



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
VARIANCE REQUEST

| OFFICE USE ONLY | |
|--|-------------|
| DATE RECEIVED | RECEIVED 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

Administrative

Construction – Explain how the well is to be constructed or plugged, and the reason why the construction or plugging rules cannot be met. Attach diagram or sketch below.

| | |
|--|------|
| VARIANCE REQUESTED BY (WELL OWNER OR CONTRACTOR) | DATE |
|--|------|

RULE NUMBER MODIFIED: 10 CSR 23- _____

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