



Work Commencement Form

To: Regulatory Section
Department of Energy and Environmental Protection
Land & Water Resources Division
79 Elm Street
Hartford, CT 06106-5127

Licensee Name: _____

Licensee Address: _____

License No(s): _____

CONTRACTOR(s):

1 Name: _____
Address: _____
Telephone: _____
E-mail: _____

2 Name: _____
Address: _____
Telephone: _____
E-mail: _____

3 Name: _____
Address: _____
Telephone: _____
E-mail: _____

Date Contractor(s) received a copy
of the license and approved plans: _____

EXPECTED DATE OF COMMENCEMENT OF WORK: _____

EXPECTED DATE OF COMPLETION OF WORK: _____

LICENSEE: _____
(Signature) (Date)