

# Notice of Planned Well-Construction or Pump Installation Commencement

State Board of Examining  
Water Well Drilling Contractors and  
Water Well Pump Installation Contractors  
wwcb@wyoboards.gov  
Fax: 888--988-1322 toll free

**Contractor Name, Company:**

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**License Number:** \_\_\_\_\_

**Construct Water Well** \_\_\_\_\_ **Pump Installation** \_\_\_\_\_

**Land Owner Name:** \_\_\_\_\_

**Land Owners Phone#:** \_\_\_\_\_

**Permit No. U.W.** \_\_\_\_\_

**Construction Location (ie. address, site description)**

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This form is to notify you that work on the above referenced permit is anticipated to begin on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date

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Please note: a Statement of Completion must be submitted to the State Engineer within 30 days of well completion.

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