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**	543 Route 169		
Owner of Well:	☐ **Individual**	☑ **Business**	**Other:** (*Specify*)	Church	
Owner Information	*First Name:*	First Congregational Church	*Last Name:*		
PO Box 147			Woodstock	Ct	06281
Street Address (please enter information in fields above)			*Town*	*State*	*Zip Code*

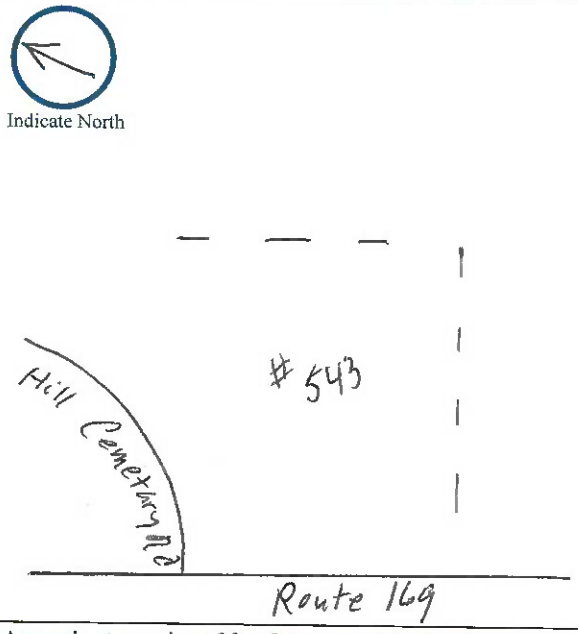
Proposed Use of Well

Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)		Estimated # of people served	
☐	☐	☐	☐	☑	☐	☐	☐	new well		10+

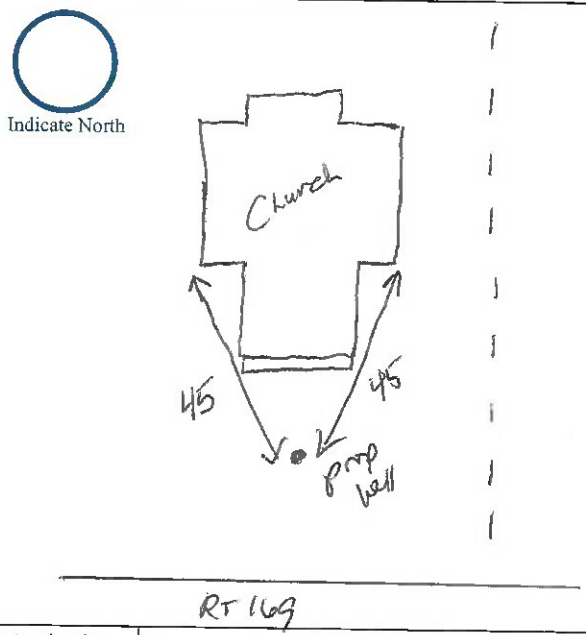
Sketch of Well Location

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	3-28-24
☑ Approved	☐ Rejected	Date Permit ~~Approved~~/Rejected	
Maureen Marcinkus		4/24/2024	
BY: Town Health Officer/Agent (Print name above)		Signature Maureen Marcinkus	
REMARKS			

LWD 33-24

rev. 09/2021