



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

OFFICE USE ONLY	
DATE RECEIVED	DATE ASSIGNED
ASSIGNED TO	

**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	

**PERSON REQUESTING INVESTIGATION (If different than owner)**

NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE

Is the well owner aware of this investigation request?     YES    NO

**WELL LOCATION INFORMATION**

Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "		COUNTY
_____ ¼ _____ ¼ _____ ¼ Section _____ Township _____ N Range _____		<input type="checkbox"/> E <input type="checkbox"/> W

**CONTRACTOR INFORMATION (If known)**

NAME	PERMIT NUMBER
BUSINESS NAME	TELEPHONE NUMBER WITH AREA CODE

**GENERAL INFORMATION**

Date well was drilled:	Date problem began:
Did you receive a copy of the well certification form from the contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you contacted the well or 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	
Is there an abandoned well(s) on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is the well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of holes drilled _____    Were any left open? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a bacteria test been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**STEPS TO BE COMPLETED BEFORE SUBMISSION OF THIS FORM**

- 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.
- Please attach a copy of the invoice (or bill) you received from the driller and pump installer.
- Include a copy of the certification form from the driller and/or pump installer, if available.
- On the opposite side of this form, please make a written statement detailing the problems you are experiencing.

SIGNATURE	DATE
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STATEMENT