

Department of Children and Families
REQUEST FOR INSPECTION OF WELL WATER

DCF-0048
3/16 (Rev.)



DATE: _____

TO: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

FROM (DCF WORKER): _____

DCF OFFICE _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

NAME OF APPLICANT/LICENSEE: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____