

RECEIVED

MAY 14 2026

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

CONNECTICUT RIVER AREA
 HEALTH DISTRICT



Property Address Information									
Town Name		Chester		Address		9 School Lane			
Owner of Well:		☐ Individual		☐ Business		Other: (Specify)			
Owner Information		First Name:		Keith		Last Name:		Knickerbocker	
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 feet 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.									
Anthony Ganio		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				[Signature]			
Applicant Email Address		Applicant Phone Number				Applicant Signature			
Registration Number		370-W1				[Signature]			
☒ Approved		☐ Rejected		Date Permit Approved/Rejected		Date Work Completed			
BY: Town Health Officer/Agent (Print name above)		R. Grenon		Signature		[Signature]			
REMARKS									