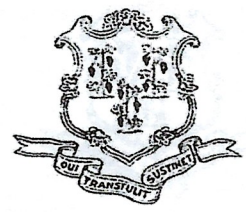


10/31/25

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.gov/dcp](http://www.ct.gov/dcp)



| Property Address Information                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                   |                          |                          |                                                        |                          |                          |                              |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------------------------------------|--------------------------|--------------------------|------------------------------|---|
| Town Name                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Killingworth                        |                                   |                          | Address                  | 11 Cedar Drive                                         |                          |                          |                              |   |
| Owner of Well:                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Individual | <input type="checkbox"/> Business | Other: (Specify)         |                          | Mike Deloreco                                          |                          |                          |                              |   |
| Owner Information                                                                                                                                                                                                                                                                                                                                                                                                                                                 | First Name:                         |                                   | NEW ENGLAND REALTY       |                          |                                                        | Last Name:               |                          |                              |   |
| 130 NORTH MAIN STREET                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                   |                          |                          | Wallingford                                            |                          | CT                       | 06492                        |   |
| 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 | 4 |
| <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"/> |                              |   |
| Sketch of Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                   |                          |                          |                                                        |                          |                          |                              |   |
| 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 ft 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. |                                     |                                   |                          |                          |                                                        |                          |                          |                              |   |
| Robert A. Sima                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Sima Drilling Company Inc.        |                          |                          | 150 School House Road, Cheshire, CT 06410              |                          |                          |                              |   |
| Applicant Name (Print above)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Applicant Business Name           |                          |                          | Applicant Address                                      |                          |                          |                              |   |
| Simadrilling@necoxmail.com                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | 203-272-3077                      |                          |                          |                                                        |                          |                          |                              |   |
| Applicant Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Applicant Phone Number            |                          |                          | Applicant Signature                                    |                          |                          |                              |   |
| Registration Number W1-7                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 11/4/25                           |                          |                          | Rott                                                   |                          |                          |                              |   |
| <input checked="" type="checkbox"/> Approved                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | <input type="checkbox"/> Rejected |                          |                          | Date Permit Approved/Rejected                          |                          | Date Work Completed      |                              |   |
| Melissa Neri                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                   |                          |                          | Signature                                              |                          | Melissa Neri RS          |                              |   |
| BY: Town Health Officer/Agent (Print name above)                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Signature                         |                          |                          |                                                        |                          |                          |                              |   |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                   |                          |                          |                                                        |                          |                          |                              |   |

Note 203-631-0832