



MISSOURI DEPARTMENT
OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**LOST OR DESTROYED WELL
REPORTING FORM FOR
TANKS SITES**

OFFICE USE ONLY		DATE RECEIVED	
REFERENCE NO.		C.R. NO.	
<input type="checkbox"/> VERIFIED		ROUTE	
ENTERED		DATE ENTERED INTO DATABASE	
Ph1	Ph2	Ph3	

OWNER AND SITE INFORMATION

PROPERTY OWNER NAME		TELEPHONE NUMBER		SITE NAME	
PROPERTY OWNER ADDRESS		CITY		STATE	ZIP CODE
ADDRESS OF WELL SITE		CITY		STATE	ZIP CODE
LOCATION OF WELL SITE LAT. ° ' "		DNR HAZARDOUS WASTE PROGRAM SITE NUMBER (IF APPLICABLE)		DNR/EPA PROJECT MANAGER (IF APPLICABLE)	
LONG. ° ' "					

LOST WELL INFORMATION

Well Number	Certification or Reference Number	Owner at Time of Installation	Date Well was Constructed	Name or Permit Number of the Contractor Who Installed the Well (if known)

- Reason the well or wells cannot be located and/or plugged (well was paved over, new building was constructed, etc.).
- Describe what, if any, attempts were made to locate and/or plug the well or wells listed above.

I hereby attest that the well(s) described above cannot be properly plugged due to alteration, or because a well(s) was unable to be located by way of a thorough search and investigation. This report is being provided to notify the Department of Natural Resources of the existence of lost wells at this location. By supplying this information, I take no responsibility for the actions that resulted in the wells being lost or destroyed, nor do I imply who is or was responsible for such acts.

SIGNATURE		PERMIT NUMBER (IF APPLICABLE)	DATE REPORTED
PRINTED NAME	PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	