



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**REQUEST FOR PRELIMINARY INVESTIGATION OF  
 PROPOSED SOLID-WASTE DISPOSAL SITE**

FOR OFFICE USE ONLY
PROJECT NUMBER

**FACILITY OR PROJECT LOCATION**

FACILITY OR PROJECT NAME

¼ ¼ SECTION	¼ ¼ SECTION	¼ SECTION	SECTION	TOWNSHIP	RANGE	QUADRANGLE NAME
				NORTH	<input type="checkbox"/> EAST <input type="checkbox"/> WEST	

WRITTEN LOCATION IF LEGAL DESCRIPTION IS UNAVAILABLE

COUNTY

**OWNER INFORMATION**

PROPERTY OWNER'S NAME

TELEPHONE NUMBER WITH AREA CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (PLEASE PROVIDE AN EMAIL ADDRESS IF YOU WISH TO RECEIVE ELECTRONIC DELIVERY OF EVALUATION REPORT)

**EVALUATION REQUESTED BY**

NAME AND COMPANY OF REQUESTOR

TELEPHONE NUMBER WITH AREA CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (PLEASE PROVIDE AN EMAIL ADDRESS IF YOU WISH TO RECEIVE ELECTRONIC DELIVERY OF EVALUATION REPORT)

**FACILITY INFORMATION**

TYPE OF DISPOSAL AREA PROPOSED

SANITARY LANDFILL                       DEMOLITION LANDFILL

UTILITY WASTE LANDFILL               SPECIAL WASTE LANDFILL\*

\* A SPECIAL WASTE IS DEFINED IN 10 CSR 80-2.010 (108). PLEASE SPECIFY TYPE OF SPECIAL WASTE:

SIZE OF PROPOSED DISPOSAL AREA IN ACRES

ELEVATION OF THE SUB-BASE GRADE IN FEET ABOVE MEAN SEA LEVEL  
 (IF SLOPING OR IRREGULAR, PLEASE EXPLAIN IN COMMENTS AREA BELOW)

**SKETCH OR MAP MUST BE SUBMITTED WITH REQUEST!**

A SKETCH OR TOPOGRAPHIC MAP MUST SHOW THE FOLLOWING: ALL KNOWN WELLS, SPRINGS, SINKHOLES, CAVES, MINES, ROADS AND DWELLINGS WITHIN ¼ MILE OF THE FACILITY. SHOW THE BOUNDARIES OF THE PROPOSED AND ANY EXISTING DISPOSAL AREAS AND ANY EXISTING BORINGS, TEST PITS OR EXCAVATIONS THAT EXPOSE SOIL OR BEDROCK. INCLUDE A SCALE AND NORTH ARROW ON THE MAP.

COMMENTS

REQUESTOR'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE (INDICATES PERMISSION TO ACCESS PROPERTY)

DATE