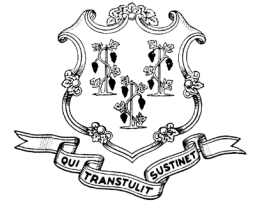


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT**
450 Columbus Boulevard, Suite 901, Hartford, CT 06103
Email: DCP.WellReports@ct.gov
Website: www.ct/dcp



Property Address Information									
Town Name		Stonington		Address		35 Wolf Neck Road			
Owner of Well:		☐ Individual		☒ Business		Other: (Specify)			
Owner Information		First Name:		Caulkins Construction		Last Name:			
89 Cross Rd						Waterford		CT	06385
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 GPS: 41.41326 -71.94141 Wolf Neck Rd # 35 Route 201					Indicate North WELL 32' 69' 75'+ House Garage Septic Area				
Approximate number of feet from well to nearest source of possible contamination:								75'+	
<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>									
Ike Chohanec		Chohanec Well Drilling, LLC				P.O. Box 142, Columbia, CT 06237			
Applicant Name (Print above)		Applicant Business Name				Applicant Address			
IKE-CWD@SBCGLOBAL.net		860-228-3147							
Applicant Email Address		Applicant Phone Number				Applicant Signature <i>Ike Chohanec</i>			
Registration Number		W1-368				Date of Application		4-1-26	
☐ Approved		☐ Rejected		Date Permit Approved/Rejected					
BY: Town Health Officer/Agent (Print name above)					Signature				
REMARKS		as per plan							