

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

HOUSATONIC VALLEY
HEALTH DISTRICT

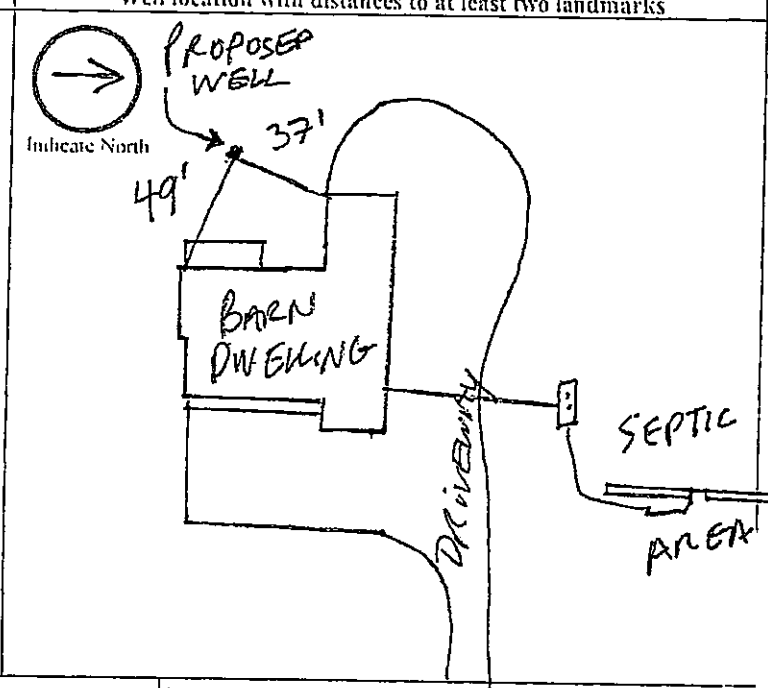
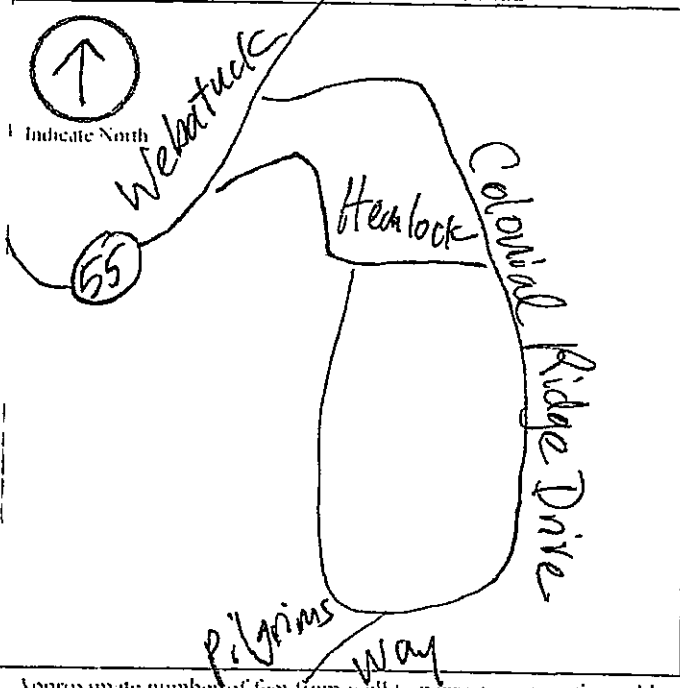


RECEIVED
BY _____

Property Address Information			
Town Name	GAYLORDSVILLE		Address 18-22 PILGRIMS WAY
Owner of Well:	☒ Individual	☐ Business	Other: (Specify)
Owner Information	First Name: BOHDAN	Last Name: PRYBLYLA	PASTURE PRIME ACRES LLC
89 COACHLIGHT CIRCLE		PROSPECT	CT 06716
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)
☒	☐	☐	☐	☐	☐	☐	☐
							Estimated # of people served
							4

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+
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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.

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	7-23-26	
☒ Approved	☐ Rejected	Date Permit Approved/Rejected
BY: Town Health Officer Agent (Print name above)		Date Work Completed
Signature		
REMARKS	NEW CONSTRUCTION	

CK # 23290
7/22/26