

TOWN OF RIDGEFIELD Health Department (203) 431-2745

TOR Well Permit #	
DCP Well Permit #	
Tax Assessor's #	

Application for Permit to Drill a Well

Site Address		Lot #		
	_	☐ Abandonment ☐ Deepen Existing ☐ Irrigation ☐ Other		_
Are there public water supply or community values supply lines within 200 ft. of the property?		ater	□Yes	□ No
Applicant Name:		Cell Phone:		
Well Driller Company Name:		Office Phone:		
AddressStreet		Town	State	Zip
Email Address		License # _		
Are there any neighbor	ing septics within 75 ft.	of the well to be dril	led? □ Yes	□ No
Signature of Well Drillo	er	г	Date	

Issuance of this permit is based upon the information submitted. Falsification, by misrepresentation or omission, or failure to comply with the conditions of approval of this permit shall void the permit.

66 Prospect Street, Ridgefield, Connecticut 06877 www.ridgefieldct.org.