



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
WELLHEAD PROTECTION SECTION

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)

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OWNER ADDRESS

CITY

STATE

ZIP CODE

ADDRESS OF WELL (IF DIFFERENT THAN ABOVE)

COUNTY

PUBLIC WATER SUPPLY INFORMATION

CONTACT PERSON

TELEPHONE NUMBER

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PWSS NAME

PWSS ID NUMBER

MO

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

__ 1/4 __ 1/4 __ 1/4 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

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

MO 780-1427 (10-04)

REMIT TO: WELLHEAD PROTECTION SECTION, PO BOX 250, ROLLA, MO 65402 573/ 368-2165.