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

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 CSR 23-6.010 Definitions</td>
<td>3</td>
</tr>
<tr>
<td>10 CSR 23-6.020 General Protections of Groundwater Quality and Resources</td>
<td>3</td>
</tr>
<tr>
<td>10 CSR 23-6.030 Location of Test Holes</td>
<td>3</td>
</tr>
<tr>
<td>10 CSR 23-6.040 Construction Standards for Test Holes</td>
<td>3</td>
</tr>
<tr>
<td>10 CSR 23-6.050 Plugging of Test Holes</td>
<td>3</td>
</tr>
<tr>
<td>10 CSR 23-6.060 Confidentiality of Registration Report Form</td>
<td>4</td>
</tr>
</tbody>
</table>
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.


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.

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).


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 unpluged.

(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.

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).


P U R P O S E: 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.


Chapter 6—Test Hole Construction and Plugging Code

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.

☐ General ($25.00) ☐ Heat Pump ($25.00)

☐ Pump Installation ($25.00) ☐ Not Valid for Operating

☐ Monitoring/Test Well ($25.00) ☐ Test Hole Drilling Only

☐ Water Well ($25.00) ☐ Not Valid for Operating

☐ No

Enclose the appropriate fee with this application.

STATUS OF APPLICANT

☐ Owner ☐ Employee ☐ Supervisor

TYPE OF DRILLING

☐ Unconsolidated-Consolidated ☐ Unconsolidated ONLY

TYPE OF PUMP INSTALLATION

☐ Commercial ☐ Non-Commercial ☐ Both

Testing date preferred: __________________________ Second Choice: __________________________

See attached testing schedule.

You will receive notification of the time and place you are scheduled for testing.
## VEHICLE APPLICATION

Application must be fully completed in ink or typed.

### PART I

**BUSINESS NAME**

**BUSINESS ADDRESS**

**CITY**

**STATE**

**ZIP**

**BUSINESS TELEPHONE**

### PART II

#### VEHICLE 1

**Truck Type**
- [ ] Drill
- [ ] Pump
- [ ] Pick-up

**MAKE OF TRUCK**

**YEAR**

**VEHICLE ID NUMBER**

**LICENSE PLATE NUMBER**

**STATE**

**YEAR**

**TRUCK TITLE NUMBER**

**RIG TYPE**

- [ ] Cable Tool
- [ ] Rotary
- [ ] Pump
- [ ] Combination
- [ ] Reverse Circulation
- [ ] Hollow Rod
- [ ] Jetting
- [ ] Auger
- [ ] Other

#### VEHICLE 2

**Truck Type**
- [ ] Drill
- [ ] Pump
- [ ] Pick-up

**MAKE OF TRUCK**

**YEAR**

**VEHICLE ID NUMBER**

**LICENSE PLATE NUMBER**

**STATE**

**YEAR**

**TRUCK TITLE NUMBER**

**RIG TYPE**

- [ ] Cable Tool
- [ ] Rotary
- [ ] Pump
- [ ] Combination
- [ ] Reverse Circulation
- [ ] Hollow Rod
- [ ] Jetting
- [ ] Auger
- [ ] 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 ___________________________
### Information Supplied by Monitoring Well Contractor

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Address</td>
<td></td>
</tr>
<tr>
<td>Owner Name</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Variances Issued</td>
<td>Yes</td>
</tr>
<tr>
<td>Location of Well We Would Be Able to Visit</td>
<td></td>
</tr>
</tbody>
</table>

### Monitoring Well Installation

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drilling Contractor's Name</td>
<td></td>
</tr>
<tr>
<td>Permit Number</td>
<td></td>
</tr>
</tbody>
</table>

