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**Rules of**  
**Department of Natural Resources**  
**Division 23—Division of Geology and Land Survey**  
**Chapter 6—Test Hole Construction and Plugging Code**

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**Title 10—DEPARTMENT OF  
NATURAL RESOURCES  
Division 23—Division of Geology  
and Land Survey  
Chapter 6—Test Hole Construction and  
Plugging Code**

*Editor's Note: Forms mentioned in these rules may be found at the end of the chapter.*

**10 CSR 23-6.010 Definitions**

*PURPOSE: This rule specifically defines words used in Chapter 6 concerning test wells, otherwise the definitions contained in 10 CSR 23-1.010 apply.*

(1) Test hole means a hole drilled in the explorations for minerals or for geologic data. This includes, but is not limited to, stratigraphic holes drilled to obtain geologic information for structural studies, seismic shot holes and industrial mineral exploration holes.

*AUTHORITY: sections 256.606 and 256.626, RSMo Supp. 1991. \* Original rule filed Aug. 17, 1993, effective March 10, 1994.*

*\*Original authority: 256.606, RSMo 1991 and 256.626, RSMo 1985, amended 1991.*

**10 CSR 23-6.020 General Protection of Groundwater Quality and Resources**

*PURPOSE: This rule protects the overall groundwater quality and resources in Missouri.*

(1) Differences Between Wells. The rules contained in 10 CSR 23-6 cover test holes drilled for obtaining geologic data or mineral exploration data. Test holes differ from water wells, monitoring wells and heat pump wells in that the information obtained from test holes and their locations are often proprietary information. Test holes, in many cases, are smaller in diameter than water wells. In addition, test holes are drilled and are then quickly plugged.

(2) Test holes that are to be converted into other types of wells. Test holes may be converted into a well at the request of the landowner. All requests must be made in writing to the division, by the landowner. The well must meet the applicable standards contained in 10 CSR 23-1–10 CSR 23-6.

*AUTHORITY: sections 256.606, 256.615 and 256.626, RSMo 1994. \* Original rule filed Aug. 17, 1993, effective March 10, 1994.*

*Amended: Filed Nov. 1, 1995, effective June 30, 1996.*

*\*Original authority: 256.606 and 256.615, RSMo 1991 and 256.626, RSMo 1985, amended 1991.*

**10 CSR 23-6.030 Location of Test Holes**

*PURPOSE: This rule sets criteria for the location of test holes.*

(1) The need to obtain site-specific data dictates the location of test holes. If the hole needs to be located closer than distance requirements stated in 10 CSR 23-3.010, a variance must be obtained before the hole is drilled (see 10 CSR 23-1.040 for details on variance issuance).

*AUTHORITY: sections 256.606 and 256.626, RSMo Supp. 1991. \* Original rule filed Aug. 17, 1993, effective March 10, 1994.*

*\*Original authority: 256.606, RSMo 1991 and 256.626, RSMo 1985, amended 1991.*

**10 CSR 23-6.040 Construction Standards for Test Holes**

*PURPOSE: This rule describes the minimum standards for a properly constructed test hole.*

(1) Standards for Construction of Test Holes. All test holes shall be constructed in a manner that will conserve and protect the groundwater resources and not be a source or channel of contamination or pollution to any aquifer.

(2) Casing Material. All casing used in the construction of a test well must meet or exceed standards set out in 10 CSR 23-3.030.

(3) Casing Depth. If permanent surface casing is set, it must be set at least fifty feet (50') into bedrock. Temporary surface casing lengths may be determined by the permitted contractor.

(4) Temporary Cap. All holes must be capped during the period they remain unplugged.

(5) Hole Size. Test hole size will be determined by the person owning the mineral rights or designing the hole.

(6) Approved Grout. When a hole is grouted, procedures and materials set out in 10 CSR 23-3.030(3) and (4) must be followed.

*AUTHORITY: sections 256.606 and 256.626, RSMo 1994. \* Original rule filed Aug. 17, 1993, effective March 10, 1994. Amended: Filed Nov. 1, 1995, effective June 30, 1996.*

*\*Original authority: 256.606, RSMo 1991 and 256.626, RSMo 1985, amended 1991.*

**10 CSR 23-6.050 Plugging of Test Holes**

*PURPOSE: This rule establishes criteria for the proper procedures to be followed when plugging a test hole.*

(1) All test holes, except those that are converted to other types of wells are to be plugged in accordance with this chapter within sixty (60) days from the date that the well was drilled. Extensions of this time limit are available on a case-by-case basis from the division.

(A) Plugging the Test Hole.

1. Test holes with no surface casing.

A. Test holes must be filled with grout via tremie to within two feet (2') of the ground surface. If the Davis Formation is penetrated, an expanding packer must be placed in the bottom portion of the formation and grouted to within two feet (2') of the surface.

B. The top two feet (2') of hole must be filled with soil.

C. A registration report form must be submitted to the division which documents the method of plugging the test hole.

2. Test holes with removable surface casing pipe.

A. If the Davis Formation is penetrated, an expanding packer must be set in the bottom portion of the formation.

B. The hole must be filled with grout from the packer to the bottom of the interior casing pipe via tremie pipe. This grout plug must extend from near the bottom of the Davis Formation to at least fifty feet (50') above the top of the Davis Formation.

C. The hole must be backfilled with chlorinated clean fill such as varied sized agricultural lime, gravel or sand to the base of the surface casing pipe, while the interior casing is being pulled.

D. A fifty-foot (50')-grout plug must be pumped through the surface casing pipe as it is being removed, filling the hole to the top of bedrock.

E. Chlorinated clean fill must be used to backfill the hole above the upper plug while the surface casing pipe is being removed. The clean fill must extend from the top of the grout plug to within two feet (2') of the surface.

F. The top two feet (2') of the hole must be filled with on-site soil.

G. A registration report form must be submitted to the division which documents the method of plugging.

H. The test hole may be filled from total depth to surface with grout.

3. Test holes with grouted nonremovable surface casing.

A. Cut off casing three feet (3') below ground surface making a hole at least two feet (2') in diameter larger than the surface casing.

