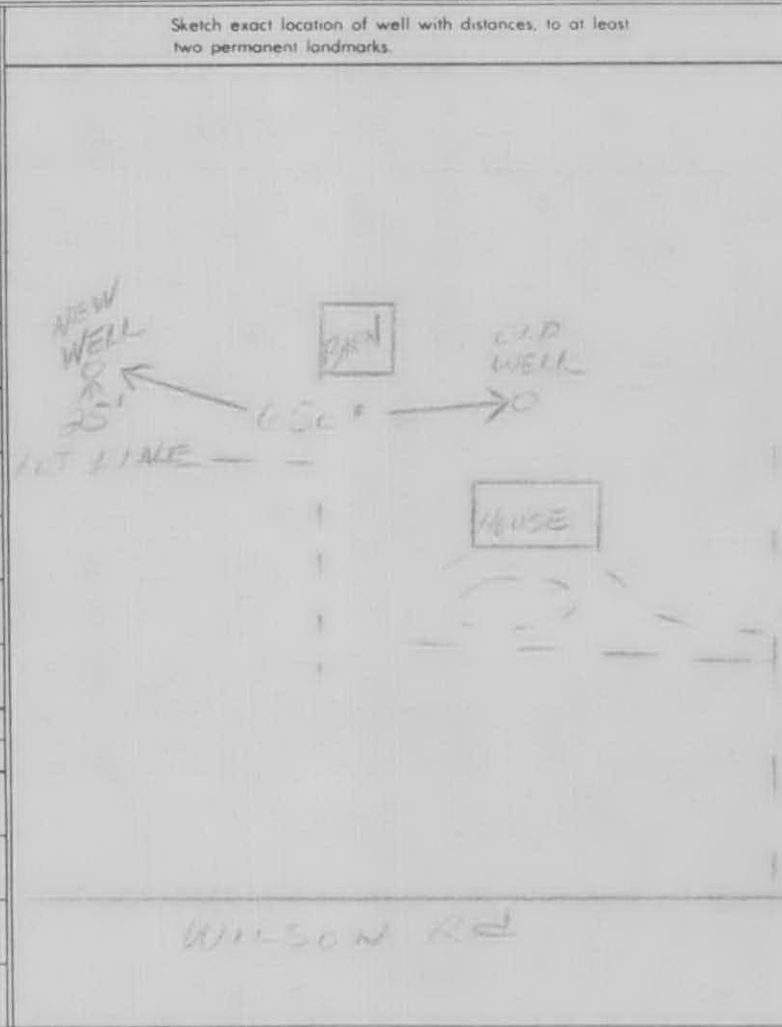
CPR-9 REV. 11-82

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

<b>OWNER</b>	NAME MARK ZORDAN		ADDRESS 62 WILSON RD LITCHFIELD		
<b>LOCATION OF WELL</b>	(No. & Street) 62 WILSON RD		(Town) LITCHFIELD CT	(Lot Number)	
<b>PROPOSED USE OF WELL</b>	<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)	
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)	
	<b>CASING DETAILS</b>	LENGTH (feet) 102	DIAMETER (inches) 6	WEIGHT PER FOOT 17	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS 1/2	YIELD (G.P.M.) 25
	<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) 30	DURING YIELD TEST (feet) 140	Depth of Completed Well in feet below Land surface: 140	
<b>SCREEN DETAILS</b>	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
1 - 10	PAVEMENT
10 - 12	GRAVEL
12 - 80	DECOMPOSED BROWN LEDGE
80 - 140	HARD BROWN LEDGE



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

FEET	GALLONS PER MINUTE
125	10
140	25

DATE WELL COMPLETED 6-24-71	PERMIT NO. 148172	REGISTRATION NO. 331	DATE OF REPORT 6-24-71	WELL DRILLER (Signature) <i>[Signature]</i>
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Lot 8A-2

# ENVIROTECH LABORATORY, LLC

77 COOK HILL ROAD • WINDSOR, CONNECTICUT 06095

MARYELLEN DILUZIO

TELEPHONE  
(860) 688-7249

December 12, 2008

Jim Hollinden  
P.O. Box 1718  
Litchfield, Ct. 06759

Dear Sir:

We have the following to report on the sample submitted to this Laboratory on December 8, 2008.

Sample Number: 73936

Mark: water sample collected 12/7/08 by Jim Hollinden from  
Lot No. -, 68 Wilson Rd., Litchfield, CT.

TEST PARAMETERS	CURRENT TEST RESULTS (in mg/L)	MAXIMUM CONTAMINATION LEVELS (MCL)
ODOR	NONE	NO MCL
TURBIDITY	0	NO MCL
COLOR	0	NO MCL
PH	7.21	NO MCL
NITRITE NITROGEN	< 0.001	1.0 mg/L
NITRATE NITROGEN	< 1.00	10.0 mg/L
CHLORIDE	7	250 mg/L
HARDNESS	56	NO MCL
IRON	< 0.05	NO MCL
MANGANESE	< 0.01	NO MCL
SODIUM	3.7	NO MCL
SULFATE	< 10	NO MCL
V.O.C.'s	See next pages	See next pages

### BACTERIOLOGICAL EXAM

<b>Number of Coliform Bacteria Per 100 mLs (membrane filter)</b>	0	0
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All parameters analyzed are below the Maximum Contamination Levels (MCL's) for potable water and meet the drinking water standards established by the Conn. State Health Department. If there are any questions we would be pleased to discuss them with you.

TORRINGTON AREA HEALTH DISTRICT  
 APPROVED  
 NOT APPROVED  
 DATE 12-16-08 *[Signature]*

Very truly yours,  
EnviroTech Laboratory, LLC

*[Signature]*  
 Maryellen DiLuzio, a member  
 PH 0464

cc: Torrington Area Health Dist



RECEIVED

# ENVIROTECH LABORATORY, LLC

77 COOK HILL ROAD • WINDSOR, CONNECTICUT 06095

MARYELLEN DILUZIO

TELEPHONE  
(860) 688-7249

December 12, 2008

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We have the following to report on the sample submitted to this Laboratory on December 8, 2008.

Sample Number: 73936

Mark: water sample collected 12/7/08 by Jim Hollinden from  
Lot No. -, 68 Wilson Rd., Litchfield, CT.

ORGAINIC CHEMICALS BY EPA 502.2

	MDL	Results in ug/L	MCL in ug/L
Benzene	0.5	BDL	5
Bromobenzene	0.5	BDL	*
Bromomethane	0.5	BDL	*
n-Butylbenzene	0.5	BDL	*
Carbon Tetrachloride	0.5	BDL	5
Chlorobenzene	0.5	BDL	100
Chloroethane	0.5	BDL	*
Chloromethane	0.5	BDL	*
2-Chlorotoluene	0.5	BDL	*
4-Chlorotoluene	0.5	BDL	*
Dibromomethane	0.5	BDL	*
1,2-Dichlorobenzene	0.5	BDL	600
1,3-Dichlorobenzene	0.5	BDL	*
1,4-Dichlorobenzene	0.5	BDL	75
1,1-Dichloroethane	0.5	BDL	*
1,2-Dichloroethane (EDC)	0.5	BDL	5
1,1-Dichloroethylene	0.5	BDL	7
cis-1,2-Dichloroethylene	0.5	BDL	70
Trans-1,2-Dichloroethylene	0.5	BDL	100
1,2-Dichloropropane	0.5	BDL	5
1,3-Dichloropropane	0.5	BDL	*
2,2-Dichloropropane	0.5	BDL	*
1,1-Dichloropropylene	0.5	BDL	*
cis-1,3-Dichloropropylene	0.5	BDL	*
trans-1,3-Dichloropropylene	0.5	BDL	*
Ethylbenzene	0.5	BDL	700
Methylene Chloride	0.5	BDL	5

TORRINGTON AREA HEALTH DISTRICT

APPROVED

NOT APPROVED

DATE 12.16.08

*[Signature]*



# ENVIROTECH LABORATORY, LLC

77 COOK HILL ROAD • WINDSOR, CONNECTICUT 06095

MARYELLEN DILUZIO

TELEPHONE  
(860) 688-7249

Sample Number: 73936

EPA Method 502.2

	MDL	Results in ug/L	MCL in ug/L
MethylTertButylEther (MTBE)	2.0	BDL	*
Naphthalene	0.5	BDL	*
n-Propylbenzene	0.5	BDL	*
Styrene	0.5	BDL	110
1,1,1,2-Tetrachloroethane	0.5	BDL	*
1,1,2,2-Tetrachloroethane	0.5	BDL	*
Tetrachloroethylene	0.5	BDL	5
Toluene	0.5	BDL	1000
Total Trihalomethanes (TTHM)		BDL	100
Bromodichloromethane	0.5	BDL	**
Bromoform	0.5	BDL	**
Chlorodibromomethane	0.5	BDL	**
Chloroform	0.5	1.5	**
1,2,4-Trichlorobenzene	0.5	BDL	5
1,1,1-Trichloroethane	0.5	BDL	200
1,1,2-Trichloroethane	0.5	BDL	5
Trichloroethylene	0.5	BDL	5
1,2,3-Trichloropropane	0.5	BDL	*
1,2,4-Trimethylbenzene	0.5	BDL	*
1,3,5-Trimethylbenzene	0.5	BDL	*
Vinyl Chloride	0.5	BDL	2
Xylenes (total)			10000
o-Xylene	0.5	BDL	***
p/m Xylene	0.5	BDL	***

MDL = minimum detectable level    BDL = below MDL  
MCL = maximum contaminant level    \* = no MCL established  
\*\* = MCL is for the combined four TTHM's  
\*\*\* = MCL is for the combined three Xylene

If there are any questions we would be pleased to discuss them with you.

Very truly yours,  
EnviroTech Laboratory LLC


  
Maryellen DiLuzio, a member

cc: one enclosed  
PH-0464 & PH-0547

TORRINGTON AREA HEALTH DISTRICT

APPROVED

NOT APPROVED

DATE 12-16-08 



*ad*

**LITCHFIELD**

**Wilson Rd**

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

**John & Debra**

**MURPHY (Builder BOB GREEN)**

**12/30/91**

OWNER OF WELL

**INDIVIDUAL**     **BUILDER**     **OTHER (Specify)**

OWNER'S ADDRESS

**N.Y. N.Y.**

PROPOSED  
USE OF  
WELL

**DOMESTIC**     **BUSINESS ESTABLISHMENT**     **FARM**     **TEST WELL**  
 **PUBLIC SUPPLY**     **INDUSTRIAL**     **AIR CONDITIONING**     **OTHER (Specify)**

Est. No. of  
People being  
served.

**SKETCH OF WELL LOCATION**

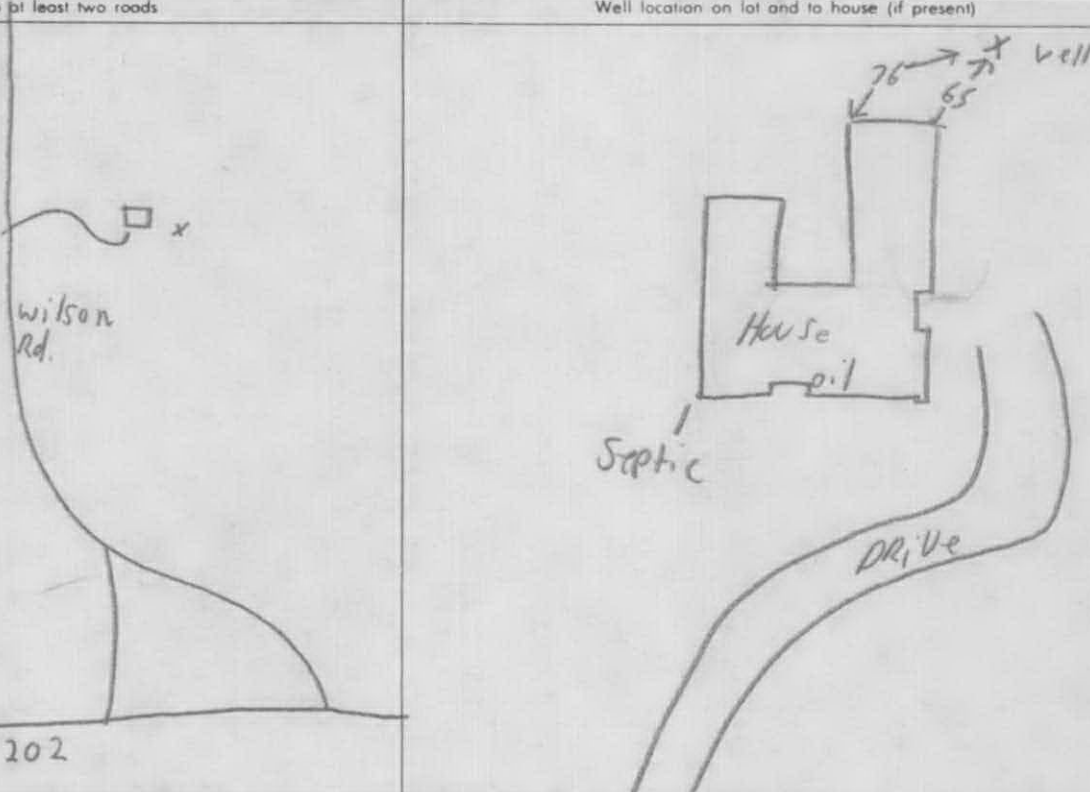
Locate well with respect to at least two roads, showing distance from intersection and front of lot

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:

**90'±**

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)

*Robert A. Street*

APPLICANT'S ADDRESS

**Trin Ridge Rd New Milford, Ct. 06776**

REGISTRATION NO.

**83**

**APPROVED**

**REJECTED**

BY (Town Health Officer or Agent)

*Catherine J. Weber, P.S.*

DATE

**5/4/92**

REMARKS

**APPROVED PER DRAWING**

**WELL COMPLETION REPORT**

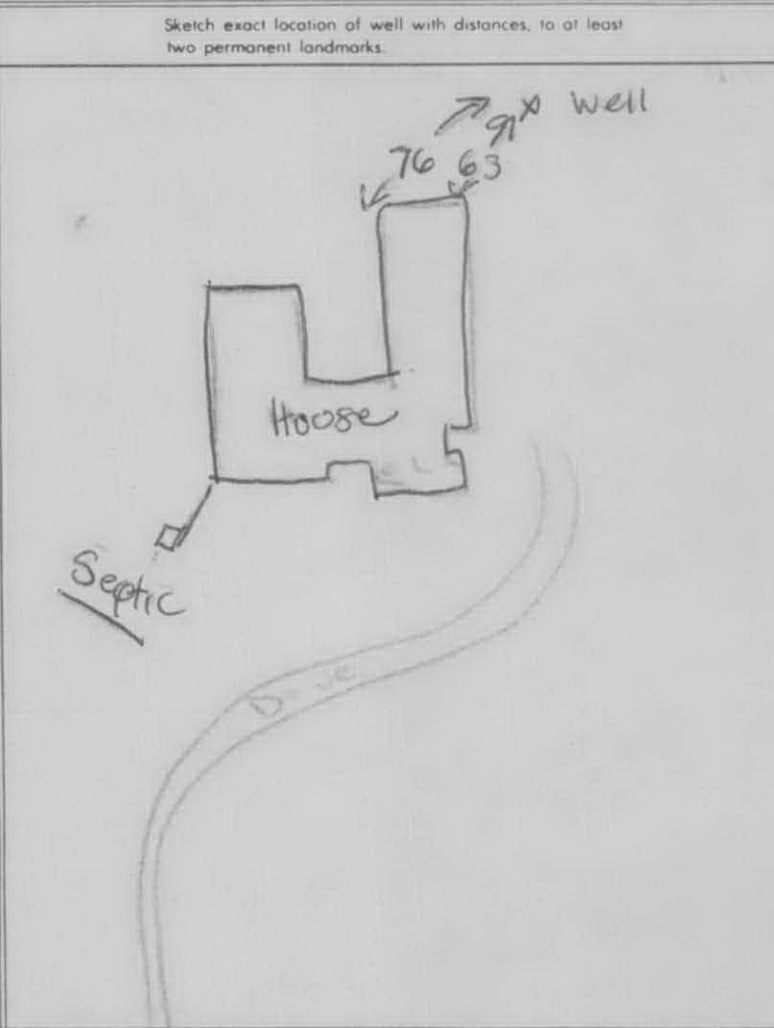
CP9-9 REV. 11-82

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

<b>OWNER</b>	NAME <u>Bob Green Bunker</u>		ADDRESS	
<b>LOCATION OF WELL</b>	(No. & Street) <u>Wilson St</u>		(Town) <u>Litchfield</u>	(Lot Number)
<b>PROPOSED USE OF WELL</b>	<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)
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
<b>CASING DETAILS</b>	LENGTH (feet) <u>45'</u>	DIAMETER (inches) <u>6</u>	WEIGHT PER FOOT <u>170</u>	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED	WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <u>4</u> YIELD (G.P.M.) <u>30</u>
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <u>25'</u>		DURING YIELD TEST (feet) <u>200'</u>	Depth of Completed Well in feet below Land surface <u>200'</u>
<b>SCREEN DETAILS</b>	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
0	35	Hardpan
35	200	Brown & Gray Rock



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

FEET	GALLONS PER MINUTE
150'	2
200'	30

DATE WELL COMPLETED	PERMIT NO.	REGISTRATION NO.	DATE OF REPORT	WELL DRILLER (Signature)
<u>5/11/82</u>	<u>131077</u>	<u>82</u>	<u>5/11/82</u>	<u>[Signature]</u>

1. Place on a hard surface
2. BEAR DOWN! You are making 3 copies
3. Type or print clearly

"SINCE 1978"

State Registration No. PH-0480

**Bacteriological**  
**Chemical • Physical**

**Torrington Water Testing Laboratory**

203 Pineridge Road  
Torrington, CT 06790  
Telephone (203) 496-8378  
1-800-762-9399

151077

Address of Supply: 90 Wilton Rd - lot #17 Litchfield CT  
No. & Street Lot No. City State Zip

Collector's Name: Bob Green - Gule Phone 824-5505

Owner of Supply: John + Deborah Murphy - Phone -

Date of Collection: 5/29/92 Time 8 am

Name and Address of Person to Receive Report: Bob Green, Green Woodworking Co  
148 Sand Rd - Falls Village, CT

Source of Water: Drilled  Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Lake or Pond \_\_\_\_\_

Name of Well Driller: Stanley Well Drilling - New Milford, CT

Reason for Examination: New Home

**DO NOT WRITE BELOW THIS LINE**

Apparent Color .....	<u>0</u>	pH .....	<u>7.56</u>
True Color .....	<u>0</u>	Alkalinity .....	_____ Mg/L
Odor .....	<u>0</u> (0-5)	Chloride .....	<u>5</u> Mg/L
Turbidity .....	<u>.17</u> NTU	Iron .....	<u>.06</u> Mg/L
Ammonia Nitrogen .....	<u>.02</u> Mg/L	Hardness .....	<u>68</u> Mg/L
Nitrogen .....	_____ Mg/L	Manganese .....	_____ Mg/L
Nitrate .....	<u>.43</u> Mg/L	Sodium .....	_____ Mg/L
Fluoride .....	<u>.06</u> Mg/L	Other .....	_____ Mg/L

Coliform Bacteria per 100 ML absent


The Results of the Analysis of this Sample:

- Meet the Standards for a Potable Supply.
- Meet the bacteria Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).
- Other

Potable (drinking water) recommendations are based on the above tests only.

Sample Certified By \_\_\_\_\_

Reported By Jimmy B. Poirer  
Date 6/2/92

1/14/66 - Changed Name  
no foundation, no slab -  
exit at still de 

Pd.

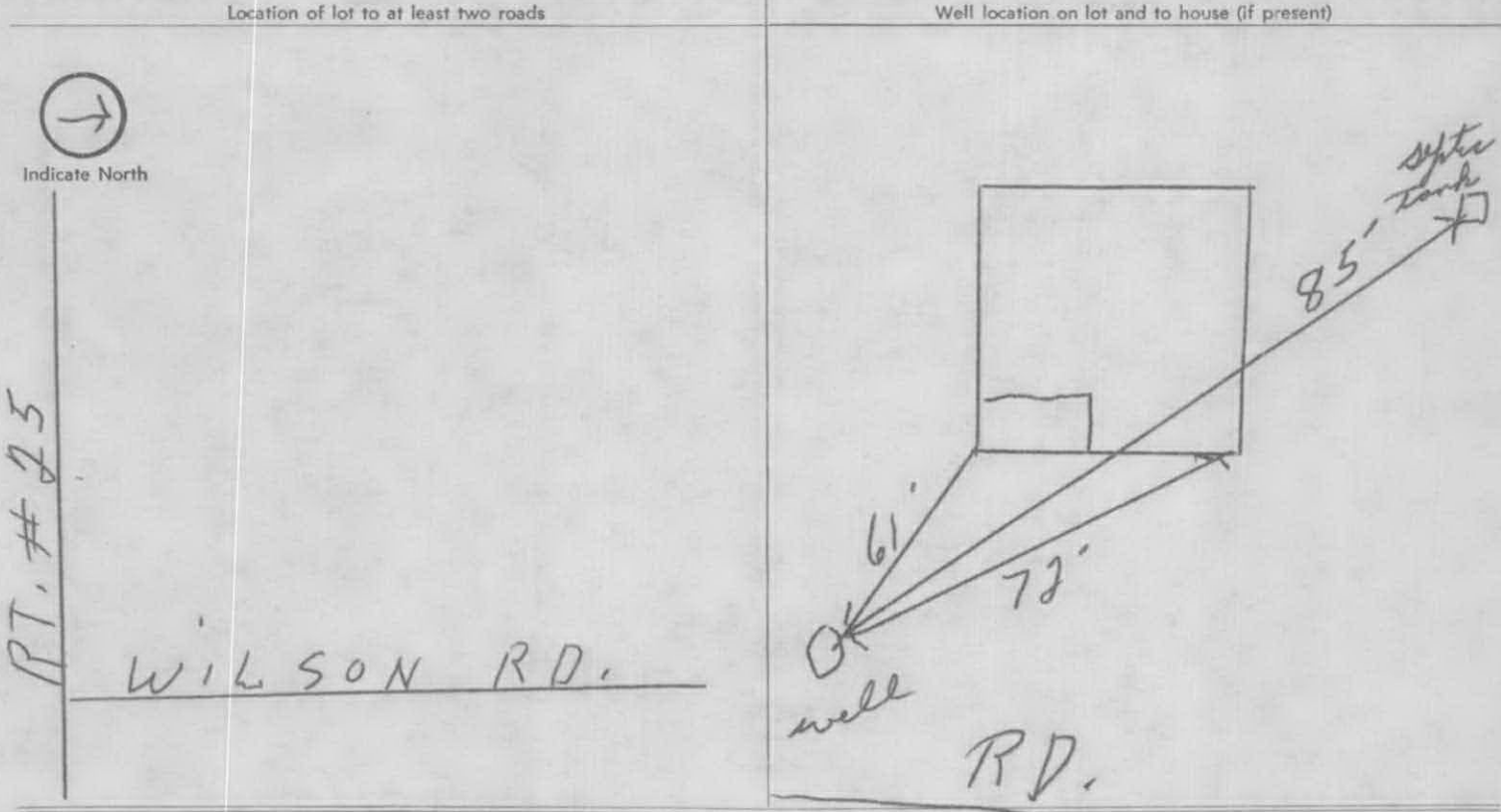
LITCHFIELD WILSON RD.  
LOCATION OF WELL (Town) (Street) (Lot Number) DATE  
GERARD BOUTHELLIER 5-8-80

OWNER OF WELL  
 INDIVIDUAL  BUILDER  OTHER (Specify)

OWNER'S ADDRESS  
485 SOUTH MAIN ST. TORRINGTON

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



Approximate number of feet from well to nearest source of possible contamination: 85'

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) George Szela  
APPLICANT'S ADDRESS 117 High St. Torrville  
BY (Town Health Officer or Agent) John Wright  
REGISTRATION NO. 36  
DATE 5, 8, 80  
 APPROVED  REJECTED  
REMARKS

**WELL COMPLETION REPORT**

WDB-5 12-69 REV. 9-71

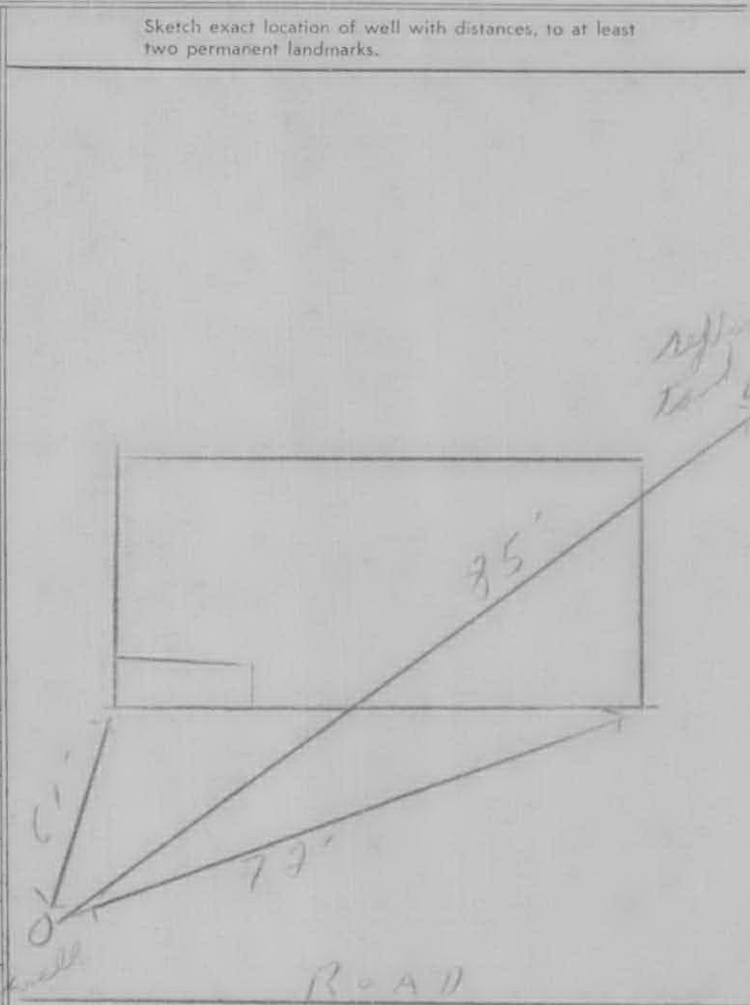
STATE OF CONNECTICUT  
**WELL DRILLING BOARD**

State Office Building  
HARTFORD, CONNECTICUT 06115

Do NOT fill in
STATE WELL NO.
OTHER NO.

<b>OWNER</b>	NAME GERARD BOUTHELIER		ADDRESS TARRINGTON				
<b>LOCATION OF WELL</b>	(No. & Street) WILSON RD.		(Town) LITCHFIELD		(Lot Number)		
<b>PROPOSED USE OF WELL</b>	<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)			
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)			
	<b>CASING DETAILS</b>		LENGTH (feet) 14	DIAMETER (inches) 6	WEIGHT PER FOOT 17	<input checked="" type="checkbox"/> THREADED	<input type="checkbox"/> WELDED
<b>YIELD TEST</b>	MEASURE FROM LAND SURFACE—STATIC (Specify feet)		DURING YIELD TEST (feet)		DRIVE SHOE		WAS CASING GROUTED?
	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS 1	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
<b>WATER LEVEL</b>	MAKE		LENGTH OPEN TO AQUIFER (feet)		Depth of Completed Well in feet below Land surface: 185'		
<b>SCREEN DETAILS</b>	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	5	HARD PAN
5	50	BLUE GRANITE
50	70	WHITE QUARTZ
70	145	GREEN GRANITE
145	185	BROWN GRANITE



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

FEET	GALLONS PER MINUTE
145	2
184	4

DATE WELL COMPLETED 5-8-80	PERMIT NO. 53049	REGISTRATION NO. 30	DATE OF REPORT 5-10-80	WELL DRILLER (Signature) Henry Mela
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LOCAL DIRECTOR OF HEALTH



84 Wilson Rd.

Litchfield

1. Place on a hard surface
2. BEAR DOWN! You are making 3 copies
3. Type or print clearly

State Registration No. PH-0480

### Torrington Water Testing Laboratory

203 Pineridge Road  
Torrington, CT 06790  
Telephone (203) 496-8378

**Bacteriological • Chemical • Physical**

Address of Supply: 84 Wilson Rd. No. & Street      Lot No.      City      State      Zip

Collector's Name: Michael Castelli Phone 419-3319

Owner of Supply: Michael Castelli Phone 419-3319

Date of Collection: 12/18/89 Time 7:00 p.m.

