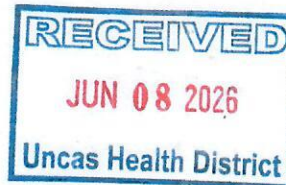


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT**
450 Columbus Boulevard, Suite 901, Hartford, CT 06103
Email: DCP.WellReports@ct.gov
Website: www.ct/dcp



Property Address Information									
Town Name		Montville		Address		35 Terrace Drive			
Owner of Well:		☒ Individual		☐ Business		Other: (Specify)			
Owner Information		First Name:		Eric		Last Name:		Masman	
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					Indicate North Pump up Chamber Drain well is marked 29 49				
Approximate number of feet from well to nearest source of possible contamination: 125 FT									
<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>									
Uwe Roehrl		Dufford Drilling		217 Pickering St, Portland, CT					
Applicant Name (Print above)		Applicant Business Name		Applicant Address					
dufforddrilling@gmail.com		860-633-1020							
Applicant Email Address		Applicant Phone Number		Applicant Signature					
Registration Number		362		6/9/26					
☒ Approved		☐ Rejected		Date Permit Approved/Rejected			Date Work Completed		
BY: Town Health Officer/Agent (Print name above)		Signature							
REMARKS									

R#2606-6A