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	Woodstock	**Address**	168 route 171		
Owner of Well:	☐ **Individual**	☐ **Business**	**Other:** *(Specify)*	Peake Brook veterinary clinic	
Owner Information	*First Name:* Dr. Gwen			*Last Name:* Gaumond	
168 Route 171				Woodstock	CT 06281
Street Address (please enter information in fields above)				*Town*	*State* *Zip Code*

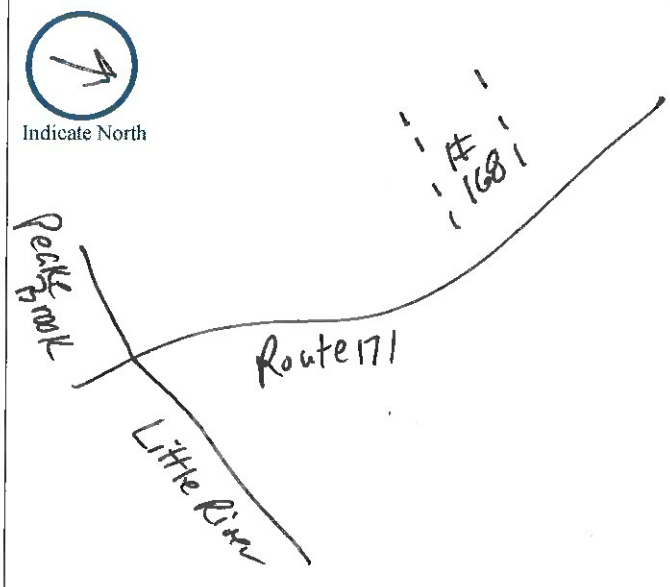
Proposed Use of Well

Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)	existing well is failing	Estimated # of people served	6-8
☐	☑	☐	☐	☐	☐	☐	☐			

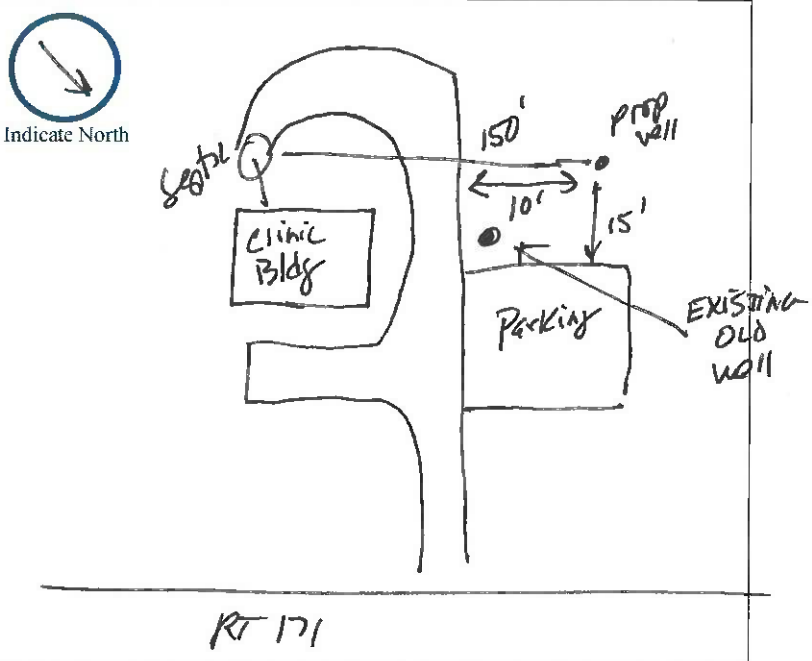
Sketch of Well Location

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



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.

Earl Semmelrock	LaFramboise Well Drilling	PO Box 303 THOMPSON, CT 06277
Applicant Name (Print above)	Applicant Business Name	Applicant Address
earl@the waterexperts.com	860-923-9543	
Applicant Email Address	Applicant Phone Number	Applicant Signature

Registration Number	W1 #13	Date of Application	9-7-23
☑ Approved	☐ Rejected	Date Permit Approved/Rejected	
Maureen Marcoux RS		12/06/2023	
BY: Town Health Officer/Agent (Print name above)		Signature Maureen Marcoux RS	
REMARKS			