### Well Construction Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Well</td>
<td>Monitoring Well</td>
</tr>
<tr>
<td>Type of Potential Site</td>
<td></td>
</tr>
<tr>
<td>Well Casing Details</td>
<td></td>
</tr>
<tr>
<td>Material</td>
<td>Stainless Steel</td>
</tr>
<tr>
<td>Diameter of Filter Pack</td>
<td>1ft</td>
</tr>
<tr>
<td>Material</td>
<td>Bentonite</td>
</tr>
<tr>
<td>Length of Filter Pack</td>
<td>10ft</td>
</tr>
<tr>
<td>Well Screen</td>
<td></td>
</tr>
<tr>
<td>Diameter of Screen</td>
<td>1ft</td>
</tr>
<tr>
<td>Length of Screen</td>
<td>10ft</td>
</tr>
<tr>
<td>Rack Fill</td>
<td>No</td>
</tr>
</tbody>
</table>

### Other Information

- **Date of Static Water Level Measurement**: [Insert Date]
- **Date of Completion**: [Insert Date]
- **Distribution**: White Division, Canby, Missouri
- **Monitoring Well Contractor**: [Insert Name]
- **Owner Name**: [Insert Name]

**Signature**: [Signature]

**Date**: [Insert Date]

**MATT BLUNT**
Secretary of State
Chapter 6—Test Hole Construction and Plugging Code

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

EXPERIENCE VOUCHER

You must have three (3) different references. References may be obtained from a permitted well/pump installation contractor, supplier, or someone in the drilling industry that knows of your experience in well and/or pump installation.

1. I hereby certify that I know the above applicant, __________________________________________ has

______________________________ hours of experience in:

☐ Heat pump construction  ☐ Pump installation
☐ Monitoring/test well construction  ☐ Water well construction

State of ____________________, County (and/or City) of ____________________. On this ________ day of ________ in the year ________, before me, __________________________, a Notary Public in and for said state, personally appeared, ________________ known to me the person who executed the foregoing Experience Voucher and acknowledged to me that he/she executed the same for the purposes therein stated.

NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE NO.

SIGNATURE

DATE ________________

OFFICIAL SIGNATURE OF NOTARY

2. I hereby certify that I know the above applicant, __________________________________________ has

______________________________ hours of experience in:

☐ Heat pump construction  ☐ Pump installation
☐ Monitoring/test well construction  ☐ Water well construction

State of ____________________, County (and/or City) of ____________________. On this ________ day of ________ in the year ________, before me, __________________________, a Notary Public in and for said state, personally appeared, ________________ known to me the person who executed the foregoing Experience Voucher and acknowledged to me that he/she executed the same for the purposes therein stated.

NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE NO.

SIGNATURE

DATE ________________

OFFICIAL SIGNATURE OF NOTARY

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 to Chapter 256.600 - 256.840, RSMo.

Signature __________________________________________

MATT BLUNT (11/30/01)
Secretary of State

CODE OF STATE REGULATIONS
**10 CSR 23-6—NATURAL RESOURCES**

**DIVISION 23—Division of Geology and Land Survey**

---

### INFORMATION SUPPLIED BY OWNER

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>[Owner's Name]</td>
</tr>
<tr>
<td>Address</td>
<td>[Address]</td>
</tr>
<tr>
<td>City</td>
<td>[City]</td>
</tr>
<tr>
<td>State</td>
<td>[State]</td>
</tr>
<tr>
<td>Zip Code</td>
<td>[Zip Code]</td>
</tr>
</tbody>
</table>

---

### INFORMATION SUPPLIED BY CONTRACTOR

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>[Contractor's Name]</td>
</tr>
<tr>
<td>Telephone</td>
<td>[Contractor's Phone]</td>
</tr>
</tbody>
</table>

---

### ABANDONMENT OF WELLS

- **Former Use of Well**: [Select Options]
- **Depth of Well**: [Enter Depth] ft
- **Length of casing**: [Enter Length] ft
- **Type of concrete**: [Select Option]
- **Amount of fill material used**: [Enter Amount] cu yds
- **Type of fill material used**: [Select Option]
- **Depth to top of fill material**: [Enter Depth] ft
- **Well disinfected**: [Yes/No]
- **Date disinfected**: [Enter Date]
- **Date well removed from service**: [Enter Date]
- **Number of gallons of chlorine used**: [Enter Number]
- **Tablets of chlorine used**: [Enter Number]
- **Methods of disinfection**: [Select Options]
- **When work was begun**: [Enter Date]
- **When work was completed**: [Enter Date]

