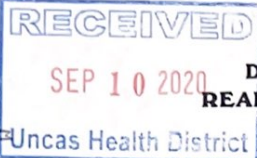


270459



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

WELL DRILLING PERMIT

450 Columbus Boulevard Suite 901, Hartford, Connecticut 06103

Lebanon LOCATION OF WELL (Town)	93 Lake Williams Dr (Street)	860-334-7882 (Lot Number)	DATE 9/7/20
Ted Sowa OWNER OF WELL			
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUILDER <input type="checkbox"/> OTHER (Specify)			

OWNER'S ADDRESS 289 Route 2, Preston, CT 06365					
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. 1 family
	<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)
<p>Indicate North</p> <p>Lake Williams Dr</p> <p>Leonard Bridge Rd</p> <p>Rt 207</p>	<p>Lake Williams Dr</p> <p>26' 9"</p> <p>35' 0"</p> <p>35' 0"</p> <p>stg tic</p>

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

80+

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 Dalmik Well Drilling 137 Providence Street Putnam, CT 06260	REGISTRATION NO. W1-92
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	BY (Town Health Officer or Agent) DC [Signature]	DATE 10-28-20

REMARKS

Rcd. 9/10/20
Pd. \$75.
R# 4194

Well #2 STAKED IN THE FIELD By Design Engineer.