

Department of Health

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Town Hall Annex

238 Danbury Road
Wilton, CT 06897
P-203-563-0174
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Fee: \$150.00

Well Abandonment Permit Application

Date: _____

Location _____

Type of Building: _____

Owner Name: _____ **Phone Number:** _____

Owner Address: _____

Well Driller: _____ **Phone Number:** _____

Well Driller Address: _____

NOTE:

All wells will be abandoned according to section 25-128-56 and 25-128-57 of the State of Connecticut Well Drilling Board Regulations.

ANY VIOLATIONS OF THIS REGULATION WILL VOID APPROVALS OF WELLS AND SEPTIC SYSTEMS AND MAY RESULT IN THE REVOCATION OF THE CERTIFICATE OF OCCUPANCY (C.O.).

Licensed Well Driller's Signature _____ **License #:** _____

Applicant:

Please note that once work is completed a copy of the State of Connecticut, Department of Consumer Protection "Well Abandonment –Verification of Work Completed" form shall be submitted to the Wilton Health Department.