MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

WATER WELL / HEAT PUMP PLUGGING REGISTRATION REPORT

NOTE: FOR MONITORING WELLS, USE MONITORING WELL PLUGGING REGISTRATION FORM 780-2161

FOR OFFICE USE ONLY		
REF NO.	ENTERED	DATE RECEIVED
REGISTRATION NO.	CHECK NO.	REVENUE NO.
ROUTE / /	APPROVED	DATE

OWNER INFORMATION

NAME	BUSINESS NAME (IF APPLICABLE)	TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)		CITY	

LOCATION INFORMATION

Lat. _____ ° _____ ' _____ "
Long. _____ ° _____ ' _____ "

COUNTY

_____ ¼ _____ ¼
Section _____ Township _____ N Range _____ ☐ E ☐ W

PLUGGING INFORMATION

FORMER USE OF WELL
☐ Domestic ☐ High yield unconsolidated
☐ Hand dug ☐ Pilot hole
☐ Heat pump ☐ Multi-family
☐ High yield bedrock (plugging letter required if fill is used) ☐ Public water supply well (plugging letter required)

COST SHARE ☐ Yes ☐ No

WELL CERTIFICATION OR REFERENCE NUMBER (IF KNOWN) | WELL NUMBER | VARIANCE NUMBER (IF ISSUED)

ORIGINAL DRILLER (IF KNOWN) | DATE ORIGINALLY DRILLED (IF KNOWN)

DEPTH OF THE WELL	LENGTH OF CASING	CASING OR HOLE DIAMETER	STATIC WATER LEVEL	HEAT PUMP LOOPS
FT.	FT.	IN.	FT.	☐ Filled ☐ Remove

DATE WELL / LOOPS PLUGGED OR EXCAVATED

WELL REMOVED BY EXCAVATION
☐ Yes ☐ No

PUMP REMOVED FROM WELL
☐ Yes ☐ No

CASING CUT OFF BELOW GROUND SURFACE
☐ Yes, to what depth _____ FT.
☐ No, state reason below*
☐ Removed

TYPE OF CASING
☐ Steel ☐ Concrete
☐ Plastic ☐ Fiberglass
☐ Other _____

WELL ABANDONED DUE TO CONNECTION TO A MUNICIPALITY OR RURAL WATER SUPPLY DISTRICT ☐ Yes ☐ No
If yes, provide the name of the municipality or water district below:

*REMARKS/REASON WELL WAS PLUGGED

GROUT INFORMATION (GROUT MATERIAL MUST EXTEND AT LEAST 50 FEET BELOW CASING FOR DOMESTIC/MULTI-FAMILY WELLS)

INSTALLATION METHOD
☐ Gravity
☐ Tremie
☐ Tremie pumped
☐ Reverse tremie

MATERIAL USED
CEMENT ☐ Type I ☐ Type III
BENTONITE ☐ Chips ☐ Granular ☐ Pellets ☐ Slurry

GROUT PLUGS
1ST Top depth _____ Bottom depth _____
2nd Top depth _____ Bottom depth _____ (if applicable)

AMOUNT USED
Number of sacks _____
Pounds per sack _____ or cubic yards _____
Gallons of water/sack _____

FILL MATERIAL INFORMATION (FILL MATERIAL MAY NOT BE USED IN PLACE OF GROUT)

MATERIAL USED
☐ Gravel ☐ Ag-lime
☐ Sand ☐ Other _____

AMOUNT USED
☐ Tons _____
or
☐ Cubic yards _____

DEPTH TO TOP OF FILL FROM SURFACE
FT.

WELL CHLORINATED BEFORE PLUGGING
☐ Yes
☐ No

AMOUNT USED FOR CHLORINATION
☐ Gallons _____ ☐ Pounds _____
☐ Tablets _____

I hereby certify that the well herein described was plugged in accordance with Department of Natural Resources requirements. (All fields must be completed but only one signature is required.)

PRIMARY CONTRACTOR OR WELL OWNER (WELL OWNER MAY ONLY PLUG DOMESTIC OR HAND DUG WELLS)	PERMIT NUMBER	DATE
WELL OR PUMP INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE
WELL OR PUMP INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER	DATE

MO 780-1603 (06-19)

FEES - $50 FOR PUBLIC WATER SUPPLY, HIGH YIELD AND HEAT PUMP WELLS ONLY. ALL WELL TYPES ARE SUBJECT TO LATE FEE SCHEDULE.
SEND COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: welldrillers@dnr.mo.gov
RECORD (AND FEE) MAY BE SUBMITTED ONLINE: dnr.mo.gov/mowells