Name and Address of Person to Receive Report: \_\_\_\_\_

Source of Water: Drilled  Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Lake or Pond \_\_\_\_\_

Name of Well Driller: Mike's Drilling

Reason for Examination: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Apparent Color ..... <u>20</u>	pH ..... <u>7.59</u>
True Color ..... <u>0</u>	Alkalinity ..... <u>36</u> Mg/L
Odor ..... <u>0</u> (0-5)	Chloride ..... <u>24</u> Mg/L
Turbidity ..... <u>4.7</u> NTU	Iron ..... <u>61</u> Mg/L
Ammonia Nitrogen ..... <u>0</u> Mg/L	Hardness ..... <u>48</u> Mg/L
Nitrate Plus	Manganese ..... _____ Mg/L
Nitrite Nitrogen ..... <u>.12</u> Mg/L	Sodium ..... _____ Mg/L
	Other ..... _____ Mg/L

Number of Coliform Bacteria per 100 ML by Membrane Filter 0

**The Results of the Analysis of this Sample:**

- Meet the Standards for a Potable Supply.
- Meet the Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.  
elevated color, turbidity, iron
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).
- Other

Sample Certified By \_\_\_\_\_

Reported By [Signature]

Date 12/27/89

# LITCHFIELD HILLS WATER TESTING

350 Main Street, Suite A, Torrington Connecticut 06790

Phone (860) 489-0436

Fax (860) 496-8243

E-mail info@tahd.org

Web Address www.tahd.org

FOR: Mr. Michael Castelli  
84 Wilson Road  
Litchfield, CT 06759

## Analysis Report

June 18, 2010

### Sample Information

Matrix: DRINKING WATER  
Location Code: LHWT-DW

### Custody Information

Collected by:  
Received by: LDF

### Date

06/11/10  
06/11/10

### Time

9:00  
13:49

## Laboratory Data

Client ID: 84 WILSON RD, LITCHFIELD KITCHEN TAP

Phoenix I.D.: AZ13741

<u>Parameter</u>	<u>Analysis Result</u>	<u>Maximum Contaminant Level</u>	<u>Maximum Advisory Level</u>	<u>Detection Limit</u>	<u>Measurement Units</u>
Total Coliforms	Absent	0/Absent		0	/100mls
Escherichia Coli	Absent	0/Absent		0	/100mls
Nitrite as Nitrogen	< 0.01	1		0.01	mg/L
Nitrate as Nitrogen	0.20	10		0.05	mg/L
Calcium	12.0			0.010	mg/L
Chloride	< 3.0	250		3.0	mg/L
Chlorine Residual	BDL				mg/L
Color	< 1		15	1	P.C.U.
Iron	0.006		0.3	0.002	mg/L
Fluoride	< 0.10		4.0	0.10	mg/L
Hardness (CaCO3)	45.7		200	0.1	mg/L
Magnesium	3.81			0.01	mg/L
Manganese	< 0.002	0.50	0.05	0.002	mg/L
Sodium	4.08		28	0.10	mg/L
Odor	< 1		2	1	T.O.N.
pH	7.86		6.4-10.0	0.10	pH
Sulfate	5.5		250	3.0	mg/L
Turbidity	0.28		5	0.10	NTU



LOCATION OF WELL (Town) Litchfield (Street) Wilson Rd. (Lot Number) 1 DATE June 4-91

OWNER OF WELL  
 INDIVIDUAL     BUILDER     OTHER (Specify)

OWNER'S ADDRESS  
318 Park Ave. Torrington Ct.

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

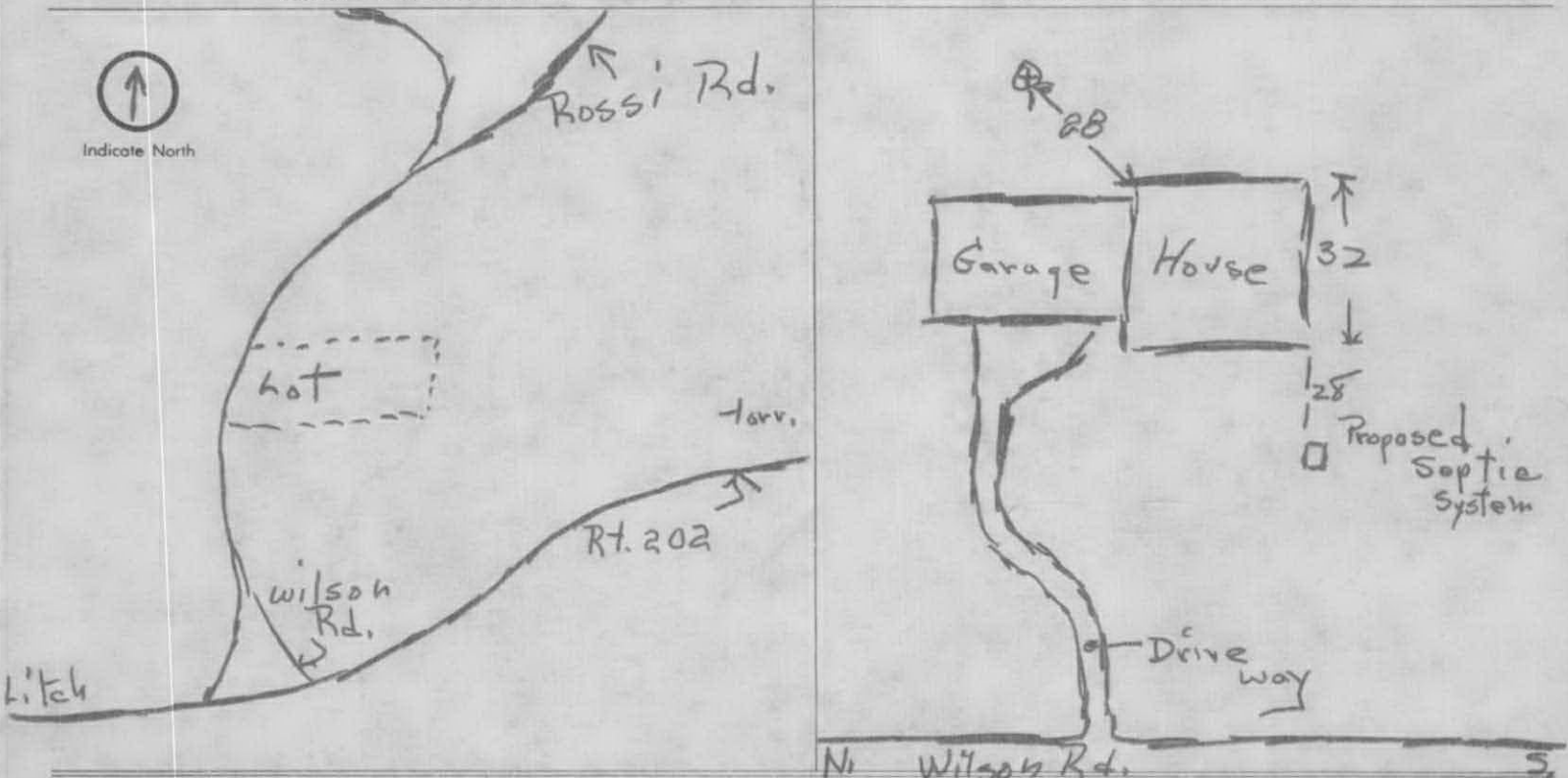
Est. No. of People being served.

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: App 90 ft. 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 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) <u>H. Gray</u>	APPLICANT'S ADDRESS <u>45 Schoolhouse Rd Northfield Ct.</u>	REGISTRATION NO. <u>12</u>
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	BY (Town Health Officer or Agent) <u>J. M. [Signature] T.A.D.</u>	DATE <u>6/2/91</u>
REMARKS		

**WELL COMPLETION REPORT**

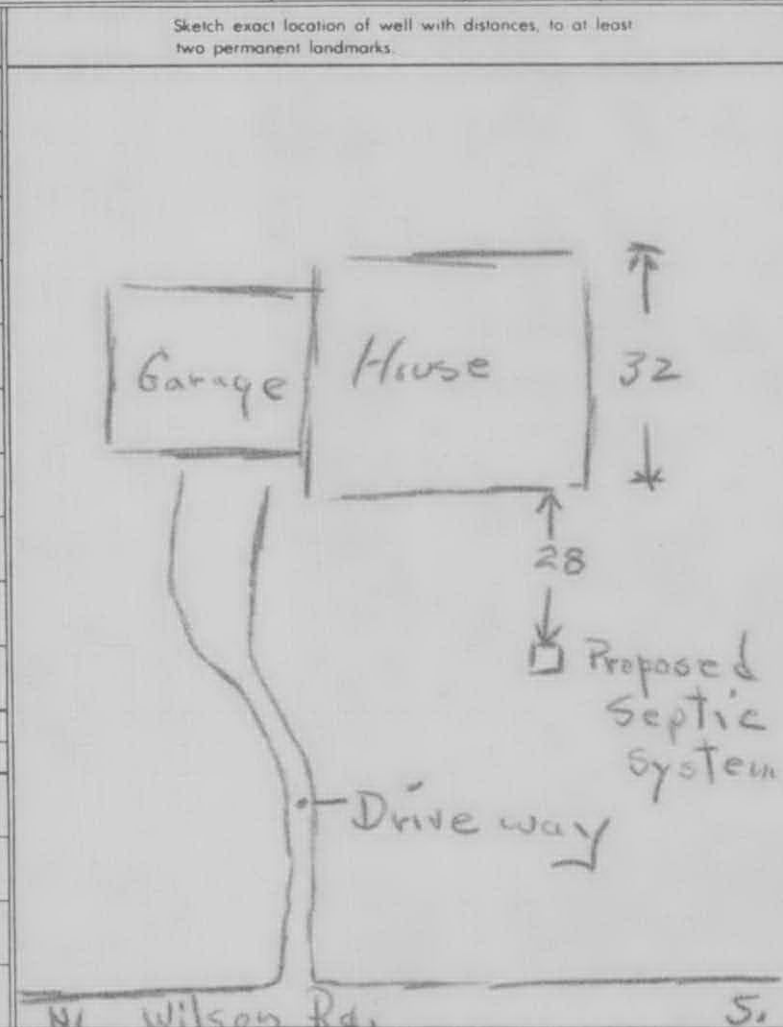
CPR-9 REV. 11-82

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.

<b>OWNER</b>	NAME <i>Thomas Murphy</i>		ADDRESS <i>310 Park Ave Torrington Ct.</i>		
<b>LOCATION OF WELL</b>	<i>Wilson Rd.</i> (No. & Street)		<i>Sitchfield</i> (Town) (Lot Number)		
<b>PROPOSED USE OF WELL</b>	<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)	
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)	
	<b>CASING DETAILS</b>	LENGTH (feet) <i>42</i>	DIAMETER (inches) <i>6 5/8</i>	WEIGHT PER FOOT <i>17</i>	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <i>1 1/2</i>	YIELD (G.P.M.) <i>15</i>
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <i>12</i>		DURING YIELD TEST (feet) <i>175</i>		
	Depth of Completed Well in feet below Land surface <i>175</i>			LENGTH OPEN TO AQUIFER (feet)	
<b>SCREEN DETAILS</b>	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
0 - 15	Hard Boulders
15 - 20	Overburden
20 - 42	Soft Shale Stone
42 - 175	Grey Stone formation



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

FEET	GALLONS PER MINUTE
60	3 1/2
125	3 1/2
175	15

DATE WELL COMPLETED <i>6-5-91</i>	PERMIT NO. <i>140095</i>	REGISTRATION NO. <i>12</i>	DATE OF REPORT <i>6-5-91</i>	WELL DRILLER (Signature) <i>H. Gray</i>
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1. Place on a hard surface
2. BEAR DOWN! You are making 3 copies
3. Type or print clearly

"SINCE 1978"

State Registration No. PH-0480

**Torrington Water Testing Laboratory**

**Bacteriological  
Chemical • Physical**

203 Pineridge Road  
Torrington, CT 06790  
Telephone (203) 496-8378  
1-800-762-9399

Address of Supply: 86 WILSON RD. (86) LITCHFIELD CT. 06759  
No. & Street                      Lot No.                      City                      State                      Zip

Collector's Name: TOM MURPHY Phone 489-7996

Owner of Supply: TOM & COLLEEN MURPHY Phone 489-7996 OR 489-8043

Date of Collection: 11-1-91 Time \_\_\_\_\_

Name and Address of Person to Receive Report: TOM & COLLEEN MURPHY  
318 PARK AVE TORRINGTON, CT 06790

Source of Water: Drilled  Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Lake or Pond \_\_\_\_\_

Name of Well Driller: HERB GRAY

Reason for Examination: CONDITION OF WATER (NEW HOME)

**DO NOT WRITE BELOW THIS LINE**

Apparent Color	<u>0</u>	pH	<u>6.88</u>
True Color	<u>0</u>	Chloride	<u>3</u> Mg/L
Odor	<u>0</u> (0-5)	Iron	<u>.06</u> Mg/L
Turbidity	<u>.37</u> NTU	Hardness	<u>44</u> Mg/L
Ammonia Nitrogen	<u>.031</u> Mg/L	Manganese	_____ Mg/L
Nitrate	<u>.10</u> Mg/L	Sodium	_____ Mg/L
Fluoride	<u>.10</u> Mg/L	Other	_____ Mg/L

Number of Coliform Bacteria per 100 ML by Membrane Filter 0

The Results of the Analysis of this Sample:

- Meet the Standards for a Potable Supply.
- Meet the bacteria Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).
- Other

Potable (drinking water) recommendations are based on the above tests only.

Sample Certified By \_\_\_\_\_

Reported By [Signature]

Date 11/5/91

**TORRINGTON AREA  
HEALTH DISTRICT**  
 APPROVED  
[Signature] RS





Torrington Rossi Rd 89  
LOCATION OF WELL (Town) (Street) (Lot Number)

Gerald Richardson Dec/19/84  
OWNER OF WELL DATE

INDIVIDUAL  BUILDER  OTHER (Specify)

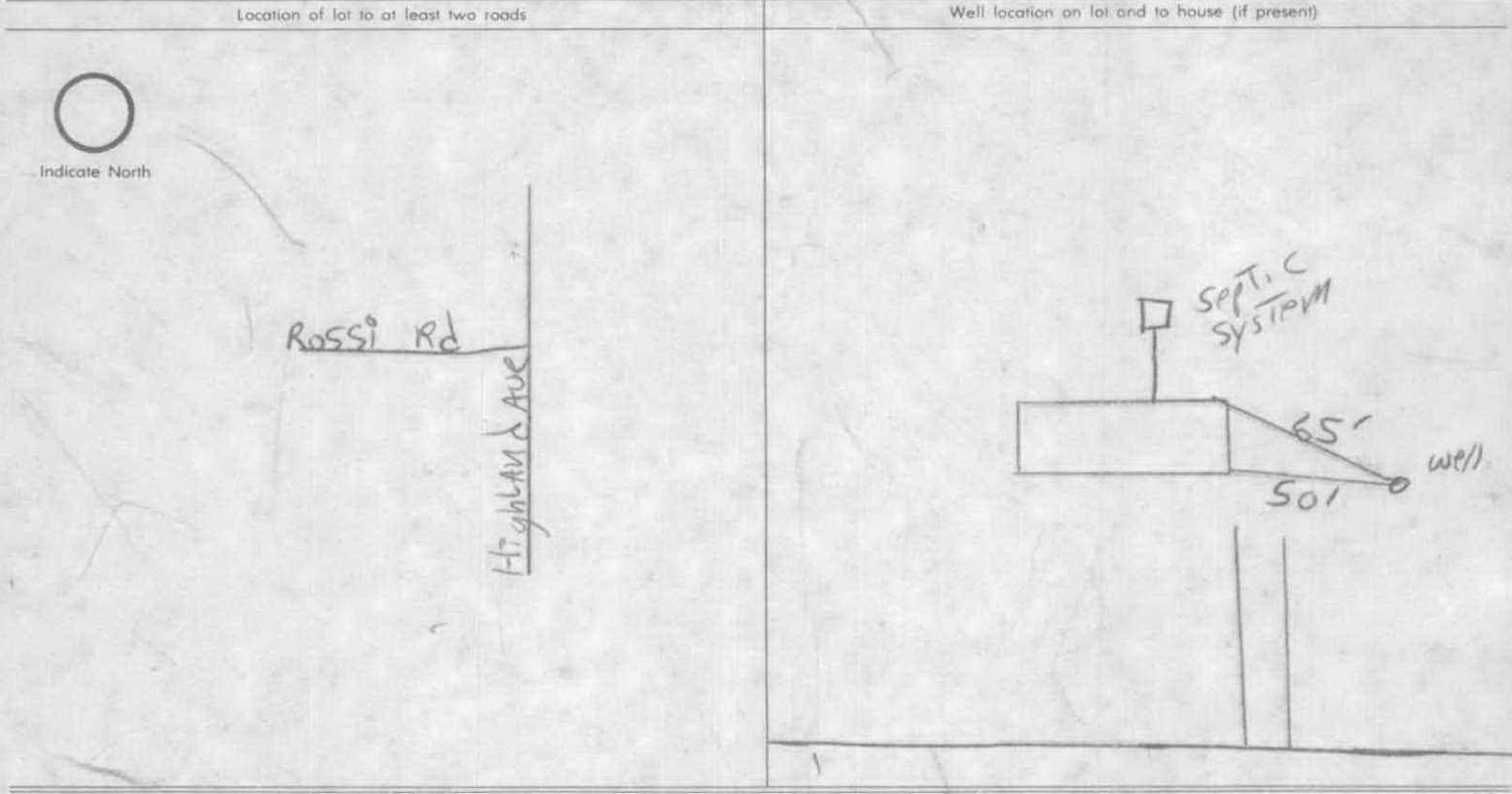
Same  
OWNER'S ADDRESS

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



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.

APPLICANT (Signature): Fanny Anich APPLICANT'S ADDRESS: 117 High St Torrington REGISTRATION NO.: 36

APPROVED  REJECTED BY (Town Health Officer or Agent): John Hughes DATE: 3.27.85

REMARKS:

**WELL COMPLETION REPORT**

PR-9 REV. 11-82

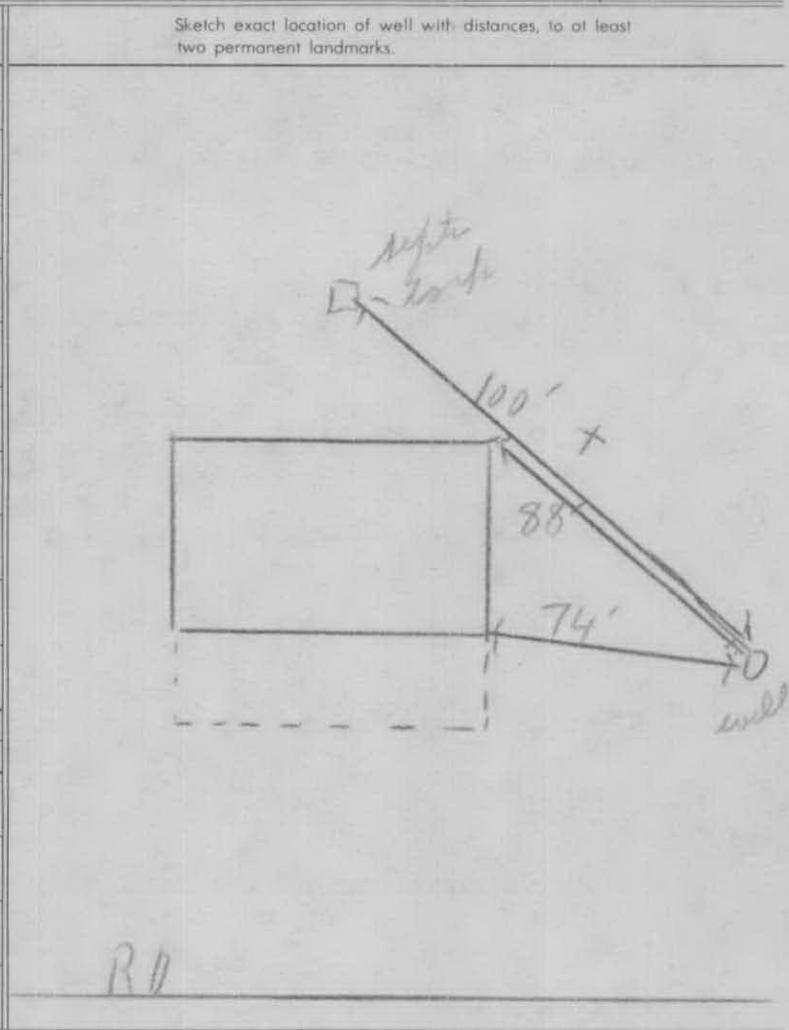
STATE OF CONNECTICUT  
**DEPARTMENT OF CONSUMER PROTECTION**  
**WELL DRILLING BOARD**

165 CAPITOL AVE.  
 HARTFORD, CONNECTICUT 06106

Do NOT fill in  
 STATE WELL NO.  
 OTHER NO.

OWNER	NAME <i>GERALD RICHARDSON TORRINGTON, JR.</i>		ADDRESS <i>TORRINGTON, CT</i>		89 (Lot Number)
LOCATION OF WELL	<i>ROSSI RD. TORRINGTON, CT</i> (No. & Street)				
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>40</i>	DIAMETER (inches) <i>6</i>	WEIGHT PER FOOT <i>19</i>	<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 <i>1</i>	YIELD (G.P.M.) <i>10</i>
WATER LEVEL	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <i>8'</i>		DURING YIELD TEST (feet) <i>100</i>		Depth of Completed Well in feet below Land surface: <i>120</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 SURFACE FEET TO FEET		FORMATION DESCRIPTION
<i>0</i>	<i>5</i>	<i>HARD PAN</i>
<i>5</i>	<i>31</i>	<i>GRAY CLAY</i>
<i>31</i>	<i>110</i>	<i>GRAY GRANITE</i>
<i>110</i>	<i>120</i>	<i>BROWN GRANITE</i>



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

FEET	GALLONS PER MINUTE
<i>100</i>	<i>3</i>
<i>120</i>	<i>10</i>

DATE WELL COMPLETED <i>1-18-85</i>	PERMIT NO. <i>100427</i>	REGISTRATION NO. <i>30</i>	DATE OF REPORT <i>4-8-85</i>	WELL DRILLER (Signature) <i>[Signature]</i>
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264817

Pd 7/2/18

25<sup>00</sup> 257427



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

WELL DRILLING PERMIT

165 Capitol Avenue, Hartford, Connecticut 06106

Torrington

105 ROSS RD

LOCATION OF WELL (Town) Peter Connors (Street) 105 ROSS RD (Lot Number) DATE 6/22/18

OWNER OF WELL  INDIVIDUAL  BUILDER  OTHER (Specify)

OWNER'S ADDRESS

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 to and to house (if present)

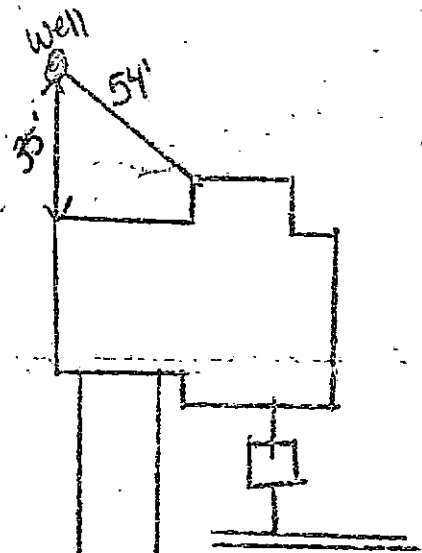


Indicate North

ROSS RD

Highland Ave

Deepen Existing Well



Approximate number of feet from well to nearest source of possible contamination: 707

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 143 Main St. Torrville Ct 06782 REGISTRATION NO. 46

APPROVED  REJECTED  BY (Town Health Officer or Agent) [Signature] DATE 7/2/18

REMARKS



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

Do NOT fill in STATE WELL NO.
OTHER NO.

<b>OWNER</b>	NAME <i>Peter Cauro</i>		ADDRESS <i>Torrington</i>				
<b>LOCATION OF WELL</b>	(No. & Street) <i>115 Rossi Rd</i>		(Town) (Lot Number)				
<b>PROPOSED USE OF WELL</b>	<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)			
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)			
	<b>CASING DETAILS</b>	LENGTH (feet)	DIAMETER (inches) <i>6"</i>	WEIGHT PER FOOT <i>17lbs</i>	<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
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <i>4</i>	YIELD (GPM) <i>19gpm.</i>		
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <i>27'</i>		DURING YIELD TEST (feet)		Depth of Completed Well in feet <i>500'</i>		
<b>SCREEN DETAILS</b>	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>150 505</i>	<i>Mica</i>	<p align="center"><i>Deepen Existing Well</i></p>
If yield was tested at different depths during drilling, list below		
FEET	GALLONS PER MINUTE	
<i>505'</i>	<i>19gpm.</i>	

DATE WELL COMPLETED <i>9/10/18</i>	PERMIT NO. <i>264817</i>	REGISTRATION NO. <i>46</i>	DATE OF REPORT <i>9/19/18</i>	WELL DRILLER (Signature) <i>[Signature]</i>
---------------------------------------	-----------------------------	-------------------------------	----------------------------------	--

# Aquatek Labs

3 Research Drive - Woodbridge, CT 06525

## Water Analysis Report

TEST ID: B050118062

DATE SAMPLED: 4/30/2018

SAMPLE POINT: KITCHEN

AFTER TREATMENT

SAMPLED BY: GENE FERCODINI

TO: ADVANCED WATER SYSTEMS 436

PROPERTY LOCATION: 115 ROSSI DRIVE - TORRINGTON, CT

BACTERIA	ABSENT	PRESENT	LIMITS		REF	METHOD
* Coliform (Total)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABSENT	P		SM 9223
E. Coli (Fecal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	P		SM 9223
Chlorine (Total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	-		SM 4500-CI G

PHYSICAL PARAMETERS	RESULT	UNITS	LIMITS		MRL	REF	METHOD
pH	8.0	SU	6.4-10	S	0		SM 4500-H B
Turbidity	0.20	NTU	5	-	0.10		SM 2130 B
Color	ND	CU	15	S	5		SM 2120 B
Odor	0	TON	2	S	0		SM 2150

CHEMICALS	RESULT	UNITS	LIMITS		MRL	REF	METHOD
Fluoride	ND	mg/L	4	P	0.3		EPA 300.0
Chloride	15	mg/L	250	P	3		EPA 300.0
Nitrite Nitrogen	ND	mg/L	1	P	0.1		EPA 300.0
Nitrate Nitrogen	ND	mg/L	10	P	1		EPA 300.0
Sulfate	16	mg/L	250	S	4		EPA 300.0
Calcium	35	mg/L	NONE	-	0.5		EPA 200.7
Magnesium	12	mg/L	NONE	-	0.5		EPA 200.7
Hardness	136	mg/L	200	S	4		SM 2340 B
Sodium	9.3	mg/L	100	S	0.5		EPA 200.7
Copper	ND	mg/L	1.3	S	0.04		EPA 200.7
Iron	ND	mg/L	0.3	S	0.04		EPA 200.7
Manganese	ND	mg/L	0.05	S	0.04		EPA 200.7

RADON WATER SINGLE	RESULT	UNITS	LIMITS		MRL	REF	METHOD
Radon Water Single	482	pCi/L	5000	S	51		SM 7500-RN

**CONCLUSION:** Based on the above results, this water was not safe for drinking purposes at the time of collection. Corrective measures, followed by re-examination, are recommended.

