



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

**FOR OFFICE USE ONLY**

REF NO.	DATE RECEIVED
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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 Section 256.628 RSMo.

**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 Public Water Supply District 1 of DeKalb County		PWSS ID NUMBER MO - 1024191	
MAILING ADDRESS 302 N Main, PO Box 79	CITY Clarksdale	STATE MO	ZIP CODE 64430
CONTACT PERSON Connie Whitsell		TELEPHONE NUMBER WITH AREA CODE (816) 393-5311	

**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 known abandoned wells on property.

WELL OWNER SIGNATURE	DATE
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