

860 364-9397 - Town of Sharon Made of 4/28/26

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



Landuse @ Sharon CT.gov

Property Address Information									
Town Name		Sharon		Address		104 Millerton Road			
Owner of Well:		☒ Individual		☐ Business		Other: (Specify)			
Owner Information		First Name:		Alex		Last Name:		Pakis	
						CT			
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	2-3
☒	☐	☐	☐	☐	☐	☐	☐		
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:					100' from 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.									
Raymond Keyser		Claverack Well and Pump Service				8960 State Route 22 Hillsdale, NY 12529			
Applicant Name (Print above)		Applicant Business Name				Applicant Address			
info@claverackpump.com		518-828-6267							
Applicant Email Address		Applicant Phone Number				Applicant Signature			
Registration Number		373				5-13-26			
☒ Approved		☐ Rejected				Date Permit Approved/Rejected		Date Work Completed	
BY: Town Health Officer/Agent (Print name above)		Signature							
REMARKS									