

**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			Falls Village		Address			2 Sugar Hill Road		
Owner of Well:		☐ Individual		☐ Business		Other: (Specify)				
Owner Information			First Name:			Donna		Last Name:		
								Stoetzner		
2 Sugar Hill Road						Falls Village		CT		06031
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		
☒	☐	☐	☐	☐	☐	☐	☐			
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:										
<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>										
Raymond Keyser			Claverack Well and Pump Service			8960 State Route 22 Hillsdale, NY 12529				
Applicant Name (Print above)			Applicant Business Name			Applicant Address				
info@claverackpump.com			518-828-6267							
Applicant Email Address			Applicant Phone Number			Applicant Signature				
Registration Number			373			Date Permit Approved/Rejected		Date Work Completed		
☒ Approved			☐ Rejected			10/31/25				
Kelli Lombard						Kelli Lombard				
BY: Town Health Officer/Agent (Print name above)						Signature				
REMARKS										
Maintain 75' well Radius From Septic system. Confined 20' From Garage. Submit Completion Report to TAMD. Owner to Submit Water test Results to TAMD.										