

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

RECEIVED

DEC 17 2025



PAID
check 1120

LEDGE LIGHT HEALTH DISTRICT

Property Address Information									
Town Name	Mystic			Address	183 05/6 ST				
Owner of Well:	☐ Individual	☒ Business	Other: (Specify) Advanced Const						
Owner Information	First Name: [blank]			Last Name: [blank]			[blank]		
Street Address (please enter information in fields above)				Mystic			CT	06355	
				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									
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: 100' + 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 Drilling 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 [Signature]			
Registration Number W1-7						Date Permit Approved/Rejected 1/10/26			
☒ Approved		☐ Rejected				Date Work Completed			
BY: Town Health Officer/Agent (Print name above)		Signature [Signature]							
REMARKS #0508									

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