

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		STAMFORD		Address		31 GRAY FARMS ROAD			
Owner of Well:		☒ Individual		☐ Business		Other: (Specify)			
Owner Information		First Name:		KEITH		Last Name:		KUGNO	
31 GRAY FARMS ROAD		STAMFORD		CT		06909			
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	5
☒	☐	☐	☐	☐	☐	☐	☐		
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:									
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.									
Henry M. Boyd		Boyd Artesian Well Co., Inc.				1054 Route 52, Carmel, NY 10512			
Applicant Name (Print above)		Applicant Business Name				Applicant Address			
boydarterian@yahoo.com		845-225-3196				Applicant Signature			
Applicant Email Address		Applicant Phone Number				Applicant Signature			
Registration Number		103				Date Permit Approved/Rejected		Date Work Completed	
☐ Approved		☐ Rejected							
BY: Town Health Officer/Agent (Print name above)						Signature			
REMARKS									