

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:

License Number: _____

Construct Water Well _____ **Pump Installation** _____
(check one)

Land Owner Name: _____

Land Owners Phone#: _____

Permit No. U.W. _____

Construction Location(ie. address, site description)

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

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