B. Fill the hole from total depth to within two feet (2') of the surface with grout.

C. Fill remaining hole with soil.

D. Submit a registration report form to the division.

(2) Test Holes Drilled to Expand Quarrying and Surface Mining Operations. When test holes are drilled in the process of expanding quarrying and surface mining operations and are destroyed within one (1) year by the advance of the mine or quarry, they are required to be plugged by only inserting a temporary surface plug into the hole which will prevent surface water from entering the hole. Reporting requirements are not required for these temporary holes. If these test holes are drilled deeper than the quarry or mine floor, they must be plugged from the mine floor to the total depth of the hole with approved grout. If these holes are not destroyed by the mining process within one (1) year then the requirements of subsection (1)(A) must be met. Extensions of this time limit will be considered on a case-by-case basis by the division.

(3) Test Holes Drilled in Association with Clay Mining Operations, Shallow Industrial Minerals Exploration and Miscellaneous Geologic Data Holes.

(A) When the test hole is drilled that bottoms in an impermeable fire clay deposit a temporary surface plug must be inserted which prevents surface water from entering the hole. This type of well is exempted from reporting requirements.

(B) When a test hole is drilled that bottoms at the bedrock-unconsolidated material contact or above, it must be plugged when no longer needed for exploratory purposes. If the test hole is less than one hundred feet (100') in depth and does not encounter a potable water horizon, the test hole must be plugged by filling the hole from bottom to top with the type of uncontaminated material removed from the hole or other approved grout. A registration report is required per site for holes drilled and plugged that are

greater than twenty feet (20') in depth. One (1) registration fee is required per report form for this type of hole. If a test hole is less than twenty feet (20') in depth, it must be filled with the material removed from the hole as soon as it is no longer needed for exploratory purposes. Test holes less than twenty feet (20') in depth are exempted from the rules. These wells can not be used in any way relative to monitoring well sites.

(C) If a test hole is greater than one hundred feet (100') in depth, it must be plugged as stated in 10 CSR 23-6.050(1).

*AUTHORITY: sections 256.606, 256.614, 256.615 and 256.626, RSMo 1994. \* Original rule filed Aug. 17, 1993, effective March 10, 1994. Amended: Filed July 13, 1994, effective Jan. 29, 1995. Amended: Filed Nov. 1, 1995, effective June 30, 1996.*

*\*Original authority: 256.606, RSMo 1991; 256.614, RSMo 1985, amended 1991; 256.615, RSMo 1991; and 256.626, RSMo 1985, amended 1991.*

#### **10 CSR 23-6.060 Confidentiality of Registration Report Form**

*PURPOSE: This rule sets standards to ensure that registration report forms are held confidential for at least ten years as required in section 256.615, RSMo.*

(1) Confidentiality of Registration Report Forms. All registration report forms submitted to the division which document the plugging of holes drilled in the exploration for minerals or for geologic data must be held strictly confidential for a period of ten (10) years from the date of submittal. These holes include exploration drill holes for economic and industrial minerals and geologic data but do not include monitoring wells. The person submitting the report or the person for whom the well was drilled may request, in writing, that this information remain confidential for an additional five (5) years and the division shall grant this request. The submittal of this type of registration report form and fee is required within one hundred eighty (180) days of completion of the plugging of the test hole. Upon successful review of the registration report form, which indicates that the hole was plugged according to the rules, a registration number will be sent to the property owner which documents that the hole is plugged according to minimum standards.

(2) Since test holes are usually temporary in nature and are required to be plugged quickly after drilling, they are exempted from the certification process.

*AUTHORITY: sections 256.606, 256.614, 256.615 and 256.626, RSMo Supp. 1991. \* Original rule filed Aug. 17, 1993, effective March 10, 1994.*

*\*Original authority: 256.606, RSMo 1991; 256.614, RSMo 1985, amended 1991; 256.615, RSMo 1991; and 256.626, RSMo 1985, amended 1991.*



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF GEOLOGY AND LAND SURVEY  
 WELLHEAD PROTECTION SECTION  
 WELL DRILLERS UNIT  
 P.O. BOX 250  
 ROLLA, MO  
 65401  
 (314) 368-2165

<b>DO NOT FILL IN</b>	
CHECK NUMBER	
DATE RECEIVED	DATE APPROVED
TEST ID	

**TESTING APPLICATION**

APPLICANT NAME (LAST, FIRST, MIDDLE)			
BUSINESS NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP	BUSINESS TELEPHONE (    )
HOME ADDRESS			HOME TELEPHONE (    )
SOCIAL SECURITY NUMBER			

**TESTS**

Mark all of the tests you are applying for. If you do not qualify for a permit to operate but you wish to obtain a permit to contract the drilling of wells, installation of pumps, or both, please mark the "Not Valid for Operating" box under the permit you are applying for.

- |  |  |
|--|--|
| <input type="checkbox"/> General (\$25.00)<br><input type="checkbox"/> Pump Installation (\$25.00)<br><input type="checkbox"/> Not Valid for Operating<br><input type="checkbox"/> Monitoring/Test Well (\$25.00)<br><input type="checkbox"/> Test Hole Drilling Only<br><input type="checkbox"/> Not Valid for Operating<br><input type="checkbox"/> Water Well (\$25.00)<br><input type="checkbox"/> Not Valid for Operating | <input type="checkbox"/> Heat Pump (\$25.00)<br><input type="checkbox"/> Not Valid for Operating<br><input type="checkbox"/> Retake (\$25.00)<br><input type="checkbox"/> Reschedule (\$25.00) |
|--|--|

**Enclose the appropriate fee with this application.**

STATUS OF APPLICANT	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor
TYPE OF DRILLING	<input type="checkbox"/> Unconsolidated-Consolidated <input type="checkbox"/> Unconsolidated ONLY
TYPE OF PUMP INSTALLATION	<input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Both

Testing date preferred: \_\_\_\_\_ Second Choice: \_\_\_\_\_

See attached testing schedule.

