



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
PUBLIC WATER SUPPLY NOTIFICATION

OFFICE USE ONLY - REFERENCE NUMBER

Submit this form to Wellhead Section within 60 days of client connection to public system.

PUBLIC WATER SUPPLY NOTIFICATION TO DNR – for households previously served by a well

WELL OWNER INFORMATION

OWNER NAME		TELEPHONE NUMBER (OPTIONAL)	
OWNER ADDRESS	CITY	STATE	ZIP CODE
ADDRESS OF WELL (IF DIFFERENT THAN ABOVE)		COUNTY	

PUBLIC WATER SUPPLY INFORMATION

CONTACT PERSON		TELEPHONE NUMBER		
PWSS NAME		PWSS ID NUMBER		
PWSS ADDRESS		CITY	STATE	ZIP CODE

LANDOWNER PRIVATE WELL LOCATION INFORMATION – to be submitted by water district (fill in one type of location identification)

LEGAL LOCATION
_____ ¼ _____ ¼ _____ ¼ Sec. _____ Township _____ North Range _____ East West

PRIVATE WELL GPS LOCATION
_____ ° _____ ' _____ " West Longitude _____ ° _____ ' _____ " North Latitude

911 ADDRESS OF WELL LOCATION

911 ADDRESS OF WELL LOCATION SAME AS ABOVE

STREET NUMBER & NAME	CITY	STATE	ZIP CODE
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INFORMATION SUPPLIED BY WELL OWNER

This part of the form to be completed by well owner before connection to public water.

I hereby certify that:

- Existing wells will remain in use and will be properly plugged when no longer in use or becomes in a state of disrepair (including inoperable pump or pump removal).
- All known abandoned wells on property have been plugged.
- Any abandoned wells will be plugged within 90 days. The well owner must notify the division 10 days prior to plugging well so that a representative may make required inspection.

WELL OWNERS SIGNATURE	DATE
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