Department of Health

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Town Hall Annex

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New, Irrigation, Geothermal, Repair: \$150.00

Abandonment: \$150.00

Well Permit Application

Date:	
New Geothermal	Repair Abandon
Location:	
Type of Building:	
Owner Name:	Phone Number:
Owner Address:	
Well Driller:	Phone Number:
Well Driller Address:	
<u>NOTE</u> : All wells will be abandoned according to section 25-1. Drilling Board Regulations.	28-56 and 25-128-57 of the State of Connecticut Well
ANY VIOLATIONS OF THIS REGULATION WILL V SYSTEMS AND MAY RESULT IN THE REVOCATION	
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* 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. 2014