***You will receive notification of the time and place you are scheduled for testing.***



MISSOURI DEPARTMENT OF NATURAL RESOURCES DIVISION OF GEOLOGY AND LAND SURVEY CLOSED LOOP HEAT PUMP CERTIFICATION RECORD

OFFICE USE ONLY: REF NO, CR NO, STATE WELL NUMBER, CHECKED BY, APPROVED BY, DATE RECEIVED, CHECK NO, TRANSMITTAL NO, ROUTE, ENTERED (Ph 1, Ph 2, Ph 3)

INFORMATION SUPPLIED BY HEAT PUMP INSTALLATION CONTRACTOR

NAME, ADDRESS, CITY, STATE, ZIP CODE, ADDRESS OF HEAT PUMP SITE, OWNER STATUS (PRIVATE HOME OWNER, BUILDER, DEVELOPER, OTHER), MILEAGE AND DIRECTION FROM NEAREST TOWN OR HIGHWAY, SIGNATURE (HEAT PUMP OWNER), DATE

LOCATION OF HEAT PUMP SYSTEM: SHOW LOCATION IN SECTION PLAT, COUNTY, ELEVATION, SMALLEST, LARGEST, SEC, TWN, N, R, NG, E OR W, LAT, LONG

LOCATION MAP (ATTACHED MAP OR SKETCH) OF HEAT PUMP SYSTEM FROM NEAREST TOWN OR HIGHWAY. INCLUDE DISTANCE(S) FROM PERMANENT STRUCTURES AT SITE LOCATION.

INFORMATION FOR VERTICAL CLOSED LOOP SYSTEM

VARIANCE ISSUED? YES/NO, DATE ISSUED, VARIANCE NUMBER

NUMBER OF HOLES DRILLED, DIAMETER OF DRILL HOLER, DEPTH OF DRILL HOLES, TYPE OF GROUT USED (BENTONITE, NON-SLURRY, SLURRY), STATIC WATER LEVEL, METHOD OF GROUT INSTALLATION (GRAVITY, OPENHOLE, TREMIE, PRESSURE GROUT, THROUGH TREMIE, THROUGH CASING)

INFORMATION FOR CLOSED LOOP MATERIALS

TYPE OF HEAT TRANSFER FLUID USED, HEAT PUMP TOTAL TON RATING, PIPE MATERIAL (POLYBUTYLENE, HIGH DENSITY POLYETHYLENE, ASTM CLASSIFICATION, COPPER), WAS LOOP MATERIAL THERMALLY FUSED?, WAS LOOP MATERIAL MECHANICALLY CONNECTED?, WAS FILL MATERIAL GROUNDWATER?, WAS PERMANENT CASING INSTALLED?

WERE BENTONITE PLUGS HYDRATED?, POSITION OF GROUT SEAL (FULL LENGTH, SERIES OF 5 FT PLUGS), IF FULL LENGTH TOTAL NUMBER OF BAGS USED

Table with columns: DEPTH, FORMATION DESCRIPTION, IF SERIES OF 5 FT. PLUGS, NUMBER OF BAGS USED PER PLUG, POUNDS PER BAG, DEPTH TO TOP AND BOTTOM OF NEAR SURFACE PLUG (MEASURED FROM ORIGINAL GROUND SURFACE), TOP, BOTTOM, LIST DEPTHS TO TOP OF EACH ADDITIONAL PLUG

INFORMATION FOR PERMANENT CASING

CASING DETAILS: LENGTH, DIAMETER OF CASING, WEIGHT OF SDR #, DIAMETER OF DRILL HOLE, JOINTS (THREADED, WELDED), DRIVE SHOE?, MATERIAL (PLASTIC, CONCRETE, STEEL), CASING PACKER DETAILS: TYPE USED (NONE, RUBBER BOOT, COUPLING, INVERTED BELI), IS GROUT SEAL FULL LENGTH?, MATERIAL (BENTONITE, CEMENT FORM, SLURRY, CHIPS, GRANULAR, PELLETS), CASING GROUT DETAILS: DEPTH FROM THE SURFACE TO THE TOP OF THE GROUT SEAL, METHOD OF INSTALLATION (GRAVITY, OPENHOLE, TREMIE, POSITIVE DISPLACEMENT, PRESSURE GROUT, THROUGH TREMIE, THROUGH CASING)

INFORMATION FOR HORIZONTAL CLOSED LOOP SYSTEM

PLACE OF INSTALLATION (TRENCH, PIT, LAKE), IF A TRENCH OR PIT WAS USED, CONSTRUCTED WIDTH, CONSTRUCTED LENGTH, CONSTRUCTED DEPTH

I HEREBY CERTIFY THAT THE HEAT PUMP HEREIN DESCRIBED WAS CONSTRUCTED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE CONSTRUCTION OF HEAT PUMPS.

HEAT PUMP CONTRACTOR'S NAME, SIGNATURE (HEAT PUMP CONTRACTOR), SIGNATURE DATE, PERMIT NUMBER, HEAT PUMP COMPLETION DATE, DRILLER CONTRACTOR'S NAME, SIGNATURE (DRILLING CONTRACTOR), SIGNATURE DATE, PERMIT NUMBER, DRILL HOLE COMPLETION DATE

DISTRIBUTION: PINK (DIVISION), WHITE (CONTRACTOR), CANARY (OWNER), MAIL PINK COPY TO: DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 250, HOLLA, MO 65402, ENCLOSED (BASED ON HEAT PUMP TOTAL TON RATING: 1.00) \$40, 1.01 (OR GREATER THAN 50) \$75

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF GEOLOGY AND LAND SURVEY  
 WELLHEAD PROTECTION SECTION  
 WELL DRILLERS UNIT

P.O. BOX 250  
 ROLLA, MO  
 65401  
 (314) 368-2165



**VEHICLE APPLICATION**

DO NOT FILL IN					
PERMIT NUMBER			CHECK NO.		
DATE RECEIVED			DATE ISSUED		
MO.	DAY	YR.	MO.	DAY	YR.

