PW-25-9 8/26/25

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	MADISON	Address	80 Silo Hill
Owner of Well:	☐ Individual ☐ Business	Other: (Specify)	Dr Manion John
Owner Information	First Name:	Last Name:	
	SAME		
Street Address (please enter information in fields above)		Town	State / Zip Code

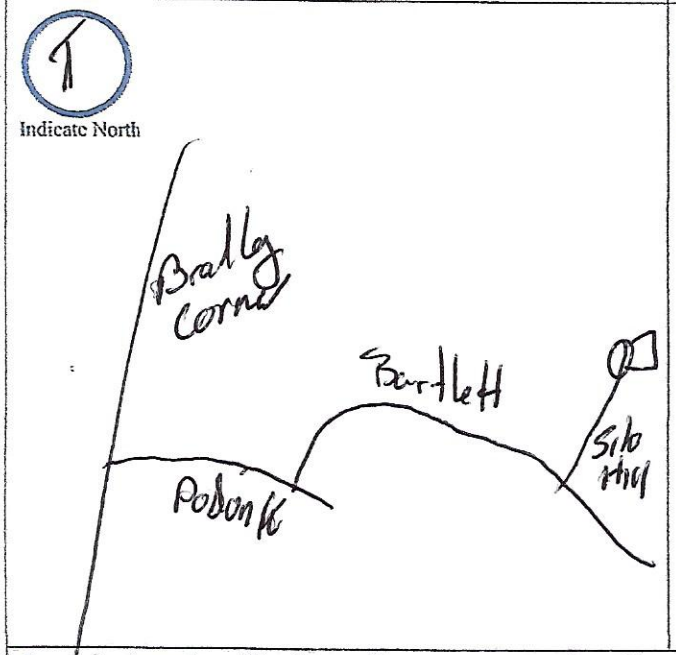
Proposed Use of Well

Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)		Estimated # of people served	
☑	☐	☐	☐	☐	☐	☐	☐			4

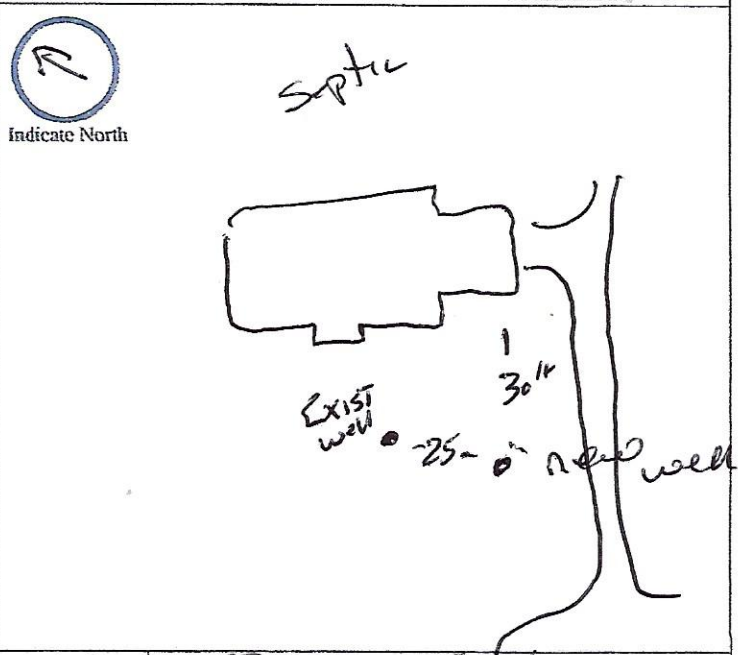
Sketch of Well Location

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: 75+ To Septic

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.

Robert A. Sima	Sima Driling Company Inc.	150 School House Road, Cheshire, CT 06410
Applicant Name (Print above)	Applicant Business Name	Applicant Address
Simadrilling@necoxmail.com	203-272-3077	
Applicant Email Address	Applicant Phone Number	Applicant Signature
Registration Number W1-7	9/2/2025	
☑ Approved ☐ Rejected	Date Permit Approved/Rejected	Date Work Completed
FRONT JOSEPH		
BY: Town Health Officer/Agent (Print name above)	Signature	
REMARKS		

APPROVED

RECEIVED
AUG 28 2025
MADISON HEALTH DEPARTMENT

JAJU 646-879-1483
0071 0023

SCANNED

rev. 09/2021