

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
WELL DRILLING PERMIT**  
450 Columbus Boulevard, Suite 901, Hartford, CT 06103  
Email: [DCP.WellReports@ct.gov](mailto:DCP.WellReports@ct.gov)  
Website: [www.ct/dcp](http://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	1 family		
<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"/>				

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
<p>Indicate North</p> <p>East Putnam Rd</p> <p>River Junction Estates</p>	<p>Indicate North</p> <p>74.75'</p> <p>127'</p> <p>Septic</p> <p>River Junction Estates</p>

Approximate number of feet from well to nearest source of possible contamination: 75'+

*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.*

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		<i>Michael Toutant</i>	
Applicant Email Address		Applicant Phone Number		Applicant Signature	
Registration Number 92-W1		5/16/22			
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Rejected		Date Permit Approved/Rejected	
				Date Work Completed	
BY: Town Health Officer/Agent (Print name above)				Signature <i>Maureen Marcoux</i>	
REMARKS: Well located in wetland buffer may require town wetland approval					