



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

FOR OFFICE USE ONLY	
REF NO.	DATE RECEIVED

Public water supplier shall submit this form within 60 days of client connection to the public system for households previously served by a well as stated in 10 CSR 23-3.025.

WELL OWNER INFORMATION

NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)		CITY	

DATE OF CONNECTION TO PUBLIC WATER SUPPLIER

PUBLIC WATER SUPPLIER INFORMATION

NAME		PWSS ID NUMBER MO -	
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER WITH AREA CODE	

LOCATION OF WELL

Latitude _____ ° _____ ' _____ "	Longitude _____ ° _____ ' _____ "	COUNTY
_____ ¼ _____ ¼ _____ ¼		Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W

WELL OWNER STATEMENT

This part of the form must be completed by well owner before connection to public water. A department representative may verify information provided by the well owner.

I hereby certify that:

- Existing well(s) will remain in use and will be properly plugged when no longer in use.
- All known abandoned wells on property have been plugged.
- All abandoned wells will be plugged within 90 days of connection to public water. The well owner must notify the department at 573-368-2165 ten (10) days prior to well plugging.
- No well.

WELL OWNER SIGNATURE	DATE
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