

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WELL DRILLING PERMIT
450 Columbus Boulevard, Suite 901, Hartford, CT 06103
Email: DCP.WellReports@ct.gov
Website: www.ct/dcp

RECEIVED
JUN 25 2026



By: _____

Property Address Information									
Town Name	CHESHIRE			Address	1881 BLACKBERRY PLACE				
Owner of Well:	☒ Individual	☐ Business	Other: (Specify)		APEX DEVELOPERS				
Owner Information		First Name:			Last Name:				
200 OLD TOWNE RD					CHESHIRE		CT	06410	
Street Address (please enter information in fields above)					Town		State	Zip Code	
Proposed Use of Well									
Domestic	Business	Farm	Test Well	Public Supply	Industrial	Air Conditioning	Other (Specify)	IRRIGATION	Estimated # of people served
☐	☐	☐	☐	☐	☐	☐	☒		N/A

Sketch of Well Location	
Locate well with respect to at least two roads.	
Location of lot to at least two roads	Well location with distances to at least two landmarks

Approximate number of feet from well to nearest source of possible contamination:		75'
<i>The undersigned is aware that upon completion of the well casing extension, a "Well Completion Report" containing construction details and information must be sent to the owner, the Department of Consumer Protection, the Water Resources Commission and the local Health Department on the form provided by the agency. This permit is not valid until all information is filled in and it has been countersigned by the Director of Health or his/her agent.</i>		
DAVID WRAGG	WRAGG WELL DRILLING	172 BAKER RD - ROXBURY, CT 06783
Applicant Name (Print above)	Applicant Business Name	Applicant Address
ADMIN@WRAGGWELLS.COM	860.354.1989	
Applicant Email Address	Applicant Phone Number	Applicant Signature
Registration Number	CT WWC 0158-W1	6-25-2026
☒ Approved	☐ Rejected	Date Permit Approved/Rejected
BY: Town Health Officer/Agent (Print name above)		Date Work Completed
Geno Gagnon		
Signature		
REMARKS		NEW CONSTRUCTION - IRRIGATION USE

PAID
JUN 25 2026 200.-
CK 23256