



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

OFFICE USE ONLY		DATE RECEIVED	
REFERENCE NO.		CHECK NO.	
STATE WELL NO.		REVENUE NO.	
ENTERED	APPROVED	DATE	ROUTE / /

NOTE: This form is not to be used for nested wells

OWNER AND SITE INFORMATION			
PROPERTY OWNER NAME WHERE WELL IS LOCATED	PRIMARY PHONE NUMBER WITH AREA CODE	WELL NUMBER	WELL COMPLETION DATE
PROPERTY OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED	CITY	COUNTY	
NAME OF SITE, BUSINESS, OR CLEANUP PROJECT	DNR/EPA PROJECT NUMBER OR REGULATORY SITE ID NUMBER (IF APPLICABLE)	VARIANCE NUMBER (IF ISSUED)	
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.	

SURFACE COMPLETION TYPE <input type="checkbox"/> Above Ground <input type="checkbox"/> Flush Mount <input type="checkbox"/> Locking Cap <input type="checkbox"/> Weep Hole LENGTH AND DIAMETER OF SURFACE COMPLETION Length _____ FT. Diameter _____ IN. DIAMETER AND DEPTH OF THE HOLE SURFACE COMPLETION WAS PLACED Diameter _____ IN. Length _____ FT.		SURFACE COMPLETION GROUT <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ SURFACE COMPLETION <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Plastic RISER OR CASING (IF OPEN HOLE COMPLETION) Riser/Casing Diameter _____ IN. Riser/Casing Length _____ FT. Diameter Of Drill Hole _____ IN. Weight Or SDR# _____ MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____ BENTONITE SEAL Length _____ <input type="checkbox"/> Chips <input type="checkbox"/> Pellets <input type="checkbox"/> Granular <input type="checkbox"/> Saturated Zone <input type="checkbox"/> Hydrated SCREEN Screen Diameter _____ IN. Screen Length _____ FT. Diameter Of Drill Hole _____ IN. Depth To Top _____ FT. SCREEN MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____		LOCATION OF WELL (D/M/S FORMAT ONLY) Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ " SMALLEST _____ ¼ _____ ¼ _____ ¼ LARGEST _____ ¼ _____ ¼ _____ ¼ Section _____ Township _____ North Range _____ <input type="checkbox"/> E <input type="checkbox"/> W TYPE OF WELL (CHECK ONE) <input type="checkbox"/> Direct Push <input type="checkbox"/> Extraction <input type="checkbox"/> Incliner <input type="checkbox"/> Gas Migration <input type="checkbox"/> Injection <input type="checkbox"/> Lysimeter <input type="checkbox"/> Observation <input type="checkbox"/> Open Hole <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Piezometer <input type="checkbox"/> Standard _____ MONITORING FOR (CHECK ALL THAT APPLY) <input type="checkbox"/> Explosives <input type="checkbox"/> Metals <input type="checkbox"/> Pesticides/Herbicides <input type="checkbox"/> Petroleum <input type="checkbox"/> Radionuclides <input type="checkbox"/> SVOCs <input type="checkbox"/> VOCs (non-petroleum) <input type="checkbox"/> Geotechnical Data	
Elevation _____ FT. ANNULAR SEAL Length _____ FT. <input type="checkbox"/> Slurry <input type="checkbox"/> Chips <input type="checkbox"/> Pellets <input type="checkbox"/> Granular <input type="checkbox"/> Cement/Slurry IF CEMENT/BENTONITE MIX: Bags of Cement Used _____ % of Bentonite Used _____ Water Used Per Bag _____ GAL. SECONDARY FILTER PACK LENGTH _____ FT. DEPTH TO TOP OF PRIMARY FILTER PACK _____ FT. LENGTH OF PRIMARY FILTER PACK _____ FT.				DEPTH FROM TO FORMATION DESCRIPTION (OR ATTACH BORING LOG*)	
For cased wells, submit additional as-built diagrams showing well construction details including type and size of all casing, hole diameter and grout used.				TOTAL DEPTH: _____ FT. <input type="checkbox"/> *Boring Log Attached STATIC WATER LEVEL _____ FT. <input type="checkbox"/> PUMP INSTALLED <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby certify that the monitoring well herein described was constructed in accordance with Missouri Department of Natural Resources requirements.

MONITORING WELL INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE	MONITORING WELL INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER
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