FOR OFFICE USE ONLY	
INJECTION POINT #	DATE RECEIVED
CHECKED BY	DATE
PLOTTED BY	DATE

MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY AND RESOURCE ASSESSMENT DIVISION
GEOLOGICAL SURVEY PROGRAM

WATER TRACE INFORMATION SHEET
INJECTION POINT

INJECTION POINT LOCATION

INJECTION POINT DESCRIPTION	COUNTY

¼ ¼ ¼ SECTION	¼ ¼ SECTION	¼ SECTION	SECTION	TOWNSHIP	RANGE	QUADRANGLE NAME
				N.	E/W	

WRITTEN LOCATION IF LEGAL DESCRIPTION IS UNAVAILABLE	PURPOSE OF TRACE	ELEVATION IN FEET

TYPE OF INJECTION POINT

☐ SEPTIC TANK ☐ WELL ☐ LAKE/POND ☐ SINKHOLE ☐ SEWER ☐ LAGOON ☐ STREAM ☐ OTHER _____

PROPERTY OWNER'S NAME	TELEPHONE

ADDRESS	CITY	STATE	ZIP CODE

REGISTRANT'S INFORMATION

REGISTRANT'S NAME AND COMPANY	TELEPHONE

REGISTRANT'S ADDRESS	CITY	STATE	ZIP CODE

INJECTION INFORMATION

	PROPOSED	ACTUAL		
INJECTION DATE _____	☐	☐	INJECTION TIME _____ A.M./P.M.	
TRACER INJECTED _____	☐	☐	NUMBER OF MONITORING POINTS _____	
TRACER AMOUNT _____	☐	☐		

FLOW CONDITIONS AT INJECTION

PLEASE INCLUDE A SKETCH MAP WITH THIS FORM!

A sketch map or photocopy of topographic map should contain 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

REGISTRANT'S SIGNATURE	REGISTRATION NUMBER	DATE

MO 780-1693 (4-03)

MAIL COMPLETED COPY TO: **DEPARTMENT OF NATURAL RESOURCES, ENVIRONMENTAL GEOLOGY SECTION, P.O. BOX 250, ROLLA, MO 65402-0250**
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