

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

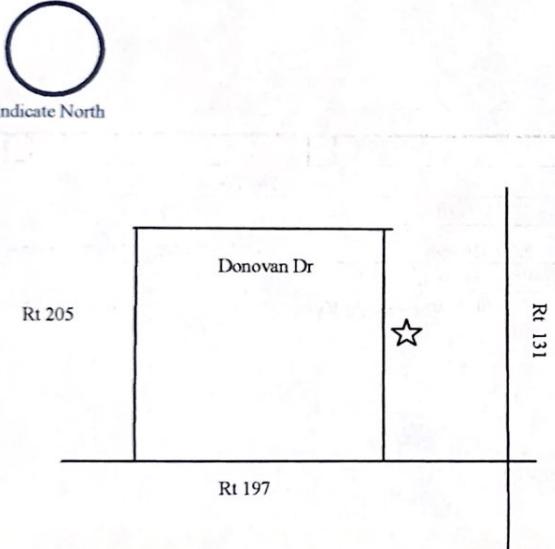
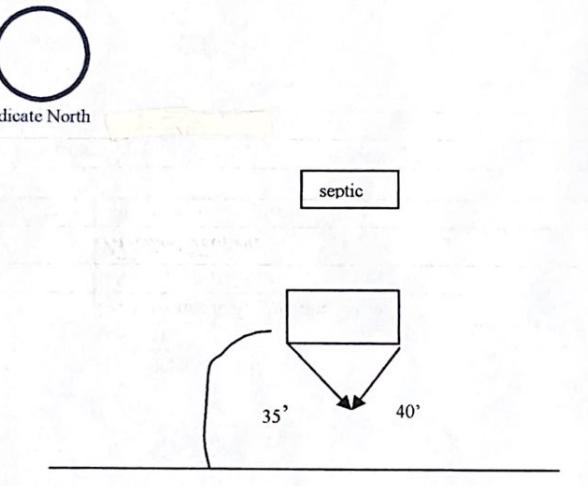
Town Name	Thompson			Address	Subdivision lot 18-1, town lot 2u-1 Donovan Dr			
Owner of Well:	<input checked="" type="checkbox"/> Individual		<input type="checkbox"/> Business	Other: (Specify)				
Owner Information	First Name: Lavallee Construction			Last Name:				
83 Rich Rd				North Grosvenordale		CT	06255	
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"/>								

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

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		
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Date Permit Approved/Rejected	Date Work Completed
<i>Maureen Marcoux PS</i>		<i>10/31/22</i>	
BY: Town Health Officer/Agent (Print name above)		Signature <i>Maureen Marcoux PS</i>	
REMARKS			