Application must be fully completed in ink or typed.

**PART I**

BUSINESS NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP	BUSINESS TELEPHONE (    )

**PART II**

<b>VEHICLE 1</b>	Truck Type	<input type="checkbox"/> Drill	<input type="checkbox"/> Pump	<input type="checkbox"/> Pick-up
MAKE OF TRUCK	YEAR	VEHICLE I.D. NUMBER		
LICENSE PLATE NUMBER	STATE	YEAR	TRUCK TITLE NUMBER	
RIG TYPE				
<input type="checkbox"/> Cable Tool	<input type="checkbox"/> Rotary	<input type="checkbox"/> Pump	<input type="checkbox"/> Combination	
<input type="checkbox"/> Reverse Circulation	<input type="checkbox"/> Hollow Rod	<input type="checkbox"/> Jetting	<input type="checkbox"/> Auger	
<input type="checkbox"/> Other _____				

<b>VEHICLE 2</b>	Truck Type	<input type="checkbox"/> Drill	<input type="checkbox"/> Pump	<input type="checkbox"/> Pick-up
MAKE OF TRUCK	YEAR	VEHICLE I.D. NUMBER		
LICENSE PLATE NUMBER	STATE	YEAR	TRUCK TITLE NUMBER	
RIG TYPE				
<input type="checkbox"/> Cable Tool	<input type="checkbox"/> Rotary	<input type="checkbox"/> Pump	<input type="checkbox"/> Combination	
<input type="checkbox"/> Reverse Circulation	<input type="checkbox"/> Hollow Rod	<input type="checkbox"/> Jetting	<input type="checkbox"/> Auger	
<input type="checkbox"/> Other _____				

**PART III**

I, \_\_\_\_\_, the applicant, hereby certify that the foregoing statements are true. I understand that misstatements of fact may result in the forfeiture of my permit, which is issued in accordance with Chapters 256.600 - 256.640, RSMo.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

MO 780-1425 (11-93)



MISSOURI DEPARTMENT OF NATURAL RESOURCES DIVISION OF GEOLOGY AND LAND SURVEY MONITORING WELL CERTIFICATION RECORD

OFFICE USE ONLY REF NO, CR NO, STATE WELL NUMBER, CHECKED BY, APPROVED BY, DATE RECEIVED, CHECK NO, TRANSMITTAL NO, ROUTE, ENTERED

INFORMATION SUPPLIED BY MONITORING WELL CONTRACTOR SITE/FACILITY NAME, WELL NUMBER, SITE ADDRESS, CITY, STATE, ZIP CODE, OWNER NAME, TELEPHONE, OWNER ADDRESS, CITY, STATE, ZIP CODE, VARIANCE ISSUED, DATE ISSUED, VARIANCE NUMBER, LOCATION OF WELL, SHOW LOCATION IN SECTION PLAT, SURFACE ELEVATION, COUNTY, DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT IT, SMALLEST 1/4, LARGEST 1/4, SEC., TWN., N. RING, E OR W, LAT., LONG.

MONITORING WELL INSTALLATION CONTRACTOR'S NAME, PERMIT NUMBER, DRILLING CONTRACTOR'S NAME, PERMIT NUMBER

WELL CONSTRUCTION INFORMATION TYPE OF WELL, MONITORING FOR, PROTECTIVE CASING DETAILS, CASING GROUT DETAILS, CENTRALIZER USED ON RISER, RISER PIPE DETAILS, ANNULAR SEAL, MATERIAL, JOINTS, TYPE OF SURFACE COMPLETION, DESCRIBE HOW THE FLUSH MOUNT WAS CONSTRUCTED

PRIMARY FILTER PACK, SECONDARY FILTER PACK, WELL SCREEN, SUMP DETAILS, BACK FILL, STATIC WATER LEVEL, MEASURING POINT FOR STATIC WATER LEVEL, MEASURING POINT FOR STATIC WATER LEVEL IS, ELEVATION OF MEASURING POINT, MULTIPLE CASING WELLS, DRILLING EQUIPMENT

I HEREBY CERTIFY THAT THE MONITORING WELL HEREIN DESCRIBED WAS CONSTRUCTED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE CONSTRUCTION OF MONITORING WELLS. SIGNATURE PRIMARY CONTRACTOR/PERMIT #, DATE, SIGNATURE DRILLER/PERMIT #, DATE

MO 780-1416 (7-95) DISTRIBUTION: WHITE/DIVISION CANARY/MONITORING WELL CONTRACTOR PINK/OWNER MAIL WHITE COPY TO DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 750, ROLLA, MO 65402 ENCLOSE \$35 PER MONITORING WELL FOR THE CERTIFICATION FEE WITHIN 60 DAYS AFTER WELL COMPLETION







MISSOURI DEPARTMENT OF NATURAL RESOURCES DIVISION OF GEOLOGY AND LAND SURVEY REGISTRATION RECORD

OFFICE USE ONLY: REF NO, ROUTE, STATE WELL NUMBER, CHECKED BY, APPROVED BY, DATE, DATE RECEIVED, PWS NUMBER, CHECK NUMBER, TRANSMITTAL NO, CROSS REFERENCE NO, ENTERED (Ph 1, Ph 2, Ph 3)

INFORMATION SUPPLIED BY OWNER: NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, SITE NAME, WELL NUMBER, ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE), CITY, STATE, ZIP CODE, OWNER STATUS (BUILDER, PRIVATE HOME OWNER, DEVELOPER, OTHER), PURPOSE OF REGISTRATION FORM (ABANDONED WELL, MINERAL EXPLORATORY, WELL RECONSTRUCTION, TEST HOLE, OTHER), VARIANCE ISSUED? (YES/NO), VARIANCE NUMBER, WELL CERTIFICATION NUMBER, DATE ORIGINALLY DRILLED, SIGNATURE (WELL OWNER), DATE

