

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 WELL DRILLING PERMIT
 450 Columbus Boulevard, Suite 901, Hartford, CT 06103
 Email: DCP.WellReports@ct.gov
 Website: www.ct.dcp



Property Address Information									
Town Name	Putnam		Address	60 River Junction Estates					
Owner of Well:	<input checked="" type="checkbox"/> Individual		<input type="checkbox"/> Business	Other: (Specify)					
Owner Information	First Name: Nik			Last Name: Lehto					
517 White Tail Way					Putnam		CT	06239	
Street Address (please enter information in fields above)					Town		State	Zip Code	
Proposed Use of Well									
Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)	Estimated # of people served	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 family	
Sketch of Well Location									
Locate well with respect to at least two roads.									
Location of lot to at least two roads					Well location with distances to at least two landmarks				
 Indicate North					 Indicate North				
East Putnam Rd					River Junction Estates				
Approximate number of feet from well to nearest source of possible contamination: 75'+									
<i>The undersigned is aware that upon completion of the well casing extension, a "Well Completion Report" containing construction details and information must be sent to the owner, the Department of Consumer Protection, the Water Resources Commission and the local Health Department on the form provided by the agency. This permit is not valid until all information is filled in and it has been countersigned by the Director of Health or his/her agent.</i>									
Michael Toutant	Dalmik Well Drilling			137 Providence St, Putnam, CT 06260					
Applicant Name (Print above)	Applicant Business Name			Applicant Address					
lindasouth@dalmikwelldrillingco.com	860-928-6220								
Applicant Email Address	Applicant Phone Number			Applicant Signature					
Registration Number	92-W1			5/16/22					
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/>	<input type="checkbox"/> Rejected	Date Permit Approved/Rejected			Date Work Completed			
Maureen Marcoux, P.S.									
BY: Town Health Officer/Agent (Print name above)			Signature Maureen Marcoux, P.S.						
REMARKS	Well located in wetland buffer may require town wetland approval								