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DEC 5 2022
Eastern Highlands Health District

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	WILLINGTON	**Address**	178-180 MIHAILAK RD
Owner of Well:	■ **Individual** ☐ **Business**	**Other:** *(Specify)*	
Owner Information	*First Name:* DAN	*Last Name:*	GRIFFIN
256 MOUNTAIN RD		ELLINGTON / CT	06029
Street Address (please enter information in fields above)		*Town / State*	*Zip Code*

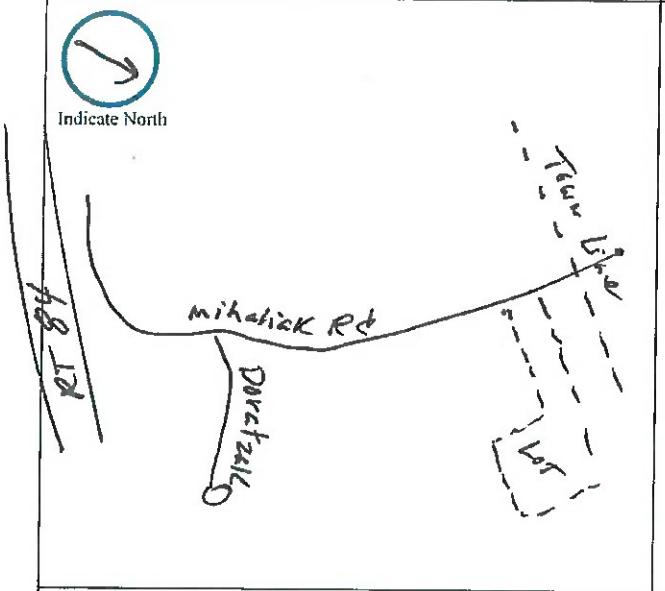
Proposed Use of Well

Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)	New Construction	Estimated # of people served	4
☑	☐	☐	☐	☐	☐	☐	☐			

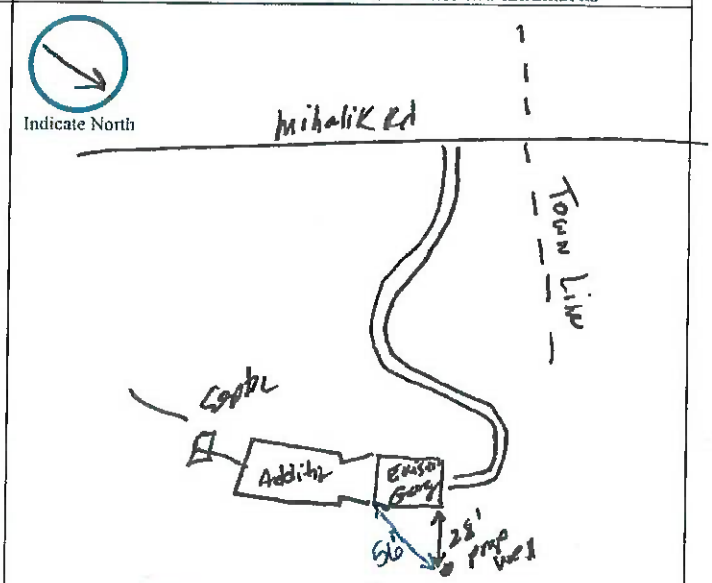
Sketch of Well Location

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



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@thewaterexperts.com	860-923-9543	
Applicant Email Address	Applicant Phone Number	Applicant Signature

Registration Number	W1 13	Date of Application	12-2-22
☑ Approved	☐ Rejected	Date Permit Approved/Rejected	12-9-22
Lynette Swanson RS			
BY: Town Health Officer/Agent (Print name above)		Signature	Lynette Swanson RS
REMARKS	Approved with change above		

178-22 V8689 Rec 353022

rev. 09/2021