



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 MISSOURI GEOLOGICAL SURVEY
**INJECTION POINT WATER TRACE
 INFORMATION SHEET**

FOR OFFICE USE ONLY
INJECTION POINT NUMBER

INJECTION POINT LOCATION

INJECTION POINT DESCRIPTION						COUNTY	
¼ ¼ SECTION	¼ ¼ SECTION	¼ SECTION	SECTION	TOWNSHIP	RANGE	QUADRANGLE NAME	
				NORTH	<input type="checkbox"/> EAST <input type="checkbox"/> WEST		
COORDINATE OR WRITTEN LOCATION IF LEGAL DESCRIPTION IS UNAVAILABLE (USE COMMENTS AREA IF NECESSARY)				PURPOSE OF TRACE		ELEVATION IN FEET	
LATITUDE:		LONGITUDE:					
TYPE OF INJECTION POINT							
<input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> WELL <input type="checkbox"/> LAKE/POND <input type="checkbox"/> SINKHOLE <input type="checkbox"/> SEWER <input type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> OTHER _____							
PROPERTY OWNER'S NAME						TELEPHONE	
OWNER'S ADDRESS				CITY		STATE	ZIP CODE

REGISTRANT'S INFORMATION

REGISTRANT'S NAME AND COMPANY						TELEPHONE	
REGISTRANT'S ADDRESS				CITY		STATE	ZIP CODE

INJECTION INFORMATION

	PROPOSED	ACTUAL	
INJECTION DATE _____	<input type="checkbox"/>	<input type="checkbox"/>	INJECTION TIME: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TRACER INJECTED _____	<input type="checkbox"/>	<input type="checkbox"/>	
TRACER AMOUNT _____	<input type="checkbox"/>	<input type="checkbox"/>	NUMBER OF MONITORING POINTS: _____

FLOW CONDITIONS AT INJECTION

SKETCH OR MAP MUST BE SUBMITTED WITH REQUEST!
 A SKETCH MAP OR PHOTOCOPY OF TOPOGRAPHIC MAP MUST SHOW THE FOLLOWING: INJECTION POINT, MONITORING POINTS, ALL KNOWN SPRINGS, SINKHOLES, CAVES, MINES AND ROADS. INCLUDE A SCALE AND NORTH ARROW ON THE SKETCH MAP.

COMMENTS

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

EMAIL ADDRESS (OPTIONAL)

REGISTRANT'S SIGNATURE	MISSOURI WATER TRACER REGISTRATION NUMBER	DATE
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