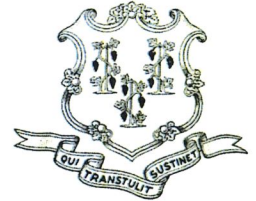
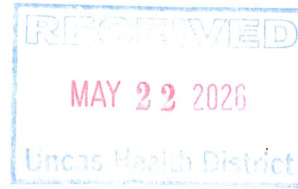


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT**
450 Columbus Boulevard, Suite 901, Hartford, CT 06103
Email: DCP.WellReports@ct.gov
Website: www.ct.dcp



Property Address Information									
Town Name		Salem		Address		469 Forsythe rd			
Owner of Well:		☐ Individual		☒ Business		Other: (Specify)		Builder	
Owner Information		First Name:		Spindle Point Development		Last Name:			
3 Artisan Dr. Unit 200						Salem		NH 03079	
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 Construction	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				
Indicate North					Indicate North				
Approximate number of feet from well to nearest source of possible contamination: 75+									
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.									
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		5-20-26	
☒ Approved		☐ Rejected				Date Permit Approved/Rejected		6/9/26	
BY: Alyssa Brochu, RPHS						Signature			
REMARKS									

LWD 60-29 R#2605-135