P = Primary limit, used to judge potability

S = Secondary limit, recommended but not required

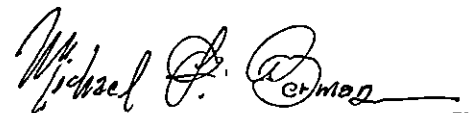
MRL = Minimum Reportable Level

\* Limit exceeded

ND = None Detected

CT License #PH-0466, Aquatek Labs

R = Reference Lab Work



Michael F. Berman, Ph.D.

Laboratory Director

Torrington 115 Rossi Road  
LOCATION OF WELL (Town) (Street) (Lot Number) DATE 3/20/90

Joseph Cirolimon  
OWNER OF WELL  
 INDIVIDUAL  BUILDER  OTHER (Specify)

OWNER'S ADDRESS  
SAME

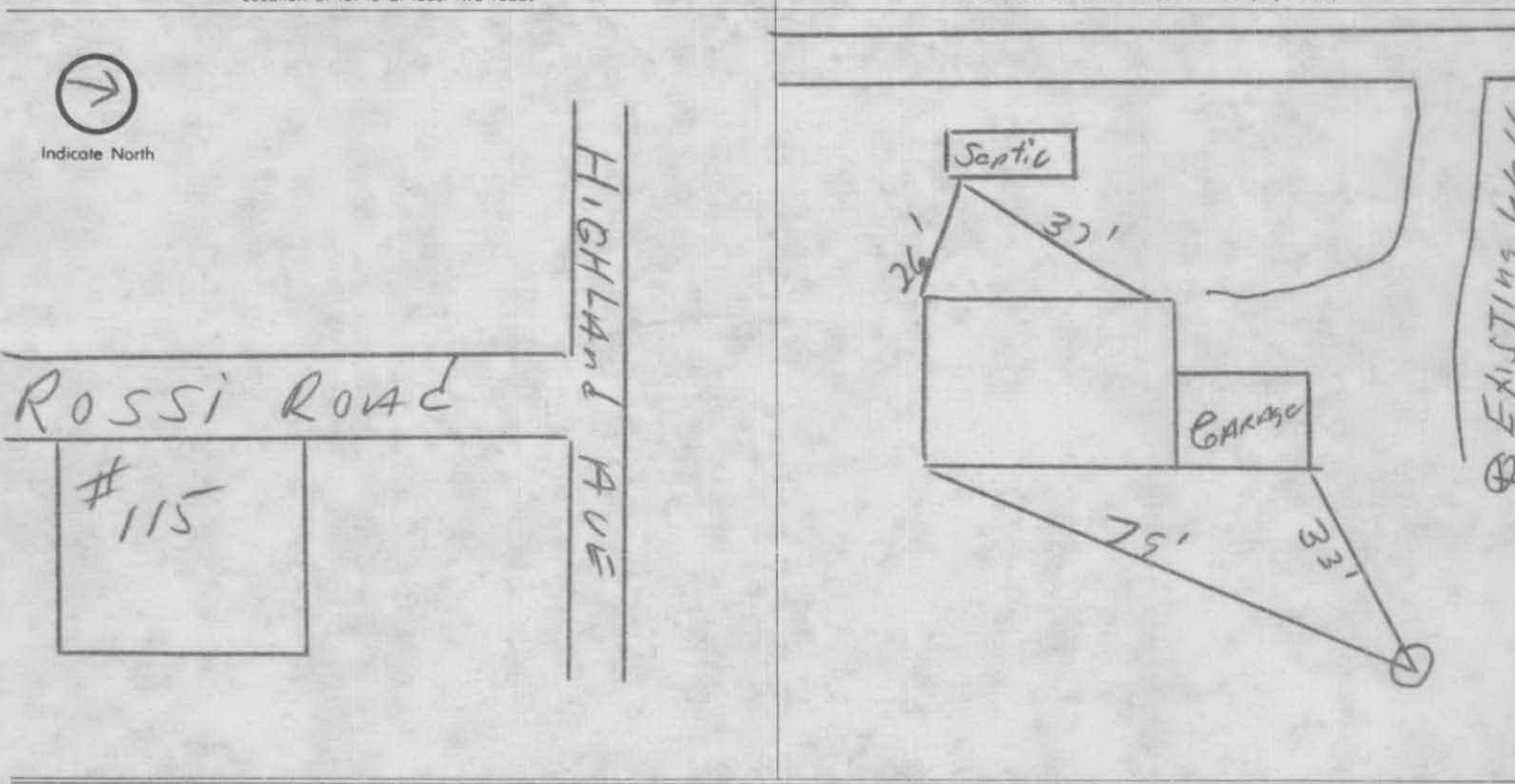
PROPOSED USE OF WELL  
 DOMESTIC  BUSINESS ESTABLISHMENT  FARM  TEST WELL  
 PUBLIC SUPPLY  INDUSTRIAL  AIR CONDITIONING  OTHER (Specify)  
Est. No. of People being served: 4

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)



Approximate number of feet from well to nearest source of possible contamination: 90'

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) Donald DeJouis  
VAILEY ARTESIAN Well Co 771 Migeon Ave Torrington  
APPLICANT'S ADDRESS BY (Town Health Officer or Agent)

APPROVED  REJECTED  
REMARKS  
REGISTRATION NO. 84  
DATE 3/20/90

**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 \_\_\_\_\_

<b>OWNER</b>	NAME <i>Joseph G. Gindelman</i>		ADDRESS <i>115 Ross Road</i>	
<b>LOCATION OF WELL</b>	(No. & Street) <i>SAME</i>		(Town) <i>TORRINGTON</i>	(Lot Number)
<b>PROPOSED USE OF WELL</b>	<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)
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
	<b>CASING DETAILS</b>	LENGTH (feet) <i>38'</i>	DIAMETER (inches) <i>6"</i>	WEIGHT PER FOOT <i>19.5</i>
<b>YIELD TEST</b>	<input checked="" type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>3 HRS</i>
	<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <i>OVER FLOWING</i>		DURING YIELD TEST (feet) <i>140'</i>
<b>SCREEN DETAILS</b>	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.
<i>0</i>	<i>38</i>	<i>Hard Pan</i>	
<i>38</i>	<i>148</i>	<i>Shale</i>	

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

FEET	GALLONS PER MINUTE

DATE WELL COMPLETED <i>3/23/90</i>	PERMIT NO <i>142432</i>	REGISTRATION NO. <i>84</i>	DATE OF REPORT <i>3-29-90</i>	WELL DRILLER (Signature) <i>Vally [unclear]</i>
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194 Rossi Rd.

1. Place on a hard surface
2. BEAR DOWN! You are making 3 copies
3. Type or print clearly

"SINCE 1978"

State Registration No. PH-0480

**Bacteriological  
Chemical • Physical**

**Torrington Water Testing Laboratory**

203 Pineridge Road  
Torrington, CT 06790  
Telephone (203) 496-8378  
1-800-762-9399

Address of Supply: 194 Rossi Rd. #3 Torrington Ct. 06790  
No. & Street Lot No. City State Zip

Collector's Name: Alan F Hill Phone 482-3998

Owner of Supply: \_\_\_\_\_ Phone \_\_\_\_\_

Date of Collection: 11-5-90 Time 10:30 AM

Name and Address of Person to Receive Report: Alan F or Karen W Hill  
194 Rossi Road Torrington Ct.

Source of Water: Drilled  Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Lake or Pond \_\_\_\_\_

Name of Well Driller: H. Gray B.N.H. Drilling Co.

Reason for Examination: New well  
call when ready!

**DO NOT WRITE BELOW THIS LINE**

Apparent Color . . . . .	<u>0</u>	pH . . . . .	<u>7.90</u>
True Color . . . . .	<u>0</u>	Alkalinity . . . . .	<u>96</u> Mg/L
Odor . . . . .	<u>0</u> (0-5)	Chloride . . . . .	<u>5</u> Mg/L
Turbidity . . . . .	<u>.64</u> NTU	Iron . . . . .	<u>.10</u> Mg/L
Ammonia Nitrogen . . . . .	<u>.10</u> Mg/L	Hardness . . . . .	<u>98</u> Mg/L
Nitrogen . . . . .	_____ Mg/L	Manganese . . . . .	_____ Mg/L
Nitrate . . . . .	<u>1.2</u> Mg/L	Sodium . . . . .	_____ Mg/L
Fluoride . . . . .	<u>.17</u> Mg/L	Other . . . . .	_____ Mg/L

Number of Coliform Bacteria per 100 ML by Membrane Filter 0

The Results of the Analysis of this Sample:

- Meet the Standards for a Potable Supply.
- Meet the bacteria Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).
- Other

Potable (drinking water) recommendations are based on the above tests only.

Sample Certified By \_\_\_\_\_

Reported By [Signature]  
 Date 11/9/90

*Pd*

LOCATION OF WELL (Town) Torrington (Street) Rossi Rd. (Lot Number) 17 DATE 6/11/90

OWNER OF WELL Allan Hill  
 INDIVIDUAL     BUILDER     OTHER (Specify)

OWNER'S ADDRESS 83 Highland Ave. Torrington

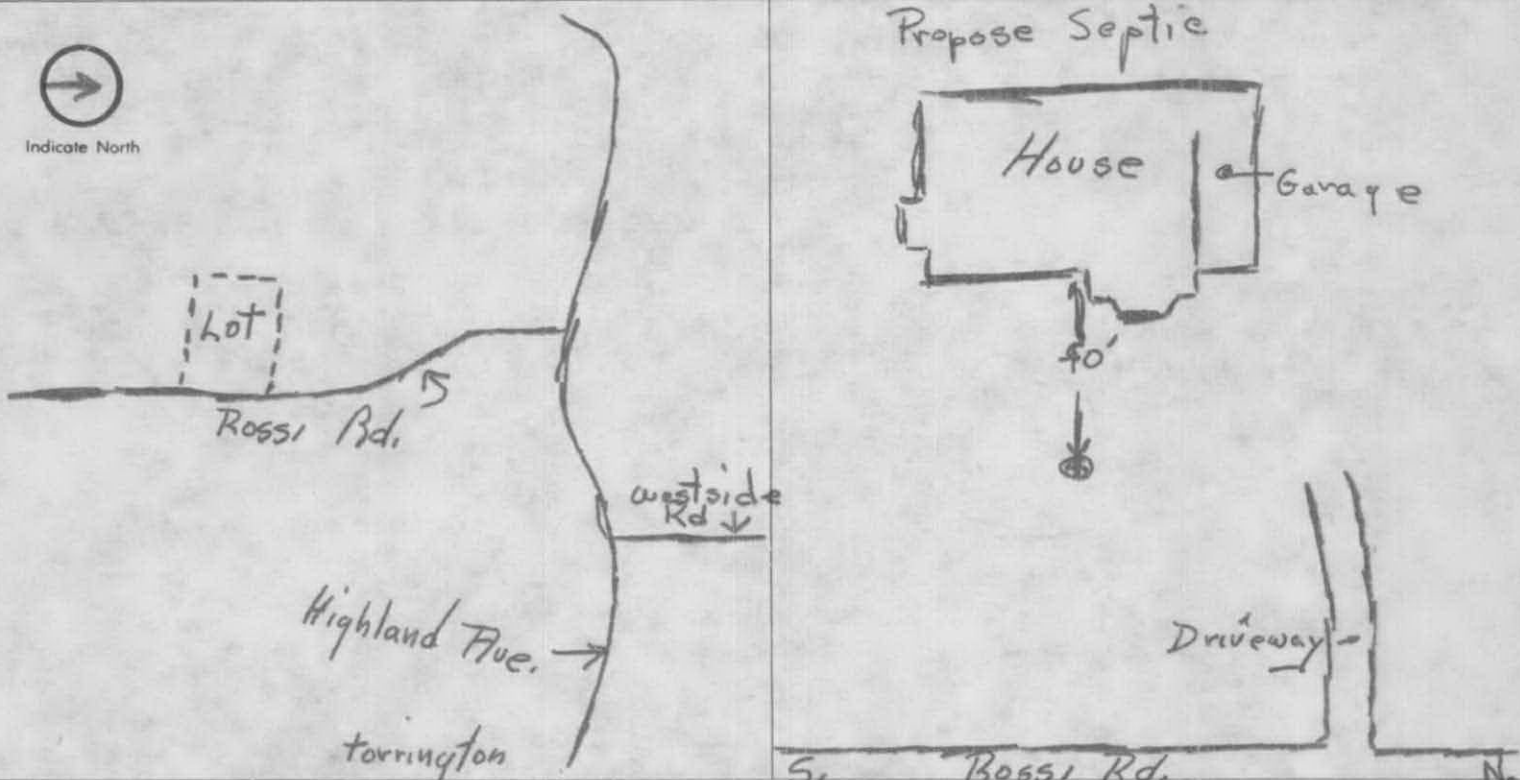
PROPOSED USE OF WELL  
 DOMESTIC     BUSINESS ESTABLISHMENT     FARM     TEST WELL  
 PUBLIC SUPPLY     INDUSTRIAL     AIR CONDITIONING     OTHER (Specify)  
 Est. No. of People being served. 4

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)



Approximate number of feet from well to nearest source of possible contamination: App. 100 from 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 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) <u>H. Gray</u>	APPLICANT'S ADDRESS <u>45 School House Rd. Northfield</u> BY (Town Health Officer or Agent) <u>Robert A. Smith RS</u>	REGISTRATION NO. <u>12</u>
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	<u>06778</u>	DATE <u>6/11/90</u>
REMARKS		

COMPLETION REPORT

9 REV. 11-82

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

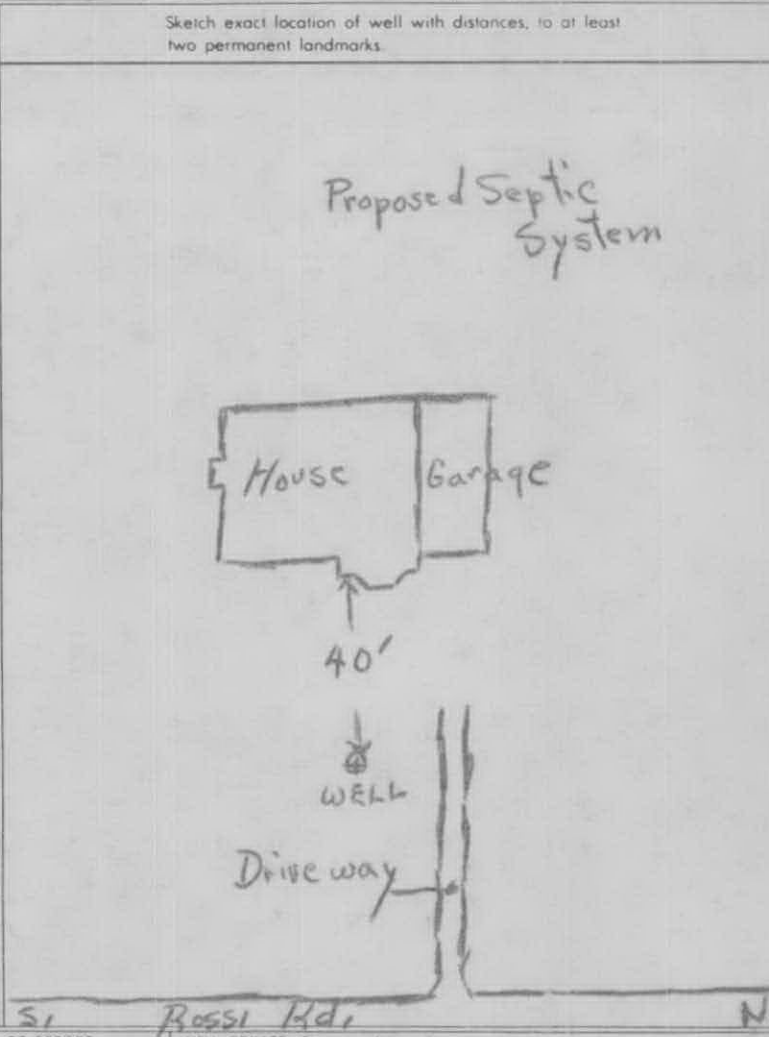
Do NOT fill in

STATE WELL NO \_\_\_\_\_

OTHER NO \_\_\_\_\_

OWNER	NAME <i>Alan Hill</i>		ADDRESS <i>83 Highland Ave Torrington</i>			
LOCATION OF WELL	<i>Rossi Rd.</i>		<i>Torrington</i>		<i>(Lot Number)</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 type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)		
CASING DETAILS	LENGTH (feet) <i>30</i>	DIAMETER (inches) <i>6 5/8</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
						WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YIELD TEST	<input checked="" type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>App 2 hrs.</i>	YIELD (G.P.M.) <i>7</i>	
WATER LEVEL	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <i>11</i>		DURING YIELD TEST (feet) <i>150</i>		Depth of Completed Well in feet below Land surface <i>150</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 SURFACE FEET TO FEET		FORMATION DESCRIPTION
<i>0</i>	<i>18</i>	<i>Blue Clay + Boulders</i>
<i>18</i>	<i>30</i>	<i>Soft Shale Stone formation</i>
<i>30</i>	<i>150</i>	<i>medium hard Grey Stone formation</i>



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

FEET	GALLONS PER MINUTE
<i>85</i>	<i>3 1/8</i>
<i>130</i>	<i>7</i>
<i>150</i>	<i>7</i>

DATE WELL COMPLETED <i>6-20-90</i>	PERMIT NO. <i>190086</i>	REGISTRATION NO. <i>12</i>	DATE OF REPORT <i>6-20-90</i>	WELL DRILLER (Signature) <i>H. Gray</i>
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LOCAL DIRECTOR OF HEALTH



# Aquatek Labs

3 Research Drive - Woodbridge, CT 06525

## Water Analysis Report

TEST ID: C060618017  
 DATE SAMPLED: 6/4/2018  
 SAMPLE POINT: KITCHEN  
 NO TREATMENT  
 SAMPLED BY: GENE FERCODINI

TO: ADVANCED WATER SYSTEMS 436

PROPERTY LOCATION: 201 ROSSI ROAD - TORRINGTON, CT

BACTERIA	ABSENT	PRESENT	LIMITS		REF	METHOD
Coliform (Total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	P		SM 9223
E. Coli (Fecal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	P		SM 9223
Chlorine (Total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	-		SM 4500-CI G

PHYSICAL PARAMETERS	RESULT	UNITS	LIMITS		MRL	REF	METHOD
pH	8.0	SU	6.4-10	S	0		SM 4500-H B
Turbidity	0.25	NTU	5	-	0.10		SM 2130 B
Color	ND	CU	15	S	5		SM 2120 B
Odor	0	TON	2	S	0		SM 2150

CHEMICALS	RESULT	UNITS	LIMITS		MRL	REF	METHOD
Fluoride	ND	mg/L	4	P	0.3		EPA 300.0
Chloride	178	mg/L	250	P	3		EPA 300.0
Nitrite Nitrogen	ND	mg/L	1	P	0.1		EPA 300.0
Nitrate Nitrogen	ND	mg/L	10	P	1		EPA 300.0
Sulfate	20	mg/L	250	S	4		EPA 300.0
Calcium	85	mg/L	NONE	-	0.5		EPA 200.7
Magnesium	37	mg/L	NONE	-	0.5		EPA 200.7
* Hardness	365	mg/L	200	S	4		SM 2340 B
Sodium	33.2	mg/L	100	S	0.5		EPA 200.7
Copper	ND	mg/L	1.3	S	0.04		EPA 200.7
Iron	ND	mg/L	0.3	S	0.04		EPA 200.7
Manganese	ND	mg/L	0.05	S	0.04		EPA 200.7

RADON WATER SINGLE	RESULT	UNITS	LIMITS		MRL	REF	METHOD
Radon Water Single	3170	pCi/L	5000	S	51		SM 7500-RN

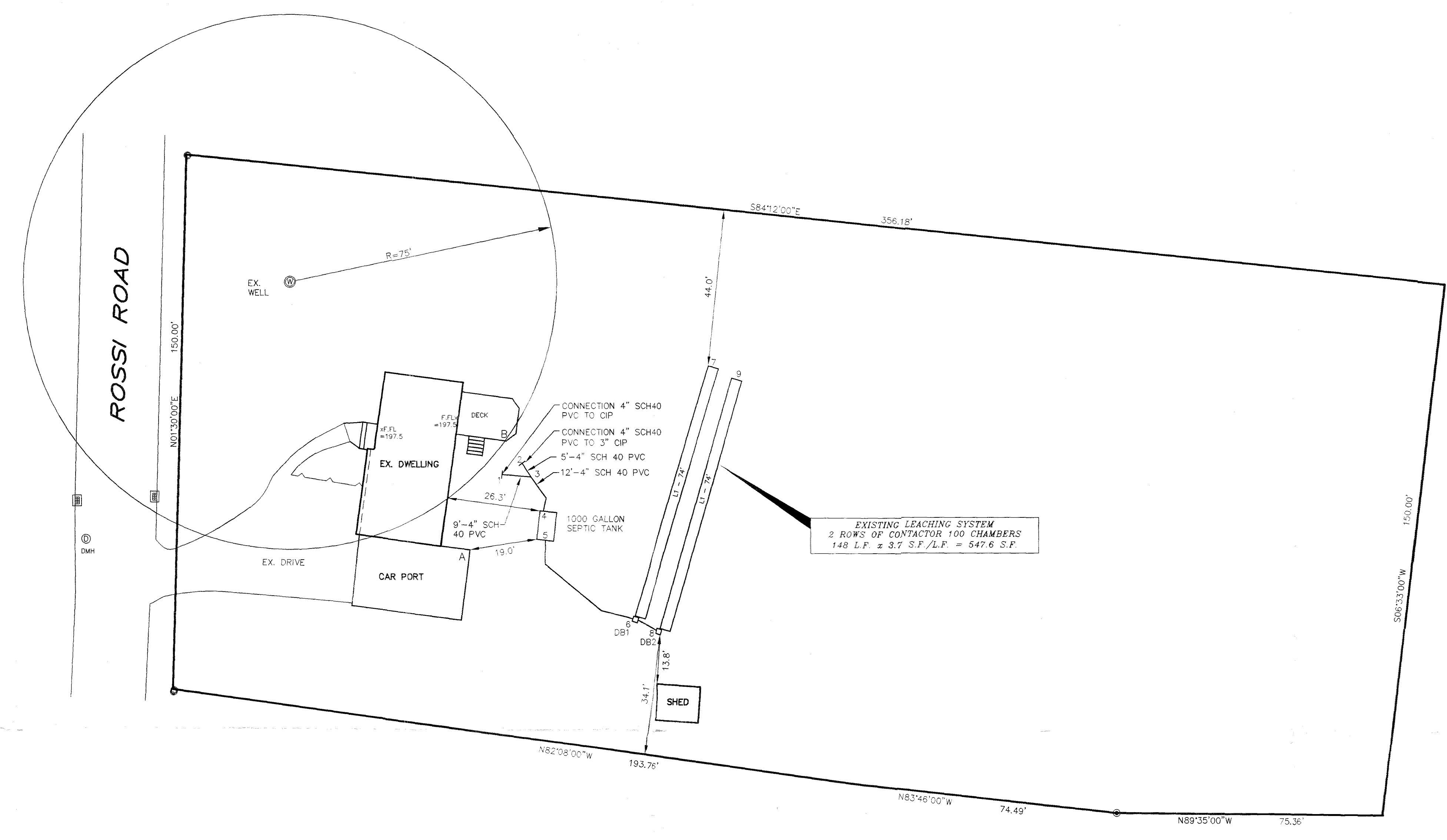
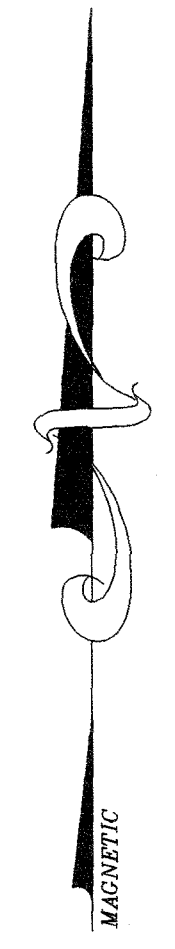
**CONCLUSION:** Based on the above results, this water was safe for drinking purposes at the time of collection.

P = Primary limit, used to judge potability  
 S = Secondary limit, recommended but not required  
 MRL = Minimum Reportable Level  
 \* Limit exceeded  
 ND = None Detected  
 CT License #PH-0466, Aquatek Labs

R = Reference Lab Work



Michael F. Berman, Ph.D.  
 Laboratory Director



**SIEVE TEST RESULTS FOR IN-PLACE SEPTIC FILL**

**Soil Gradation Report**

GRADATION ASTM D-422, WET WASH ASTM D-1140

PROJECT: INHO - 201 ROSSI ROAD, TORRINGTON PROJECT NO.: 9952  
 CLIENT: BERKSHIRE ENGINEERING & SURVEYING, LLC REPORT NO.: 139  
 LAB NO.: 35367 DATE: 11/24/17  
 USE: SEPTIC (SELECT FILL) SAMPLED BY: J. CAMPBELL  
 SPEC A: CT D.O.P.H. TECHNICAL STANDARDS SOURCE: ON-SITE EXCAVATED

TEST PARTICLE SHAPE/HARDNESS: ANGULAR/HARD PAGE: 2 OF 3

GRADATION RESULTS			
SIEVE #		% PASS	SPEC A
75 mm	(#4)	100.0	100
4.75 mm	(#40)	100.0*	100*
2.0 mm	(#100)	80.3*	70-100*
425 µm	(#40)	48.8*	10-50**
150 µm	(#100)	10.6*	0-20*
75 µm	(#200)	3.5*	0-5*

COMPLIED WITH: SPEC A: YES

... AS PER GRADATION ABOVE

SOIL DESCRIPTION: LIGHT YELLOW-BROWN SAND, TRACE FINES, TRACE GRAVEL

\*PERCENTAGE OF SAMPLE LESS GRAVEL

PERCENTAGE GRAVEL (#4) = 0.0% Gravel fraction of the total sample (#4) cannot exceed 45%

\*Percent passing the #40 sieve can be increased to no greater than 75% if the percent passing the #100 sieve does not exceed 10% and the #200 sieve does not exceed 5% (per CT Public Health Code for Subsurface Sewage Disposal Systems, January 2009).