INFORMATION SUPPLIED BY CONTRACTOR: SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS, LOCATION OF WELL (SHOW LOCATION IN SECTION PLAT, QUAD, COUNTY, ELEV, AREA NO., SMALLEST 1/4, LARGEST 1/4, SEC, TWN, N, R, NG, E OR W, LAT, LONG), DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL

CONTRACTOR'S NAME, PERMIT NUMBER, DRILLERS NAME, PERMIT NUMBER

ABANDONMENT OF WELLS: FORMER USE OF WELL (HAND DUG, DOMESTIC, MULTI-FAMILY, HEAT PUMP, IRRIGATION, SOIL BORING, PUBLIC WATER SUPPLY, MINERAL EXPLORATORY TEST HOLE, MONITORING, OTHER), DATE PLUGGED, STATIC WATER LEVEL, PUMP REMOVED FROM WELL?, DEPTH OF THE WELL, LENGTH OF CASING, CASING DIAMETER/WELL DIA, GROUT INSTALLATION METHOD (GRAVITY, TREMIE), CASING CUT OFF THREE FEET BELOW SURFACE?, TYPE OF CASING (STEEL, PLASTIC), GROUT MATERIAL USED (NEAT CEMENT, BENTONITE SLURRY, PORTLAND TYPE 1, OTHER, BENTONITE POWDER, GRANULAR CHIPS, PELLETS), NUMBER OF BAGS OF GROUT USED, POUNDS OF GROUT PER BAG, IF NEAT CEMENT USED, HOW MANY GALLONS OF WATER MIXED PER BAG OF CEMENT, TYPE OF FILL MATERIAL USED, AMOUNT OF FILL MATERIAL USED, CU. YDS., DEPTH TO TOP OF FILL MATERIAL, WELL DISINFECTED BEFORE PLUGGING?, NUMBER USED FOR DISINFECTION (GALLONS OF CHLORINE, POUNDS OF CHLORINE, TABLETS OF CHLORINE), WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT?, IF YES, WHAT IS THE NAME OF THE WATER DISTRICT

WELL RECONSTRUCTION: TYPE OF REPAIR (RAISED CASING, DEEPENING OF WELL, LINING OF WELL, OTHER), USE OF WELL (DOMESTIC, MULTI-FAMILY, HEAT PUMP, IRRIGATION, PUBLIC WATER SUPPLY, MONITORING, OTHER), DIA. OF WELL CASING, WAS WELL DISINFECTED AFTER RECONSTRUCTION?, DATE RECONSTRUCTION COMPLETED, LENGTH OF CASING ADDED, MATERIAL (STEEL, PLASTIC), METHOD OF ATTACHMENT (THREADED, WELDED, GLUED, COUPLED), PURPOSE OF LINER (USED ONLY TO HOLD BACK FORMATION, USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS), DIAMETER OF LINER, WEIGHT OR SDR #, DEPTH TO THE TOP OF LINER FROM SURFACE, MATERIAL (PLASTIC, STEEL), JOINTS (GLUED, WELDED, OTHER), AMOUNT OF LINER USED, FT., TYPE USED (NONE, RUBBER BOOT), DEPTH(S) SET, LINER PACKER DETAILS, POSITION OF SEAL (FULL LENGTH, BETWEEN PACKERS), MATERIAL (CEMENT, PORTLAND TYPE 1, HEARLY BENTONITE, CHIPS, PELLETS, SLURRY, GRANULAR), LINER GROUT DETAILS, DEPTH PUMP WAS SET, GPM, DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL, DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL, FT., FT.

CHECK THE BOX WHICH APPLIES: I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS, CONTRACTOR'S SIGNATURE, DATE

DEEPENING OF WELL INFORMATION: DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL, DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL, FT., FT., FORMATION DESCRIPTION, YIELD

MO 290 1414 (1-95) DISTRIBUTION: WHITE/CONTRACTOR CANARY/DIVISION PINK/OWNER MAIL CANARY COPY TO DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 250, ROLLA, MO 65401 RECORD MUST BE SUBMITTED WITHIN 60 DAYS OF COMPLETION DATE

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF GEOLOGY AND LAND SURVEY  
 WELLHEAD PROTECTION SECTION  
 WELL DRILLERS UNIT  
 P.O. BOX 250  
 ROLLA, MO  
 65401  
 (314) 368-2165



**HEAT PUMP INSTALLATION  
 CONTRACTOR APPLICATION**

DO NOT FILL IN			
PERMIT NUMBER	RESTRICTIONS	<input type="checkbox"/> Probationary	
CHECK NO	<input type="checkbox"/> Not valid for operating	<input type="checkbox"/> Commercial Pump	
	<input type="checkbox"/> Unconsolidated	<input type="checkbox"/> Non-Commercial Pump	
TEST SCORE			
DATE RECEIVED		DATE ISSUED	
MO.	DAY	YR.	MO. DAY YR.

**Application must be fully completed in ink or typed.**

APPLICANT NAME (LAST, FIRST, MIDDLE)			TITLE <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SUPERVISOR	
BUSINESS NAME				
BUSINESS ADDRESS				
CITY	STATE	ZIP	BUSINESS TELEPHONE ( )	
HOME ADDRESS				
CITY	STATE	ZIP	HOME TELEPHONE ( )	
YEAR OF BIRTH	SOCIAL SECURITY NUMBER			
TOTAL NUMBER OF HOURS WORKED IN HEAT PUMP INSTALLATION				
Nearest relative - not living with you:			NAME	
ADDRESS			CITY	
STATE	ZIP	TELEPHONE ( )		
COUNTIES WITHIN WHICH THE FIRM OPERATES				

I certify that all information provided in this application is true. I understand that misstatements of facts may result in the forfeiture of my permit, which is issued in accordance with Chapters 256.600 - 256.640, RSMo.

