



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**WATER WELL / HEAT PUMP PLUGGING
REGISTRATION REPORT**

FOR OFFICE USE ONLY

REF NO.	ENTERED	DATE RECEIVED
REGISTRATION NO.	CHECK NO.	REVENUE NO.
ROUTE / /	APPROVED	DATE

**NOTE: FOR MONITORING WELLS, USE MONITORING WELL
PLUGGING REGISTRATION FORM 780-2161**

OWNER INFORMATION

NAME	BUSINESS NAME (IF APPLICABLE)	TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS		CITY	STATE ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)			CITY

LOCATION INFORMATION

Lat. _____ ° _____ ' _____ "	COUNTY	_____ ¼ _____ ¼
Long. _____ ° _____ ' _____ "	Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W	

PLUGGING INFORMATION

FORMER USE OF WELL <input type="checkbox"/> Domestic <input type="checkbox"/> High yield unconsolidated <input type="checkbox"/> Hand dug <input type="checkbox"/> Pilot hole <input type="checkbox"/> Heat pump <input type="checkbox"/> Multi-family <input type="checkbox"/> High yield bedrock (plugging letter required if fill is used) <input type="checkbox"/> Public water supply well (plugging letter required)		WELL CERTIFICATION OR REFERENCE NUMBER (IF KNOWN)	WELL NUMBER	VARIANCE NUMBER (IF ISSUED)
COST SHARE <input type="checkbox"/> Yes <input type="checkbox"/> No		ORIGINAL DRILLER (IF KNOWN)		DATE ORIGINALLY DRILLED (IF KNOWN)
DATE WELL / LOOPS PLUGGED OR EXCAVATED	WELL REMOVED BY EXCAVATION <input type="checkbox"/> Yes <input type="checkbox"/> No	PUMP REMOVED FROM WELL <input type="checkbox"/> Yes <input type="checkbox"/> No	CASING CUT OFF BELOW GROUND SURFACE <input type="checkbox"/> Yes, to what depth _____ FT. <input type="checkbox"/> No, state reason below* <input type="checkbox"/> Removed	TYPE OF CASING <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____
WELL ABANDONED DUE TO CONNECTION TO A MUNICIPALITY OR RURAL WATER SUPPLY DISTRICT <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the municipality or water district below:		*REMARKS/REASON WELL WAS PLUGGED		

GROUT INFORMATION (GROUT MATERIAL MUST EXTEND AT LEAST 50 FEET BELOW CASING FOR DOMESTIC/MULTI-FAMILY WELLS)

INSTALLATION METHOD <input type="checkbox"/> Gravity <input type="checkbox"/> Tremie <input type="checkbox"/> Tremie pumped <input type="checkbox"/> Reverse tremie	MATERIAL USED CEMENT BENTONITE <input type="checkbox"/> Type I <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Type III <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	GROUT PLUGS 1 st Top depth _____ Bottom depth _____ 2 nd Top depth _____ Bottom depth _____ (if applicable)	AMOUNT USED Number of sacks _____ Pounds per sack _____ or cubic yards _____ Gallons of water/sack _____
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FILL MATERIAL INFORMATION (FILL MATERIAL MAY NOT BE USED IN PLACE OF GROUT)

MATERIAL USED <input type="checkbox"/> Gravel <input type="checkbox"/> Ag-lime <input type="checkbox"/> Sand <input type="checkbox"/> Other _____	AMOUNT USED <input type="checkbox"/> Tons _____ or <input type="checkbox"/> Cubic yards _____	DEPTH TO TOP OF FILL FROM SURFACE _____ FT.	WELL CHLORINATED BEFORE PLUGGING <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT USED FOR CHLORINATION <input type="checkbox"/> Gallons _____ <input type="checkbox"/> Pounds _____ <input type="checkbox"/> Tablets _____
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I hereby certify that the well herein described was plugged in accordance with Department of Natural Resources requirements. (All fields must be completed but only one signature is required.)

PRIMARY CONTRACTOR OR WELL OWNER (WELL OWNER MAY ONLY PLUG DOMESTIC OR HAND DUG WELLS)	PERMIT NUMBER	DATE
WELL OR PUMP INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE
WELL OR PUMP INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER	DATE