



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
**NESTED MONITORING WELL
 CERTIFICATION RECORD**

OFFICE USE ONLY			
REF NO.		DATE RECEIVED	
CR NO.		CHECK NO.	
STATE WELL NUMBER		REVENUE NO.	
ENTERED	APPROVED	DATE	ROUTE

OWNER AND SITE INFORMATION

PROPERTY OWNER NAME WHERE WELL IS LOCATED		PRIMARY PHONE NUMBER WITH AREA CODE	
PROPERTY OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED		CITY	
NAME OF SITE OR CLEANUP PROJECT		DNR/EPA PROJECT NUMBER OR REGULATORY SITE ID NUMBER (IF APPLICABLE)	
PRIMARY CONTRACTOR NAME (PLEASE PRINT)		PERMIT NUMBER	Section 256.607(3), RSMo, requires all primary contractors to comply with all rules and regulations promulgated pursuant to Sections 256.600 to 256.640 RSMo.

LOCATION INFORMATION

Latitude _____ ° _____ ' _____ "	COUNTY	_____ 1/4 _____ 1/4 _____ 1/4
Longitude _____ ° _____ ' _____ "		Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W

MONITORING WELL INFORMATION - IF WELL IS CASIED, SUBMIT ADDITIONAL AS-BUILT DIAGRAMS SHOWING WELL CONSTRUCTION DETAILS INCLUDING TYPE AND SIZE OF CASING, HOLE DIAMETERS AND GROUT USED

DEPTH		FORMATION DESCRIPTION (OR ATTACH BORING LOG*)	TYPE OF WELL <input type="checkbox"/> Standard Nested Well <input type="checkbox"/> Soil Vapor Probe	MONITORING FOR (CHECK ALL THAT APPLY)				
FROM	TO			<input type="checkbox"/> Explosives	<input type="checkbox"/> Metals	<input type="checkbox"/> Pesticides/Herbicides	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Radionuclides
		<input type="checkbox"/> *Boring Log Attached	WELL NUMBER	VARIANCE NUMBER (IF ISSUED)	WELL COMPLETION DATE			
TOTAL DEPTH OF WELL _____ ft.			STATIC WATER LEVEL _____ ft.	DRILLER NOTES:				

SURFACE COMPLETION INFORMATION

<input type="checkbox"/> Above Ground <input type="checkbox"/> Flush Mount	LENGTH OF SURFACE COMPLETION _____ ft.	DIAMETER OF SURFACE COMPLETION _____ in.	DEPTH AND DIAMETER OF THE HOLE SURFACE COMPLETION WAS PLACED _____ ft. _____ in.	SURFACE COMPLETION MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Plastic		
WEEP HOLE <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____		VENTED CAP <input type="checkbox"/> Yes <input type="checkbox"/> No	LOCKING CAP <input type="checkbox"/> Yes <input type="checkbox"/> No	SURFACE COMPLETION GROUT <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____		

RISER PIPE/TUBE #1 DETAIL

DIAMETER _____ in.	LENGTH _____ ft.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	WEIGHT, SDR# OR SCH#	CONNECTION MADE BY GLUE <input type="checkbox"/> Yes <input type="checkbox"/> No	DIAMETER OF BOREHOLE _____ in.
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WELL SCREEN #1 DETAIL

DIAMETER _____ in.	LENGTH _____ ft.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	DIAMETER OF BOREHOLE _____ in.
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PRIMARY FILTER PACK/GROUT SEAL #1 DETAIL

LENGTH OF FILTER PACK From _____ ft. To _____ ft.	DEPTH TO TOP OF PRIMARY FILTER PACK _____ ft.	BENTONITE SEAL From _____ ft. To _____ ft.	GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	
SECONDARY FILTER PACK USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.	ANNULAR SEAL USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.	GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry <input type="checkbox"/> Cement Slurry		

RISER PIPE/TUBE #2 DETAIL					
DIAMETER in.	LENGTH ft.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	WEIGHT, SDR# OR SCH#	CONNECTION MADE BY GLUE <input type="checkbox"/> Yes <input type="checkbox"/> No	DIAMETER OF BOREHOLE in.
WELL SCREEN #2 DETAIL					
DIAMETER in.	LENGTH ft.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	DIAMETER OF BOREHOLE in.		
PRIMARY FILTER PACK/GROUT SEAL #2 DETAIL					
LENGTH OF FILTER PACK From _____ ft. To _____ ft.		DEPTH TO TOP OF PRIMARY FILTER PACK ft.	BENTONITE SEAL From _____ ft. To _____ ft.	GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	
SECONDARY FILTER PACK USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.		ANNULAR SEAL USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.		GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry <input type="checkbox"/> Cement Slurry	
RISER PIPE/TUBE #3 DETAIL					
DIAMETER in.	LENGTH ft.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	WEIGHT, SDR# OR SCH#	CONNECTION MADE BY GLUE <input type="checkbox"/> Yes <input type="checkbox"/> No	DIAMETER OF BOREHOLE in.
WELL SCREEN #3 DETAIL					
DIAMETER in.	LENGTH ft.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	DIAMETER OF BOREHOLE in.		
PRIMARY FILTER PACK/GROUT SEAL #3 DETAIL					
LENGTH OF FILTER PACK From _____ ft. To _____ ft.		DEPTH TO TOP OF PRIMARY FILTER PACK ft.	BENTONITE SEAL From _____ ft. To _____ ft.	GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	
SECONDARY FILTER PACK USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.		ANNULAR SEAL USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.		GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry <input type="checkbox"/> Cement Slurry	
RISER PIPE/TUBE #4 DETAIL					
DIAMETER in.	LENGTH ft.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	WEIGHT, SDR# OR SCH#	CONNECTION MADE BY GLUE <input type="checkbox"/> Yes <input type="checkbox"/> No	DIAMETER OF BOREHOLE in.
WELL SCREEN #4 DETAIL					
DIAMETER in.	LENGTH ft.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	DIAMETER OF BOREHOLE in.		
PRIMARY FILTER PACK/GROUT SEAL #4 DETAIL					
LENGTH OF FILTER PACK From _____ ft. To _____ ft.		DEPTH TO TOP OF PRIMARY FILTER PACK ft.	BENTONITE SEAL From _____ ft. To _____ ft.	GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	
SECONDARY FILTER PACK USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.		ANNULAR SEAL USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.		GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry <input type="checkbox"/> Cement Slurry	
I hereby certify that the monitoring well herein described was constructed in accordance with the Missouri Department of Natural Resources requirements.					
MONITORING WELL INSTALLATION CONTRACTOR				PERMIT NUMBER	DATE
MONITORING WELL INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)				PERMIT NUMBER	DATE

MO 780-2169 (3-16) MAIL COMPLETED FORM ALONG WITH \$100 CERTIFICATION FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELLHEAD PROTECTION SECTION, PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: welldrillers@dnr.mo.gov RECORD (AND FEE) MAY BE SUBMITTED ONLINE: dnr.mo.gov/mowells