

Connecticut Department of Children and Families
REQUEST FOR INSPECTION OF WELL WATER

DCF-048
6/17 (Rev.)



DATE:: _____

TO: _____

FROM DCF Worker: _____
DCF Office Address: _____
DCF Worker Phone # _____

RE: REQUEST FOR INSPECTION OF WELL WATER

Name of Applicant / Licensee		Applicant/Licensee Home Phone	
Address: (No. and Street):		City:	State: Zip:
Applicant/Licensee Cell Phone (if applicable):		E-mail:	
Any special directions or instructions to get to the home?			