



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
**PILOT HOLE FOR A PUBLIC WATER
 SUPPLY WELL CERTIFICATION RECORD**

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

NOTE: Pilot hole should meet domestic standards if not completed as a public well within 60 days

ROUTE / /	APPROVED	DATE	ENTERED
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PUBLIC WATER SUPPLY AND SITE INFORMATION (Contact the appropriate DNR Regional Office for instructions regarding public well projects before drilling)

PUBLIC WATER SUPPLY NAME		PUBLIC WATER SUPPLY ID (IF ISSUED) MO		WELL NUMBER	
CONTACT PERSON				TELEPHONE NUMBER WITH AREA CODE	
PROPERTY OWNER NAME		PROPERTY OWNER MAILING ADDRESS		CITY	STATE ZIP
PHYSICAL ADDRESS OF WELL SITE				CITY	STATE ZIP
TYPE OF FUTURE PUBLIC WATER SUPPLY WELL (IF KNOWN) <input type="checkbox"/> Community well <input type="checkbox"/> Non-transient non-community well <input type="checkbox"/> Transient non-community well					VARIANCE NUMBER (IF ISSUED)

CASING AND SCREEN INFORMATION

LENGTH ft.	OUTSIDE DIAMETER in.	WEIGHT (LB), SDR#, SCH#	BOREHOLE DIAMETER in.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Plastic	DRIVE SHOE USED <input type="checkbox"/> Yes <input type="checkbox"/> No
SURFACE CASING USED <input type="checkbox"/> Yes <input type="checkbox"/> No	SURFACE CASING LENGTH ft.	SURFACE CASING DIAMETER in.	SURFACE CASING GROUDED <input type="checkbox"/> Yes <input type="checkbox"/> No	SCREEN LENGTH (UNCONSOLIDATED MATERIAL WELLS) ft.	SCREEN TYPE/SLOT SIZE/PACKER DEPTH

CASING GROUT INFORMATION

POSITION OF SEAL <input type="checkbox"/> Full length <input type="checkbox"/> Top <input type="checkbox"/> Bottom	TYPE (CHOOSE ONE) CEMENT BENTONITE <input type="checkbox"/> Type I <input type="checkbox"/> Chips <input type="checkbox"/> Slurry <input type="checkbox"/> Type III <input type="checkbox"/> Pellets	NUMBER OF SACKS USED _____ LBS PER SACK _____ OR CUBIC YARDS _____	METHOD OF INSTALLATION (CHOOSE ONE) <input type="checkbox"/> Pressure through casing <input type="checkbox"/> Pressure through tremie <input type="checkbox"/> Tremie <input type="checkbox"/> Gravity	DRILLING SUSPENDED <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Hrs
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DEPTH		DESCRIPTION	LOCATION OF WELL OR PUMP		COUNTY	ABANDONED WELL ON SITE	
FROM	TO		LAT _____ ° _____ ' _____ "	LONG _____ ° _____ ' _____ "		DRILL AREA (OFFICE USE ONLY)	WELL COMPLETION DATE
			_____ ¼ _____ ¼ _____ ¼	SEC _____ TWP _____ N RNG _____ <input type="checkbox"/> E <input type="checkbox"/> W			
GROUNDWATER INFORMATION			PUMP INFORMATION (Pump info required this record or on pump card)				
DEPTH TO FIRST GROUNDWATER _____ FEET			PUMP RATE _____ GPM				
WELL YIELD _____ GPM			PUMP SET DEPTH _____ FEET				
STATIC WATER LEVEL _____ FEET			PUMP INSTALLATION DATE				
COMMENTS							

I hereby certify the well/pump information described herein is true and accurate

PRIMARY CONTRACTOR SIGNATURE		PERMIT NUMBER	DATE
WELL DRILLER SIGNATURE		PERMIT NUMBER	DATE
PUMP INSTALLER SIGNATURE		PERMIT NUMBER	DATE
APPRENTICE SIGNATURE		PERMIT NUMBER	DATE