



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
GEOLOGICAL SURVEY PROGRAM  
**DOMESTIC/MULTI-FAMILY WELL REPORT  
AND PUMP INFORMATION**

**FOR OFFICE USE ONLY**

ROUTE / /	APPROVED	DATE	ENTERED	STATE CERT NO.	REVENUE NO.
WELL OWNER NAME				TELEPHONE NUMBER WITH AREA CODE	
WELL OWNER MAILING ADDRESS			CITY	STATE	ZIP CODE
PROPERTY NAME OF WELL LOCATION		PHYSICAL ADDRESS OF WELL LOCATION		CITY	WELL NUMBER

**SEE BACK OF FORM FOR WELL CLASSIFICATIONS AND NUMBER OF CONNECTIONS**

USE OF WELL <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MULTI-FAMILY	COST SHARE <input type="checkbox"/> YES <input type="checkbox"/> NO	VARIANCE NUMBER (IF ISSUED)	CASING DEPTH NUMBER (IF ISSUED)	OWNER SIGNATURE – OPTIONAL (WATER USE INFORMATION VERIFIED BY OWNER SIGNATURE)	DATE
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**CASING AND SCREEN INFORMATION**

LENGTH FT.	OUTSIDE DIAMETER IN.	WEIGHT (LB), SDR#, SCH#	BOREHOLE DIAMETER IN.	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> FIBERGLASS	DRIVE SHOE USED (STEEL ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	PACKER ON PVC CASING (CHOOSE ONLY ONE) <input type="checkbox"/> NONE <input type="checkbox"/> INVERTED BELL <input type="checkbox"/> COUPLING <input type="checkbox"/> RUBBER BOOT
SURFACE CASING (IF USED) LENGTH OUTSIDE DIAMETER		SURFACE CASING GROUTED <input type="checkbox"/> YES # OF SACKS _____ <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"/> BOTTOM <input type="checkbox"/> TOP <input type="checkbox"/> FULL LENGTH	TYPE (CHOOSE ONE) <b>CEMENT</b> <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE III <b>BENTONITE</b> <input type="checkbox"/> CHIPS <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY	NUMBER OF SACKS USED _____ LBS PER SACK _____ OR CUBIC YARDS _____	METHOD OF INSTALLATION (CHOOSE ONLY ONE) <input type="checkbox"/> GRAVITY <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> POSITIVE DISPLACEMENT <input type="checkbox"/> TREMIE <input type="checkbox"/> PRESSURE THROUGH CASING <input type="checkbox"/> PRESSURE THROUGH TREMIE	DRILLING SUSPENDED <input type="checkbox"/> YES _____ HRS <input type="checkbox"/> NO
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**LINER INFORMATION**

LENGTH FT.	OUTSIDE DIAMETER IN.	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC	WEIGHT (LB), SDR#, SCH#	USE (CHOOSE ONLY ONE) <input type="checkbox"/> HOLD BACK FORMATION <input type="checkbox"/> PREVENT RUST <input type="checkbox"/> SEAL OUT UNDESIRABLE CONDITIONS	DEPTH TO TOP OF LINER FT.	PERFORATED OR SCREEN INTERVAL FROM _____ TO _____
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**LINER GROUT INFORMATION**

POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BOTTOM	TYPE (CHOOSE ONE) <b>CEMENT</b> <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE III <b>BENTONITE</b> <input type="checkbox"/> CHIPS <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY	NUMBER OF SACKS USED _____ LBS PER SACK _____	METHOD OF INSTALLATION <input type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE BY TREMIE <input type="checkbox"/> AS LINER INSTALLED	DEPTH PACKERS SET / / FT.
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DEPTH FROM TO		FORMATION DESCRIPTION	LOCATION OF WELL OR PUMP LAT. _____ ° _____ ' _____ " _____ " LONG. _____ ° _____ ' _____ " _____ "		COUNTY	ABANDONED WELL ON SITE <input type="checkbox"/> YES <input type="checkbox"/> NO
			SEC _____ TWP _____ N RNG _____ <input type="checkbox"/> E <input type="checkbox"/> W		DRILL AREA (OFFICE USE ONLY)	WAS THE WELL PLUGGED <input type="checkbox"/> YES <input type="checkbox"/> NO
						WELL COMPLETION DATE

<b>GROUNDWATER INFORMATION</b>			<b>PUMP INFORMATION</b>		
WELL YIELD GPM	STATIC WATER LEVEL FT.		PUMP INSTALLATION DATE		REPLACEMENT PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPTH TO FIRST GROUNDWATER FT.	PUMP RATE GPM		DEPTH PUMP SET FT.		

I HEREBY CERTIFY THE WELL/PUMP INFORMATION DESCRIBED IS IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS. (ALL FIELDS MUST BE COMPLETED BUT ONLY ONE SIGNATURE IS REQUIRED.)

PRIMARY CONTRACTOR (IF DIFFERENT THAN INSTALLATION CONTRACTOR)	PERMIT NUMBER	DATE	
WELL INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE	
PUMP INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE	
WELL INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER	DATE	
DEPTH TO BEDROCK FT.	PUMP INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER	DATE
TOTAL DEPTH FT.			

## TYPES OF WELLS

**Domestic Well:** A private water supply well constructed to meet minimum standards and is equipped with a pump that does not have the capacity to produce more than 70 gallons of water per minute and services three or fewer service connections.

**Multiple Family (Domestic) Well:** A private water supply well constructed for the purpose of serving more than three dwellings, but having fewer than 15 service connections and serving fewer than 25 individuals daily at least 60 days of the year. Therefore, assuming Missouri's average residence has three people, most multi-family wells can have no more than eight connections. A well with more than eight connections may be considered to be a public well unless site-specific population data is presented.

**Charitable or Benevolent Organization (COBO) Well:** A water supply well that is constructed to multi-family well standards. The organization must be charitable or benevolent and cannot serve more than 100 people for more than 60 days per year. The organization cannot serve a school or daycare. The Charitable or Benevolent Organization Well form can be found at [dnr.mo.gov/forms/780-2185-f.pdf](http://dnr.mo.gov/forms/780-2185-f.pdf).

A well at any commercial facility will be considered to be a public well unless site-specific water use data is presented.