

**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

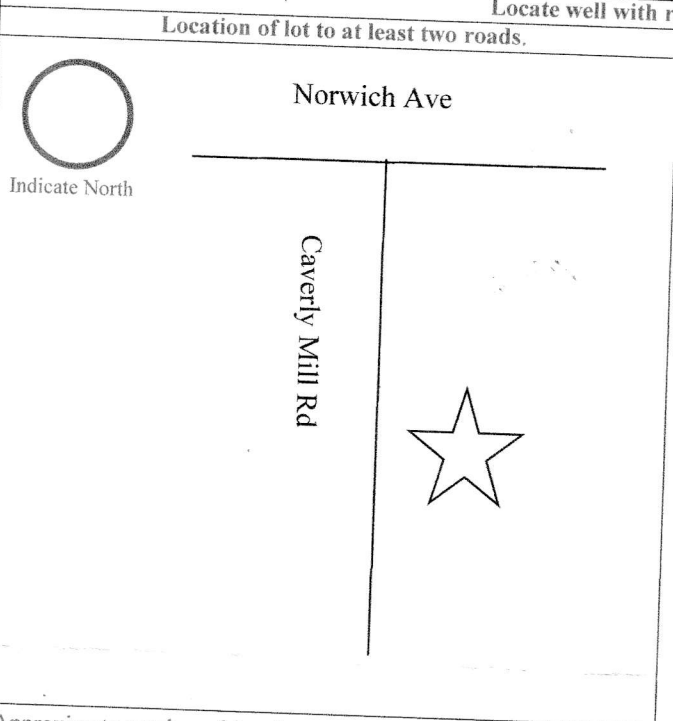
Town Name	Colchester	Address	40 Caverly Mill Rd (Lot 2)
Owner of Well:	☒ Individual	☐ Business	Other: (Specify) 860-303-6758
Owner Information	First Name: Bob	Last Name: Gagnon	
627 Norwich Salem Turnpike		Oakdale	CT 06370
Street Address (please enter information in fields above)		Town	State Zip Code

Proposed Use of Well

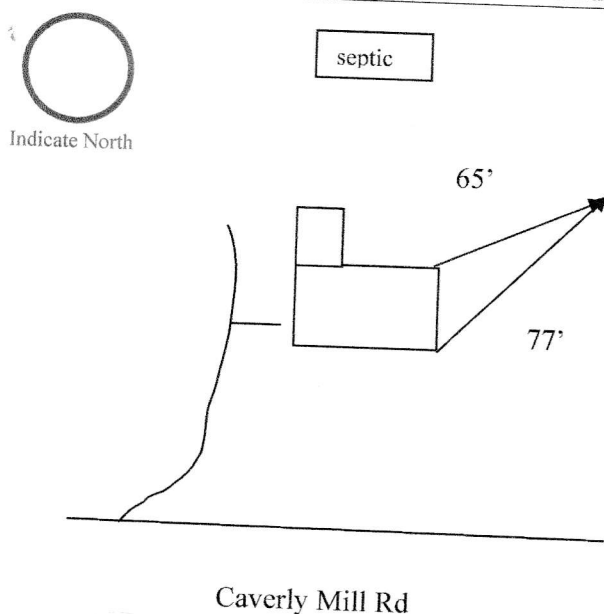
Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)	Estimated # of people served	1 family
☒	☐	☐	☐	☐	☐	☐	☐		

Sketch of Well Location

Locate well with respect 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'+

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.

Linda South	Dalmik Well Drilling	137 Providence St, Putnam, CT 06260
Applicant Name (Print above)	Applicant Business Name	Applicant Address
lindasouth@dalmikwelldrillingco.com	860-928-6220	Linda South
Applicant Email Address	Applicant Phone Number	Applicant Signature
Registration Number 380-W1		
☒ Approved	☐ Rejected	Date Permit Approved/Rejected
BY: Town Health Officer/Agent (Print name above)		Date Work Completed
JAMES G. KARRONBERG, R.S.		
Signature		
REMARKS		
CONDUCTED SITE VISIT ON 6/15/2024, WELL SITE SAVED JAZ, R.S. CHD		