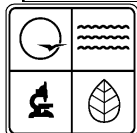


OFFICE USE ONLY		DATE RECEIVED
REF NO.		CHECK NO.
C.R. NO.		TRANSMITTAL NO.
STATE WELL NUMBER		
ENTERED	APPROVED BY	ROUTE
Ph1 Ph2 Ph3		



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

INFORMATION SUPPLIED BY WELL OR PUMP INSTALLATION CONTRACTOR									
OWNER NAME				TELEPHONE NUMBER WITH AREA CODE			VARIANCE NUMBER (IF APPLICABLE)		
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		WELL CERTIFICATION NUMBER (IF APPLICABLE)
SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS				LOCATION OF WELL			AREA		
				LAT. ° ' "			ELEV		
				LONG. ° ' "			COUNTY		
				SMALLEST LARGEST					
				1/4 1/4 1/4					
				Sec. Township North Range <input type="checkbox"/> East <input type="checkbox"/> West					
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL SITE				DRILLER NOTES:					
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 <input type="checkbox"/> Domestic <input type="checkbox"/> Soil Boring/Geoprobe <input type="checkbox"/> Multi-Family <input type="checkbox"/> Monitoring <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Heat Pump <input type="checkbox"/> Mineral Exploratory Test Hole <input type="checkbox"/> Other _____				PUMP REMOVED FROM WELL?		WAS THE CASING CUT OFF THREE FEET BELOW GROUND SURFACE		TYPE OF CASING	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed		<input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <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 <input type="checkbox"/> Tremie <input type="checkbox"/> Excavation		Neat Cement Bentonite <input type="checkbox"/> Hi-Early <input type="checkbox"/> Slurry <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Type 1 <input type="checkbox"/> Chips <input type="checkbox"/> Other _____					POUNDS OF GROUT PER BAG		

TYPE OF FILL MATERIAL USED <input type="checkbox"/> Gravel <input type="checkbox"/> Ag-Lime <input type="checkbox"/> Sand <input type="checkbox"/> Other _____		AMOUNT OF FILL MATERIAL USED _____ <input type="checkbox"/> Cu. Yds. <input type="checkbox"/> Tons		DEPTH TO TOP OF FILL MATERIAL FROM THE SURFACE	
MULTIPLE WELLS <input type="checkbox"/> Yes <input type="checkbox"/> No		WELL CHLORINATED BEFORE PLUGGING? <input type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT USED FOR THE CHLORINATION <input type="checkbox"/> Gallons of Chlorine _____ <input type="checkbox"/> Pounds of Chlorine _____ <input type="checkbox"/> Tablets 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 IF YES, PROVIDE THE NAME OF THE WATER DISTRICT:		DATE WELL WAS PLUGGED 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
SIGNATURE (APPRENTICE)		PERMIT NUMBER			