**Certification**: [Signatures]

---

### WELL RECONSTRUCTION

- **Former Use of Well**: [Select Options]
- **Length of casing added**: [Enter Length] ft
- **Type of concrete**: [Select Option]
- **Amount of fill material used**: [Enter Amount] cu yds
- **Type of fill material used**: [Select Option]
- **Depth to top of fill material**: [Enter Depth] ft
- **Well disinfected**: [Yes/No]
- **Date disinfected**: [Enter Date]
- **Date well removed from service**: [Enter Date]
- **Number of gallons of chlorine used**: [Enter Number]
- **Tablets of chlorine used**: [Enter Number]
- **Methods of disinfection**: [Select Options]
- **When work was begun**: [Enter Date]
- **When work was completed**: [Enter Date]

**Certification**: [Signatures]

---

### LOCATION OF WELL

- **Section**: [Enter Section]
- **Township**: [Enter Township]
- **Range**: [Enter Range]
- **County**: [Enter County]
- **Elevation**: [Enter Elevation] ft
- **Largest NZ**: [Enter NZ]
- **Smallest NZ**: [Enter NZ]
- **Latitude**: [Enter Latitude]°
- **Longitude**: [Enter Longitude]°

---

### RAISED CASING INFORMATION

- **Material**: [Select Option]
- **ManyToOne**: [Enter Material]
- **Plastid**: [Enter Plastic]
- **Amount of liner used**: [Enter Amount] ft
- **Type of liner from bottom**: [Enter Type]
- **Depth of liner from bottom**: [Enter Depth] ft
- **Amount of liner used**: [Enter Amount] ft
- **Type of liner**: [Select Option]
- **Depth of liner from bottom**: [Enter Depth] ft

**Certification**: [Signatures]

---

### DEEPENING OF WELL INFORMATION

- **Formation description**: [Enter Description]
- **Number of feet to formation**: [Enter Number] ft
- **Yield**: [Enter Yield] gpm

---

**Distribution**: [Select Option]

---

**Office Use Only**

**Ref No.**: [Enter Reference Number]

**Date Received**: [Enter Date]

**Office Use Only**: [Enter Information]

---

**MISMO DEPARTMENT OF NATURAL RESOURCES**

**Division of Geology and Land Survey**

**REGISTRATION RECORD**

---

**Secretary of State**

(11/30/01) MATT BLUNT
HEAT PUMP INSTALLATION CONTRACTOR APPLICATION

Application must be fully completed in ink or typed.

APPLICANT NAME (LAST, FIRST, MIDDLE):

BUSINESS NAME:

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

COUNTRIES 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

MATT BLUNT (11/30/01)
Secretary of State

CODE OF STATE REGULATIONS
## PUMP INSTALLATION CONTRACTOR APPLICATION

Application must be fully completed in ink or typed.

<table>
<thead>
<tr>
<th>FIELD</th>
<th>INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICANT NAME (LAST, FIRST, MIDDLE)</td>
<td></td>
</tr>
<tr>
<td>BUSINESS NAME</td>
<td></td>
</tr>
<tr>
<td>BUSINESS ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td></td>
</tr>
<tr>
<td>ZIP</td>
<td></td>
</tr>
<tr>
<td>BUSINESS TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td></td>
</tr>
<tr>
<td>ZIP</td>
<td></td>
</tr>
<tr>
<td>HOME TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>YEAR OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
<td></td>
</tr>
<tr>
<td>TOTAL NUMBER OF HOURS WORKED IN PUMP INSTALLATION</td>
<td></td>
</tr>
<tr>
<td>Nearest relative - not living with you:</td>
<td>NAME</td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td></td>
</tr>
<tr>
<td>ZIP</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>COUNTIES WITHIN WHICH THE FIRM OPERATES</td>
<td></td>
</tr>
</tbody>
</table>

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

Application must be fully completed in ink or typed.

