



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**CLASS V WELL INVENTORY FORM**

<b>FOR OFFICE USE ONLY</b>
INVENTORY NUMBER

**WELL OWNER INFORMATION (\*REQUIRED)**

*NAME (COMPANY NAME IF APPLICABLE)		EMAIL ADDRESS	
*MAILING ADDRESS	*CITY	*STATE	*ZIP CODE
*COUNTY	*TELEPHONE NUMBER WITH AREA CODE	CELLPHONE WITH AREA CODE	FAX NUMBER WITH AREA CODE

**CONTACT INFORMATION (\*REQUIRED)**

*FIRST NAME	*LAST NAME	TELEPHONE NUMBER WITH AREA CODE	CELLPHONE WITH AREA CODE
*MAILING ADDRESS		*CITY	*STATE      *ZIP CODE
*COUNTY	EMAIL ADDRESS	FAX NUMBER WITH AREA CODE	

**FACILITY INFORMATION (\*REQUIRED)**

*FACILITY NAME	*FACILITY OPERATOR CONTACT NAME (IF DIFFERENT FROM COMPANY CONTACT)		
STREET ADDRESS	CITY	STATE	ZIP CODE
COUNTY	SIC CODE	NAICS CODE	

**PERMIT INFORMATION (\*REQUIRED)**

*OWNERSHIP TYPE <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other	PERMIT NUMBER
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**WELL INFORMATION (\*REQUIRED)**

*COUNTY	*STATUS DATE (AN UPDATED FORM MUST BE SUBMITTED WHEN STATUS CHANGES)	*WELL STATUS <input type="checkbox"/> Active <input type="checkbox"/> Abandoned <input type="checkbox"/> Incomplete <input type="checkbox"/> Plugged <input type="checkbox"/> Temporarily abandoned <input type="checkbox"/> Under construction
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*WELL TYPE <input type="checkbox"/> Abandoned water well (accepting fluids) <input type="checkbox"/> Aquifer recharge well <input type="checkbox"/> Aquifer remediation well <input type="checkbox"/> Automobile service station disposal well <input type="checkbox"/> Ground source heat pump (return only) <input type="checkbox"/> Improved sinkhole <input type="checkbox"/> Industrial drainage well <input type="checkbox"/> Mine backfill <input type="checkbox"/> Septic tank with lateral field that has potential to be used by more than 20 people per day <input type="checkbox"/> Other _____	WELL ID NUMBER
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WELL LOCATION Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "	ELEVATION	TOTAL DEPTH (VERTICAL WELLS ONLY)
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PUBLIC LAND SURVEY SYSTEM LOCATION OR LAND GRANT NUMBER _____ ¼ ¼ ¼ ¼    _____ ¼ ¼ ¼    _____ ¼ ¼    _____ ¼ Sec _____ Twp _____ N Rng _____ <input type="checkbox"/> E <input type="checkbox"/> W    Land Grant # _____	METHOD OF DETERMINING LOCATION	GPS ACCURACY
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7.5 MINUTE QUADRANGLE	Attach map of well location. Attach table of wells and well information if multiple wells are present at the facility. For assistance in determining locations: <a href="http://dnr.mo.gov/gisutils">dnr.mo.gov/gisutils</a>
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ADDITIONAL COMMENTS
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