

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	TOLLAND			Address . 23 USHER RIDGE LOT 24 TOLLAND					
Owner of Well:	☐ Individual ☒ Business			Other: (Specify)					
Owner Information		First Name:			NORDIC BUILDERS			Last Name:	
		11 JOE SABBATH DR			TOLLAND			CT	06084
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	4
☒	☐	☐	☐	☐	☐	☐	☐		
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:					140'				
<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>									
Joel Stavens		Stavens Brothers			PO Box 406 Willington, CT 06279				
Applicant Name (Print above)		Applicant Business Name			Applicant Address				
jeff@stavensbros.com		(860) 429-5158							
Applicant Email Address		Applicant Phone Number			Applicant Signature				
Registration Number 42-W1		606625			619125				
☒ Approved		☐ Rejected			Date Permit Approved/Rejected			Date Work Completed	
BY: Town Health Officer/Agent (Print name above)		Christopher Buter			Signature				
REMARKS		① Provide WCA water test result							