



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	
*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
WELL LOCATION Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "		ELEVATION	TOTAL DEPTH (VERTICAL WELLS ONLY)
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
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>	
ADDITIONAL COMMENTS			