

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			Guilford		Address			40 South Hoop Pole Road		
Owner of Well:			☐ Individual		☐ Business		Other: (Specify)			
Owner Information			First Name: Anthony				Last Name: Mancini			
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)	Domestic Well	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' 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.										
Rob Loftus			Connecticut Wells Inc.			49 Hard Hill Rd N. Bethlehem CT, 06751				
Applicant Name (Print above)			Applicant Business Name			Applicant Address				
Rob@connecticutwells.com			203-592-0496							
Applicant Email Address			Applicant Phone Number			Applicant Signature				
Registration Number			370-W1			7-15-26				
☒ Approved			☐ Rejected			Date Permit Approved/Rejected		Date Work Completed		
BY: Victoria Davis			Signature							
REMARKS			A water test is required from this well before treatment or use.							

Sonia Brinckwirth, Dir. of Health