



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

WATER TRACE-INJECTION LOCATION

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 WITH AREA CODE	
OWNER'S MAILING ADDRESS				CITY	STATE	ZIP CODE

REGISTRANT'S INFORMATION

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

INJECTION INFORMATION

INJECTION DATE _____	PROPOSED <input type="checkbox"/>	ACTUAL <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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