



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
CASING DEPTH REQUEST

OFFICE USE ONLY	
DATE RECEIVED	RECEIVED BY
DATE PROCESSED	PROCESSED BY
DATE LETTER SENT	

NOTE: IF THIS REQUEST IS FOR A PUBLIC WELL, PLEASE CONTACT YOUR LOCAL DNR REGIONAL OFFICE.*

WELL OWNER INFORMATION			
NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF WELL (IF DIFFERENT THAN MAILING ADDRESS)			CITY

CONTRACTOR INFORMATION			
NAME		PERMIT NUMBER	
BUSINESS NAME		TELEPHONE NUMBER WITH AREA CODE	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
BUSINESS EMAIL ADDRESS			

WELL LOCATION INFORMATION		
LATITUDE	LONGITUDE	COUNTY
_____ ° _____ ' _____ " _____ ° _____ ' _____ "		ELEVATION
_____ ¼ _____ ¼ _____ ¼ Section _____ Township _____ North Range _____ <input type="checkbox"/> East <input type="checkbox"/> West		

TYPE OF WELL
<input type="checkbox"/> Charitable or Benevolent Organization <input type="checkbox"/> Domestic <input type="checkbox"/> High Yield Bedrock <input type="checkbox"/> Multi-Family <input type="checkbox"/> Open Loop Heat Pump
Comments:

NUMBER OF SERVICE CONNECTIONS	USED YEAR-ROUND <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF PEOPLE SERVED YEAR-ROUND	NUMBER SERVED AT LEAST 60 DAYS PER YEAR
DESIRED YIELD	DISTANCE FROM MAJOR LAKE (IF WITHIN 1 MILE)

*REGIONAL OFFICES: Kansas City Regional Office 816-622-7000 Northeast Regional Office 660-385-8000
 Southeast Regional Office 573-840-9750 Southwest Regional Office 417-891-4300
 St Louis Regional Office 314-416-2960

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TOTAL DEPTH	YIELD	FORMATION	SURFACE ELEVATION	LAKE BOTTOM ELEVATION
RECOMMENDED CASING DEPTH		MINIMUM REQUIRED CASING DEPTH	DRILL AREA	