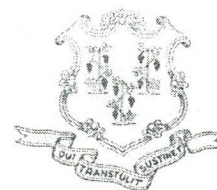


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT
450 Columbus Boulevard, Suite 901, Hartford, CT 06103
Email: DCP.WellReports@ct.gov
Website: www.ct/dcp

RECEIVED
MAY - 7 2026
BY: *NS*
Paid



42888 062060

Property Address Information									
Town Name		Hebron		Address		576 East Street			
Owner of Well:		☒ Individual		☐ Business		Other: (Specify)			
Owner Information		First Name:		Donna and Bobby		Last Name:		Bruneau	
576 East Street						Hebron		CT 06248	
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
☒	☐	☐	☐	☐	☐	☐	☐		
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				
					Private water well Please see attached new plans Proposed well location Not to Scale - Lot 2 576 East St.				
Approximate number of feet from well to nearest source of possible contamination: 75' Plus									
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.									
Joseph F Dilk III		Connecticut Valley Artesian Well				58 Bond Ave, Eas Longmeadow, MA 01028			
Applicant Name (Print above)		Applicant Business Name				Applicant Address			
<i>chris@wellandpumpservice.com</i>		413-525-7656							
Applicant Email Address		Applicant Phone Number				Applicant Signature <i>Joseph F Dilk III</i>			
Registration Number WWC.0000030-W1		619/26							
☒ Approved		☐ Rejected		Date Permit Approved/Rejected		Date Work Completed			
<i>Emily Miller</i>				<i>Emily Miller</i>					
BY: Town Health Officer/Agent (Print name above)		Signature							
REMARKS		Site visit conducted 6/9/26 - well location staked.							