APPLICANT SIGNATURE	DATE
REPRESENTATIVE OF FIRM	DATE

MAIL  
 COMPLETED  
 APPLICATION  
 AND \$75.00  
 PERMIT FEE  
 TO:



MISSOURI WELL DRILLERS FUND  
 P.O. BOX 250  
 ROLLA, MO 65401



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF GEOLOGY AND LAND SURVEY  
WELLHEAD PROTECTION SECTION  
WELL DRILLERS UNIT  
P.O. BOX 250  
ROLLA, MO  
65401  
(314) 368-2165



**PUMP INSTALLATION  
CONTRACTOR APPLICATION**

DO NOT FILL IN			
PERMIT NUMBER	RESTRICTIONS	<input type="checkbox"/> Probationary	
CHECK NO.	<input type="checkbox"/> Not valid for operating	<input type="checkbox"/> Commercial Pump	
TEST SCORE	<input type="checkbox"/> Unconsolidated	<input type="checkbox"/> Non-Commercial Pump	
DATE RECEIVED MO. DAY YR.	DATE ISSUED MO. DAY YR.		

Application must be fully completed in ink or typed.

APPLICANT NAME (LAST, FIRST, MIDDLE)			TITLE <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SUPERVISOR	
BUSINESS NAME				
BUSINESS ADDRESS				
CITY	STATE	ZIP	BUSINESS TELEPHONE ( )	
HOME ADDRESS				
CITY	STATE	ZIP	HOME TELEPHONE ( )	
YEAR OF BIRTH	SOCIAL SECURITY NUMBER			
TOTAL NUMBER OF HOURS WORKED IN PUMP INSTALLATION				
Nearest relative - not living with you:			NAME	
ADDRESS			CITY	
STATE	ZIP	TELEPHONE ( )		
COUNTIES WITHIN WHICH THE FIRM OPERATES				

I certify that all information provided in this application is true. I understand that misstatements of facts may result in the forfeiture of my permit, which is issued in accordance with Chapters 256.600 - 256.640, RSMo.

APPLICANT SIGNATURE	DATE
REPRESENTATIVE OF FIRM	DATE

MAIL  
COMPLETED  
APPLICATION  
AND \$75.00  
PERMIT FEE  
TO:



MISSOURI WELL DRILLERS FUND  
P.O. BOX 250  
ROLLA, MO 65401

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF GEOLOGY AND LAND SURVEY  
 WELLHEAD PROTECTION SECTION  
 WELL DRILLERS UNIT  
 P.O. BOX 250  
 ROLLA, MO  
 65401  
 (314) 368-2165



**WATER WELL INSTALLATION  
 CONTRACTOR APPLICATION**

DO NOT FILL IN			
PERMIT NUMBER	RESTRICTIONS	<input type="checkbox"/> Probationary	
CHECK NO.	<input type="checkbox"/> Not valid for operating	<input type="checkbox"/> Commercial Pump	
	<input type="checkbox"/> Unconsolidated	<input type="checkbox"/> Non-Commercial Pump	
TEST SCORE			
DATE RECEIVED		DATE ISSUED	
MO.	DAY	YR.	MO. DAY YR.

**Application must be fully completed in ink or typed.**

APPLICANT NAME (LAST, FIRST, MIDDLE)			TITLE <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SUPERVISOR	
BUSINESS NAME				
BUSINESS ADDRESS				
CITY	STATE	ZIP	BUSINESS TELEPHONE (    )	
HOME ADDRESS				
CITY	STATE	ZIP	HOME TELEPHONE (    )	
YEAR OF BIRTH	SOCIAL SECURITY NUMBER			
TOTAL NUMBER OF HOURS WORKED IN WATER WELL INSTALLATION				
<b>Nearest relative - not living with you:</b>			NAME	
ADDRESS		CITY		
STATE	ZIP	TELEPHONE (    )		
COUNTIES WITHIN WHICH THE FIRM OPERATES				
<p>I certify that all information provided in this application is true. I understand that misstatements of facts may result in the forfeiture of my permit, which is issued in accordance with Chapters 256.600 - 256.640, RSMo.</p>				
APPLICANT SIGNATURE			DATE	
REPRESENTATIVE OF FIRM			DATE	

MAIL  
 COMPLETED  
 APPLICATION  
 AND \$75.00  
 PERMIT FEE  
 TO:



MISSOURI WELL DRILLERS FUND  
 P.O. BOX 250  
 ROLLA, MO 65401



MISSOURI DEPARTMENT OF NATURAL RESOURCES DIVISION OF GEOLOGY AND LAND SURVEY WATER WELL CERTIFICATION AND PUMP INFORMATION RECORD

OFFICE USE ONLY: REF. NO., C.R. NO., STATE WELL NUMBER, CHECKED BY, APPROVED BY, DATE RECEIVED, CHECK NO., TRANSMITTAL NO., ROUTE, ENTERED (Ph 1, Ph 2, Ph 3)

INFORMATION SUPPLIED BY OWNER

NAME, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, ADDRESS OF WELL SITE, OWNER STATUS (PRIVATE HOME OWNER, BUILDER, DEVELOPER, OTHER), PROPOSED USE OF WELL, ABANDONED WELL?, VARIANCE ISSUED?, SIGNATURE (WELL OWNER), DATE

INFORMATION SUPPLIED BY WELL OR PUMP INSTALLATION CONTRACTOR

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS, LOCATION OF WELL SHOW LOCATION IN SECTION, QUAD, COUNTY, COUNTY, AREA, ELEV., SMALLEST 1/4, LARGEST 1/4, SEC., TWN., N. R. N.G., E. OR W., LAT., LONG., DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL, DRILLER NOTES, WELL INSTALLATION CONTRACTOR'S NAME, PERMIT NUMBER

