



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**PILOT HOLE FOR A PUBLIC WATER  
 SUPPLY WELL CERTIFICATION REPORT**

FOR OFFICE USE ONLY	
REF. NO.	DATE RECEIVED
STATE CERT. NO.	CR NO.
CHECK NO.	REVENUE NO.

NOTE: Pilot hole should meet domestic standards if not completed as a public well within 60 days

ROUTE / /	APPROVED	DATE	ENTERED
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**PUBLIC WATER SUPPLY AND SITE INFORMATION (Contact the appropriate DNR Regional Office for instructions regarding public well projects before drilling)**

PUBLIC WATER SUPPLY NAME		PUBLIC WATER SUPPLY ID (IF ISSUED) MO	WELL NUMBER
CONTACT PERSON		TELEPHONE NUMBER WITH AREA CODE	
PROPERTY OWNER NAME	PROPERTY OWNER MAILING ADDRESS	CITY	STATE ZIP
PHYSICAL ADDRESS OF WELL SITE		CITY	STATE ZIP
TYPE OF FUTURE PUBLIC WATER SUPPLY WELL (IF KNOWN) <input type="checkbox"/> Community well <input type="checkbox"/> Non-transient non-community well <input type="checkbox"/> Transient non-community well			VARIANCE NUMBER (IF ISSUED)

**CASING AND SCREEN INFORMATION**

LENGTH ft.	OUTSIDE DIAMETER in.	WEIGHT (LB), SDR#, SCH#	BOREHOLE DIAMETER in.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Plastic	DRIVE SHOE USED <input type="checkbox"/> Yes <input type="checkbox"/> No
SURFACE CASING USED <input type="checkbox"/> Yes <input type="checkbox"/> No	SURFACE CASING LENGTH ft.	SURFACE CASING DIAMETER in.	SURFACE CASING GROUDED <input type="checkbox"/> Yes <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"/> Full length <input type="checkbox"/> Top <input type="checkbox"/> Bottom	TYPE (CHOOSE ONE) CEMENT    BENTONITE <input type="checkbox"/> Type I <input type="checkbox"/> Chips <input type="checkbox"/> Slurry <input type="checkbox"/> Type III <input type="checkbox"/> Pellets	NUMBER OF SACKS USED _____ LBS PER SACK _____ OR CUBIC YARDS _____	METHOD OF INSTALLATION (CHOOSE ONE) <input type="checkbox"/> Pressure through casing <input type="checkbox"/> Pressure through tremie <input type="checkbox"/> Tremie <input type="checkbox"/> Gravity	DRILLING SUSPENDED <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Hrs
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DEPTH		DESCRIPTION	LOCATION OF WELL OR PUMP		COUNTY	ABANDONED WELL ON SITE	
FROM	TO		LAT _____ ° _____ ' _____ "	LONG _____ ° _____ ' _____ "		<input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE WELL PLUGGED <input type="checkbox"/> Yes <input type="checkbox"/> No
			_____ ¼    _____ ¼    _____ ¼				WELL COMPLETION DATE
			SEC _____ TWP _____ N    RNG _____ <input type="checkbox"/> E <input type="checkbox"/> W				

**GROUNDWATER INFORMATION**      **PUMP INFORMATION (Pump info required this record or on pump card)**

DEPTH TO FIRST GROUNDWATER	FEET	PUMP RATE	GPM
WELL YIELD	GPM	PUMP SET DEPTH	FEET
STATIC WATER LEVEL	FEET	PUMP INSTALLATION DATE	

COMMENTS

I hereby certify the well/pump information described herein is true and accurate

DEPTH TO BEDROCK _____ ft.	PUMP INSTALLER SIGNATURE	PERMIT NUMBER	DATE
TOTAL DEPTH _____ ft.	APPRENTICE SIGNATURE	PERMIT NUMBER	DATE
	PRIMARY CONTRACTOR SIGNATURE	PERMIT NUMBER	DATE
	WELL DRILLER SIGNATURE	PERMIT NUMBER	DATE