



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 MISSOURI GEOLOGICAL SURVEY
**REQUEST FOR GEOHYDROLOGIC EVALUATION OF
 LIQUID-WASTE TREATMENT FACILITY/SITE**

FOR OFFICE USE ONLY
 PROJECT ID NUMBER

FACILITY OR PROJECT LOCATION

FACILITY OR PROJECT NAME					PREVIOUS NAME OF FACILITY (IF APPLICABLE)		
¼ ¼ SECTION	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 (USE COMMENTS AREA IF NECESSARY)							
COUNTY			COORDINATE LOCATION				
			LATITUDE:			LONGITUDE:	

OWNER INFORMATION

PROPERTY OWNER'S NAME				TELEPHONE			
ADDRESS			CITY		STATE	ZIP CODE	
EMAIL ADDRESS (PLEASE PROVIDE AN EMAIL ADDRESS IF YOU WISH TO RECEIVE ELECTRONIC DELIVERY OF EVALUATION REQUEST)							
FACILITY ADDRESS (IF DIFFERENT FROM OWNER'S)			CITY		STATE	ZIP CODE	

EVALUATION REQUESTED BY

NAME AND COMPANY OF REQUESTOR				TELEPHONE			
ADDRESS			CITY		STATE	ZIP CODE	
EMAIL ADDRESS (PLEASE PROVIDE AN EMAIL ADDRESS IF YOU WISH TO RECEIVE ELECTRONIC DELIVERY OF EVALUATION REQUEST)							

FACILITY INFORMATION

TYPE OF FACILITY <input type="checkbox"/> LAGOON <input type="checkbox"/> STORAGE BASIN <input type="checkbox"/> RECIRCULATING FILTER BED <input type="checkbox"/> LAND APPLICATION <input type="checkbox"/> MECHANICAL TREATMENT PLANT <input type="checkbox"/> SUBSURFACE SOIL ABSORPTION SYSTEM <input type="checkbox"/> OTHER _____		LAGOON/STORAGE BASIN LINER CONSTRUCTION MATERIALS <input type="checkbox"/> EXISTING SOILS <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER _____		DISCHARGE <input type="checkbox"/> FACILITIES WILL DISCHARGE TO WATERS OF THE STATE <input type="checkbox"/> WILL NOT DISCHARGE (NO-DISCHARGE SYSTEM)		TYPE OF WASTE <input type="checkbox"/> HUMAN <input type="checkbox"/> ANIMAL <input type="checkbox"/> LEACHATE <input type="checkbox"/> PROCESS/INDUSTRIAL <input type="checkbox"/> OTHER _____	
NUMBER OF ACRES TO BE LAND APPLIED (IF APPLICABLE)	NUMBER OF ACRES FOR SUBSURFACE SOIL ABSORPTION AREA	WILL OWNER APPLY FOR STATE REVOLVING FUNDS?	IF YES, WILL AN NPDES PERMIT BE REQUIRED				
_____ ACRES	_____ ACRES	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE	<input type="checkbox"/> YES (POINT SOURCE) <input type="checkbox"/> NO (NON-POINT SOURCE)				

THIS PORTION APPLIES TO LAGOONS AND STORAGE BASINS ONLY

_____ EXISTING	TOTAL ESTIMATED SIZE OF STORAGE BASIN/LAGOON	MAXIMUM OPERATING DEPTH OF LIQUIDS	MAXIMUM DEPTH OF PROPOSED EXCAVATION IN FEET
_____ PROPOSED	<input type="checkbox"/> <= 1 ACRE <input type="checkbox"/> > 1 ACRE AND <= 2 ACRES <input type="checkbox"/> > 2 ACRES AND <= 3 ACRES <input type="checkbox"/> > 3 ACRES AND <= 4 ACRES <input type="checkbox"/> > 4 ACRES	<input type="checkbox"/> <= 5 FEET <input type="checkbox"/> > 5 FEET AND <= 10 FEET <input type="checkbox"/> > 10 FEET AND <= 15 FEET <input type="checkbox"/> > 15 FEET AND <= 20 FEET <input type="checkbox"/> > 20 FEET	
_____ UNDER CONSTRUCTION			WILL FACILITY BE PART OF A CLASS 1A CONFINED ANIMAL FEEDING OPERATION <input type="checkbox"/> YES <input type="checkbox"/> NO

SKETCH OR MAP MUST BE SUBMITTED WITH REQUEST!
 ATTACH SKETCH OR A TOPOGRAPHIC MAP SHOWING ALL KNOWN WELLS, SPRINGS, SINKHOLES, CAVES AND MINES WITHIN ½ MILE OF THE FACILITY. SHOW LOCATIONS OF EXISTING TEST BORINGS, TEST PITS OR EXCAVATIONS THAT EXPOSE SOIL, IF BACKHOE OR OTHER EXPLORATION HAS BEEN DONE – SEND COPY OF RESULTS OR, IF PLANNED, LET US KNOW DATE. SHOW THE PROPOSED LOCATION OF THE FACILITY, LAND APPLICATION AREAS, SUBSURFACE SOIL ABSORPTION AREA, AND DISCHARGE POINT (IF APPLICABLE). PLEASE SHOW NORTH ARROW ON MAP OR SKETCH.

COMMENTS

REQUESTOR'S SIGNATURE

PROPERTY OWNER'S SIGNATURE (INDICATES PERMISSION TO ACCESS PROPERTY FOR EVALUATION) _____ DATE _____