DOMESTIC WELL CONTACT FORM

DATE: _____

SITE NAME: _____

KDHE SITE CODE: _____

CONSULTANT: _____

PROJECT MANAGER: _____

This form must be included in the first Monitoring Report, first OM&M Report, LSA Final Report, and LKRBCA Final Report.

Well I.D.	Well Owner's Name	Well Owner's Address# (including zip)	Well Owner's Phone Number	Well Usage*	Treatment**	Direction from Plume

* Describe the well usage (lawn and garden watering, drinking water, other, etc.)
** Describe treatment if any on the well (reverse osmosis, carbon vessels,U.V., etc.)
# If physical address is different than the owners mailing address, please use another line to provide both the mailing address and physical address.

Note: Form is to be filled out each time the contact information for a domestic well has changed. The form is to be forwarded to the KDHE project manager if changes are made.