



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
WATER PROTECTION PROGRAM  
WELLHEAD PROTECTION SECTION  
**ABANDONMENT  
REGISTRATION RECORD**

<b>OFFICE USE ONLY</b>		DATE RECEIVED	
REF NO.		CHECK NO.	
C.R. NO.		REVENUE NO.	
STATE WELL NUMBER		APPROVED BY	
ENTERED	Ph1	Ph2	Ph3
		ROUTE	

**INFORMATION SUPPLIED BY WELL OR PUMP INSTALLATION CONTRACTOR**

OWNER NAME		TELEPHONE NUMBER WITH AREA CODE			
OWNER ADDRESS		CITY	STATE	ZIP CODE	
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE)		CITY	STATE	ZIP CODE	
SITE NAME	WELL NUMBER	INFORMATION VERIFIED BY OWNER SIGNATURE (WELL OWNER)		DATE	
SMALLEST	LARGEST	LOCATION OF WELL		AREA	
1/4	1/4	LAT. _____ ° _____ ' _____ "		ELEV	
Sec.	Township	North	Range	<input type="checkbox"/> East <input type="checkbox"/> West	COUNTY
WELL CERTIFICATION NUMBER (IF APPLICABLE)		VARIANCE NUMBER (IF APPLICABLE)			

**ABANDONMENT INFORMATION**

FORMER USE OF WELL		ORIGINAL DRILLER (IF KNOWN)	DATE ORIGINALLY DRILLED (IF KNOWN)	STATIC WATER LEVEL
<input type="checkbox"/> Hand Dug	<input type="checkbox"/> Irrigation	DEPTH OF THE WELL	LENGTH OF CASING	CASING DIAMETER
<input type="checkbox"/> Domestic	<input type="checkbox"/> Soil Boring/Geoprobe	PUMP REMOVED FROM WELL?		DRILL HOLE DIAMETER (IF KNOWN)
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TYPE OF CASING
<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> No	<input type="checkbox"/> Removed	<input type="checkbox"/> Plastic <input type="checkbox"/> Concrete
<input type="checkbox"/> Mineral Exploratory Test Hole		WAS THE CASING CUT OFF THREE FEET BELOW GROUND SURFACE		<input type="checkbox"/> Steel
<input type="checkbox"/> Other _____				<input type="checkbox"/> Other _____
GROUT INSTALLATION METHOD	GROUT MATERIAL USED	HOW MANY GALLONS OF WATER MIXED PER BAG OF CEMENT OR BENTONITE?		NUMBER OF BAGS OF GROUT USED
<input type="checkbox"/> Gravity	Neat Cement Bentonite			POUNDS OF GROUT PER BAG
<input type="checkbox"/> Tremie	<input type="checkbox"/> Hi-Early <input type="checkbox"/> Slurry <input type="checkbox"/> Granular <input type="checkbox"/> Pellets			
<input type="checkbox"/> Excavation	<input type="checkbox"/> Type 1 <input type="checkbox"/> Chips <input type="checkbox"/> Other _____			
TYPE OF FILL MATERIAL USED	AMOUNT OF FILL MATERIAL USED	WELL CHLORINATED BEFORE PLUGGING?		DEPTH TO TOP OF FILL MATERIAL FROM THE SURFACE
<input type="checkbox"/> Gravel <input type="checkbox"/> Ag-Lime	_____ <input type="checkbox"/> Cu. Yds. <input type="checkbox"/> Tons	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Sand <input type="checkbox"/> Other _____		AMOUNT USED FOR THE CHLORINATION		DATE WELL WAS PLUGGED
MULTIPLE WELLS		<input type="checkbox"/> Gallons of Chlorine _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pounds of Chlorine _____		
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Tablets of Chlorine _____		
IF YES, PROVIDE THE NAME OF THE WATER DISTRICT:		REASON WELL WAS PLUGGED		
REMARKS				

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

SIGNATURE (PRIMARY CONTRACTOR)	PERMIT NUMBER	SIGNATURE (CONTRACTOR)	PERMIT NUMBER	DATE
SIGNATURE (APPRENTICE)	PERMIT NUMBER			