APPLICANT NAME (LAST, FIRST, MIDDLE) ________

TITLE ________

OWNER □ EMPLOYEE □ 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 ________

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

MATT BLUNT (11/30/01)
Secretary of State

CODE OF STATE REGULATIONS 10 CSR 23-6

DO NOT FILL IN

PERMIT NUMBER ________

RESTRICTIONS □

□ Probationary

CHECK NO. ________

□ Not valid for operating □ Commercial Pump

□ Unconsolidated □ Non-Commercial Pump

TEST SCORE ________

DATE RECEIVED MO. ________ DAY ________ YR. ________ DATE ISSUED MO. ________ DAY ________ YR. ________
# WELL OWNER INFORMATION

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE)</th>
<th>ADDRESS</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PUBLIC WATER SUPPLY INFORMATION

<table>
<thead>
<tr>
<th>CONTACT PERSON</th>
<th>PERMIT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF DISTRICT OR WELL</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## WELL INFORMATION

### LOCATION:

<table>
<thead>
<tr>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| __________ | __________ | __________ | __________ | __________ | __________ |
|-----------|-----------|-----------|-----------|-----------|
| N.        | S.        | W.        | E.        |           |

<table>
<thead>
<tr>
<th>LOCATION:</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CONSTRUCTION

<table>
<thead>
<tr>
<th>TOTAL DEPTH</th>
<th>CASING DEPTH</th>
<th>DATE DRILLED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This part of the form must be completed by well owner:

I hereby certify that:

- [ ] Existing wells will remain in use and will be properly plugged when no longer used.
- [ ] All known abandoned wells on property have been plugged.
- [ ] There are no abandoned wells on property.
- [ ] Any abandoned wells will be plugged within 90 days.

The owner must notify the division 10 days prior to plugging so that a representative may make the required inspection.

Owner Signature ____________________________ Date __________
Application must be fully completed in ink or typed.

<table>
<thead>
<tr>
<th>APPLICANT NAME (LAST FIRST MIDDLE)</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>BUSINESS TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(       )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>HOME TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(       )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF HOURS WORKED IN MONITORING WELL INSTALLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nearest relative - not living with you:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>--</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATE</th>
<th>ZIP</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTRIES WITHIN WHICH THE FIRM OPERATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEST HOLE CONTRACTOR</th>
<th>DRILLING OR CORING IN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EXPLORATION FOR MINERALS OR GEOLOGIC DATA ONLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF HOURS WORKED IN TEST HOLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>APPLICANT SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REPRESENTATIVE OF FIRM</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAIL COMPLETED APPLICATION AND $75.00 PERMIT FEE TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MISSOURI WELL DRILLERS FUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. BOX 250</td>
</tr>
<tr>
<td>ROLLA, MO 65401</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MO 760-1126 (11-93)</th>
</tr>
</thead>
</table>
### 10 CSR 23-6—NATURAL RESOURCES

**Division 23—Division of Geology and Land Survey**

---

**CASING DEPTH REQUEST**

**WELL OWNER INFORMATION**

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

**CONTRACTOR/ENGINEER INFORMATION**

<table>
<thead>
<tr>
<th>CONTACT PERSON</th>
<th>PERMIT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF BUSINESS</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

**WELL INFORMATION**

<table>
<thead>
<tr>
<th>Location:</th>
<th>COUNTY</th>
<th>ELEVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section...</td>
<td>Township...</td>
<td>Range...</td>
</tr>
</tbody>
</table>

**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

**NUMBER OF SERVICE CONNECTIONS**

- Used Year-Round
  - Yes
  - No

**NUMBER OF PEOPLE SERVED YEAR-ROUND**

**DESERED 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**

---

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>RECEIVED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE PROCESSED</td>
<td>PROCESSED BY</td>
</tr>
<tr>
<td>DATE LETTER SENT</td>
<td></td>
</tr>
</tbody>
</table>

---

**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) 580-2165

---

**10 CSR 23-6—NATURAL RESOURCES**

---

**CODE OF STATE REGULATIONS**

(11/30/01) MATT BLUNT

Secretary of State
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.