



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
VARIANCE REQUEST

OFFICE USE ONLY	
DATE RECEIVED	RECEIVED BY
DATE PROCESSED	PROCESSED BY
VARIANCE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	

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)		CITY	

WELL LOCATION INFORMATION

LAT. _____ ° _____ ' _____ "	COUNTY	SECTION _____ TOWNSHIP _____ N RANGE _____ <input type="checkbox"/> E <input type="checkbox"/> W
LONG. _____ ° _____ ' _____ "		

CONTRACTOR INFORMATION

NAME		PERMIT NUMBER	
BUSINESS NAME		TELEPHONE NUMBER WITH AREA CODE	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

VARIANCE INFORMATION

TYPE OF VARIANCE Construction Administrative

Explain in detail the reason the variance is being requested:

VARIANCE REQUESTED BY (WELL OWNER OR CONTRACTOR) _____ DATE _____

RULE NUMBER MODIFIED: 10 CSR 23- _____

Reason variance is being approved or denied:

VARIANCE COMPLETED BY	DATE
COPY SENT TO OWNER BY	DATE
COPY SENT TO CONTRACTOR BY	DATE