**"AS-BUILT" ELEVATIONS AND TIE DIMENSIONS**

DESCRIPTION	ELEV.	A	B
INV. FROM HOUSE	--	--	--
1 CONNECTION TO OLD CIP	187.86	22.9'	9.4'
2 CONNECTION TO OLD 3" CIP	187.47	28.3'	7.7'
3 INTERSECTION	187.36	26.6'	12.2'
4 INV. @ TANK IN	187.07	22.9'	23.1'
5 INV. @ TANK OUT	186.87	21.5'	28.8'
6 INV. @ DBOX 1	185.98	50.2'	61.5'
INV. @ DBOX 1 TO DBOX 2	186.02	--	--
INV. @ DBOX 1 TO L-1	185.81	--	--
7 INV. @ END L-1	185.69	85.8'	62.2'
8 INV. @ DBOX 2 INLET	185.51	58.0'	68.5'
INV. @ DBOX 2 TO L-2	185.33	--	--
9 INV. @ END L-2	185.30	89.3'	67.5'

PERCOLATION TESTS FOR IN-PLACE SEPTIC FILL:

DATE: 11/22/17

P"A"

00 0

01 18.50"

02 DRY

PERCOLATION RATE: 0.05 MIN./INCH

P"B"

00 0

01 18.0"

02 DRY

PERCOLATION RATE: 0.06 MIN./INCH

**NOTE:**

THE RECORD PLAN REPRESENTS FIELD MEASUREMENTS MADE TO LOCATE COMPONENTS OF THE SYSTEM PRIOR TO BACKFILLING. NO CERTIFICATION IS MADE REGARDING CONSTRUCTION ASPECTS OF THE SYSTEM THAT WERE NOT INSPECTED OR WITNESSED BY THE ENGINEER DURING INSTALLATION OF THE SYSTEM OR PREPARATION OF THE SITE. THE RECORD PLAN DOES NOT REPRESENT A GUARANTEE AGAINST FAILURE DUE TO UNDETERMINABLE FUTURE CIRCUMSTANCES INVOLVING UNDETECTED ERRORS IN INSTALLATION, UNAUTHORIZED DEVIATIONS FROM THE ENGINEERING PLANS, REGRADING, EXCESSIVE WATER USAGE, IMPROPER MAINTENANCE OF THE SYSTEM OR VARIATIONS IN SOIL OR GROUND WATER CONDITIONS BEYOND THE SCOPE OF NORMAL FIELD INVESTIGATION. BASED ON THE FIELD LOCATION AND ELEVATIONS NOTED, THE SYSTEM WAS INSTALLED IN SUBSTANTIAL CONFORMANCE WITH THE DESIGN PLAN.

REVIEWED BY: *[Signature]* 11-27-17  
 per: Debra McMoran, D.M.A. Engineering

*[Signature]*  
 Not valid without original seal

**SEPTIC SYSTEM RECORD DRAWING**  
 PREPARED FOR  
**JAMES E. PROSKY**  
 201 ROSSI ROAD  
 TORRINGTON, CONNECTICUT

**BERKSHIRE ENGINEERING & SURVEYING, LLC**

143 BANTAM LAKE ROAD  
 BANTAM, CONNECTICUT 06750 (860)567-8007  
 (860)567-8006 (fax)

Date: 11-29-17 Proj. No.: 17-3012(SAB) Sheet: 1/1  
 Scale: 1"=20' Drawn By: MS Map No.: 3012





paid  
\$1.00

LOCATION OF WELL (Town) Lorrington (Street) 229 Rossi (Lot Number) \_\_\_\_\_ DATE 11/9/76

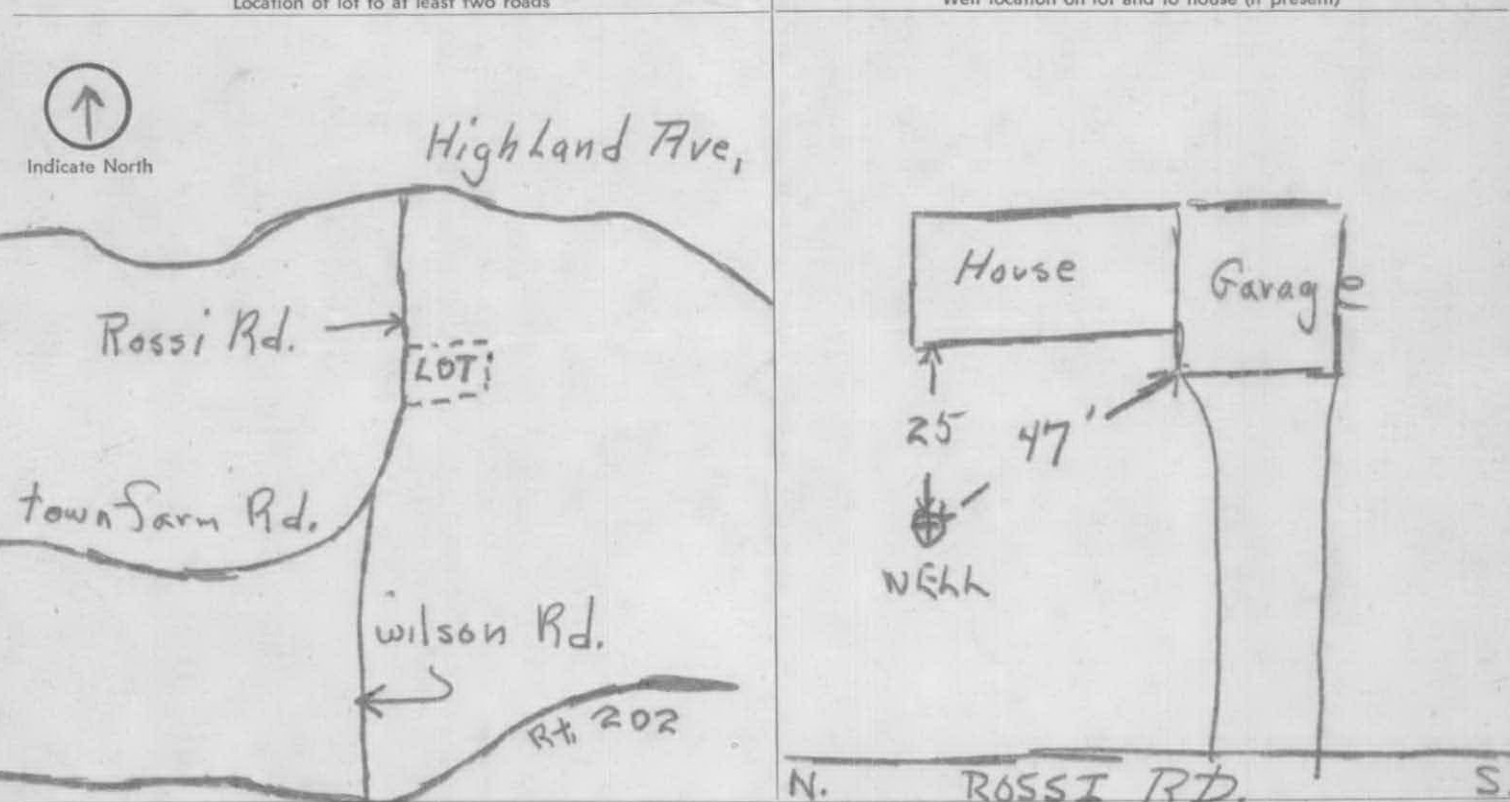
OWNER OF WELL John Massucci  
 INDIVIDUAL  BUILDER  OTHER (Specify) \_\_\_\_\_

OWNER'S ADDRESS Rossi Rd. Lorrington

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



Approximate number of feet from well to nearest source of possible contamination: 80 Sophie 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 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) [Signature] APPLICANT'S ADDRESS Rt. 202 Thomaston 06787 REGISTRATION NO. 12

APPROVED  REJECTED BY (Town Health Officer or Agent) [Signature] DATE 11/9/76

REMARKS \_\_\_\_\_

**WELL COMPLETION REPORT**

WEB-5 12-69 REV. 9-71

STATE OF CONNECTICUT  
**WELL DRILLING BOARD**

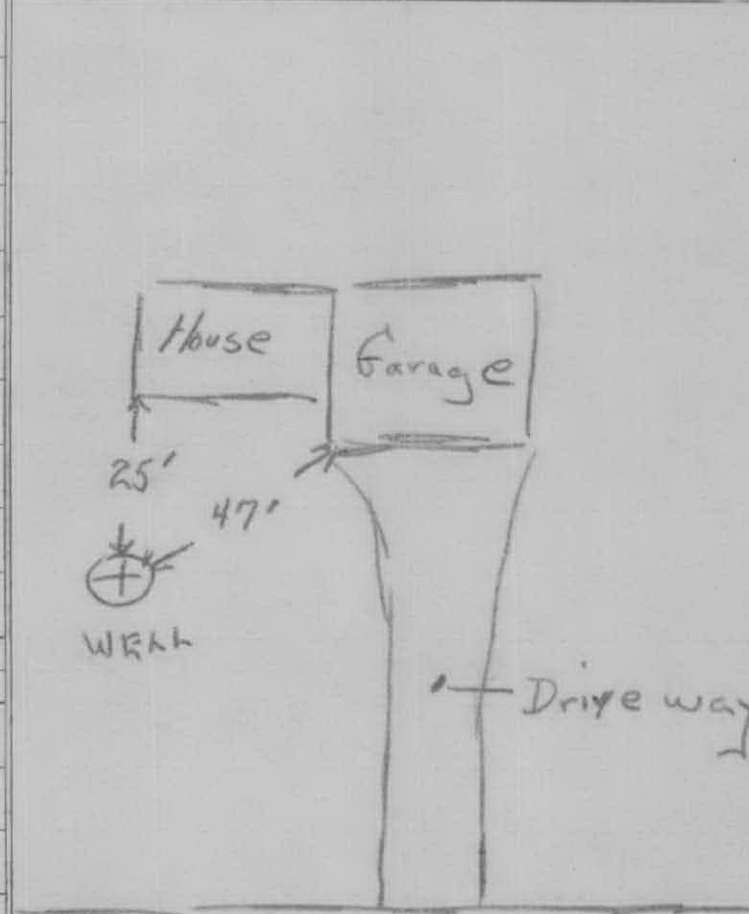
State Office Building  
HARTFORD, CONNECTICUT 06115

Do NOT fill in  
STATE WELL NO.  
OTHER NO.

OWNER	NAME <i>John Maffucci</i>		ADDRESS <i>Rossi Rd, Torrington</i>	
LOCATION OF WELL	<i>Rossi Rd.</i> (No. & Street)		<i>Torrington</i> (Town)	(Lot Number)
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 type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
CASING DETAILS	LENGTH (feet) <i>22</i>	DIAMETER (inches) <i>6 5/8</i>	WEIGHT PER FOOT <i>17</i>	DRIVE SHOE
				<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED
YIELD TEST	<input checked="" type="checkbox"/> BAILED <input type="checkbox"/> PUMPED <input type="checkbox"/> COMPRESSED AIR		HOURS <i>2 1/2</i>	YIELD (G.P.M.) <i>5</i>
	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <i>20</i>		DURING YIELD TEST (feet) <i>200</i>	Depth of Completed Well in feet below Land surface: <i>200</i>
SCREEN DETAILS	MAKE			LENGTH OPEN TO AQUIFER (feet)
	SLOT SIZE	DIAMETER (inches)	IF GRAVEL PACKED:	GRAVEL SIZE (inches) FROM (feet) TO (feet)

DEPTH FROM LAND SURFACE FEET to FEET		FORMATION DESCRIPTION
<i>0</i>	<i>12</i>	<i>Clay &amp; Hardpan</i>
<i>12</i>	<i>200</i>	<i>Hard Stone formation</i>

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
	<i>5</i>

N. *Rossi Rd.* S.

DATE WELL COMPLETED <i>11/19/76</i>	PERMIT NO. <i>36532</i>	REGISTRATION NO. <i>12</i>	DATE OF REPORT <i>11/29/76</i>	WELL DRILLER (Signature) <i>H. Gray</i>
-------------------------------------	-------------------------	----------------------------	--------------------------------	---

236 ROSSI RD

# Aquatek Labs

3 Research Drive - Woodbridge, CT 06525

## Water Analysis Report

TEST ID: F062318002

DATE SAMPLED: 6/22/2018

SAMPLE POINT: KITCHEN

AFTER TREATMENT

SAMPLED BY: JAMES CIANCIOLO

TO: ADVANCED WATER SYSTEMS 436

PROPERTY LOCATION: 236 ROSSI ROAD - TORRINGTON , CT

BACTERIA	ABSENT	PRESENT	LIMITS		REF	METHOD
* Coliform (Total)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABSENT	P		SM 9223
E. Coli (Fecal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	P		SM 9223
Chlorine (Total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	-		SM 4500-CI G

PHYSICAL PARAMETERS	RESULT	UNITS	LIMITS		MRL	REF	METHOD
pH	7.9	SU	6.4-10	S	0		SM 4500-H B
Turbidity	0.60	NTU	5	-	0.10		SM 2130 B
Color	ND	CU	15	S	5		SM 2120 B
Odor	0	TON	2	S	0		SM 2150

CHEMICALS	RESULT	UNITS	LIMITS		MRL	REF	METHOD
Fluoride	0.3	mg/L	4	P	0.3		EPA 300.0
Chloride	103	mg/L	250	P	3		EPA 300.0
Nitrite Nitrogen	ND	mg/L	1	P	0.1		EPA 300.0
Nitrate Nitrogen	ND	mg/L	10	P	1		EPA 300.0
Sulfate	18	mg/L	250	S	4		EPA 300.0
Calcium	64	mg/L	NONE	-	0.5		EPA 200.7
Magnesium	23	mg/L	NONE	-	0.5		EPA 200.7
* Hardness	255	mg/L	200	S	4		SM 2340 B
Sodium	22.0	mg/L	100	S	0.5		EPA 200.7
Copper	ND	mg/L	1.3	S	0.04		EPA 200.7
Iron	0.05	mg/L	0.3	S	0.04		EPA 200.7
Manganese	ND	mg/L	0.05	S	0.04		EPA 200.7

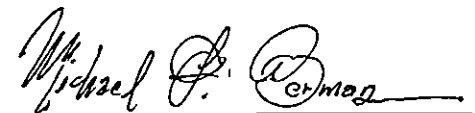
  

RADON WATER SINGLE	RESULT	UNITS	LIMITS		MRL	REF	METHOD
Radon Water Single	89	pCi/L	5000	S	51		SM 7500-RN

**CONCLUSION:** Based on the above results, this water was not safe for drinking purposes at the time of collection. Corrective measures, followed by re-examination, are recommended.

P = Primary limit, used to judge potability  
 S = Secondary limit, recommended but not required  
 MRL = Minimum Reportable Level  
 \* Limit exceeded  
 ND = None Detected  
 CT License #PH-0466, Aquatek Labs

R = Reference Lab Work



Michael F. Berman, Ph.D.  
 Laboratory Director

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

165 Capitol Avenue, Hartford, Connecticut 06106



LOCATION OF WELL *Journington* (Town) *Rossi Rd.* (Street) *(236)* (Lot Number) DATE *9-11-97*

OWNER OF WELL *Guido Rossi*  
 INDIVIDUAL  BUILDER  OTHER (Specify)

OWNER'S ADDRESS *236 Rossi Rd. Journington, Conn. 06790*

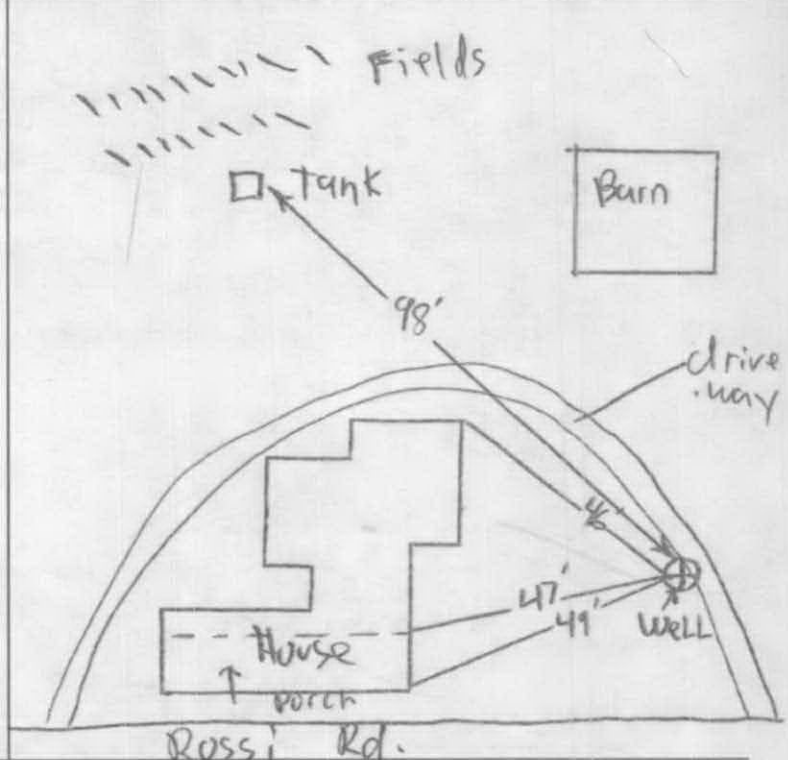
PROPOSED USE OF WELL  
 DOMESTIC  BUSINESS ESTABLISHMENT  FARM  TEST WELL  
 PUBLIC SUPPLY  INDUSTRIAL  AIR CONDITIONING  OTHER (Specify)  
Est. No. of People being served: *2*

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*

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'S ADDRESS *Northfield* REGISTRATION NO. *116*  
*Herbert C. Gray, Jr.* *45 Schoolhouse Rd. Conn. 06778*  
BY (Town Health Officer or Agent) *Robert Paul* DATE *9-11-97*

APPROVED  REJECTED

REMARKS

*FORMERLY SERVED BY A SPRING*

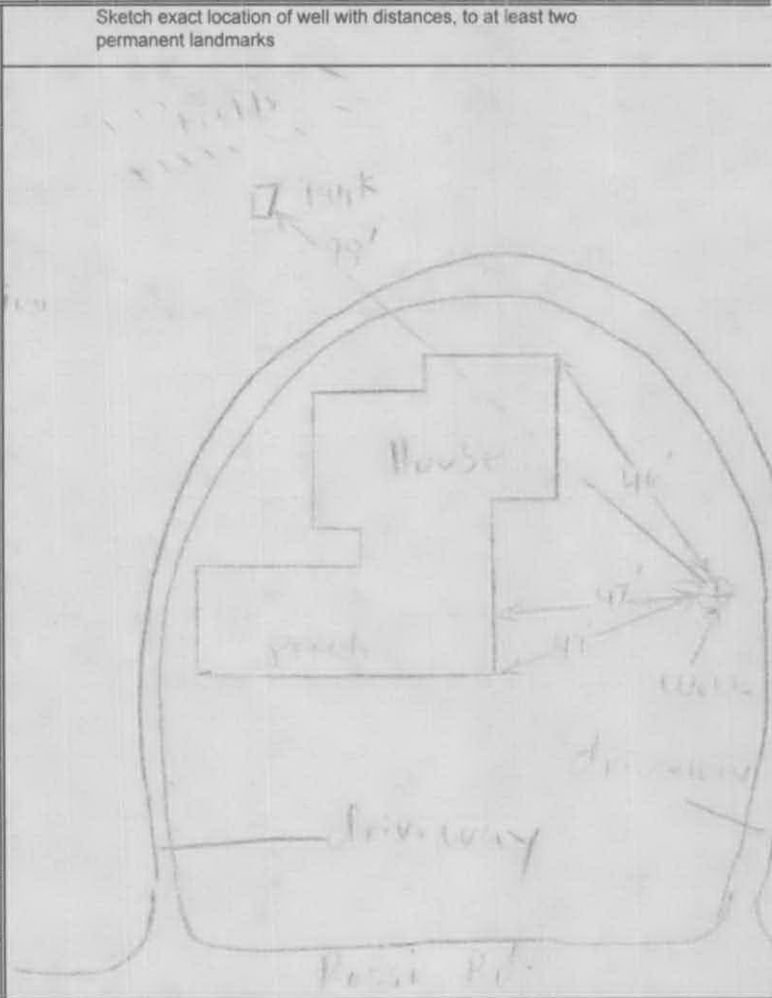


**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
REAL ESTATE & PROFESSIONAL TRADES DIVISION  
WELL DRILLING COMPLETION REPORT  
165 Capitol Avenue, Hartford, Connecticut 06106**

Do NOT fill in STATE WELL NO.
OTHER NO.

<b>OWNER</b>	NAME <i>Muelo Panni</i>		ADDRESS <i>236 Panni Rd. Torrington Ct.</i>		
<b>LOCATION OF WELL</b>	(No. & Street) <i>236 Panni Rd.</i>	(Town) <i>Torrington</i>	(Lot Number) <i>06740</i>		
<b>PROPOSED USE OF WELL</b>	<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)	
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)	
	<b>CASING DETAILS</b>		LENGTH (feet) <i>42</i>	DIAMETER (inches) <i>6 3/8</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		WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input checked="" type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>4</i>	
				YIELD (GPM) <i>8</i>	
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <i>33</i>		DURING YIELD TEST (feet) <i>150</i>		
				Depth of Completed Well in feet <i>360</i>	
<b>SCREEN DETAILS</b>	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
<i>0 - 26</i>	<i>Over Burden</i>
<i>26 - 360</i>	<i>Medium Hard Gray Stone Formed</i>



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

FEET	GALLONS PER MINUTE
<i>110</i>	<i>-0-</i>
<i>200</i>	<i>-0-</i>
<i>360</i>	<i>-8-</i>

DATE WELL COMPLETED <i>7-19-97</i>	PERMIT NO. <i>150940</i>	REGISTRATION NO. <i>116</i>	DATE OF REPORT <i>7-21-97</i>	WELL DRILLER (Signature) <i>M. Murray, Jr.</i>
------------------------------------	--------------------------	-----------------------------	-------------------------------	--

255 Rossi Rd.,

Torrington

LOCATION OF WELL (Town) Southington (Street) Rossi Rd. (Lot Number) 255 DATE 12-26-91

OWNER OF WELL  
 INDIVIDUAL     BUILDER     OTHER (Specify)

OWNER'S ADDRESS  
Rossi Rd. Southington

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

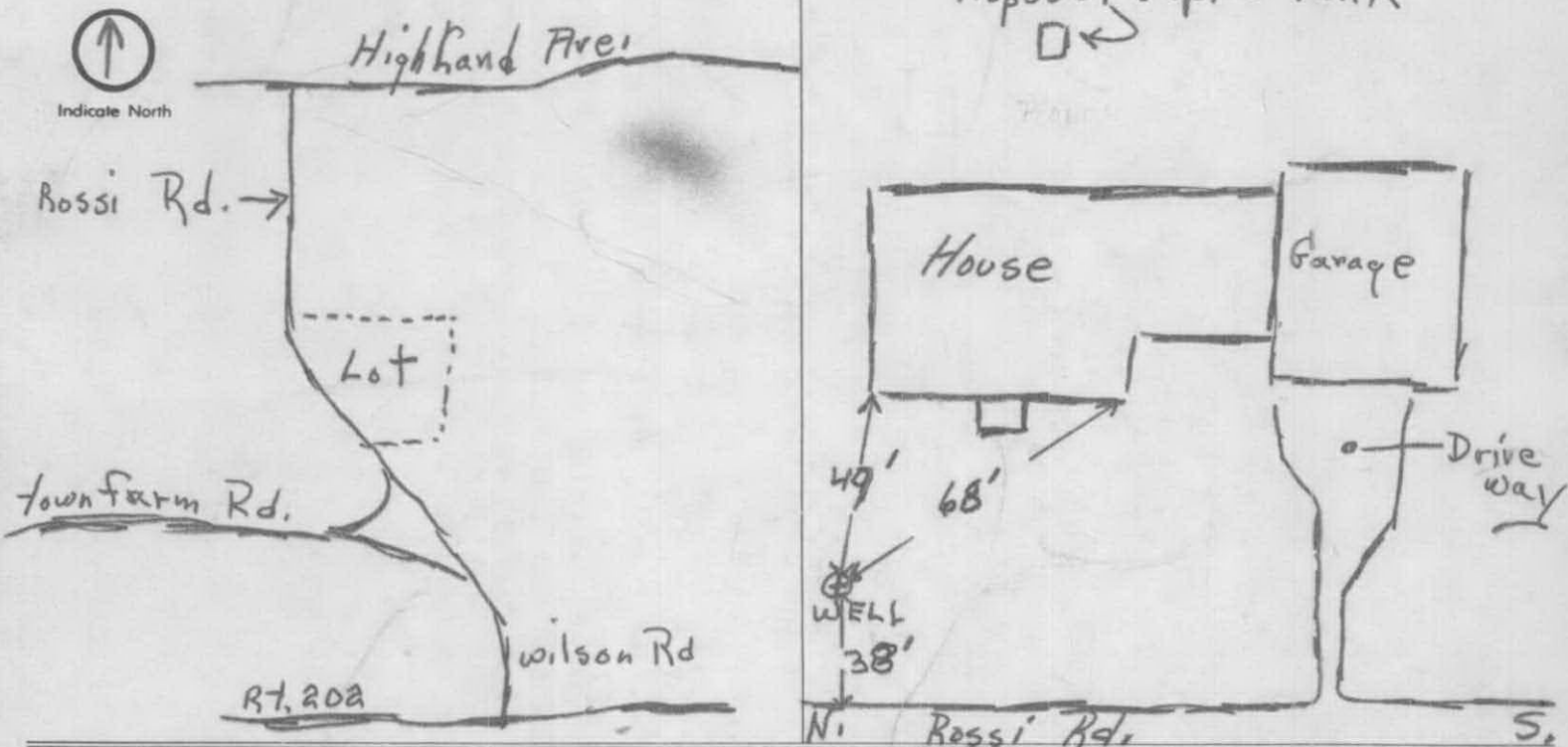
Est. No. of People being served. 2

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: App 100 ft. 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 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) H. Gray    APPLICANT'S ADDRESS 45 Schoolhouse Rd. Northfield Ct.    REGISTRATION NO. 12  
 BY (Town Health Officer or Agent) Steven O. Rosen    DATE 12-26-91

APPROVED     REJECTED

REMARKS



**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

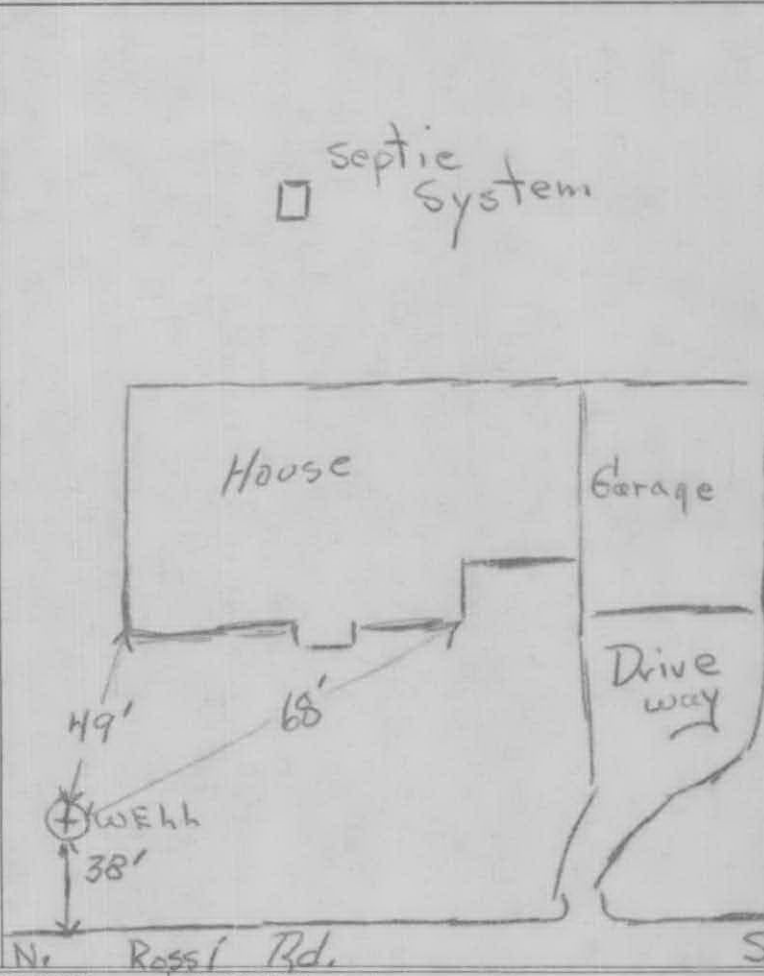
STATE WELL NO \_\_\_\_\_

OTHER NO \_\_\_\_\_

<b>OWNER</b>	NAME <i>Shawn Byrne</i>		ADDRESS <i>255 Rossi Rd. Torrington #3</i>		
<b>LOCATION OF WELL</b>	<i>255 Rossi Rd.</i> (No. & Street)		<i>Torrington</i> (Town)		
<b>PROPOSED USE OF WELL</b>	<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)	
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)	
	<b>CASING DETAILS</b>	LENGTH (feet) <i>20</i>	DIAMETER (inches) <i>6 5/8</i>	WEIGHT PER FOOT <i>17</i>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED <input checked="" type="checkbox"/> DRIVE SHOE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> WAS CASING GROUTED? YES <input type="checkbox"/> NO
<b>YIELD TEST</b>	<input checked="" type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>1 1/2</i> YIELD (G.P.M.) <i>8 1/4</i>	
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <i>20</i>		DURING YIELD TEST (feet) <i>135</i>		
	MAKE _____			Depth of Completed Well in feet below Land surface <i>135</i>	
<b>SCREEN DETAILS</b>	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
0	15	Hard Pan / Boulders
15	20	Soft Shale Stone
20	135	Grey Stone formation with Hard streaks

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
70	1
99	2
120	5
135	8 1/4

DATE WELL COMPLETED *1-31-92*    PERMIT NO. *147139*    REGISTRATION NO. *12*    DATE OF REPORT *2-3-92*    WELL DRILLER (Signature) *H. Gray*

- 1. Place on a hard surface
- 2. BEAR DOWN! You are making 3 copies
- 3. Type or print clearly

"SINCE 1978"

State Registration No. PH-0480

**Torrington Water Testing Laboratory**

**Bacteriological  
Chemical • Physical**

203 Pineridge Road  
Torrington, CT 06790  
Telephone (203) 496-8378  
1-800-762-9399

*Call when Ready  
Please*

Address of Supply: 255 Rossi Rd Torrington CT 06790  
No. & Street Lot No. City State Zip

Collector's Name: Shawn M Boyne Phone 489-7721

Owner of Supply: SAME Phone \_\_\_\_\_

Date of Collection: 02-12-92 Time 0900

Name and Address of Person to Receive Report: Shawn M Boyne 255 Rossi Rd Torr

Source of Water: Drilled  Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Lake or Pond \_\_\_\_\_

Name of Well Driller: BWH Well Drilling - Herb Gray

Reason for Examination: Residential

**DO NOT WRITE BELOW THIS LINE**

Apparent Color	<u>4</u>	pH	<u>7.92</u>
True Color	<u>0</u>	Alkalinity	_____ Mg/L
Odor	<u>0</u> (0-5)	Chloride	<u>20</u> Mg/L
Turbidity	<u>2.2</u> NTU	Iron	<u>.03</u> Mg/L
Ammonia Nitrogen	<u>.02</u> Mg/L	Hardness	<u>156</u> Mg/L
Nitrogen	_____ Mg/L	Manganese	_____ Mg/L
Nitrate	<u>.48</u> Mg/L	Sodium	_____ Mg/L
Fluoride	<u>.27</u> Mg/L	Other	_____ Mg/L

Coliform Bacteria per 100 ML absent

The Results of the Analysis of this Sample:

- Meet the Standards for a Potable Supply.
- Meet the bacteria Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).
- Other

*APPROVED*  
*Catherine J. Welton*

Potable (drinking water) recommendations are based on the above tests only.

