



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
**MONITORING WELL/TEST HOLE PLUGGING
 REGISTRATION RECORD**

FOR OFFICE USE ONLY	
REF NO.	DATE RECEIVED
CR NO.	CHECK NO.

ROUTE / /	APPROVED	DATE	ENTERED	STATE CERT NO.	REVENUE NO.
--------------	----------	------	---------	----------------	-------------

OWNER AND SITE INFORMATION					
PROPERTY OWNER NAME WHERE WELL IS LOCATED				PRIMARY PHONE NUMBER WITH AREA CODE	
PROPERTY OWNER MAILING ADDRESS			CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED				CITY	
NAME OF SITE 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.	

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

MONITORING WELL INFORMATION						
DATE WELL PLUGGED		ORIGINAL DRILLER (IF KNOWN)		DATE ORIGINALLY DRILLED (IF KNOWN)	REFERENCE NUMBER (IF KNOWN)	WELL NUMBER
DEPTH OF WELL ft.	STATIC WATER LEVEL ft.	LENGTH OF RISER AND SCREEN ft.	DIAMETER OF RISER AND SCREEN in.	RISER AND SCREEN REMOVED <input type="checkbox"/> Yes <input type="checkbox"/> No	PUMP OR SAMPLING EQUIPMENT REMOVED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CASING REMOVED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

TEMPORARY MONITORING WELL/SOIL BORING INFORMATION				
Quantity	Depth of Well or Boring (ft.)	Diameter (in.)	Total Depth (Linear Feet) of All Wells or Borings	TOTAL NUMBER OF WELLS/BORINGS
				AVERAGE DEPTH OF ALL WELLS/BORINGS
				DATE FIRST WELL/BORING WAS PLUGGED
				DATE LAST WELL/BORING WAS PLUGGED

DATE TEST HOLE PLUGGED	DEPTH OF PLUG Bottom _____ ft. Top _____ ft.	LENGTH OF SURFACE PLUG ft.	AMOUNT OF FILL _____ Tons or _____ Cubic Yards	CASING REMOVED <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	-------------------------------------------------	-------------------------------	---------------------------------------------------	----------------------------------------------------------------------------

PLUGGING INFORMATION					
WELL REMOVED BY EXCAVATION <input type="checkbox"/> Yes <input type="checkbox"/> No	GROUT INSTALLATION METHOD <input type="checkbox"/> Gravity <input type="checkbox"/> Tremie <input type="checkbox"/> Pressure	GROUT MATERIAL USED CEMENT <input type="checkbox"/> Type I <input type="checkbox"/> Type III BENTONITE <input type="checkbox"/> Chips <input type="checkbox"/> Pellets <input type="checkbox"/> Other <input type="checkbox"/> Granular <input type="checkbox"/> Slurry	NUMBER OF SACKS OF GROUT USED LBS PER SACK _____	NUMBER OF GALLONS OF WATER USED PER SACK _____	GROUT HYDRATED TO SATURATION <input type="checkbox"/> Yes <input type="checkbox"/> No
FINISHED SURFACE MATERIAL <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Soil <input type="checkbox"/> Other	SURFACE MATERIAL DEPTH _____ ft. _____ in.	DRILLER NOTES			

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

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