

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



| Property Address Information                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                |                          |                                   |                                                        |                               |                          |                                                   |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|-------------------------------|--------------------------|---------------------------------------------------|------------------------------|
| Town Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | Eastford                                       |                          | Address                           |                                                        | 261 Old Colony rd             |                          |                                                   |                              |
| Owner of Well:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | <input checked="" type="checkbox"/> Individual |                          | <input type="checkbox"/> Business |                                                        | Other: (Specify)              |                          |                                                   |                              |
| Owner Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | First Name:                                    |                          | Gregory                           |                                                        | Last Name:                    |                          | Driscoll                                          |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | 210 Eastford rd                                |                          | Eastford                          |                                                        | CT                            |                          | 06242                                             |                              |
| 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)          | New Well, Existing House<br>Didn't Pass Flow Test | Estimated # of people served |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>                               | <input type="checkbox"/>      | <input type="checkbox"/> |                                                   | 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'                           |                          |                                                   |                              |
| <p>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.</p> |                          |                                                |                          |                                   |                                                        |                               |                          |                                                   |                              |
| Earl Semmelrock                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | LaFramboise Well Drilling                      |                          |                                   |                                                        | PO Box 303 THOMPSON, CT 06277 |                          |                                                   |                              |
| Applicant Name (Print above)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Applicant Business Name                        |                          |                                   |                                                        | Applicant Address             |                          |                                                   |                              |
| earl@the waterexperts.com                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | 860-923-9543                                   |                          |                                   |                                                        |                               |                          |                                                   |                              |
| Applicant Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Applicant Phone Number                         |                          |                                   |                                                        | Applicant Signature           |                          |                                                   |                              |
| Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | W1 #13                                         |                          |                                   |                                                        | Date of Application           |                          | 5-26-25                                           |                              |
| <input checked="" type="checkbox"/> Approved                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | <input type="checkbox"/> Rejected              |                          | Date Permit                       |                                                        | Approved/Rejected             |                          |                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Maurice Marrowe RS                             |                          | 6/17/26                           |                                                        |                               |                          |                                                   |                              |
| BY: Town Health Officer/Agent (Print name above)                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                |                          | Signature                         |                                                        |                               |                          |                                                   |                              |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                |                          |                                   |                                                        |                               |                          |                                                   |                              |

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