Sample Certified By \_\_\_\_\_

Reported By *[Signature]*  
Date 2/17/92



LOCATION OF WELL (Town) L Torrington (Street) Town Farm Rd. (Lot Number) \_\_\_\_\_ DATE 10-25-80

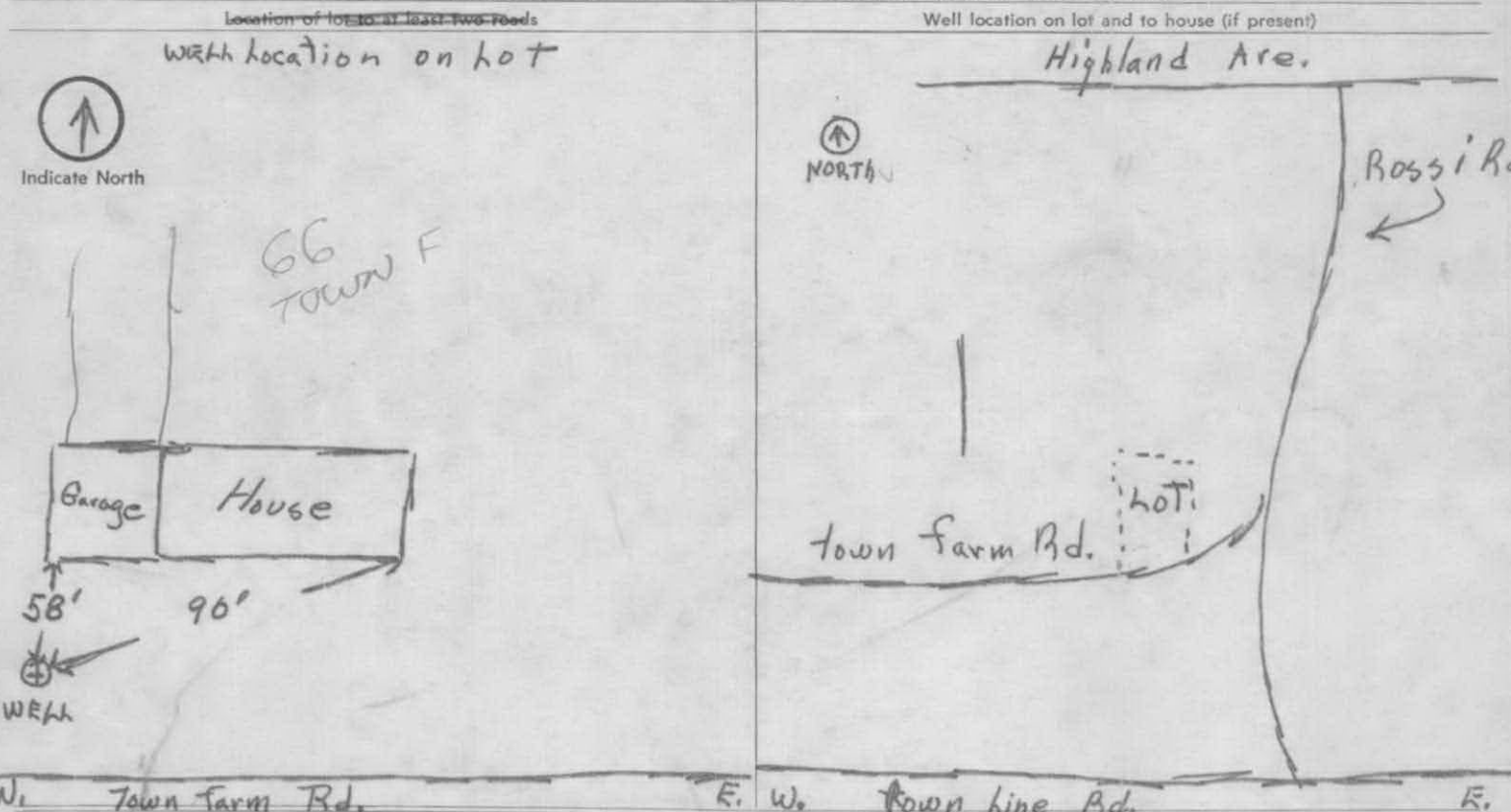
OWNER OF WELL Guido Rossi  
 INDIVIDUAL     BUILDER     OTHER (Specify) \_\_\_\_\_

OWNER'S ADDRESS Rossi Rd. Torrington

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



W. Town Farm Rd.    E. W. Town line Rd.    E.  
 Approximate number of feet from well to nearest source of possible contamination: 135 ft.

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.

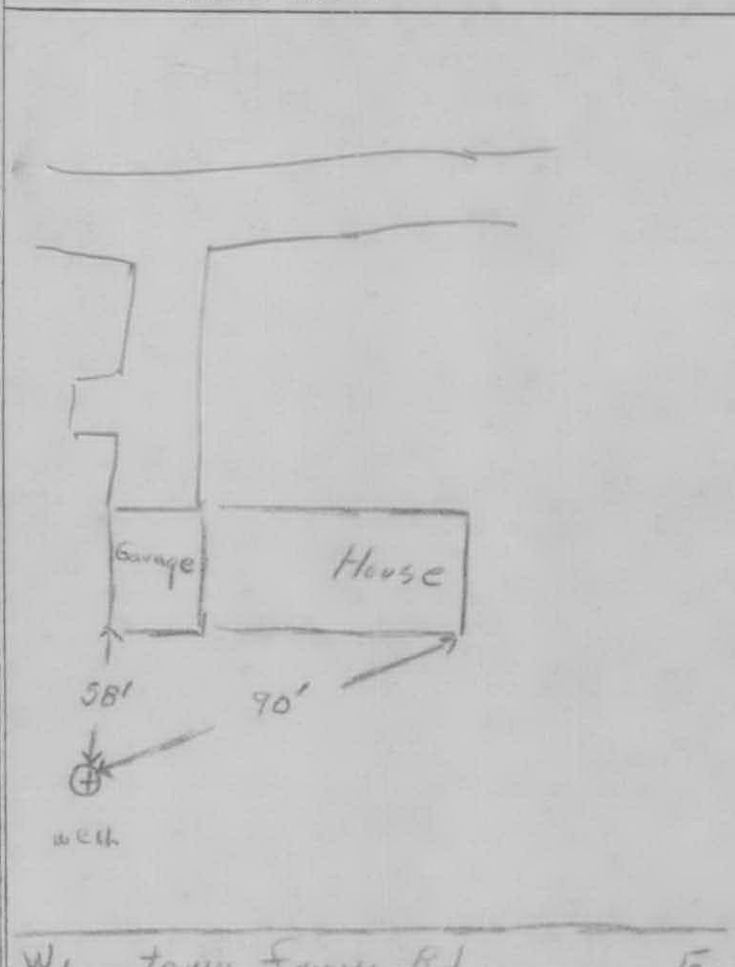
APPLICANT (Signature) <u>F. Gray</u>	APPLICANT'S ADDRESS <u>P.O. #1 Thomaston 06787</u>	REGISTRATION NO. <u>12</u>
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	BY (Town Health Officer or Agent) <u>Julius K. ...</u>	DATE <u>Nov. 19, 80</u>
REMARKS		

Do NOT fill in  
STATE WELL NO.  
OTHER NO.

OWNER	NAME <i>Guido Rossi</i>		ADDRESS <i>Rossi Rd. Torrington</i>	
LOCATION OF WELL	(No. & Street) <i>Rossi Rd. &amp; Loren Farm Rd.</i>		(Town) <i>Torrington</i>	(Lot Number)
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM	<input checked="" 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 type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
CASING DETAILS	LENGTH (feet) <i>44</i>	DIAMETER (inches) <i>6 5/8</i>	WEIGHT PER FOOT <i>19</i>	DRIVE SHOE
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
YIELD TEST	<input checked="" type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>4 hrs.</i>
				YIELD (G.P.M.) <i>10</i>
WATER LEVEL	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <i>30</i>		DURING YIELD TEST (feet) <i>61</i>	
	MAKE			Depth of Completed Well in feet below Land surface: <i>61</i>
SCREEN DETAILS	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	4	Sand & Gravel
4	20	Hard pan & Clay
20	34	Hard pan Layers of Ledge Stone
34	44	Hard Stone
44	61	Hard Black Stone

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)
<i>10-30-80</i>	<i>61732</i>	<i>12</i>	<i>10-30-80</i>	<i>W. Loren Farm Rd. E. [Signature]</i>

61732

TORRINGTON WATER TESTING LABORATORY  
James B Rokos, M.S., Director

Bacteriological  
Chemical  
Physical

203 Pineridge Road  
Torrington, Conn. 06790  
(203) 482-8367

REPORT ON EXAMINATION OF WATER

Address of Supply: Town Farm Road, Torrington, Ct.  
Owner of Supply: Guido Rossi  
Collectors Name: same  
Date and Time Collected: 4/20/81  
Date and Time Received: 4/20/81  
Collectors Number: \_\_\_\_\_  
Laboratory Number: \_\_\_\_\_

pH ..... 7.01  
Color (~~apparent~~ true) ..... 0  
Odor ..... none  
Turbidity ..... 4.4 NTU  
Detergents ..... \_\_\_\_\_ Mg/l  
Ammonia N ..... .19 Mg/l  
Nitrite N ..... .048 Mg/l  
Nitrate N ..... 1.1 Mg/l

Chlorides ..... 3 Mg/l  
Sodium ..... \_\_\_\_\_ Mg/l  
Iron ..... .54 Mg/l  
Manganese ..... \_\_\_\_\_ Mg/l  
Hardness ..... 136 Mg/l (CaCO<sub>3</sub>)  
Alkalinity ..... 84 Mg/l (CaCO<sub>3</sub>)  
Sulfate ..... \_\_\_\_\_ Mg/l  
\_\_\_\_\_ Mg/l

Number of Coliforms per 100 ml. by Membrane Filter 0

THE RESULTS OF THE ANALYSIS OF THIS SAMPLE: Indicate this water meets the standards for a potable supply. The water is non-corrosive, and moderately hard. The elevated color and turbidity are a result of the iron which exceeds the recommended limit of .3 Mg/l.

TORRINGTON AREA HEALTH DISTRICT APPROVED  
 APPROVED, SEE ATTACHMENT

*James B Rokos*

Reported By *James B Rokos*



"Since 1978"

### Torrington Environmental Laboratory, Inc.

19 Franklin Street • P.O. Box 14 • Torrington, CT 06790

Telephone & Fax (860) 496-8378

1-800-762-9939

CT Lab No. PH-0480

EPA Lab No. CT-00094

### STANDARD PROFILE OF DRINKING WATER

STREET ADDRESS OF SAMPLE:	66 Town Farm Road	CITY, STATE, ZIP:	Torrington, CT 06790
OWNER:	Truman Archer	OWNERS PHONE:	860 489-3327
COLLECTED BY:	Don DeDominicis	DATE COLLECTED:	5/12/99
SOURCE OF SAMPLE:	Drilled Well	COLLECTION POINT:	Tap at Tank Bottom
TYPE OF TREATMENT:	None Indicated	REASON FOR TEST:	Transfer
REPORT SENT TO:	Truman Archer 911 New Harwinton Road Torrington, CT 06790	COPY SENT TO:	TAH Valley Artesian Well 721 Migeon Ave. Torrington, CT 06790

#### TESTS PERFORMED

#### RESULTS UNITS

#### MAXIMUM CONTAMINANT LEVELS (MCL)

#### PHYSICALS:

Apparent Color	2		15*
Odor	0		Not to exceed value of 3 on scale of 1-5*
PH	7.07		6.4-10.0
Turbidity	.16	NTU's	5*

#### BACTERIA:

Total Coliform	Absent	Per 100 ml	Absent
E. Coli	Absent	Per 100 ml	Absent

#### CHEMISTRY:

Nitrite N	< .05	Mg/l as N	1.0
Nitrate N	3.71	Mg/l as N	10.0
Iron	.04	Mg/l	0.3*
Manganese	< .025	Mg/l	.05*
Sulfate	21	Mg/l	250*
Sodium	< 1	Mg/l	28 notification level only
Hardness	104	Mg/l	200*
Chloride	4	Mg/l	250

\* = No MCL established, level noted is United States Public Health Service recommendation.  
 ND = None detected < = Less than

X	The substances tested for above, COMPLY with the Connecticut Maximum Contaminant Levels for drinking water.
	This sample has substances (in parens), that EXCEED Connecticut Maximum Contaminant Levels for drinking water.

Report Date: May 14, 1999	Sample #: 7515	Tested by: <i>JBF</i>
---------------------------	----------------	-----------------------



"Since 1978"

### Torrington Environmental Laboratory, Inc.

19 Franklin Street • P.O. Box 14 • Torrington, CT 06790  
Telephone & Fax (860) 496-8378  
1-800-762-9939

CT Lab No. PH-0480  
EPA Lab No. CT-00094

## VOLATILE ORGANIC COMPOUNDS IN DRINKING WATER

STREET ADDRESS OF SAMPLE: 66 Town Farm Road

CITY, STATE, ZIP Torrington, CT 06790

OWNER: Truman Archer

OWNERS PHONE: 860 489-3327

COLLECTED BY: Don DeDominicis

DATE COLLECTED: 5/12/99

SOURCE OF SAMPLE: Drilled Well

COLLECTION POINT: Tank Bottom

TYPE OF TREATMENT: None Indicated

REASON FOR TEST: Transfer

REPORT SENT TO: Truman Archer  
911 New Harwinton Road  
Torrington, CT 06790

COPY SENT TO: Valley Artesian Well Co.  
721 Migeon Avenue  
Torrington, CT 06790  
TAH

<u>COMPOUNDS</u>	<u>RESULTS</u>	<u>LIMITS</u>	<u>COMPOUNDS</u>	<u>RESULTS</u>	<u>LIMITS</u>
Benzene	ND	5	1,2-Dichloropropane	ND	5
Bromobenzene	ND	No limit set	1,3-Dichloropropane	ND	No limit set
Bromodichloromethane (THM)	ND	No limit set	2,2-Dichloropropane	ND	No limit set
Bromoform (THM)	ND	No limit set	1,1-Dichloropropene	ND	No limit set
Bromomethane	ND	No limit set	1,3-Dichloropropene	ND	No limit set
n-Butylbenzene	ND	No limit set	Ethylbenzene	ND	700
Carbon tetrachloride	ND	5	MTBE	ND	No limit set
Chlorobenzene	ND	100	Naphtalene	ND	No limit set
Chlorodibromomethane (THM)	ND	No limit set	n-Propylbenzene	ND	No limit set
Chloroethane	ND	No limit set	Styrene	ND	110
Chloroform (THM)	ND	No limit set	1,1,1,2-Tetrachloroethane	ND	No limit set
Chloromethane	ND	No limit set	1,1,2,2-Tetrachloroethane	ND	No limit set
o-Chlorotoluene	ND	No limit set	Tetrachlorethylene	ND	5
p-Chlorotoluene	ND	No limit set	Toluene	ND	1000
Dibromomethane	ND	No limit set	1,2,4-Trichlorobenzene	ND	70
m-Dichlorobenzene	ND	No limit set	1,1,1-Trichloroethane	ND	200
o-Dichlorobenzene	ND	600	1,1,2-Trichloroethane	ND	5
p-dichlorobenzene	ND	75	Trichloroethylene	ND	5
1,1-Dichloroethane	ND	No limit set	1,2,3-Trichloropropane	ND	No limit set
1,2-Dichloroethane	ND	5	1,2,4-Trimethylbenzene	ND	No limit set
1,1-Dichloroethylene	ND	7	1,3,5-Trimethylbenzene	ND	No limit set
Cis-1,2-Dichloroethylene	ND	70	Vinyl Chloride	ND	2
Trans-1,2-Dichloroethylene	ND	100	p+m-Xylene	ND	No limit set
Methylene Chloride	ND	5	o-Xylene	ND	No limit set

All results expressed in micrograms per liter ND = None detected  
Method 502.2, Method Detection Level = 0.5 ug/l, except MTBE = 2.0 ug/l.

X The compounds tested for above, COMPLY with the limits set for drinking water.

This sample has compounds (in parens), that EXCEED limits set for drinking water.

Report Date: May 17, 1999

Sample #: 7515

Tested by:

PA 0627



*Oxford*

⊗ ESSELTRE

NO. 752 1/2

*(old Abbate Residence)*

LOCATION OF WELL (Town) *Torrington Conn. 1167* (Street) *Highland Ave* (Lot Number) \_\_\_\_\_ DATE *5/17/76*

OWNER OF WELL  
 INDIVIDUAL  BUILDER  OTHER (Specify) \_\_\_\_\_

OWNER'S ADDRESS *613 Highland Ave Torrington*

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

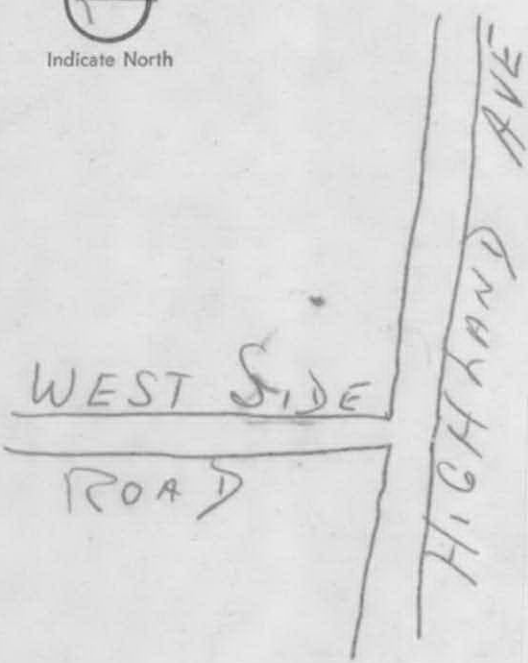
Est. No. of People being served.

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: *75-100'*

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'S (Signature) *Valley Air Well Co, Inc* APPLICANT'S ADDRESS *29 Lewis St Torrington* REGISTRATION NO. *84*  
BY (Town Health Officer or Agent) *Julius P. ...* DATE *5/17/76*  
 APPROVED  REJECTED  
REMARKS \_\_\_\_\_

COMPLETION REPORT

STATE OF CONNECTICUT  
WELL DRILLING BOARD

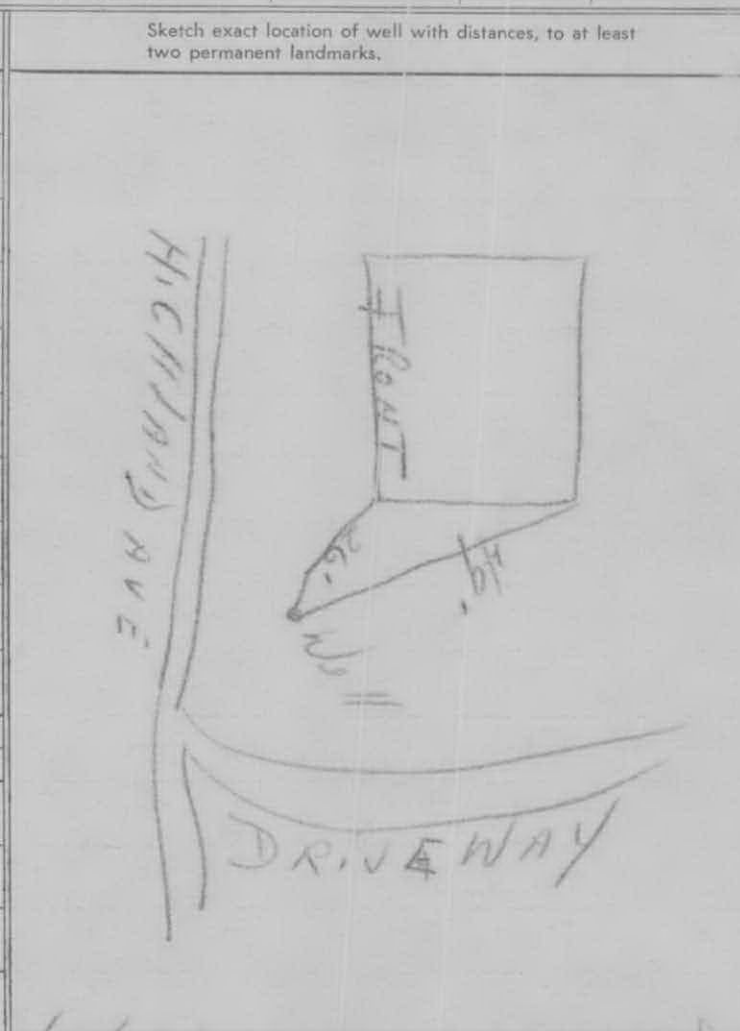
State Office Building  
HARTFORD, CONNECTICUT 06115

WDB-5 12-67 REV. 9-71

Do NOT fill in  
STATE WELL NO.  
OTHER NO.

OWNER	NAME <i>Helen Kippin ent</i>		ADDRESS <i>613 Highland Ave</i>	
LOCATION OF WELL	<i>1167 Highland Ave</i> (No. & Street)		<i>Hamington</i> (Town)	
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 type="checkbox"/> COMPRESSED AIR PERCUSSION	<input checked="" type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)
CASING DETAILS	LENGTH (feet) <i>56'</i>	DIAMETER (inches) <i>6"</i>	WEIGHT PER FOOT <i>14.45</i>	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 checked="" type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input type="checkbox"/> COMPRESSED AIR	HOURS <i>4</i>
	MEASURE FROM LAND SURFACE—STATIC (Specify feet)			YIELD (G.P.M.) <i>9</i>
WATER LEVEL	<i>31</i>		DURING YIELD TEST (feet) <i>56</i>	Depth of Completed Well in feet below land surface: <i>113'</i>
	MAKE			LENGTH OPEN 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)	

DEPTH FROM LAND SURFACE FEET to FEET		FORMATION DESCRIPTION
<i>0</i>	<i>56</i>	<i>Clay</i>
<i>56</i>	<i>113</i>	<i>Amphibolite</i>



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

FEET	GALLONS PER MINUTE

DATE WELL COMPLETED <i>5/11/76</i>	PERMIT NO. <i>33962</i>	REGISTRATION NO. <i>84</i>	DATE OF REPORT <i>5/18/76</i>	WELL DRILLER (Signature) <i>Valley ent. Well Co, Inc</i> <i>Carl West</i>
---------------------------------------	----------------------------	-------------------------------	----------------------------------	---

1188 Highland Ave.

# Aquatek

LABS

3 Research Drive - Woodbridge, CT 06525

## Water Analysis Report

TEST ID: C022620027

DATE SAMPLED: 2/26/2020

SAMPLE POINT: WELL TANK

NO TREATMENT

SAMPLED BY: TYLER TUCKER

TO: CT WATER PUMP, LLC 802

PROPERTY LOCATION: 1188 HIGHLAND AVENUE - TORRINGTON, CT

BACTERIA	ABSENT	PRESENT	LIMITS		REF	METHOD	
* Coliform (Total)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABSENT	P		SM 9223	
E. Coli (Fecal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	P		SM 9223	
Chlorine (Total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	-		SM 4500-CI G	
PHYSICAL PARAMETERS	RESULT	UNITS	LIMITS		MRL	REF	METHOD
pH	6.6	SU	6.4-10	S	0		SM 4500-H B
* Turbidity	20.00	NTU	5	-	0.10		SM 2130 B
* Color	65	CU	15	S	5		SM 2120 B
Odor	0	TON	2	S	0		SM 2150
CHEMICALS	RESULT	UNITS	LIMITS		MRL	REF	METHOD
Fluoride	ND	mg/L	4	P	0.3		EPA 300.0
Chloride	6	mg/L	250	P	3		EPA 300.0
Nitrite Nitrogen	ND	mg/L	1	P	0.1		EPA 300.0
Nitrate Nitrogen	2.9	mg/L	10	P	1		EPA 300.0
Sulfate	7	mg/L	250	S	4		EPA 300.0
Calcium	8	mg/L	NO LIMIT	-	0.5		EPA 200.7
Magnesium	3	mg/L	NO LIMIT	-	0.5		EPA 200.7
Hardness	33	mg/L	200	S	4		SM 2340 B
Sodium	3.9	mg/L	100	S	0.5		EPA 200.7
Copper	0.03	mg/L	1.3	S	0.02		EPA 200.7
* Iron	2.18	mg/L	0.3	S	0.02		EPA 200.7
Manganese	0.05	mg/L	0.05	S	0.02		EPA 200.7
Arsenic	ND	ug/L	10.0	P	1.0		EPA 200.8
Lead	8.1	ug/L	15.0	P	1.0		EPA 200.8
Uranium (Mass)	ND	ug/L	30	P	1.0		EPA 200.8
RADON WATER SINGLE	RESULT	UNITS	LIMITS		MRL	REF	METHOD
Radon Water Single	563	pCi/L	5000	S	51		SM 7500-RN

**CONCLUSION:** Based on the above results, this water was not safe for drinking purposes at the time of collection. Corrective measures, followed by re-examination, are recommended.

