



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**MONITORING WELL/TEST HOLE/SOIL AND GEOTECHNICAL  
 BORING PLUGGING REGISTRATION REPORT**

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

ROUTE / /	APPROVED	DATE	ENTERED	STATE CERT NO.	REVENUE NO.
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**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, BUSINESS, 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	_____ 1/4 _____ 1/4 _____ 1/4
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/GEOTECHNICAL 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

**TEST HOLE INFORMATION**

DATE TEST HOLE PLUGGED	DEPTH OF WELL ft.	DEPTH OF PLUG Bottom _____ ft. Top _____ ft.	LENGTH OF SURFACE PLUG ft.	AMOUNT OF FILL _____ Tons or _____ Cubic Yards	CASING REMOVED (CHOOSE ONE) <input type="checkbox"/> Yes, Diameter of Remaining Borehole _____ in. <input type="checkbox"/> No, Diameter of Casing _____ in.
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**PLUGGING INFORMATION (This section is required in addition to one of the well, soil boring or test hole sections above.)**

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	NUMBER OF SACKS OF GROUT USED _____	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