



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
RECONSTRUCTION REGISTRATION REPORT

FOR OFFICE USE ONLY

REF NO.	DATE RECEIVED
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ROUTE / /	APPROVED	DATE	ENTERED	STATE CERT. NO.	CHECK NO.	REVENUE NO.
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WELL OWNER INFORMATION

NAME				TELEPHONE NUMBER WITH AREA CODE			
MAILING ADDRESS				CITY		STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)				CITY		EMAIL ADDRESS	

GENERAL WELL INFORMATION

DATE WELL WAS RECONSTRUCTED	WELL CERTIFICATION OR REFERENCE NUMBER (IF KNOWN)	WELL NUMBER	VARIANCE NUMBER (IF ISSUED)	ORIGINAL DRILLER (If known)	DATE ORIGINALLY DRILLED (IF KNOWN)
TYPE OF REPAIR <input type="checkbox"/> Raised casing <input type="checkbox"/> Lining of well <input type="checkbox"/> Deepening of well <input type="checkbox"/> Monitoring well <input type="checkbox"/> Well conversion		NAME OF SITE, BUSINESS, OR CLEANUP PROJECT			REGULATORY SITE ID NUMBER OF DNR/EPA PROJECT (IF APPLICABLE)

LOCATION INFORMATION

Lat. _____ ° _____ ' _____ "	COUNTY	_____ ¼ _____ ¼ _____ ¼	DRILL AREA (OFFICE USE ONLY)
Long. _____ ° _____ ' _____ "		Section Township N Range <input type="checkbox"/> E <input type="checkbox"/> W	

WATER WELL INFORMATION

TYPE OF WELL <input type="checkbox"/> Domestic <input type="checkbox"/> High yield bedrock <input type="checkbox"/> High yield unconsolidated <input type="checkbox"/> Multi-family <input type="checkbox"/> Public water supply <input type="checkbox"/> Open loop water <input type="checkbox"/> Oil/gas well conversion to water well						
CASING DIAMETER in.	CASING LENGTH (IF KNOWN) ft.	WELL CASING SEAL OR CONNECTION <input type="checkbox"/> Well seal <input type="checkbox"/> Pitless unit <input type="checkbox"/> Pitless adaptor	STATIC WATER LEVEL (IF KNOWN) ft.	WELL CHLORINATED AFTER RECONSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No	DRILLER NOTES	

MONITORING WELL INFORMATION

TYPE OF REPAIR <input type="checkbox"/> Over-drill and reconstructed* <input type="checkbox"/> Install or replace surface completion <input type="checkbox"/> Raise or lower surface elevation *Attach diagram showing well reconstruction details		LENGTH OF RISER ADDED ft.	RISER MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Stainless steel	ORIGINAL RISER MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Stainless steel	METHOD OF ATTACHMENT <input type="checkbox"/> Thread <input type="checkbox"/> Weld <input type="checkbox"/> Couple <input type="checkbox"/> Fuse <input type="checkbox"/> Glue <input type="checkbox"/> Other	TYPE OF SURFACE COMPLETION <input type="checkbox"/> Above ground <input type="checkbox"/> Flush mount
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LINER INFORMATION **DEEPENING OF WELL INFORMATION**

USE (Choose one) <input type="checkbox"/> Hold back formation <input type="checkbox"/> Prevent rust <input type="checkbox"/> Seal out undesirable conditions	LENGTH ft.	OUTSIDE DIAMETER in.	WEIGHT (LB.) OR SDR#, SCH#	MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Steel	DEPTH TO FROM		FORMATION AND YIELD DESCRIPTION**
	DEPTH TO TOP OF LINER ft.	PACKER USED ON PVC LINER <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPTH PACKERS SET / / ft.				
POSITION OF SEAL <input type="checkbox"/> Full length <input type="checkbox"/> Bottom	GROUT TYPE (CHOOSE ONE) CEMENT <input type="checkbox"/> Type I <input type="checkbox"/> Type III BENTONITE <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry		NUMBER OF SACKS USED _____	METHOD OF GROUT INSTALLATION <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure tremie <input type="checkbox"/> As liner is installed			

RAISED CASING INFORMATION

LENGTH ADDED ft.	CASING MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Steel	ORIGINAL CASING MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Steel	METHOD OF ATTACHMENT <input type="checkbox"/> Thread <input type="checkbox"/> Weld <input type="checkbox"/> Couple <input type="checkbox"/> Glue
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I hereby certify that the information herein described for this well is in accordance with the department of natural resources requirements. (All fields must be completed but only one signature is required.)

PRIMARY CONTRACTOR (If different than installation contractor)	PERMIT NUMBER	DATE
WELL OR PUMP INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE
WELL OR PUMP INSTALLATION APPRENTICE	PERMIT NUMBER	DATE

**BORING LOG/WELL DIAGRAM ATTACHED