

Connecticut Department of Children and Families  
**REQUEST FOR INSPECTION OF WELL WATER**

DCF-048  
6/17 (Rev.)



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DATE:: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM DCF Worker: \_\_\_\_\_  
DCF Office Address: \_\_\_\_\_  
DCF Worker Phone # \_\_\_\_\_

RE: REQUEST FOR INSPECTION OF WELL WATER

Name of Applicant / Licensee		Applicant/Licensee Home Phone	
Address: (No. and Street):		City:	State: Zip:
Applicant/Licensee Cell Phone (if applicable):		E-mail:	
Any special directions or instructions to get to the home?			