



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
INVESTIGATION REQUEST

OFFICE USE ONLY	
DATE RECEIVED	DATE ASSIGNED
ASSIGNED TO	

WELL OWNER INFORMATION

NAME		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	

PERSON REQUESTING INVESTIGATION (If different than owner)

NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE

Is the well owner aware of this investigation request? YES NO

WELL LOCATION INFORMATION

Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "		COUNTY
_____ ¼ _____ ¼ _____ ¼ Section _____ Township _____ N Range _____		<input type="checkbox"/> E <input type="checkbox"/> W

CONTRACTOR INFORMATION (If known)

NAME	PERMIT NUMBER
BUSINESS NAME	TELEPHONE NUMBER WITH AREA CODE

GENERAL INFORMATION

Date well was drilled:	Date problem began:
Did you receive a copy of the well certification form from the contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you contacted the well or pump contractor on this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have they attempted to remedy the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an abandoned well(s) on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of holes drilled _____ Were any left open? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a bacteria test been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

STEPS TO BE COMPLETED BEFORE SUBMISSION OF THIS FORM

- Please attach a copy of the bacteria test taken. If no test was taken, please contact your county health department or sanitarian to arrange for a water sample to be taken prior to submitting this form.
- Please attach a copy of the invoice (or bill) you received from the driller and pump installer.
- Include a copy of the certification form from the driller and/or pump installer, if available.
- On the opposite side of this form, please make a written statement detailing the problems you are experiencing.

SIGNATURE	DATE
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STATEMENT