WELL CONSTRUCTION INFORMATION

CASING DETAILS (LENGTH, DIAMETER OF CASING, WEIGHT OR SDR #, DIAMETER OF DRILL HOLE, JOINTS, MATERIAL, DRIVE SHOE), CASING GROUT DETAILS (POSITION OF SEAL, MATERIAL CEMENT, BENTONITE, METHOD OF INSTALLATION, PRESSURE GROUT, DRILLING SUSPENDED), PACKER DETAILS (TYPE USED ON CASING, DEPTH SET, TYPE USED ON LINER), LINER DETAILS (PURPOSE OF LINER, LENGTH, DIAMETER OF LINER, WEIGHT OR SDR #, DEPTH FROM THE SURFACE TO THE TOP OF THE LINER, MATERIAL), LINER GROUT DETAILS (POSITION OF SEAL, MATERIAL CEMENT, BENTONITE, DEPTH FROM THE SURFACE TO THE BOTTOM OF THE GROUT SEAL), ALLUVIAL SCREEN DETAILS (MAKE OR TYPE, SLOT SIZE, GRAVEL PACK THICKNESS, FROM TO, WILL A CENTRIFUGAL PUMP BE INSTALLED), YIELD, STATIC WATER LEVEL, FEET FROM SURFACE, WELL DISINFECTED AFTER DRILLING?, PUMP SET BY, HEAT PUMP DETAILS, TOTAL DEPTH, DATE WELL DRILLING WAS COMPLETED

INFORMATION SUPPLIED BY PUMP INSTALLATION CONTRACTOR

PUMP CONTRACTOR'S NAME, PERMIT NUMBER, TYPE OF TOP CASING SEAL (PITLESS ADAPTOR, WELL SEAL, OTHER), COMPLETION DATA (PUMP DETAILS, HP, WELL DISINFECTED AFTER SETTING PUMP, TYPE OF DROP PIPE, DATE PUMP INSTALLATION WAS COMPLETED), SIGNATURE (PUMP INSTALLER), DATE

DISTRIBUTION: WHITE/DRILLER, CANARY/DIVISION, PINK/WELL OWNER, MAIL CANARY COPY TO: DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 250, ROLLA, MO 65401, ENCLOSE \$35 WATER WELL CERTIFICATION FEE WITHIN 60 DAYS AFTER WELL COMPLETION



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF GEOLOGY AND LAND SURVEY  
 WELLHEAD PROTECTION SECTION  
 WELL DRILLERS UNIT  
**PUBLIC WATER SUPPLY NOTIFICATION**

P.O. Box 250  
 Rolla, MO 65401  
 (314) 368-2165

WELL OWNER INFORMATION				
NAME (LAST, FIRST, MIDDLE)				
ADDRESS				COUNTY
CITY	STATE	ZIP	TELEPHONE (     )	
PUBLIC WATER SUPPLY INFORMATION				
CONTACT PERSON			PERMIT NUMBER	
NAME OF DISTRICT OR WELL				
ADDRESS				
CITY	STATE	ZIP	TELEPHONE (     )	
WELL INFORMATION				
LOCATION:		COUNTY		
_____ ¼, _____ ¼, _____ ¼, Section _____ Township _____ Range _____ E/W				
CONSTRUCTION		TOTAL DEPTH	CASING DEPTH	DATE DRILLED
<p>This part of the form must be completed by well owner:</p> <p>I hereby certify that:</p> <p><input type="checkbox"/> Existing wells will remain in use and will be properly plugged when no longer used.</p> <p><input type="checkbox"/> All known abandoned wells on property have been plugged.</p> <p><input type="checkbox"/> There are no abandoned wells on property.</p> <p><input type="checkbox"/> Any abandoned wells will be plugged within 90 days.</p> <p><b>The owner must notify the division 10 days prior to plugging so that a representative may make the required inspection.</b></p> <p>Owner Signature _____ Date _____</p>				

MO 780-1427 (11-93)



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF GEOLOGY AND LAND SURVEY  
WELLHEAD PROTECTION SECTION  
WELL DRILLERS UNIT  
P.O. BOX 250  
ROLLA, MO  
65401  
(314) 368-2165



**MONITORING/TEST  
WELL INSTALLATION  
CONTRACTOR APPLICATION**

DO NOT FILL IN	
PERMIT NUMBER	RESTRICTIONS <input type="checkbox"/> Not valid for operating <input type="checkbox"/> Probationary <input type="checkbox"/> Unconsolidated <input type="checkbox"/> Commercial Pump <input type="checkbox"/> Test Hole Contractor Only <input type="checkbox"/> Non-Commercial Pump
CHECK NO	
TEST SCORE	
DATE RECEIVED MO.      DAY      YR.	DATE ISSUED MO.      DAY      YR.

**Application must be fully completed in ink or typed.**

APPLICANT NAME (LAST, FIRST MIDDLE)	TITLE <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SUPERVISOR
-------------------------------------	---

BUSINESS NAME

BUSINESS ADDRESS

CITY	STATE	ZIP	BUSINESS TELEPHONE (    )
------	-------	-----	------------------------------

HOME ADDRESS

CITY	STATE	ZIP	HOME TELEPHONE (    )
------	-------	-----	--------------------------

YEAR OF BIRTH	SOCIAL SECURITY NUMBER
---------------	------------------------

TOTAL NUMBER OF HOURS WORKED IN MONITORING WELL INSTALLATION

<b>Nearest relative - not living with you:</b>	NAME
--	------

ADDRESS	CITY
---------	------

STATE	ZIP	TELEPHONE (    )
-------	-----	---------------------

COUNTIES WITHIN WHICH THE FIRM OPERATES


<b>TEST HOLE CONTRACTOR</b>	DRILLING OR CORING IN EXPLORATION FOR MINERALS OR GEOLOGIC DATA ONLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------	---	---

TOTAL NUMBER OF HOURS WORKED IN TEST HOLE CONSTRUCTION

I certify that all information provided in this application is true. I understand that misstatements of facts may result in the forfeiture of my permit, which is issued in accordance with Chapters 256.600 - 256.640, RSMo.

