

**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 22 2025



CONNECTICUT
HEALTH DISTRICT

Property Address Information									
Town Name		Higganum		Address		545 Candlewood Hill Rd.			
Owner of Well:		☒ Individual		☐ Business		Other: (Specify)			
Owner Information		First Name:		John		Last Name:		Adams	
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				
Approximate number of feet from well to nearest source of possible contamination:					75+ 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.									
Applicant Name (Print above)		Applicant Business Name		Applicant Address					
Anthony Ganlo		Connecticut Wells Inc.		49 Hard Hill Rd. N. Bethlehem, Ct. 06751					
Applicant Email Address		Applicant Phone Number		Applicant Signature					
rob@connecticutwells.com		203 592 0496							
Registration Number		370		Date Permit Approved/Rejected		Date Work Completed			
☒ Approved		☐ Rejected		12/29/25		R6			
BY: Town Health Officer/Agent (Print name above)		Signature							
REMARKS									