P = Primary limit, used to judge potability  
S = Secondary limit, recommended but not required  
MRL = Minimum Reportable Level  
\* Limit exceeded  
ND = None Detected  
CT License #PH-0466, Aquatek Labs

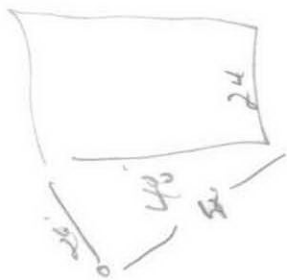
R = Reference Lab Work



Austin Xu Ph.D.  
Laboratory Director

Rachel Kolva  
Laboratory Co-Director

1249 Highland Ave.



Torrington Highland Ave. 29 (#1241)  
LOCATION OF WELL (Town) (Street) (Lot Number) DATE

Merge Associates (Serra)  
OWNER OF WELL DATE 5-29-90

INDIVIDUAL  BUILDER  OTHER (Specify)

OWNER'S ADDRESS  
Torrington

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

Est. No. of People being served.

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: 25+ from sewer line

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) [Signature] CT Wells Inc.  
APPLICANT'S ADDRESS 95 Summerfield St. Naugatuck, CT 06770 REGISTRATION NO. 308

APPROVED  REJECTED  
BY (Town Health Officer or Agent) Richard O. Laase DATE MAY 29 1990

REMARKS



# WELL COMPLETION REPORT

5 CPR-9 REV. 11-82

## STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

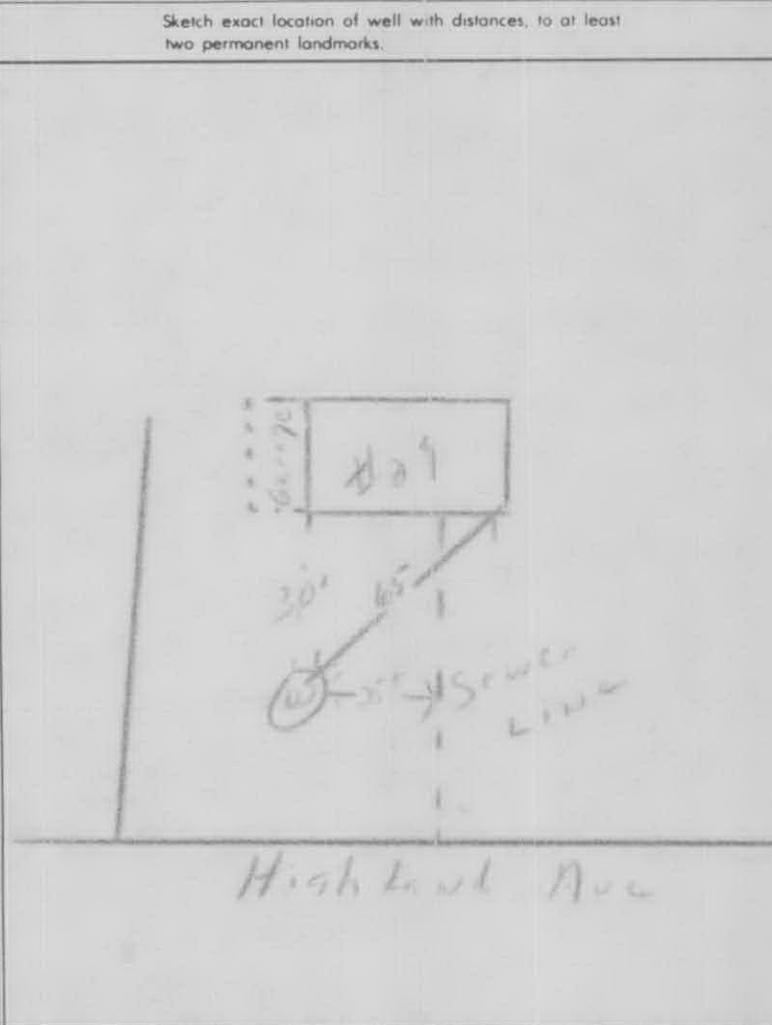
### WELL DRILLING BOARD

165 CAPITOL AVE.  
HARTFORD, CONNECTICUT 06106

Do NOT fill in
STATE WELL NO
OTHER NO

OWNER	NAME <i>Menger Associates (Sic)</i>		ADDRESS <i>Torrington</i>	
LOCATION OF WELL	<i>1249</i> No. & Street <i>Highland Ave</i>	(No. & Street)	(Town) <i>Torrington</i>	(Lot Number) <i>39</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>21</i>	DIAMETER (inches) <i>6</i>	WEIGHT PER FOOT <i>17</i>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED
	YIELD TEST		HOURS <i>4</i>	YIELD (G.P.M.) <i>16</i>
	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	
WATER LEVEL	MEASURE FROM LAND SURFACE—STATIC (Specify feet) <i>24</i>	DURING YIELD TEST (feet) <i>240</i>	Depth of Completed Well in feet below Land surface. <i>245</i>	
SCREEN DETAILS	MAKE <i>MAKE</i>	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
<i>0 32</i>	<i>HARD PAN</i>
<i>32 245</i>	<i>SHALE</i>



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

FEET	GALLONS PER MINUTE
<i>215</i>	<i>16</i>

DATE WELL COMPLETED <i>7/5/90</i>	PERMIT NO. <i>143500</i>	REGISTRATION NO. <i>308</i>	DATE OF REPORT <i>7/7/90</i>	WELL DRILLER (Signature) <i>J. M. ...</i>
--------------------------------------	-----------------------------	--------------------------------	---------------------------------	--

CONSUME on a hard surface  
2. **DO NOT DRINK!** You are making 3 copies  
3. Type or print clearly

State Registration No PH-0480

### Torrington Water Testing Laboratory

203 Pineridge Road  
Torrington, CT 06790  
Telephone (203) 496-8378

**Bacteriological • Chemical • Physical**

Address of Supply: Highland Avenue Torrington CT 06790  
No. & Street Lot No. City State Zip

Collector's Name: Merger Associates, Inc. - Doug Steinman Phone 489-1415

Owner of Supply: Nicholas + Virginia Serra Phone 482-6290

Date of Collection: July 19, 1990 Time 11:30 Am

Name and Address of Person to Receive Report: Nicholas Serra 1249 Highland Avenue  
Torrington, CT 06790

Source of Water: Drilled  Dug Well \_\_\_\_\_ Spring \_\_\_\_\_ Lake or Pond \_\_\_\_\_

Name of Well Driller Connecticut Wells

Reason for Examination: new well for new home

**DO NOT WRITE BELOW THIS LINE**

Apparent Color	<u>10</u>	pH	<u>6.88</u>
True Color	<u>0</u>	Alkalinity	<u>105</u> Mg/L
Odor	<u>0</u> (0-5)	Chloride	<u>32</u> Mg/L
Turbidity	<u>1.5</u> NTU	Iron	<u>.51</u> Mg/L
Ammonia Nitrogen	<u>2.0</u> Mg/L	Hardness	<u>132</u> Mg/L
Nitrate Plus	<u>3.7</u>	Manganese	_____ Mg/L
Nitrite Nitrogen	_____ Mg/L	Sodium	_____ Mg/L
		Other	<u>Fluoride</u> <u>13</u> Mg/L

Number of Coliform Bacteria per 100 ML by Membrane Filter 0

#### The Results of the Analysis of this Sample:

- Meet the Standards for a Potable Supply.
- Meet the Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.  

elevated iron
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).
- Other

Potable recommendations are based on the above tests only.

Sample Certified By \_\_\_\_\_

Reported By [Signature]

Date 7/28/90

**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  
**140087**

*wait*

LOCATION OF WELL (Town) Sorrington (Street) Highland Ave. (Lot Number) 29 DATE 6-21-90

OWNER OF WELL  
 INDIVIDUAL  BUILDER  OTHER (Specify)

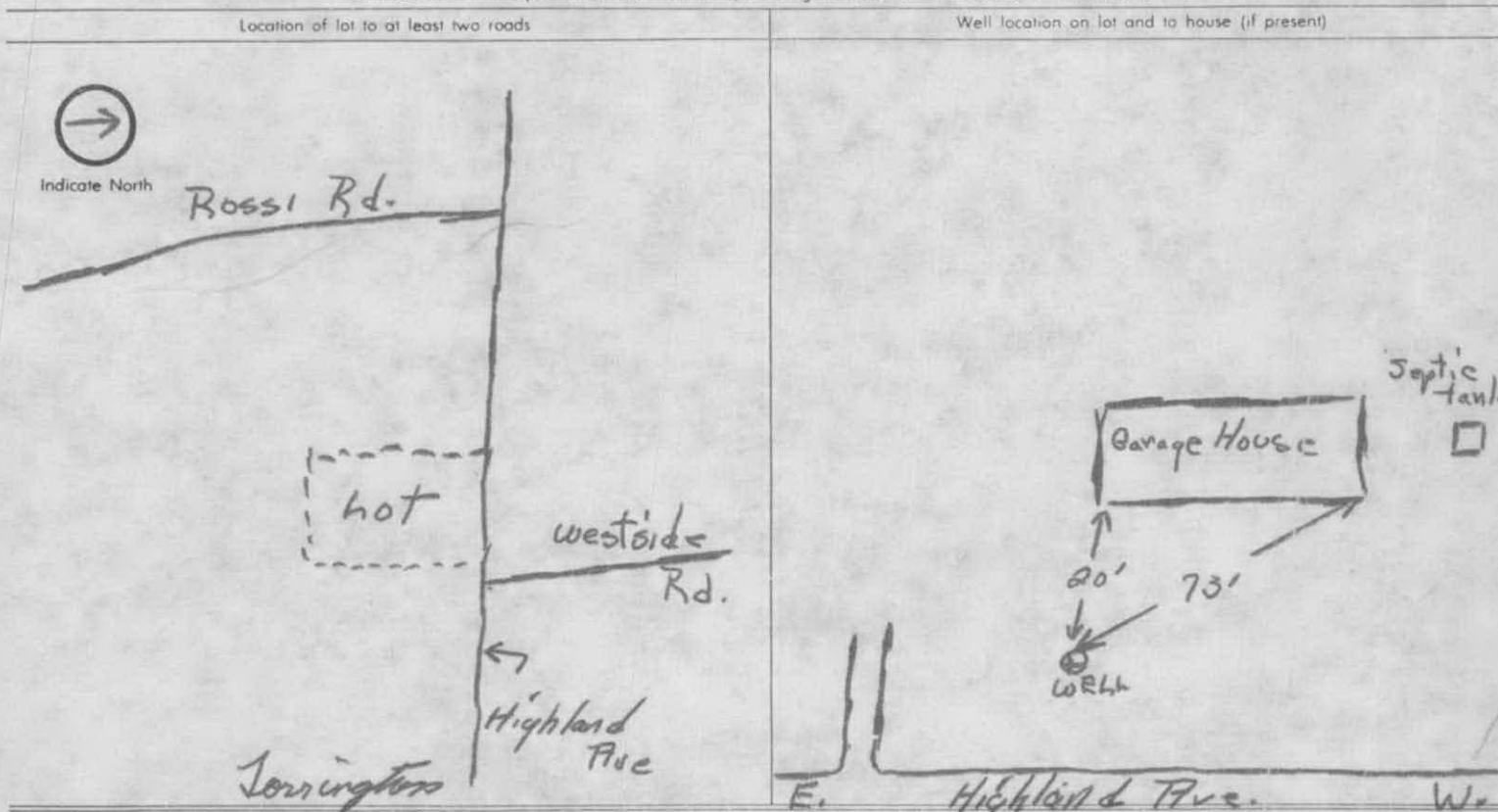
OWNER'S ADDRESS  
1249 Highland Ave. Sorrington

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

Est. No. of People being served. 2

SKETCH OF WELL LOCATION

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



Approximate number of feet from well to nearest source of possible contamination: App 110 ft from Septic System

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) H. Gray APPLICANT'S ADDRESS 45 Schoolhouse Rd. Northfield REGISTRATION NO. 12

APPROVED  REJECTED BY (Town Health Officer or Agent) J. West DATE 6/20/90

REMARKS GARAGE HAS NO FOOTING DRAINS

LOT # 2C SUBDIVISION - WEST PROPERTY  
HIGHLAND AVE TARRINGTON  
DETAILED DESIGN: LOT 2C 1493  
MURPHY

Scan Ins 6/7/04 - needs to be checked -  
5' impact pacted. Was paving  
Fill base done 2 x 4 left open.

Freddie's by 5/11/04 - Sept. 10th length

6/2/04 Ins. Sp. 10' - looked ok

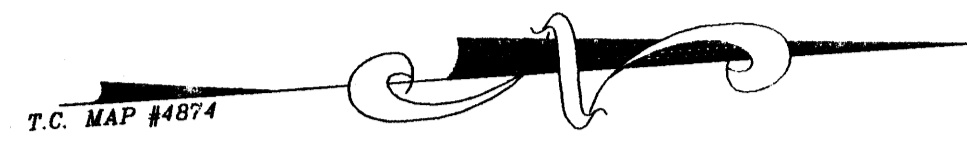
needed fill in side of bottom -

Took to cell Dennis - lot of fill

needed Joe at time

6/2/04 - Dennis called Joe

note.



**LEGEND**

PROPOSED REVISED LOT LINE	———
EXISTING LOT LINE	———
PROPOSED FORMER LOT LINE	- - - - -
RETAINING WALL	———
BLUEBERRY BUSHES	●●●●●●●●●●

N/F  
JANET & HOWARD ANDREW BEAL  
VOL. 744 PG. 855

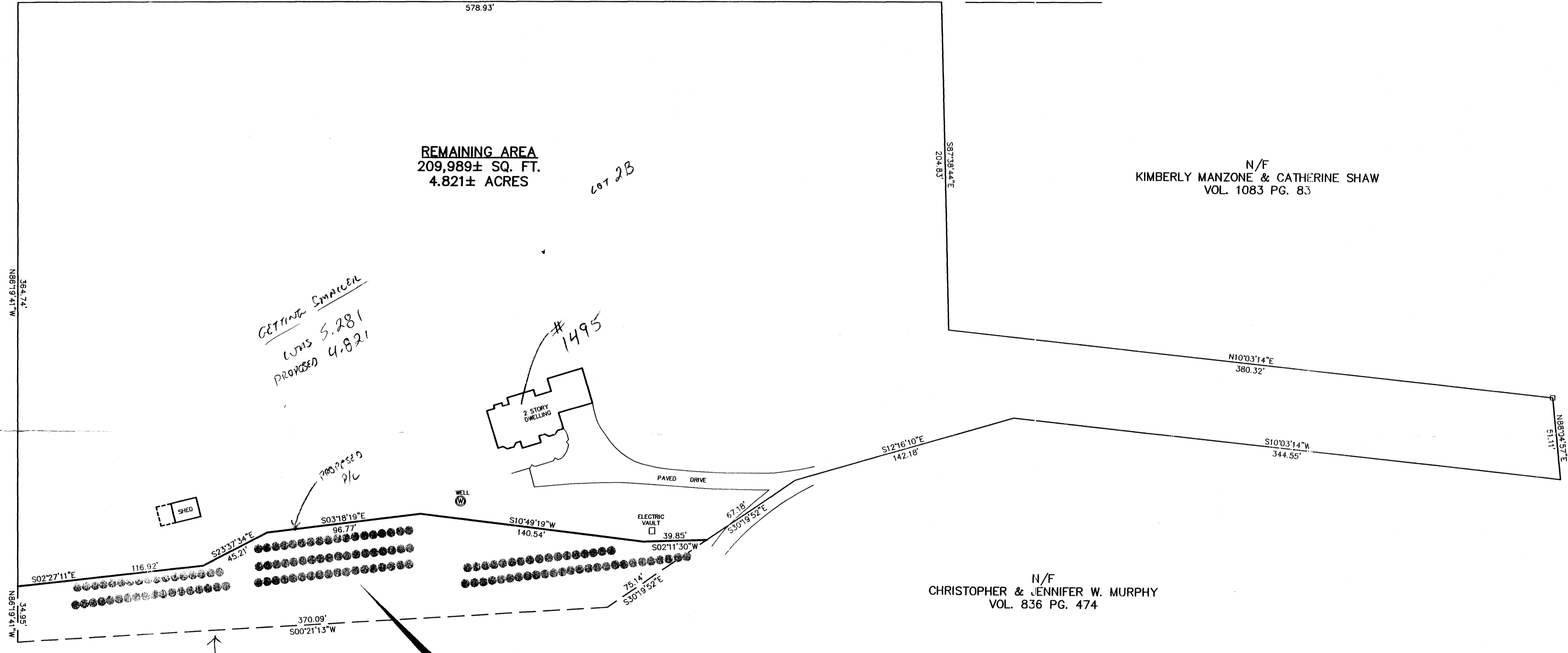
REMAINING AREA  
209,989± SQ. FT.  
4.821± ACRES

N/F  
KIMBERLY MANZONE & CATHERINE SHAW  
VOL. 1083 PG. 83

N/F  
CHRISTOPHER & JENNIFER W. MURPHY  
VOL. 836 PG. 474

N/F  
CHRISTOPHER & JENNIFER W. MURPHY  
VOL. 836 PG. 474

HIGHLAND AVENUE



PARCEL TO BE CONVEYED TO AND COMBINED WITH  
LANDS BELONGING TO CHRISTOPHER AND JENNIFER W.  
MURPHY FROM DAVID AND CLAUDIA WEST. PARCEL  
CONTAINING 20,049± SQ. FT. OR 0.460± ACRES.

NOTES:  
1. THIS SURVEY AND MAP HAVE BEEN PREPARED PURSUANT TO THE REGULATIONS OF CONNECTICUT STATE AGENCIES SECTIONS 20-300b-1 THROUGH 20-300b-20 AND THE "STANDARDS FOR SURVEYS AND MAPS IN THE STATE OF CONNECTICUT" AS ADOPTED BY THE CONNECTICUT ASSOCIATION OF LAND SURVEYORS, INC. ON SEPTEMBER 26, 1996 AND CONFORMS TO THE STANDARDS OF A CLASS D SURVEY AND IS INTENDED TO DEPICT THE PROPOSED LOT LINE REVISIONS ONLY. ALL PHYSICAL FEATURES, EASEMENTS, COVENANTS, AND RESTRICTIONS ARE NOT SHOWN HEREON.

TYPE OF SURVEY: COMPILATION PLAN  
THIS PLAN WAS COMPILED FROM OTHER MAPS, RECORD RESEARCH OR OTHER SOURCES OF INFORMATION. IT IS NOT TO BE CONSTRUED AS HAVING BEEN OBTAINED AS THE RESULT OF A FIELD SURVEY, AND IS SUBJECT TO SUCH CHANGE AS AN ACCURATE FIELD SURVEY MAY DISCLOSE."

- OWNER OF RECORD: DAVID AND CLAUDIA WEST REFER TO DEED VOLUME 565 PAGE 463 OF THE TORRINGTON LAND RECORDS.
- REFER TO TOWN CLERK MAPS 4010, 2781, 2835, 4776, AND 4874 OF THE TORRINGTON LAND RECORDS.
- PARCEL IS SUBJECT TO ALL EASEMENTS, COVENANTS, AND RESTRICTIONS AS SHOWN ON THE ABOVE REFERENCED TOWN CLERK MAPS AND AS CONTAINED IN DEEDS VOL. 836 PG. 474 AND VOL. 565 PG. 463.
- REFER TO AN ELECTRIC DISTRIBUTION EASEMENT AS CONTAINED IN DEED VOL. 888 PG. 1124 OF THE TORRINGTON LAND RECORDS.
- PARCEL IS LOCATED IN ZONE R60.

COMPILATION PLAN  
SHOWING  
PROPOSED LOT LINE REVISIONS  
PREPARED FOR  
DAVID WEST  
HIGHLAND AVENUE  
TORRINGTON, CONNECTICUT

Date Rec'd 7-30-10  
Reviewer SMH  
Not Approved  
Approved Pending Changes  
Approved  
Permit #  
Date Issued

MURPHY - #1493  
WEST - #1495

I HEREBY DECLARE THAT TO MY KNOWLEDGE AND BELIEF, THIS MAP IS SUBSTANTIALLY CORRECT, AS NOTED HEREON.  
*Stephen R. Latour*  
STEPHEN R. LATOUR, R.L.S. CT LIC. #15456  
NOT VALID WITHOUT EMBOSSED SEAL

**BERKSHIRE ENGINEERING & SURVEYING, LLC**

143 BANTAM LAKE ROAD  
BANTAM, CONNECTICUT 06750 (860)567-8007  
(860)567-8006(fax)

Date	05/06/10	Map No.	628
Scale	1"=40'	Sheet	1/1
Proj. No.	01-628-DAP	Drawn By	SRL



# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)

*"Promoting Health & Preventing Disease Since 1967"*

Borough of Bantam

October 22, 2003

Bethlehem

To: Florin Ghisa, Sanitary Engineer I  
State Department of Health  
410 Capitol Ave., Mail Stop #51wat  
PO Box 340308  
Hartford CT. 06134

Cornwall

Goshen

From: Gilbert Roberts, Director of Environmental Health

Harwinton

RE: Well Permit Exception  
Lot 2C  
Highland Ave., Torrington

Kent

In regard to your inquiry of October 15, 2003, we have no objection to the approval of a well exception for the above noted property. The well site as shown on the plan of design complies fully with the requirements of 19-13-B51 of the Public Health Code. If you should have any questions, please give me a call.

Borough of Litchfield

Litchfield

Morris

Norfolk

Plymouth

Salisbury

Thomaston

Torrington

Warren

Watertown

Winsted

The Torrington Area Health District is an equal opportunity provider and employer and operates in accordance with USDA policy which prohibits discrimination. Complaints of discrimination may be filed with the USDA Secretary of Agriculture, Office of Civil Rights, Washington, DC 20250-9410 or call 202-720-5964.



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"Promoting Health & Preventing Disease Since 1967"

Borough of Bantam

August 5, 2010

Bethlehem

David West  
1495 Highland Ave.  
Torrington, CT 06790

Canaan

Cornwall

Christopher & Jennifer Murphy  
1493 Highland Ave.  
Torrington, CT 06790

Goshen

Harwinton

Dear Mr. West and Mr. & Mrs. Murphy,

Kent

I have reviewed and approved a proposed lot line revision plan prepared by Berkshire Engineering & Surveying dated May 6, 2010. The plan shows approximately 0.460 acres to be conveyed to the Murphy's from the West's.

Borough of Litchfield

Litchfield

Be advised that it is the policy of the Torrington Area Health District to contain the 75' well radius within the property line of the building served. By revising the property line the activities that could affect the water quality can no longer be controlled by the owner of the well serving 1495 Highland Ave.

Morris

Norfolk

North Canaan

Respectfully submitted,

Plymouth

Salisbury

Robert A. Smith  
Registered Sanitarian

Thomaston

Torrington

Warren

Watertown

Winsted

# Torrington Area Health District

350 Main St. - Suite A  
Torrington, Ct 06790

## Permit To Discharge

### For A Private Subsurface Sewage Disposal System

2c	Highland Ave.	Torrington	West Subdivision
Lot #	Street # Street Name	Town	Subdivision
	Chris Murphy, C/o Earl	860-567-8007	
	<del>Power</del>	Telephone	
	Harry Stone	005352	
	Licenced Installer	Licence Number	

#### System Data

New Septic System  Repair  Dep  Other

1000	495	4 Ft. Wide Trenches
Tank Size	Field Sq Ft.	Septic System Type
Gravity		

Manner Of Discharge	3	Volume Of Discharge
	Gal/day Or # Of Bedrooms	

#### Restrictions Or Special Requirements

The Private Subsurface Sewage Disposal System Serving The Above Premises Was Constructed Essentially In Accordance With Plans Filed With The Torrington Area Health District And The Terms Of The Permit To Construct Issued For This System. Proper Operation And Maintenance Of This System Is Required Including Pumping Of The Tank Every Three To Five Years. This Permit To Discharge Shall Not Be Construed As Permission To Create Or Maintain Any Sewage Nuisance And In The Issuance Of This Permit To Discharge, The Torrington Area Health District Assumes No Responsibility For The Future Operation And Maintenance Of The System.

#### Conditions

See Attached As Built By Installer

#### Variances Granted

Yes  No

If Yes, See Conditions

Gilbert Roberts

Sanitarian

Inspected By

6/21/2004

13 Aug, 04

Title

13 Aug, 09

Date Of Final Inspection

Issuance Date

Expiration Date

Issued By:



( Director Of Health Or Registered Sanitarian)

T A H D Is an equal opportunity provider



**TORRINGTON AREA HEALTH DISTRICT**

350 Main St., Suite A Torrington, CT 06790

Phone (860) 489-0436 Fax (860) 496-8243

**AS-BUILT OF SEWAGE DISPOSAL SYSTEM**

Owner: Christopher and Jennifer Murphy Address: Lot #2C Highland Ave, Torrington

Installer: Harry H. Stone III License Number: 5352  
of HI Stone & Son, Inc.

Tank Size: 1000 gal System size and Type: 1ft x 4ft Leech + Trench

Number of Bedrooms: 3 Fill source: Segalla Sand + Gravel Fill Depth: 24 inches

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

Curtain Drain:

Scarification Inspection

Survey or stakeout

I certify that the system has been installed in conformance with the plan of design.