APPLICANT SIGNATURE	DATE
---------------------	------

REPRESENTATIVE OF FIRM	DATE
------------------------	------

MAIL COMPLETED APPLICATION AND \$75.00 PERMIT FEE TO: 	MISSOURI WELL DRILLERS FUND P.O. BOX 250 ROLLA, MO 65401
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MO 780-1428 (11-93)



P.O. BOX 250  
 ROLLA, MO  
 65401  
 (314) 368-2165  
 FAX: (314) 368-2111



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF GEOLOGY AND LAND SURVEY  
 WELLHEAD PROTECTION SECTION  
 WELL DRILLERS UNIT

**VARIANCE REQUEST FORM**

VARIANCE NUMBER
-----------------

**WELL OWNER INFORMATION**

NAME (LAST, FIRST, MIDDLE)			
ADDRESS			
CITY	STATE	ZIP	TELEPHONE

**WELL LOCATION**

COUNTY
_____ ¼, _____ ¼, _____ ¼, Section _____ Township _____ Range _____ E/W

**CONTRACTOR INFORMATION**

CONTRACTOR NAME	PERMIT NUMBER		
ADDRESS			
CITY	STATE	ZIP	TELEPHONE

Type of Variance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RULE NUMBER MODIFIED: 10 CSR 23- \_\_\_\_\_

Reason for Variance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VARIANCE APPROVED (DATE)	BY
COPY SENT TO OWNER (DATE)	BY
COPY SENT TO CONTRACTOR (DATE)	BY

MO 780-1422 (11-93)





MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF GEOLOGY AND LAND SURVEY  
WELLHEAD PROTECTION SECTION  
WELL DRILLERS UNIT  
P.O. BOX 250  
ROLLA, MO  
65401  
(314) 368-2165

OFFICE USE ONLY	
DATE RECEIVED	RECEIVED BY
DATE PROCESSED	PROCESSED BY
DATE LETTER SENT	

**CASING DEPTH REQUEST**

**WELL OWNER INFORMATION**

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

**CONTRACTOR/ENGINEER INFORMATION**

CONTACT PERSON \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

**WELL INFORMATION**

*Location:* COUNTY \_\_\_\_\_ ELEVATION \_\_\_\_\_

\_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ E/W

Topographic Map Name (if available) \_\_\_\_\_

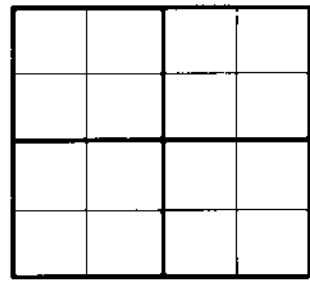
**USE OF WELL**

Grade A Dairy     Domestic (1 to 3 homes)     Mobile Home Park

Subdivision     Public Water Supply     Irrigation

Multiple Family     City     Other \_\_\_\_\_

Public Building or Business (Specify) \_\_\_\_\_



Show location in section plat

NUMBER OF SERVICE CONNECTIONS \_\_\_\_\_ USED YEAR-ROUND  YES  NO

NUMBER OF PEOPLE SERVED YEAR-ROUND \_\_\_\_\_ NUMBER SERVED AT LEAST 60 DAYS A YEAR \_\_\_\_\_

DESIRED YIELD \_\_\_\_\_ DISTANCE FROM MAJOR LAKE (IF WITHIN 1 MILE) \_\_\_\_\_


**TO BE COMPLETED BY THE DIVISION**

TOTAL DEPTH \_\_\_\_\_ YIELD \_\_\_\_\_ FORMATION \_\_\_\_\_ ELEVATION \_\_\_\_\_

RECOMMENDED CASING DEPTH \_\_\_\_\_ MINIMUM REQUIRED CASING DEPTH \_\_\_\_\_

COMMENTS \_\_\_\_\_





Division of Geology and Land Survey  
Wellhead Protection Section  
P.O. Box 250  
Rolla, MO 65401  
(314) 368-2165

**TEST RESULT NOTIFICATION**

TEST ID \_\_\_\_\_

NOTICE DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SCORE \_\_\_\_\_


SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

If your score on any of these tests was lower than 70%, you do not qualify for those permits. You must retake any failed tests to obtain those permits. Please request retakes in writing. Contact the division to request applications for tests you have passed.

MO 780-1418 (10-93)



Division of Geology and Land Survey  
Wellhead Protection Section  
P.O. Box 250  
Rolla, MO 65401  
(314) 368-2165

**TEST RESULT NOTIFICATION**

TEST ID \_\_\_\_\_

NOTICE DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SCORE \_\_\_\_\_


SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

If your score on any of these tests was lower than 70%, you do not qualify for those permits. You must retake any failed tests to obtain those permits. Please request retakes in writing. Contact the division to request applications for tests you have passed.

MO 780-1418 (10-93)



Division of Geology and Land Survey  
Wellhead Protection Section  
P.O. Box 250  
Rolla, MO 65401  
(314) 368-2165

**TEST RESULT NOTIFICATION**

TEST ID \_\_\_\_\_

NOTICE DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SCORE \_\_\_\_\_


SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

If your score on any of these tests was lower than 70%, you do not qualify for those permits. You must retake any failed tests to obtain those permits. Please request retakes in writing. Contact the division to request applications for tests you have passed.

MO 780-1418 (10-93)



Division of Geology and Land Survey  
Wellhead Protection Section  
P.O. Box 250  
Rolla, MO 65401  
(314) 368-2165

**TEST RESULT NOTIFICATION**

TEST ID \_\_\_\_\_

NOTICE DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

SCORE \_\_\_\_\_

If your score on any of these tests was lower than 70%, you do not qualify for those permits. You must retake any failed tests to obtain those permits. Please request retakes in writing. Contact the division to request applications for tests you have passed.

MO 780-1418 (10-93)



**AFFIDAVIT**

I \_\_\_\_\_, the undersigned applicant do attest and state that I have read and have a working knowledge of the administrative rules (10 CSR 23-1.010 through 10 CSR 23-6.050).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Signature of Notary

State of \_\_\_\_\_, County (and/or City) of \_\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_,

before me, \_\_\_\_\_, a Notary Public in and for

said state, personally appeared, \_\_\_\_\_,

known to me as the person who executed the foregoing statement and acknowledged

to me that he/she executed the same for the purposed therein stated.