WP # _____

MIAMI COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
201 S. Pearl, Ste. 201
Paola, KS 66071

Installation Permit for Well for Drinking Water

_____
Name Address Phone

_____
Contractor Address Phone

_____
Individual Establishment Site Location

_____

FINAL INSPECTION CERTIFICATION

Permit Issued By _____ By _____

Date _____ Date _____

_____
Applicant's Signature (Owner or Agent) Date Phone

COMMENTS/RESTRICTIONS: