

**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"/>	<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				
 Indicate North					 Indicate North				
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		Michael Toutant					
Applicant Email Address		Applicant Phone Number		Applicant Signature					
Registration Number 92-W1				Date Permit Approved/Rejected		Date Work Completed			
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Rejected		10/31/22					
BY: Town Health Officer/Agent (Print name above)		Signature		Maureen Marcoux RS					
REMARKS									