

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			SHALTON						
Address			11 CARRIAGE DR.						
Owner of Well:			☒ Individual		☐ Business		Other: (Specify)		
Owner Information			First Name:			PETER		Last Name:	
4 FIELDSTONE WAY			NORTHDAVEY			CT		06488	
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	
☒	☐	☐	☐	☐	☐	☐	DEEPEN WELL	4	
DEEPEN									
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:									
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.									
Henry M. Boyd			Boyd Artesian Well Co., Inc.			1054 Route 52, Carmel, NY 10512			
Applicant Name (Print above)			Applicant Business Name			Applicant Address			
boydarterian@yahoo.com			845-225-3196						
Applicant Email Address			Applicant Phone Number			Applicant Signature			
Registration Number			103						
☒ Approved			☐ Rejected			Date Permit Approved/Rejected		Date Work Completed	
BY: Town Health Officer/Agent (Print name above)			Signature						
REMARKS									

6/18/26 Pd ch# 40863 Rec. 47332 200.