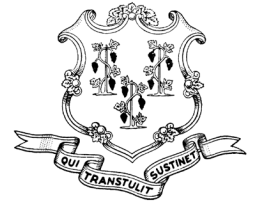


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT**
450 Columbus Boulevard, Suite 901, Hartford, CT 06103
Email: DCP.WellReports@ct.gov
Website: www.ct/dcp



Property Address Information									
Town Name		Colchester		Address		Lot 7 Taylor Road			
Owner of Well:		☐ Individual		☒ Business		Other: (Specify)			
Owner Information		First Name:		Dependable Construction		Last Name:			
1 River Park Dr						Cromwell		CT	06416
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'+									
<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 Chwanec		Chwanec Well Drilling, LLC			P.O. Box 142, Columbia, CT 06237				
Applicant Name (Print above)		Applicant Business Name			Applicant Address				
ike-cwd@sbcglobal.net		860-234-1702			Applicant Signature <i>Ike Chwanec</i>				
Applicant Email Address		Applicant Phone Number			Applicant Signature				
Registration Number		W1-368			Date of Application			3-4-26	
☐ Approved		☐ Rejected			Date Permit Approved/Rejected				
BY: Town Health Officer/Agent (Print name above)					Signature				
REMARKS		as per plan							