Installer signature: Harry H Stone III  
HARRY H STONE III

**TAHD Comments:**

I HAD DENNIS M. LOUKE DETER-  
MINED THE LOCATION OF THE TRENCH  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

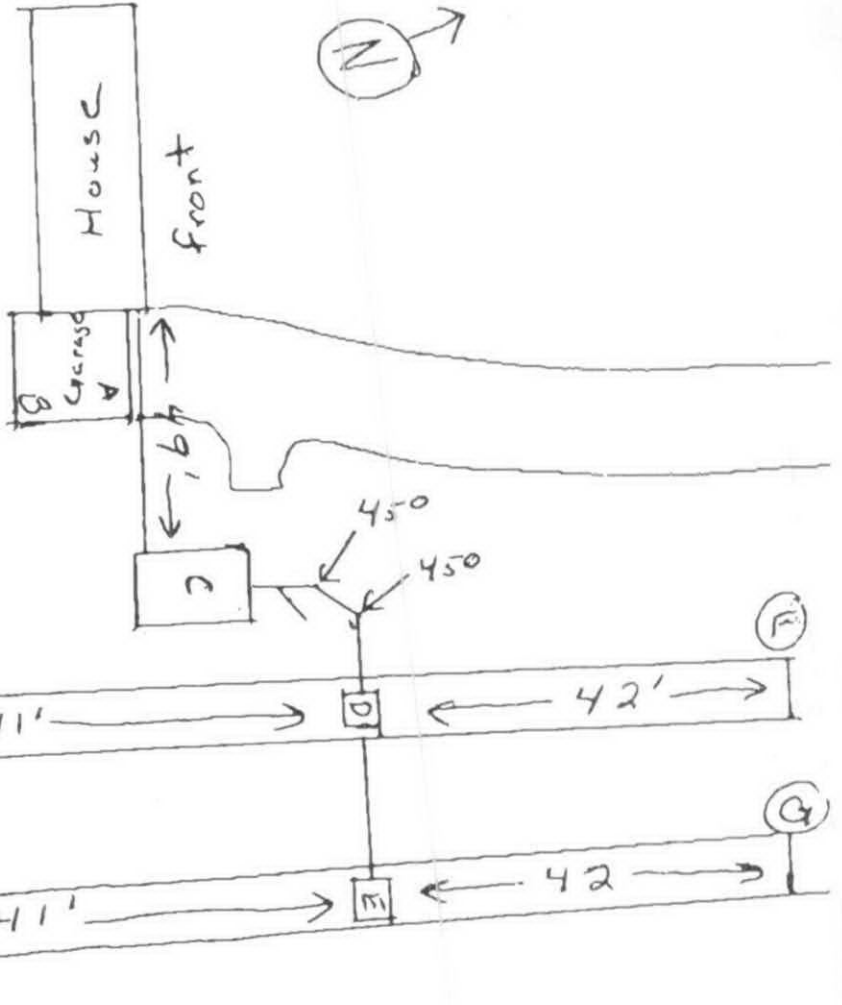
Highland Ave  
[LOT 2]

AS BUILT MEASUREMENTS  
LOT 2C HIGHLAND AVE  
TOWNINGTON

- A - C - 27' B - C - 39'
- A - D - 39'6" B - D - 52'6"
- A - E - 47'8" B - E - 58'6"
- A - F - 69'5" B - F - 89'9"
- A - G - 74'6" B - G - 93'3"
- A - H - 43'3"
- A - I - 50'6"
- S - B - H - 33'
- S - B - I - 41'7"



Torrington



From:  
 EARL Pelletier Builders  
 32 Winter Brook Road  
 Weymouth, CT 06896



3348 Route 208, Campbell Hall, NY 10916  
 Phone: 845-496-1600 Fax: 845-496-1398  
 42 Day Farm Road, West Stockbridge, MA 01266  
 Phone: 413-232-4040 Fax: 413-232-4141

<b>Client:</b>	Torrington Area Health District	<b>Project:</b>	Murphy-Highland Ave., Torr.
<b>Material:</b>	Segalla Fill	<b>Project Number:</b>	040346
<b>Source:</b>	Segalla	<b>Lab Number:</b>	04-0409
<b>Date Sampled:</b>	6/21/2004	<b>Sampled By:</b>	Client
<b>Date Tested:</b>	6/24/2004	<b>Tested By:</b>	ON CHI LAI

**GRADATION (SIEVE ANALYSIS) OF SOIL OR AGGREGATE**  
 Test Method(s): ASTM D422, C136, C117; AASHTO T11, T27, T88

Lab Number	Sample Type	Sampling Location	Specification
04-0409	Segalla Fill	Stockpile	Conn Septic Sand 2

Sieve Size		% Retain	% Passing	Spec. % Pass
mm	Inches			
9.5 mm	3/8"	0.0	100.0	
4.75 mm	#4	0.0	100.0	100
2.00 mm	#10	20.8	79.2	70-100
0.850 mm	#20	25.3	53.9	
0.600 mm	#30	12.7	41.2	
0.425 mm	#40	13.1	28.1	10-50
0.150 mm	#100	21.0	7.1	0-20
0.075 mm	#200	3.6	3.5	0-5
	Pan	3.5		

Comments: Minus #200 by wash-sieve method.  
 Test results comply with specification.  
 Sample contains 6.3% gravel, specification allows for 45% maximum.

Report Reviewed By:

DRO

**RECEIVED**

JUN 06 2004

T.A.H.D.

Torrington Area Health District  
350 Main St. - Suite A  
Torrington, Ct. 06790

# Permit to Construct A Subsurface Sewage Disposal System

Permit #	Date Issued	Expires		
<input checked="" type="checkbox"/> New Septic System	<input type="checkbox"/> Repair	<input type="checkbox"/> Dep	<input type="checkbox"/> Other	
Highland Ave.	Torrington	2C	west subdivision	
Street #	Street Name	Town	Lot #	Subdivision
	Chris Murphy, C/o Earl	860-567-8007		
Owner	Telephone			
<i>HARRY STONE</i>	<i>5352</i>	<i>CELL-203-509-5058</i>		
Licensed Installer	License #	Installer Tel#		
Berkshire Engineering & Surv	860-567-8007			
Engineer	Engineer Telephone			

### Specific Conditions:

<input type="checkbox"/> Engineer Design	<input type="checkbox"/> Curtain Drain
<input type="checkbox"/> Percolation Test in Fill	<input type="checkbox"/> Engineer Supervision
<input type="checkbox"/> Engineer As Built Required	<input type="checkbox"/> As-Built Installer
<input checked="" type="checkbox"/> Field Staking by Engineer	<input checked="" type="checkbox"/> As Below
<input checked="" type="checkbox"/> Select Fill Required	

(3) Perk Tests in Fill by Engineer

Variances Granted

Required  Not Required

Yes  No

If Yes, see notes !

- Notes
1. THE DRILLING OF A WELL MUST BE APPROVED BY THE STATE HEALTH DEPARTMENT SINCE PUBLIC WATER IS WITHIN 200FT OF THE PROPERTYLINE
  2. THE SEPTIC SYSTEM MUST BE FIELD STAKED BY A SURVEYOR PRIOR TO SYSTEM CONSTRUCTION. THE BENCH MARK MAY HAVE TO BE RESET AT THAT TIME.
  3. A SCARIFICATION INSPECTION IS REQUIRED PRIOR TO FILL PLACEMENT
  4. A SIEVE TEST OF SELECT FILL MUST BE PROVIDED PRIOR TO PLACEMENT
  5. THE SYSTEM SHOULD BE INSTALLED WHEN SOIL MOISTURE IS LOW.

A Permit To Construct:

3	Number of Bedrooms
1000	Gallon septic tank
495	Square feet of subsurface disposal system
165	Linear feet of subsurface disposal system
4 Ft. Wide Trenches	Septic system type
August 25, 2003	Plan design dated
Dennis Mcmorrow	Designed by
October 22, 2003	Health District approved date
Gilbert Roberts	Approving Sanitarian

Installer signature

Sanitarian

TAHD IS AN EQUAL OPPORTUNITY PROVIDER



# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790  
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)

"Promoting Health & Preventing Disease Since 1967"

PAID  
\$250-  
10-14-03

## APPLICATION & APPROVAL FOR A NEW SEPTIC SYSTEM

Notes: This Approval Expires 12 Months From Date Of Issuance.  
This Is Only A Plan Approval -Not A Permit To Construct - Installer Must Obtain A Separate Permit Prior To Any Work.

STREET ADDRESS OF PLAN Lot 2C Highland Ave. TOWN Torrington  
SUBDIVISION NAME West Subdivision LOT# 2C  
ENGINEER NAME Berkshire Engineering & Surveying PHONE 860 567-8007  
ENGINEER STREET ADDRESS 143 Bantam Lake Rd TOWN Bantam ZIP 06750  
OWNER ~~(Jennifer & Chris Murphy)~~ Earl Pelletier PHONE 860-582-1170  
MAILING ADDRESS 32 Winterbrook Rd TOWN Wolcott CT ZIP 06716  
*(mail permit)*

RESIDENTIAL STRUCTURE:  
NUMBER OF BEDROOMS 3 @ TOILETS / SINKS IN BASEMENT - YES ( ) NO (X)

JACUZZI OR WHIRLPOOL no CAPACITY IN GALLONS \_\_\_\_\_

\* SIZE OF (FUTURE?) SWIMMING POOL - ABOVE GROUND \_\_\_\_\_ BELOW GROUND \_\_\_\_\_

(\* If future pool location is known at the time of the application it should be shown on design plan.)

COMMERCIAL OR NON-RESIDENTIAL:  
SQUARE FOOTAGE OF BUILDING \_\_\_\_\_ INTENDED USE \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

DESIGN FLOW \_\_\_\_\_

TOILETS / SINKS IN BASEMENT - YES ( ) NO ( )

### A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED

CLOSEST PUBLIC WATER LINE 1200' on street but being approved for well due to cost.

UNDERGROUND STORAGE TANKS? YES ( ) NO (X)

- This application must be accompanied by the fee of \$250.00, two (2) sets of engineered plans showing the map, block and lot numbers and one (1) set of returnable building plans. (Returned Check Fee \$25)
- The applicant understands that the results of any tests conducted by or on behalf of the Torrington Area Health District are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.

APPLICANT SIGNATURE Earl Pelletier DATE 10/14/03 PHONE 203-582-4171

### FOR HEALTH DISTRICT USE ONLY

APPLICATION # 10935 REVIEWED BY ROBERTS APPROVAL DATE 10/22/03

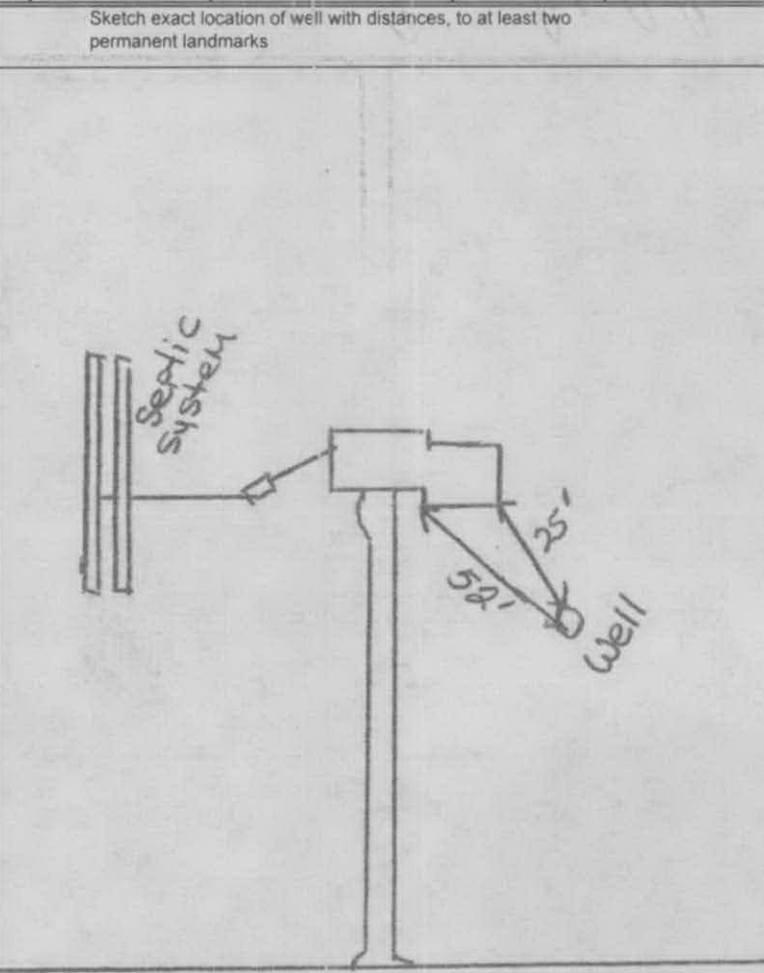


**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
REAL ESTATE & PROFESSIONAL TRADES DIVISION  
WELL DRILLING COMPLETION REPORT  
165 Capitol Avenue, Hartford, Connecticut 06106**

<b>Do NOT fill in</b>
STATE WELL NO.
OTHER NO.

<b>OWNER</b>	NAME <b>EARL Pellitier</b>		ADDRESS		
<b>LOCATION OF WELL</b>	(No. & Street) <b>Highland Ave</b>	(Town) <b>Torrington</b>	(Lot Number) <b>2-C</b>		
<b>PROPOSED USE OF WELL</b>	<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)	
<b>DRILLING EQUIPMENT</b>	<input type="checkbox"/> ROTARY	<input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION	<input type="checkbox"/> CABLE PERCUSSION	<input type="checkbox"/> OTHER (Specify)	
	<b>CASING DETAILS</b>	LENGTH (feet) <b>21</b>	DIAMETER (inches) <b>6"</b>	WEIGHT PER FOOT <b>17 lb.</b>	<input checked="" type="checkbox"/> THREADED <input type="checkbox"/> WELDED
<b>YIELD TEST</b>	<input type="checkbox"/> BAILED	<input type="checkbox"/> PUMPED	<input checked="" type="checkbox"/> COMPRESSED AIR	HOURS <b>4</b>	DRIVE SHOE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
				WAS CASING GROUTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>WATER LEVEL</b>	MEASURE FROM LAND SURFACE - STATIC (Specify feet) <b>15</b>		DURING YIELD TEST (feet) <b>240</b>		Depth of Completed Well in feet <b>245</b>
	<b>SCREEN DETAILS</b>				LENGTH OPEN TO AQUIFER (feet)
MAKE		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
0 - 6	SubSoil
6 - 16	Shale
16 - 210	Granite
210 - 245	Sandstone



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

FEET	GALLONS PER MINUTE
160'	42
200'	1
245'	8

DATE WELL COMPLETED <b>7-14-04</b>	PERMIT NO <b>222474</b>	REGISTRATION NO <b>46</b>	DATE OF REPORT <b>4-19-04</b>	WELL DRILLER (Signature) <i>James Pulgates</i>
---------------------------------------	----------------------------	------------------------------	----------------------------------	---

222474

PAID \$100-  
4-13-04



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) Torrington (Street) Highland Ave (Lot Number) 2-C

OWNER OF WELL Earl Belliere DATE 4/12/04

OWNER'S ADDRESS

OWNER'S ADDRESS

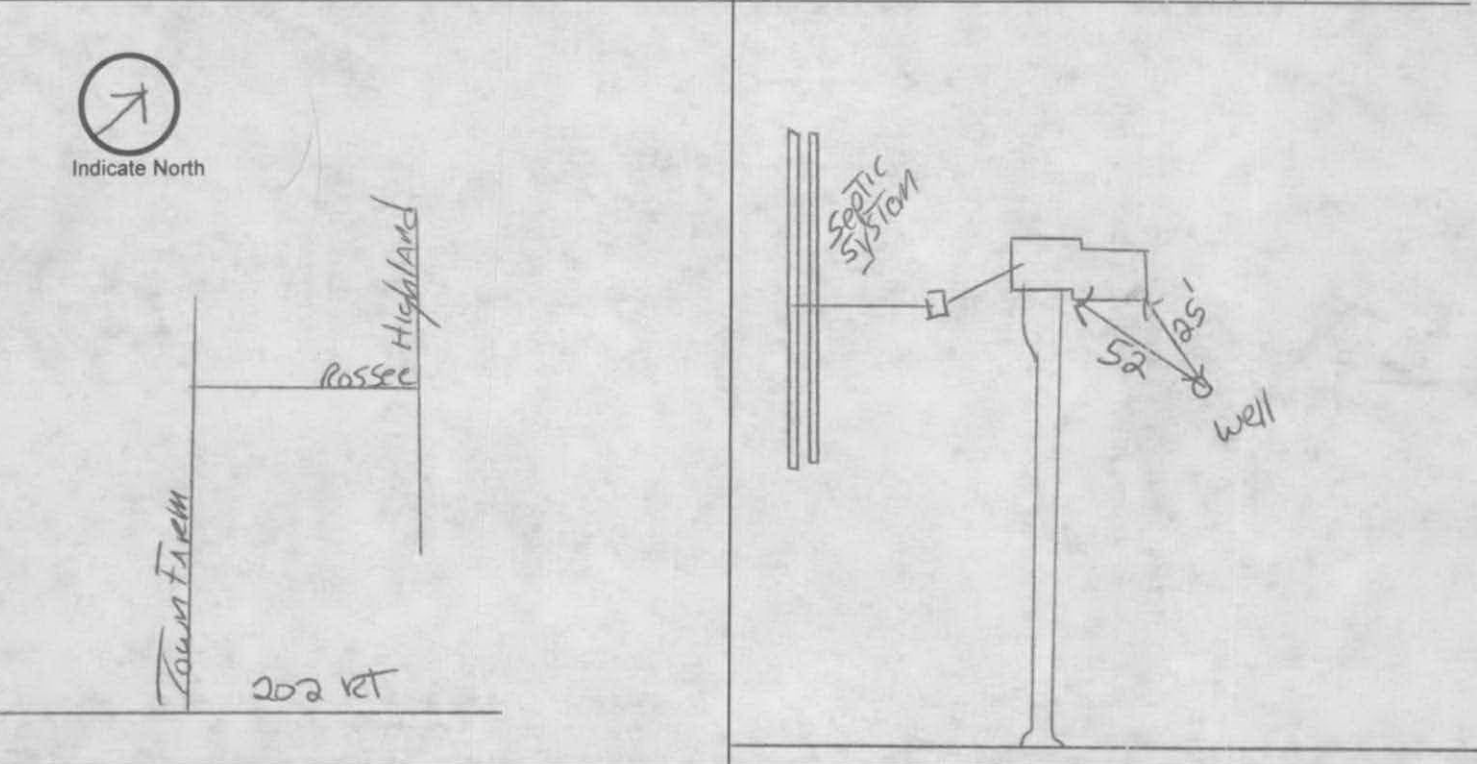
PROPOSED USE OF WELL	<input checked="" type="checkbox"/> DOMESTIC	<input type="checkbox"/> BUSINESS ESTABLISHMENT	<input type="checkbox"/> FARM	<input type="checkbox"/> TEST WELL	Est. No. of People being served <u>4</u>
	<input type="checkbox"/> PUBLIC SUPPLY	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> 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 to 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 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>143 MAIN ST Torrville</u>	REGISTRATION NO. <u>45</u>
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	BY (Town Health Officer or Agent) <u>[Signature]</u>	DATE <u>4/13/04</u>

REMARKS



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

November 17, 2003

James Rokos, Director of Health  
Torrington Area Health District  
350 Main St  
Torrington, CT 06790

**RE: Well Permit Exception Application - Lot 2C, Highland Avenue,  
Torrington, CT**

Dear Mr. Rokos:


Pursuant to Section 19-13-B51m(c)(2) of the Public Health Code (PHC), this department has determined that the installation of one individual drilled water supply well to serve the subject parcel is allowable. This is by reason of a long service line, in excess of 1,000 feet.

The exception is allowed, given the following conditions are met:

- a) The well site must be approved by the Torrington Area Health District's Health Director and be in conformance with Section 19-13-B51d(a) of the PHC.
- b) A well water sample must be approved by Torrington Area Health District's Health Director in accordance to Section 19-13-B101 of the Public Health Code.
- c) The well will not adversely affect the purity and adequacy of the public water supply, nor the service of the system.
- d) Should this parcel ever be connected to the public water supply in the future, the well must be abandoned in accordance with Section 25-128-57 of the Well Drilling Code.

It is Torrington Area Health District's Health Director prerogative to issue or deny the well permit in this instance.

Sincerely,

  
Gerald R. Iwan, Ph.D., Director  
Drinking Water Division

*MMS* GRI/MH/FG

Cc: Jennifer Murphy, 33 North Riverside Ave, Terryville, CT 06786  
Steven Cerruto, Torrington Water Company  
Michael Hage, DWD



Phone: (860) 509-7333  
Telephone Device for the Deaf: (860) 509-7191  
410 Capitol Avenue - MS # 51WAT





# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)

"Promoting Health & Preventing Disease Since 1967"

Borough of Bantam

October 22, 2003

Bethlehem

To: Florin Ghisa, Sanitary Engineer I  
State Department of Health  
410 Capitol Ave., Mail Stop #51wat  
PO Box 340308  
Hartford CT. 06134

Cornwall

Goshen

From: Gilbert Roberts, Director of Environmental Health 

Harwinton

RE: Well Permit Exception  
Lot 2C  
Highland Ave., Torrington

Kent

In regard to your inquiry of October 15, 2003, we have no objection to the approval of a well exception for the above noted property. The well site as shown on the plan of design complies fully with the requirements of 19-13-B51 of the Public Health Code. If you should have any questions, please give me a call.

Borough of Litchfield

Litchfield

Morris

Norfolk

Plymouth

Salisbury

Thomaston

Torrington

Warren

Watertown

Winsted

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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

October 15, 2003

James Rokos, Director of Health  
Torrington Area Health District  
350 Main St  
Torrington, CT 06790

**RE: Well Permit Exception Application - Lot 2C, Highland Avenue,  
Torrington, CT**

Dear Mr. Rokos:

This office is notifying you of a request pursuant to Section 19-13-B51m of the Public Health Code for well permit exceptions at the above-mentioned location(s). We are requesting your comments and recommendations. Please include all pertinent information, including but not limited to: ability to site wells, existence of neighboring wells and any particular concern with water quality or quantity in the area, compatibility with the town's plan of development or ordinances, etc.

In order to impact our review; please submit your comments and recommendations no later than November 7. Thank you for your comments and please contact me if you have any questions.

Sincerely,

Florin Ghisa  
Sanitary Engineer I  
Drinking Water Division

Enclosed: copy of applicant's request & copy of survey map.

C: w/o enc.  
Michael Hage, DWD

\notifDOH.doc

**RECEIVED**  
**OCT 22 2003**  
**T.A.H.D.**



Phone: (860) 509-7333  
Telephone Device for the Deaf: (860) 509-7191  
410 Capitol Avenue - MS # 51WAT  
P.O. Box 340308 Hartford, CT 06134  
Affirmative Action / An Equal Opportunity Employer

September 29, 2003

RECEIVED

Dear Ms. Pendleton:

OCT -7 A 10:42

I recently sent a letter requesting a well exception to P.H.C. 19-13-B51 for lot 2C, Highland Avenue, Torrington, CT. (copy of letter is enclosed) Your office contacted me asking for additional information on this matter. Following please find three quotes for 1000 - 1200 feet of water line that would be required to hook up to the city water system. We believe that the costs that are involved would be an unnecessary hardship in the building process, and are looking for your approval to be able to drill a well instead.

Sincerely,

*Jennifer W. Murphy*

Jennifer W. Murphy  
33 North Riverside Ave  
Terryville, CT 06786  
860/ 582-1170

August 2, 2003

Dear Ms. Pendleton:

RECEIVED  
OCT -7 A 10:42

We are requesting a well exception to P.H.C. 19-13-B51 for Lot 2C, Highland Avenue, Torrington, CT. We plan to start construction of a house on this lot in the next few months, and the cost of using the public water supply instead of a well would cause a hardship for us. Following is the relevant information for your review.

- Property address: Lot 2C  
Highland Avenue  
Torrington, CT 06790
- Homeowner's present address: Christopher and Jennifer Murphy  
33 North Riverside Avenue  
Terryville, CT 06786  
860/ 582-1170
- Justification for Exception: Hardship due to long service lines
- Map enclosed  
(shows parcel boundaries, footprint of house, location of pws, location of proposed septic system, location of proposed well)
- Distance from pws to parcel / lineal feet of main needed: 576.89 feet
- Access to pws is available
- Total cost estimate of pws: \$21,605.00  
(letter from Torrington Water Company enclosed)
- Total cost estimate of well service: \$5000.00  
(contractor's proposal enclosed)

Sincerely,

Jennifer W. Murphy

MAX WATER LAB, LLC  
 429 Main St.  
 WATERTOWN, CT 06795  
 Phone/Fax (860)-945-3566

Date  
 08-03-2004

Sample number: 8438  
 Sample date : 8-2-04  
 Water Source : Lot #2 C Highland Ave (kitchen tap) Torrington CT  
 Owner's name : Earl Pellitier (Sampler: Pete Averso-Brennan Water Systems)

BACTERIOLOGICAL EXAMINATION	RESULT	METHOD
Total Coliforms	Absent	SM 9223 B

CONCLUSIONS: Based on the bacteriological examination, this water was SAFE  
 The Maximum Contaminant Level (MCL) for total coliform bacteria  
 is exceeded if the sample tests positive (Present) for  
 total coliform bacteria, based on a 100mL sample.  
 Residual chlorine, none detected (< 0.05ppm). method 4500-Cl G

PHYSICAL EXAMINATION	RESULTS	U.S. PUBLIC HEALTH ADVISORY LIMIT	METHOD
Turbidity	3.5	5.0 NTU	SM 2130 B
pH	6.8	6.4 - 8.5	SM 4500 H+ B
Color	10	15	SM 2120 B
Odor	None detected	2	SM 2150 B

CHEMICAL EXAMINATION

TAHD APPROVAL  
 Substances tested COMPLY with Connecticut  
 Maximum Contaminant Levels  
 untreated  treated  
 Date: 8/12/04  
 Signature: [Signature]

Hardness	44	150 mg/L	SM 2340 C
Nitrate N	1.4	10.0 mg/L, MCL	SM 4500 NO3 D
Sulfate	8.0	250 mg/L, MCL	SM 4500 SO4 D
Sodium	7.6	28.0 mg/L	SM 3500 Na B
Chloride	20.0	250.0 mg/L, MCL	SM 4500 Cl B
Iron	0.22	0.30mg/L	SM 3500 Fe B
Manganese	less than 0.01	0.50mg/L	SM 3500 Mn B

\* value is outside of ADVISORY LIMIT  
 MCL - CT State Maximum Contaminant Level

note: 1 mg/L = 1 ppm

CT PH # 0202  
 EPA # CT00987

Robert Impresa  
 Robert Impresa - Laboratory Director



## MAX WATER LAB, LLC

Owner: Earl Pellitier

Location Collected: Lot 20, Highland Ave., Torrington CT

Date Sample Collected: 08/02/04

Sample Description: Kitchen Tap

Max Water Lab Sample Number: 8438

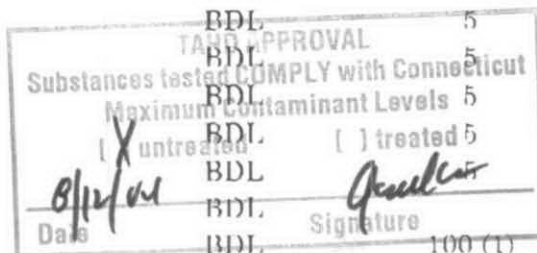
EAS Sample Number: 04080007-03

LIMS ID Number: AF09701

Date Sample Received: 08/03/04

Sampler: Pete Brennan

Parameter	Results (µg/L)	Maximum Concentration Limit (MCL)* (µg/L)	Detection Limit (µg/L)	Analysis Date
Method 524, Liquid				
Dichlorodifluoromethane	BDL		0.50	08/03/04
Chloromethane	BDL		0.50	08/03/04
Vinyl Chloride	BDL	2	0.50	08/03/04
Bromomethane	BDL		0.50	08/03/04
Chloroethane	BDL		0.50	08/03/04
Trichlorofluoromethane	BDL		0.50	08/03/04
Acetone	BDL		5.0	08/03/04
1,1-Dichloroethene	BDL	7	0.50	08/03/04
Methylene Chloride	BDL	5	0.50	08/03/04
trans-1,2-Dichloroethene	BDL	100	0.50	08/03/04
Methyl-tert-butyl-ether	BDL	70	0.50	08/03/04
1,1-Dichloroethane	BDL		0.50	08/03/04
2-Butanone	BDL		5.0	08/03/04
cis-1,2-Dichloroethene	BDL		0.50	08/03/04
2,2-Dichloropropane	BDL		0.50	08/03/04
Chloroform	BDL	100 (1)	0.50	08/03/04
Bromochloromethane	BDL		0.50	08/03/04
1,1,1-Trichloroethane	BDL	200	0.50	08/03/04
1,1-Dichloropropene	BDL		0.50	08/03/04
1,2-Dichloroethane	BDL	5	0.50	08/03/04
Carbon Tetrachloride	BDL	5	0.50	08/03/04
Benzene	BDL	5	0.50	08/03/04
Trichloroethene	BDL	5	0.50	08/03/04
1,2-Dichloropropane	BDL		0.50	08/03/04
Dibromomethane	BDL		0.50	08/03/04
Bromodichloromethane	BDL	100 (1)	0.50	08/03/04
4-Methyl-2-Pentanone	BDL		5.0	08/03/04





