



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
INVESTIGATION REQUEST

OWNER INFORMATION				FOR OFFICE USE ONLY	
OWNER NAME				DATE RECEIVED	
OWNER ADDRESS				DATE ASSIGNED	
CITY	STATE	ZIP CODE		ASSIGNED TO	
HOME PHONE			WORK PHONE		
PERSON REQUESTING INVESTIGATION IF DIFFERENT THAN OWNER					
NAME					
ADDRESS					
CITY				STATE	ZIP CODE
HOME PHONE			WORK PHONE		
DRILLER				DATE WELL WAS DRILLED	
PUMP INSTALLER				DATE PUMP WAS INSTALLED	
COUNTY	SECTION ¼ ¼ ¼ Sec.		TOWNSHIP North		RANGE <input type="checkbox"/> East <input type="checkbox"/> West
Did you receive a certification form from the contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Reference Number: _____					
Have you contacted the well/pump contractor on this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have they attempted to remedy the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was there an abandoned well on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was the well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many holes were drilled? _____			Any left open? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had a bacteria test done? <input type="checkbox"/> Yes <input type="checkbox"/> No					
STEPS TO BE COMPLETED, IF APPLICABLE, BEFORE SUBMISSION OF THIS FORM					
1. Please attach a copy of the bacteria test taken. If no test was taken, please contact your county health department or sanitarian to arrange for a water sample to be taken prior to submitting this form. 2. Please attach a copy of the invoice (or bill) you received from the driller and pump installer. 3. Include a copy of your certification form from your driller and/or pump installer, if available. 4. On the opposite side of this form, please make a written statement detailing the problems you are experiencing.					

STATEMENT

PRINT NAME

SIGNATURE

DATE