



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**CHARITABLE OR BENEVOLENT
ORGANIZATION WELL REPORT AND
PUMP INFORMATION**

FOR OFFICE USE ONLY		DATE RECEIVED	
REF NO.		CR NO	
STATE CERT NO.		REVENUE NO.	CHECK NO.
ROUTE	APPROVED	DATE	ENTERED

INFORMATION SUPPLIED BY WELL OR PUMP INSTALLATION CONTRACTOR

ORGANIZATION/OWNER NAME		OFFICIAL REPRESENTATIVE CONTACT NAME		PRIMARY PHONE NUMBER WITH AREA CODE	
OWNER ADDRESS (STREET NUMBER AND ADDRESS)			CITY	STATE	ZIP
PHYSICAL ADDRESS OF WELL (IF DIFFERENT THAN ABOVE - NO PO BOX)			CITY	VARIANCE NUMBER (IF ISSUED)	CASING DEPTH LETTER <input type="checkbox"/> YES <input type="checkbox"/> NO

WATER USE INFORMATION AND EXEMPTION REQUIREMENTS (ALL REQUIREMENTS MUST BE MET TO QUALIFY)

This organization's purpose and function is charitable and/or benevolent
 This well **will not** serve an average of 100 people or more over 60 days of the year
 This well **will not** serve a school or day care facility
 This well will serve **only** buildings owned by the organization

I hereby attest that the above conditions are true and therefore this organization meets all the exemption requirements. I understand that if at any time this well no longer meets these requirements, I or another official representative of this organization must immediately contact the Department of Natural Resources' Public Drinking Water Branch.

OWNER OR FACILITY DESIGNEE SIGNATURE REQUIRED	DATE
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CASING INFORMATION

LENGTH ft.	OUTSIDE DIAMETER in.	WEIGHT lb.	DRILL HOLE DIAMETER in.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Plastic (variance required)	DRIVE SHOE USED <input type="checkbox"/> Yes <input type="checkbox"/> No	RUBBER BOOT/PACKER <input type="checkbox"/> Yes <input type="checkbox"/> No
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CASING GROUT INFORMATION

WAS THE CASING GROUTED FULL LENGTH <input type="checkbox"/> Yes <input type="checkbox"/> No	GROUT TYPE (CHOOSE ONE) CEMENT <input type="checkbox"/> Type I BENTONITE <input type="checkbox"/> High Solid Slurry	Number of Sacks Used _____ LBS Per Sack _____ or Cubic Yards _____	METHOD OF INSTALLATION <input type="checkbox"/> Tremie <input type="checkbox"/> Pressure through casing <input type="checkbox"/> Pressure through tremie	DRILLING SUSPENDED <input type="checkbox"/> Yes _____ Hrs <input type="checkbox"/> No
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LINER INFORMATION

LENGTH ft.	OUTSIDE DIAMETER in.	DEPTH TO TOP OF LINER ft.	LINER MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Plastic	USE (CHOOSE ONLY ONE) <input type="checkbox"/> Hold back formation <input type="checkbox"/> prevent rust <input type="checkbox"/> Seal out undesirable conditions
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LINER GROUT INFORMATION

POSITION OF SEAL <input type="checkbox"/> Full Length <input type="checkbox"/> Bottom	GROUT TYPE CEMENT <input type="checkbox"/> Type 1 BENTONITE (variance required) <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	Number of Sacks Used _____ LBS per Sack _____	METHOD OF GROUT INSTALLATION <input type="checkbox"/> Gravity <input type="checkbox"/> Displacement <input type="checkbox"/> Open Hole <input type="checkbox"/> Tremie	DEPTH PACKERS SET / / / ft.
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DEPTH FROM TO		FORMATION DESCRIPTION	LOCATION OF WELL OR PUMP Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "		COUNTY
			LEGAL LOCATION _____ ¼ _____ ¼ _____ ¼ Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W		DRILL AREA (for office use only) <input type="checkbox"/> Yes <input type="checkbox"/> No
			WELL COMPLETION DATE		PUMP INFORMATION
			WELL YIELD gpm	PUMP INSTALLATION DATE	
			STATIC WATER LEVEL ft.	DEPTH PUMP SET ft.	
			DEPTH TO FIRST GROUNDWATER ft.	PUMP RATE gpm	
I hereby certify the well/pump information described herein is true and accurate					
DEPTH TO BEDROCK			PRIMARY CONTRACTOR SIGNATURE	PERMIT #	DATE
TOTAL DEPTH ft.			WELL DRILLER SIGNATURE	PERMIT #	DATE
			PUMP INSTALLER SIGNATURE	PERMIT #	DATE
			WELL DRILLER APPRENTICE SIGNATURE	PERMIT #	DATE
			PUMP INSTALLER APPRENTICE SIGNATURE	PERMIT #	DATE