MAX WATER LAB, LLC

Owner: Earl Pelletier  
 Location Collected: Lot 20, Highland Ave., Torrington CT  
 Date Sample Collected: 08/02/04  
 Sample Description: Kitchen Tap  
 Max Water Lab Sample Number: 8438  
 EAS Sample Number: 04080007-03  
 LIMS ID Number: AF09701  
 Date Sample Received: 08/03/04  
 Sampler: Pete Brennan

Parameter	Results (µg/L)	Maximum Concentration Limit (MCL)* (µg/L)	Detection Limit (µg/L)	Analysis Date
cis-1,3-Dichloropropene	BDL	70	0.50	08/03/04
Toluene	BDL	1000	0.50	08/03/04
trans-1,3-Dichloropropene	BDL		0.50	08/03/04
1,1,2-Trichloroethane	BDL	5	0.50	08/03/04
2-Hexanone	BDL		5.0	08/03/04
1,3-Dichloropropane	BDL		0.50	08/03/04
Dibromochloromethane	BDL	100 (1)	0.50	08/03/04
Tetrachloroethylene	BDL	5	0.50	08/03/04
1,2-Dibromoethane	BDL		0.50	08/03/04
Chlorobenzene	BDL	100	0.50	08/03/04
1,1,1,2-Tetrachloroethane	BDL		0.50	08/03/04
Ethylbenzene	BDL	700	0.50	08/03/04
m/p-Xylene	BDL	10000 (2)	0.50	08/03/04
Styrene	BDL	100	0.50	08/03/04
o-Xylene	BDL	10000 (2)	0.50	08/03/04
Bromoform	BDL	100 (1)	0.50	08/03/04
1,1,2,2-Tetrachloroethane	BDL		0.50	08/03/04
Isopropylbenzene	BDL		0.50	08/03/04
1,2,3-Trichloropropane	BDL		0.50	08/03/04
Bromobenzene	BDL		0.50	08/03/04
n-Propylbenzene	BDL		0.50	08/03/04
2-Chlorotoluene	BDL		0.50	08/03/04
4-Chlorotoluene	BDL		0.50	08/03/04
1,3,5-Trimethylbenzene	BDL		0.50	08/03/04
tert-Butylbenzene	BDL		0.50	08/03/04
1,2,4-Trimethylbenzene	BDL		0.50	08/03/04
sec-Butylbenzene	BDL		0.50	08/03/04
1,3-Dichlorobenzene	BDL		0.50	08/03/04

TANK APPROVAL  
 Substances tested COMPLY with Connecticut  
 Maximum Contaminant Levels  
 untreated     treated  
 Date: 8/12/04    Signature: *[Signature]*



MAX WATER LAB, LLC

Owner: Earl Pellitier  
 Location Collected: Lot 20, Highland Ave., Torrington CT  
 Date Sample Collected: 08/02/04  
 Sample Description: Kitchen Tap  
 Max Water Lab Sample Number: 8438  
 EAS Sample Number: 04080007-03  
 LIMS ID Number: AF09701  
 Date Sample Received: 08/03/04  
 Sampler: Pete Brennan

Parameter	Results (µg/L)	Maximum Concentration Limit (MCL)* (µg/L)	Detection Limit (µg/L)	Analysis Date
1,4-Dichlorobenzene	BDL	7.5	0.50	08/03/04
p-Isopropyltoluene	BDL		0.50	08/03/04
1,2-Dichlorobenzene	BDL	600	0.50	08/03/04
n-Butylbenzene	BDL		0.60	08/03/04
1,2-Dibromo-3-Chloropropane	BDL		1.0	08/03/04
1,2,4-Trichlorobenzene	BDL	70	0.50	08/03/04
Naphthalene	BDL		0.50	08/03/04
Hexachlorobutadiene	BDL		0.50	08/03/04
1,2,3-Trichlorobenzene	BDL		0.50	08/03/04

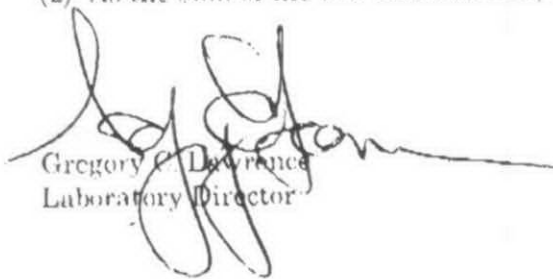
BDL = Below Detection Limit

Connecticut Certified Laboratory Number: PH 0568

The above analyses were conducted in accordance with:  
 1. EPA Test Methods for the Determination of Organic Compounds in Drinking Water.

\*MCL = Set by State of Connecticut, Department of Public Health, Circular Ltr. No. 97-24.

- (1) As the sum of the four constituent trihalomethanes.
- (2) As the sum of the two constituent xylenes.

  
 Gregory C. Lawrence  
 Laboratory Director

AHD APPROVAL All water tested COMPLY with Connecticut Maximum Contaminant Levels	
<input type="checkbox"/> Untreated	<input type="checkbox"/> Treated
_____ Signature	



**Torrington Area Health District  
350 Main St. - Suite A  
Torrington, Ct 06790**

Permit #

10935

**T A H D Is A Equal Opportunity Provider**

**Design Review For  
Subsurface Sewage Disposal System**

2c	Highland Ave.	Torrington	West Subdivision		
Lot #	Street # Street Name	Town	Subdivision		
Chris Murphy, C/o Earl	32 Winterbrook Rd.	Wolcott	Ct.	06716	
Owner	Owner Address	Town	State	Zip	

Builder	Builder Address			
Berkshire Engineering &	143 Bantam Lake Rd.	Borough Of	C T	06750
Engineer	Engineer Address	Town	State	Zip

This Approval Indicates That The Proposal Has Been Reviewed By The Health District And Is In Compliance With Applicable Regulations As Contained In The Public Health Code For This Project.

Plan Date: August 25, 2003  
 Prepared By: Dennis Mcmorrow  
 Review Date: October 22, 2003  
 # Of Bedrooms: 3

4 Ft. Wide Trenches	1000	495	165
Septic System Type	Tank Size	Field Sq Ft.	Legnth Of Septic System

Approved  Plan Revision Required

This Is Not A Permit To Construct A Subsurface Sewage Disposal System. The Permit To Construct Will Be Issued To The Licensed Septic System Installer Prior To Actual Construction. This Plan Approval Is Subject To Specific And General Conditions As Shown On Both Sides Of This Form. Please Read Them Carefully.

**Specific Conditions:**

<input type="checkbox"/> Engineer Design	<input checked="" type="checkbox"/> Field Staking By Engineer	<input type="checkbox"/> Engineer Supervision
<input type="checkbox"/> Percolation Test In Fill	<input checked="" type="checkbox"/> Select Fill Required	<input type="checkbox"/> As-built Installer
<input type="checkbox"/> Engineer As Built Required	<input type="checkbox"/> Curtain Drain	<input checked="" type="checkbox"/> As Below

(3) Perk Tests In Fill By Engineer  Required  Not Required

1. The Drilling Of A Well Must Be Approved By The State Health Department Since Public Water Is Within 200ft Of The Propertyline
2. The Septic System Must Be Field Staked By A Surveyor Prior To System Construction. The Bench Mark May Have To Be Reset At That Time.
3. A Scarification Inspection Is Required Prior To Fill Placement
4. A Sieve Test Of Select Fill Must Be Provided Prior To Placement
5. The System Should Be Installed When Soil Moisture Is Low.

Approved By:

Director Of Health

Sanitarian





# TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail [info@tahd.org](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://www.tahd.org)

"Promoting Health & Preventing Disease Since 1967"

Borough of Bantam

November 19, 2002

Bethlehem

To: Martin Connor, City Planner  
Torrington City Hall  
140 Main St.  
Torrington, CT. 06790

Cornwall

Goshen

From: Gilbert Roberts, Director of Environmental Health 

Harwinton

Re: West Resubdivision  
Highland Ave.

Kent

Map Information: West Resubdivision Map, March 2002 by Samuel Bertaccini, L.S. Site Development Plan by Berkshire Engineering, August 12, 2002.

Borough of Litchfield

Litchfield

The proposed resubdivision creates lot # 2C and modifies the property lines of Lot 2B and 2A. The houses on Lots 2A and 2B have septic systems and wells that were installed under permits issued by the TAHD and are part of a previously approved subdivision. The property line changes proposed do not effect the primary and reserve septic areas previously designated for these lots. Information concerning the suitability of subsurface sewage disposal for lot #2C is contained on page 1 and 2 of the Development plan prepared by Berkshire Engineering. Based on the data submitted and field evaluation the lot is suitable for subsurface sewage disposal for a four-bedroom home. A detailed plan of design prepared by a Professional Engineer will be required prior to the issuance of a permit. This lot will be serviced by public water. If you should have any questions, please give me a call.

Morris

Norfolk

Plymouth

Salisbury

Thomaston

Torrington

Warren

Cc: Dennis McMorrow, PE, Berkshire Engineering

Watertown

Winsted

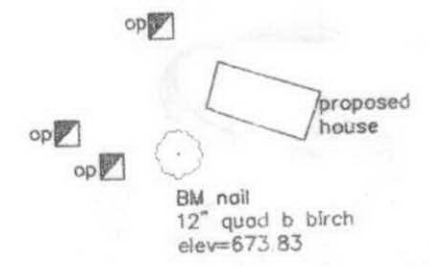
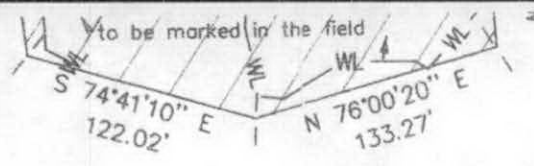
N/F  
Timothy Sparks  
Lori M. Sparks  
Vol 586 Pg 421

N/F  
Thomas Girolimon  
Laura Lee Girolimon  
Vol 430 Pg 1023

N/F  
Richard K. Laigle  
Sherry S. Laigle  
Vol 603 Pg 123

N/F  
Stephen L. Kaeser  
Shella Kaeser  
Vol 566 Pg 945

N/F  
Paul A. Kerber, Jr.  
Linda A. Kerber  
Vol 399 Pg 168



Lot 2C  
17.005 ± Acres  
740,731.7 ± Sq Ft  
(includes Conservation Easement Areas)

Lot 2B  
5.281 ± Acres  
230,040.1 ± Sq Ft

# 1495  
Highland Avenue

Driveway and Utility Easement  
over this shaded portion of  
Lot 2B in favor of Lot 2C.

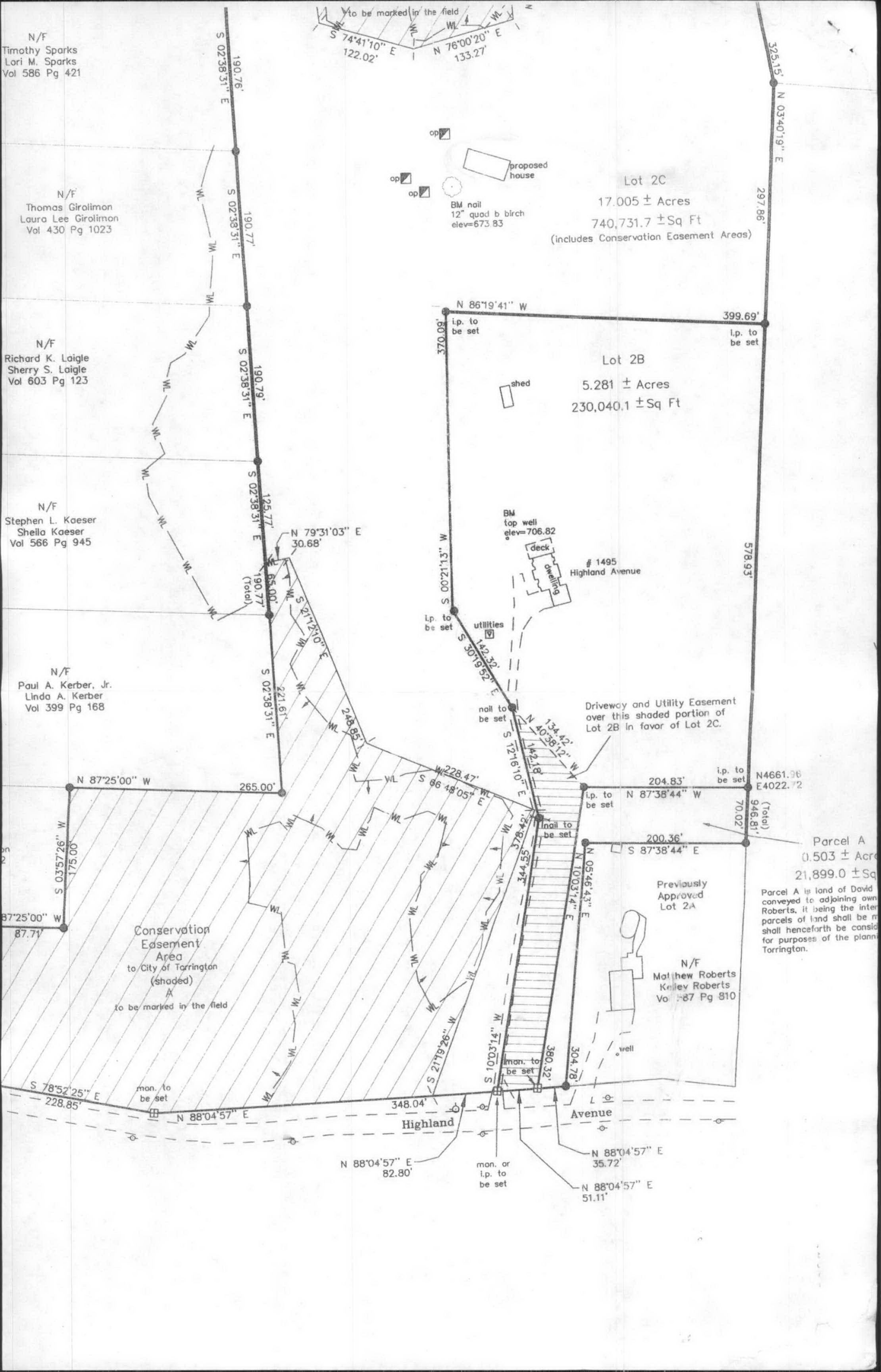
Parcel A  
0.503 ± Acres  
21,899.0 ± Sq Ft

Parcel A is land of David  
Roberts, it being the inter-  
parcels of land shall be re-  
shall henceforth be consid-  
for purposes of the plan  
Torrington.

Previously  
Approved  
Lot 2A

N/F  
Matthew Roberts  
Kelley Roberts  
Vol 487 Pg 810

Conservation  
Easement  
Area  
to City of Torrington  
(shaded)  
to be marked in the field



# Attachment 2



**Ernst Conservation Seeds**  
 8884 Mercer Pike  
 Meadville, PA 16335  
 (800) 873-3321 Fax (814) 336-5191  
[www.ernstseed.com](http://www.ernstseed.com)

Date: April 14, 2021

**Northeast Solar Pollinator Buffer Mix - ERNMX-610**

Botanical Name	Common Name	Price/lb
37.00 % <i>Schizachyrium scoparium</i> , 'Camper'	Little Bluestem, 'Camper'	15.90
36.30 % <i>Bouteloua curtipendula</i> , Butte	Sideoats Grama, Butte	14.11
4.00 % <i>Chamaecrista fasciculata</i> , PA Ecotype	Partridge Pea, PA Ecotype	7.20
4.00 % <i>Coreopsis lanceolata</i>	Lanceleaf Coreopsis	28.80
4.00 % <i>Echinacea purpurea</i>	Purple Coneflower	43.20
3.30 % <i>Rudbeckia hirta</i>	Blackeyed Susan	24.00
2.30 % <i>Heliopsis helianthoides</i> , PA Ecotype	Oxeye Sunflower, PA Ecotype	33.60
1.60 % <i>Penstemon digitalis</i> , PA Ecotype	Tall White Beardtongue, PA Ecotype	192.00
1.50 % <i>Asclepias tuberosa</i>	Butterfly Milkweed	432.00
0.80 % <i>Liatris spicata</i>	Marsh Blazing Star	252.00
0.70 % <i>Senna hebecarpa</i> , VA & WV Ecotype	Wild Senna, VA & WV Ecotype	28.80
0.50 % <i>Asclepias incarnata</i> , PA Ecotype	Swamp Milkweed, PA Ecotype	192.00
0.50 % <i>Geum canadense</i> , PA Ecotype	White Avens, PA Ecotype	192.00
0.50 % <i>Monarda fistulosa</i> , Fort Indiantown Gap-PA Ecotype	Wild Bergamot, Fort Indiantown Gap-PA Ecotype	120.00
0.50 % <i>Pycnanthemum tenuifolium</i>	Narrowleaf Mountainmint	168.00
0.50 % <i>Zizia aurea</i>	Golden Alexanders	288.00
0.40 % <i>Aster laevis</i> , NY Ecotype	Smooth Blue Aster, NY Ecotype	336.00
0.40 % <i>Aster novae-angliae</i> , PA Ecotype	New England Aster, PA Ecotype	336.00
0.30 % <i>Baptisia australis</i> , Southern WV Ecotype	Blue False Indigo, Southern WV Ecotype	96.00
0.30 % <i>Tradescantia ohiensis</i> , PA Ecotype	Ohio Spiderwort, PA Ecotype	192.00
0.20 % <i>Oenothera fruticosa</i> var. <i>fruticosa</i>	Sundrops	360.00
0.20 % <i>Solidago nemoralis</i> , PA Ecotype	Gray Goldenrod, PA Ecotype	336.00
0.10 % <i>Aster prenanthoides</i> , PA Ecotype	Zigzag Aster, PA Ecotype	432.00
0.10 % <i>Veronicastrum virginicum</i> , PA Ecotype	Culver's Root, PA Ecotype	768.00

**100.00 %**

**Mix Price/lb Bulk: \$38.45**

**Seeding Rate:** Seed with 30 lbs/acre of a cover crop. For a cover crop use either grain oats (1 Jan to 31 Jul) or grain rye (1 Aug to 31 Dec).

Solar Sites

**Price quotes guaranteed for 30 days.**  
**All prices are FOB Meadville, PA.**  
**Please check our web site at [www.ernstseed.com](http://www.ernstseed.com)**  
**for current pricing when placing orders.**

# **NEW ENGLAND WETLAND PLANTS, INC**

820 WEST STREET, AMHERST, MA 01002

PHONE: 413-548-8000 FAX 413-549-4000

EMAIL: INFO@NEWP.COM WEB ADDRESS: WWW.NEWP.COM

## **New England Erosion Control/Restoration Mix For Detention Basins and Moist Sites**

<b>Botanical Name</b>	<b>Common Name</b>	<b>Indicator</b>
<i>Elymus riparius</i>	Riverbank Wild Rye	FACW
<i>Schizachyrium scoparium</i>	Little Bluestem	FACU
<i>Festuca rubra</i>	Red Fescue	FACU
<i>Andropogon gerardii</i>	Big Bluestem	FAC
<i>Panicum virgatum</i>	Switch Grass	FAC
<i>Vernonia noveboracensis</i>	New York Ironweed	FACW+
<i>Agrostis perennans</i>	Upland Bentgrass	FACU
<i>Bidens frondosa</i>	Beggar Ticks	FACW
<i>Eupatorium maculatum (Eutrochium maculatum)</i>	Spotted Joe Pye Weed	OBL
<i>Eupatorium perfoliatum</i>	Boneset	FACW
<i>Aster novae-angliae (Symphyotrichum novae-angliae)</i>	New England Aster	FACW-
<i>Scirpus cyperinus</i>	Wool Grass	FACW
<i>Juncus effusus</i>	Soft Rush	FACW+

PRICE PER LB. \$37.00 MIN. QUANTITY 3 LBS. **TOTAL:** \$111.00

APPLY: 35 LBS/ACRE :1250 sq ft/lb

The New England Erosion Control/Restoration Mix for Detention Basins and Moist Sites contains a selection of native grasses and wildflowers designed to colonize generally moist, recently disturbed sites where quick growth of vegetation is desired to stabilize the soil surface. It is an appropriate seed mix for ecologically sensitive restorations that require stabilization as well as long-term establishment of native vegetation. This mix is particularly appropriate for detention basins that do not hold standing water. Many of the plants in this mix can tolerate infrequent inundation, but not constant flooding. The mix may be applied by hand, by mechanical spreader, or by hydro-seeder. After sowing, lightly rake, roll or cultipack to insure good seed-to-soil contact. Best results are obtained with a Spring or late Summer seeding. Late Fall and Winter dormant seeding requires an increase in the application rate. A light mulching of clean, weed-free straw is recommended

New England Wetland Plants, Inc. may modify seed mixes at any time depending upon seed availability. The design criteria and ecological function of the mix will remain unchanged. Price is \$/bulk pound, FOB warehouse, Plus SH and applicable taxes.

# **NEW ENGLAND WETLAND PLANTS, INC**

820 WEST STREET, AMHERST, MA 01002

PHONE: 413-548-8000 FAX 413-549-4000

EMAIL: INFO@NEWP.COM WEB ADDRESS: WWW.NEWP.COM

## **New England Conservation/Wildlife Mix**

<b>Botanical Name</b>	<b>Common Name</b>	<b>Indicator</b>
<i>Elymus virginicus</i>	Virginia Wild Rye	FACW-
<i>Schizachyrium scoparium</i>	Little Bluestem	FACU
<i>Andropogon gerardii</i>	Big Bluestem	FAC
<i>Festuca rubra</i>	Red Fescue	FACU
<i>Sorghastrum nutans</i>	Indian Grass	UPL
<i>Panicum virgatum</i>	Switch Grass	FAC
<i>Chamaecrista fasciculata</i>	Partridge Pea	FACU
<i>Desmodium canadense</i>	Showy Tick Trefoil	FAC
<i>Asclepias tuberosa</i>	Butterfly Milkweed	NI
<i>Bidens frondosa</i>	Beggar Ticks	FACW
<i>Eupatorium purpureum (Eutrochium maculatum)</i>	Purple Joe Pye Weed	FAC
<i>Rudbeckia hirta</i>	Black Eyed Susan	FACU-
<i>Aster pilosus (Symphyotrichum pilosum)</i>	Heath (or Hairy) Aster	UPL
<i>Solidago juncea</i>	Early Goldenrod	

PRICE PER LB. \$39.50 MIN. QUANTITY 2 LBS. **TOTAL:** \$79.00

APPLY: 25 LBS/ACRE :1750 sq ft/lb

The New England Conservation/Wildlife Mix provides a permanent cover of grasses, wildflowers, and legumes for both good erosion control and wildlife habitat value. The mix is designed to be a no maintenance seeding, and is appropriate for cut and fill slopes, detention basin side slopes, and disturbed areas adjacent to commercial and residential projects.

New England Wetland Plants, Inc. may modify seed mixes at any time depending upon seed availability. The design criteria and ecological function of the mix will remain unchanged. Price is \$/bulk pound, FOB warehouse, Plus SH and applicable taxes.



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[www.ernstseed.com](http://www.ernstseed.com)

Date: April 14, 2021

**Fuzz & Buzz Mix - Standard - ERNMX-146**

<b>Botanical Name</b>	<b>Common Name</b>	<b>Price/lb</b>
26.40 % <i>Lolium perenne</i> , 'Crave', Tetraploid	Perennial Ryegrass, 'Crave', Tetraploid	3.48
20.80 % <i>Dactylis glomerata</i> , 'Pennlate'	Orchardgrass, 'Pennlate'	3.00
18.90 % <i>Poa pratensis</i> , 'Ginger'	Kentucky Bluegrass, 'Ginger' (pasture type)	3.36
17.00 % <i>Festuca elatior</i>	Meadow Fescue	4.80
5.70 % <i>Trifolium hybridum</i>	Alsike Clover	3.90
4.80 % <i>Trifolium pratense</i> , Medium, Variety Not Stated	Red Clover, Medium, Variety Not Stated	3.00
2.00 % <i>Lotus corniculatus</i> , 'Leo'	Bird's Foot Trefoil, 'Leo'	7.50
1.30 % <i>Cichorium intybus</i>	Blue Chicory	19.20
1.00 % <i>Chrysanthemum leucanthemum</i>	Oxeye Daisy	33.60
0.90 % <i>Coreopsis lanceolata</i>	Lanceleaf Coreopsis	28.80
0.80 % <i>Chamaecrista fasciculata</i> , PA Ecotype	Partridge Pea, PA Ecotype	7.20
0.40 % <i>Solidago nemoralis</i> , PA Ecotype	Gray Goldenrod, PA Ecotype	336.00
<b>100.00 %</b>	<b>Mix Price/lb Bulk:</b>	<b>\$5.76</b>

**Seeding Rate:** Expect to apply about 40 lbs per acre with a cover crop of annual ryegrass 12 lbs/acre

Forage & Pasture Sites; Solar Sites

**Price quotes guaranteed for 30 days.**  
**All prices are FOB Meadville, PA.**  
**Please check our web site at [www.ernstseed.com](http://www.ernstseed.com)**  
**for current pricing when placing orders.**





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 Meadville, PA 16335  
 (800) 873-3321 Fax (814) 336-5191  
[www.ernstseed.com](http://www.ernstseed.com)

Date: April 14, 2021

**Fuzz & Buzz Mix - Premium - ERNMX-147**

Botanical Name	Common Name	Price/lb
24.20 % <i>Lolium perenne</i> , 'Crave', Tetraploid	Perennial Ryegrass, 'Crave', Tetraploid	3.48
17.70 % <i>Dactylis glomerata</i> , 'Pennlate'	Orchardgrass, 'Pennlate'	3.00
17.70 % <i>Festuca elatior</i>	Meadow Fescue	4.80
17.70 % <i>Poa pratensis</i> , 'Ginger'	Kentucky Bluegrass, 'Ginger' (pasture type)	3.36
5.40 % <i>Trifolium hybridum</i>	Alsike Clover	3.90
4.90 % <i>Trifolium incarnatum</i> , Variety Not Stated	Crimson Clover, Variety Not Stated	1.92
4.50 % <i>Trifolium pratense</i> , Medium, Variety Not Stated	Red Clover, Medium, Variety Not Stated	3.00
2.00 % <i>Lotus corniculatus</i> , 'Leo'	Bird's Foot Trefoil, 'Leo'	7.50
1.30 % <i>Chrysanthemum leucanthemum</i>	Oxeye Daisy	33.60
1.30 % <i>Cichorium intybus</i>	Blue Chicory	19.20
0.80 % <i>Chamaecrista fasciculata</i> , PA Ecotype	Partridge Pea, PA Ecotype	7.20
0.40 % <i>Aster oblongifolius</i> , PA Ecotype	Aromatic Aster, PA Ecotype	336.00
0.40 % <i>Aster prenanthoides</i> , PA Ecotype	Zigzag Aster, PA Ecotype	432.00
0.40 % <i>Coreopsis lanceolata</i>	Lanceleaf Coreopsis	28.80
0.40 % <i>Tradescantia ohiensis</i> , PA Ecotype	Ohio Spiderwort, PA Ecotype	192.00
0.40 % <i>Zizia aurea</i>	Golden Alexanders	288.00
0.30 % <i>Solidago nemoralis</i> , PA Ecotype	Gray Goldenrod, PA Ecotype	336.00
0.10 % <i>Asclepias syriaca</i>	Common Milkweed	163.20
0.10 % <i>Penstemon hirsutus</i>	Hairy Beardtongue	480.00
<b>100.00 %</b>	<b>Mix Price/lb Bulk:</b>	<b>\$10.91</b>

**Seeding Rate:** Expect to apply about 42 lbs per acre with a cover crop of annual ryegrass at 12 lbs/acre.

Forage & Pasture Sites; Solar Sites

**Price quotes guaranteed for 30 days.**  
**All prices are FOB Meadville, PA.**  
**Please check our web site at [www.ernstseed.com](http://www.ernstseed.com)**  
**for current pricing when placing orders.**