



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
**WELL PLUGGING REGISTRATION
 RECORD**

OFFICE USE ONLY	
REFERENCE NO.	DATE RECEIVED

STATE WELL NO.	ENTERED PH 1 PH2 PH3	APPROVED BY ROUTE	REVENUE NO.	CHECK NO.
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INFORMATION SUPPLIED BY WELL OR PUMP INSTALLATION CONTRACTOR

OWNER NAME		TELEPHONE NUMBER WITH AREA CODE Ext.		
OWNER ADDRESS		CITY	STATE	ZIP CODE
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE)		CITY	STATE	ZIP CODE
SITE NAME	WELL NUMBER	INFORMATION VERIFIED BY OWNER SIGNATURE (WELL OWNER)		DATE
SMALLEST 1/4	LARGEST 1/4	LOCATION OF WELL LAT. _____ ° _____ ' _____ "		AREA
Sec. Township	North Range	<input type="checkbox"/> East <input type="checkbox"/> West		ELEV _____ ft.
		LONG. _____ ° _____ ' _____ "		COUNTY
WELL CERTIFICATION NUMBER (IF APPLICABLE)		VARIANCE NUMBER (IF APPLICABLE)		

ABANDONMENT INFORMATION

FORMER USE OF WELL <input type="checkbox"/> Hand Dug <input type="checkbox"/> Irrigation <input type="checkbox"/> Domestic <input type="checkbox"/> Multi-Family <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Heat Pump <input type="checkbox"/> Mineral Exploratory Test Hole <input type="checkbox"/> Soil/Vapor Probe <input type="checkbox"/> Other _____		ORIGINAL DRILLER (IF KNOWN)	DATE ORIGINALLY DRILLED (IF KNOWN)	STATIC WATER LEVEL ft.
		DEPTH OF THE WELL ft.	LENGTH OF CASING ft.	CASING DIAMETER in.
		PUMP REMOVED FROM WELL? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE CASING CUT OFF THREE FEET BELOW GROUND SURFACE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed	TYPE OF CASING <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other _____
GROUT INSTALLATION METHOD <input type="checkbox"/> Gravity <input type="checkbox"/> Tremie <input type="checkbox"/> Excavation	GROUT MATERIAL USED Neat Cement Bentonite <input type="checkbox"/> Hi-Early <input type="checkbox"/> Slurry <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Type 1 <input type="checkbox"/> Chips <input type="checkbox"/> Other _____	HOW MANY GALLONS OF WATER MIXED PER BAG OF CEMENT OR BENTONITE?		NUMBER OF BAGS OF GROUT USED
TYPE OF FILL MATERIAL USED <input type="checkbox"/> Gravel <input type="checkbox"/> Ag-Lime <input type="checkbox"/> Sand <input type="checkbox"/> Other _____		AMOUNT OF FILL MATERIAL USED _____ <input type="checkbox"/> Cu. Yds. <input type="checkbox"/> Tons		DEPTH TO TOP OF FILL MATERIAL FROM THE SURFACE ft.
MULTIPLE WELLS <input type="checkbox"/> Yes <input type="checkbox"/> No		WELL CHLORINATED BEFORE PLUGGING? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT USED FOR THE CHLORINATION <input type="checkbox"/> Gallons of Chlorine <input type="checkbox"/> Pounds of Chlorine <input type="checkbox"/> Tablets of Chlorine	DATE WELL WAS PLUGGED
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE THE NAME OF THE WATER DISTRICT:		REASON WELL WAS PLUGGED		
REMARKS				

I hereby certify that the well herein described was plugged in accordance with Missouri Department of Natural Resources requirements for the plugging of wells.

SIGNATURE (PRIMARY CONTRACTOR)	PERMIT NUMBER	DATE
SIGNATURE (CONTRACTOR)	PERMIT NUMBER	DATE
SIGNATURE (APPRENTICE)	PERMIT NUMBER	DATE