



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
INACTIVE STATUS REQUEST FOR WATER WELL

FOR OFFICE USE ONLY	
REF NO.	DATE RECEIVED

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)		EMAIL ADDRESS	
DATE WELL BECAME INACTIVE			

LOCATION OF WELL

Latitude _____ Longitude _____		COUNTY
UNIVERSAL TRANSVERSE MERCATOR COORDINATES		
Zone: <input type="checkbox"/> 15 N or <input type="checkbox"/> 16 N	Easting _____	Northing _____

WELL CONSTRUCTION INFORMATION

Please check all that apply, if known. If unknown, leave blank.

<input type="checkbox"/> Certified well	<input type="checkbox"/> Non-certified or pre-law (1987 or prior) well
<input type="checkbox"/> Reference number _____	<input type="checkbox"/> Pump has been removed.
<input type="checkbox"/> Pump has been removed.	<input type="checkbox"/> Downhole camera inspection* To schedule, please contact the Well Installation section at 573-368-2165.
<input type="checkbox"/> Wellhead is permanently sealed with glued plastic cap or welded metal plate.	

WELL OWNER STATEMENT

I request the water well on my property be considered inactive for a five-year period beginning with the date of my signature below. I understand all requirements described in 10 CSR 23-3.110(5) must be met to be eligible for the inactive well status.

WELL OWNER SIGNATURE	DATE
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DATE CAMERA INSPECTION COMPLETED	CAMERA INSPECTION RESULTS <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	INACTIVE STATUS EXPIRATION DATE
APPROVED BY	DATE	