



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
**LOST OR DESTROYED WELL
 REPORTING**

OFFICE USE ONLY	
REF NO.	DATE RECEIVED
ENTERED	DATE
STATUS <input type="checkbox"/> Verified <input type="checkbox"/> Case # _____	DATE

OWNER AND SITE INFORMATION

PROPERTY OWNER NAME WHERE WELL IS LOCATED	CONTACT PERSON FOR PROPERTY OWNER	PRIMARY PHONE NUMBER WITH AREA CODE	
PROPERTY OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL(S) IS LOCATED	CITY	NAME OF SITE OR CLEANUP PROJECT	
LOCATION OF WELL SITE Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "	COUNTY	DNR/EPA PROJECT NUMBER OR REGULATORY SITE ID NUMBER (IF APPLICABLE)	

LOST WELL INFORMATION

WELL NUMBER	CERTIFICATION OR REFERENCE NUMBER	DATE WELL WAS CONSTRUCTED	GPS COORDINATE OF KNOWN OR APPROXIMATE WELL LOCATION	NAME OR PERMIT NUMBER OF THE WELL INSTALLATION CONTRACTOR (IF KNOWN)

- If more space is needed to report additional lost well(s), please attach a separate page to this form.
- In the space below, please state the reason(s) the well(s) cannot be located and/or plugged. For example, well was paved over, new building was constructed, etc.
- Describe what attempts were made to locate and/or plug the well(s) listed above.
- Attach a site map indicating approximate location(s) of lost well(s), if available.

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 well(s) at this location. By supplying this information, I take no responsibility for the actions that resulted in the well(s) 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	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS