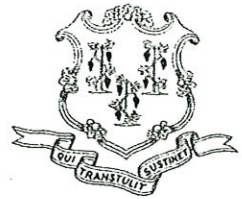


RECEIVED

JUN 30 2025



Eastern Highlands
Health District

Property Address Information									
Town Name		TOLLAND		Address		. 24 Plains Rd			
Owner of Well:		☐ Individual		☒ Business		Other: (Specify)			
Owner Information		First Name:		Msl Construction		Last Name:			
		18 Plains Rd		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				
Indicate North					Indicate North				
Approximate number of feet from well to nearest source of possible contamination:									
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.									
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		6/26/25					
☒ Approved		☐ Rejected		Date Permit Approved/Rejected			Date Work Completed		
BY: Christopher Butler Revisks				Chris					
BY: Town Health Officer/Agent (Print name above)				Signature					
REMARKS									

✓ 2985 Receipt 525236