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

No water

Property Address Information

Town Name	Woodstock	Address	387 Rt 169		
Owner of Well:	X Individual	☐ Business	Other: (*Specify*)		
Owner Information	*First Name:* Omar		*Last Name:* Melendez		
387 Rt 169			Woodstock	CT	06281
Street Address (please enter information in fields above)			*Town*	*State*	*Zip Code*

Proposed Use of Well

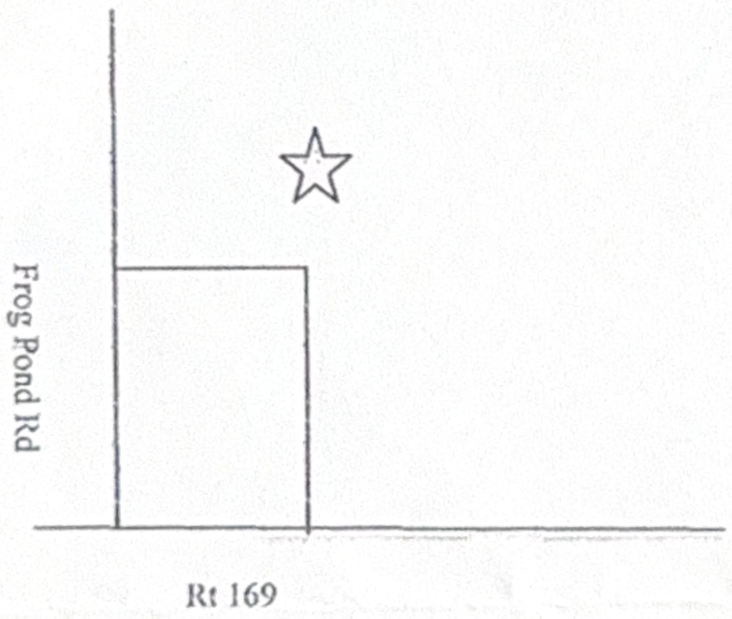
Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)		Estimated # of people served	1 family
X										

Sketch of Well Location

Locate well with respect to at least two roads.

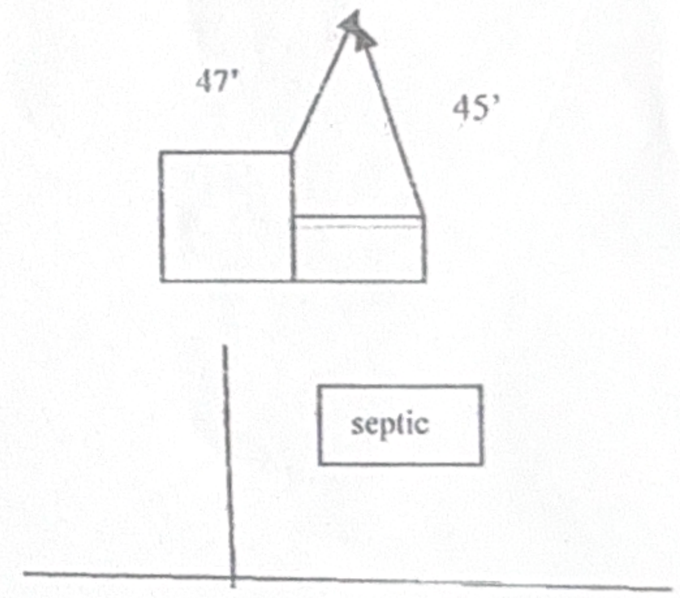
Location of lot to at least two roads

Indicate North



Well location with distances to at least two landmarks

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.

Linda South	Dalmik Well Drilling	137 Providence St, Putnam, CT 06260
Applicant Name (Print above)	Applicant Business Name	Applicant Address
lindasouth@dalmikwelldrillingco.com	860-928-6220	*Linda South*
Applicant Email Address	Applicant Phone Number	Applicant Signature

Registration Number	380-W1		
☑ Approved	☐ Rejected	Date Permit Approved/Rejected	Date Work Completed
Jennifer J Warner 9.27.24			
BY: Town Health Officer/Agent (Print name above)		Signature	
REMARKS	Jennifer J Warner 9.27.24		