



Town of Wolcott

TOWN HALL • 10 KENEA AVE.
WOLCOTT, CONNECTICUT 06716

WELL ABANDONMENT AGREEMENT

SEWER and WATER

I, _____, the undersigned owner or authorized agent for the owner of property located at _____ in making an application for water service to said property (presently supplied by a well, which I maintain), hereby agree to:

Check One:

A. I agree to formally abandon my present water supply well in accordance with the State of Connecticut Health Department regulations and provide certification that work was completed by a State of Connecticut licensed well driller at the time that the Wolcott Water Department activates water service to my property.

or

I agree to formally abandon my present water supply well by cutting the plumbing at the wellhead or at the exterior of the foundation wall prior to the time that the Wolcott Water Department activates water service to my property.

1. I will notify the local Health Department of such abandonment, if applicable, and will comply with their well abandonment requirements and those of any other agencies having jurisdiction.
2. I will verify on a regular basis, as required by the Wolcott Water Department, that the well remains abandoned as long as I am a customer of the Wolcott Water Department.

or

B. I wish to maintain my present water supply well and understand that I must install and maintain an approved backflow prevention device in accordance with the Wolcott's Rules and Regulations concerning Cross Connections. Furthermore, I understand that I may not interconnect the piping between the present supply and the Wolcott water supply and that the backflow prevention device must be installed at the time that the Wolcott Water Department activates water service to my property.

1. I agree to an annual domestic plumbing inspection, as required by the Wolcott Water Department, as long as I am a customer of the Wolcott Water Department.
2. I will agree to have the backflow prevention device tested annually by a licensed tester (the Wolcott Water Department's cost for this test is \$52.25).
3. I agree to have my well upgraded to current Wolcott Water Department standards as is recommended by Chesprocott Health District, and as is amended from time to time, which includes but is not limited to a _____ cap.

I understand that the Wolcott Water Department reserves the rights to cancel the connection to the public water supply or discontinue water service if the conditions agreed to above are not complied with.

(Signature of Owner)

_____/_____/_____
(Date)

(Telephone Number)

(Approval By - Wolcott Water Dept. Signature)

_____/_____/_____
(Date)