Gene, PYT + to file.

| | |
|---|---|
| 5-15-01 | 9:30-11:15 - Try to trace line at 411 N. Sherman with snake in line. |
| | 12:20-3:00 - TV N19SE 43-44 - 24" main look for water and dye from 411 N. Sherman. |
| 5-16-01 | 10:30-1:30 - TV N19SE029-042. 24" main. Check for dye and water from 411 N. Sherman. |
| 5-17-01 | 11:30-12:00 - Check MH in Clay St. for dye from 411 N. Sherman. |
| | 12:30 - Start to use mini-cam to trace line. Called off for plumber call. |
| 5-23-01 | 11:50-1:00 - Pushed mini-cam from stool down stairs to north side of building, hit 90 degree ell, camera would not go any farther. Marked for a locate at that point and left. |
| 4-16-02 | Call from Wayne about 411 N. Sherman. I explained where we left off. Went later that day to re-mark for locate. |
| 4-24-02 | Leon Burrell - 411 N. Sherman |
| 4-25-02 | Mike Burrell called to 411 N. Sherman. Try to trace line. called Bob Riley to help trace line. Located line on north side of building with backhoe. |
| 4-26-02 | Mike Burrell - 411 N. Sherman |

411 N. Sherman

5-15-01 9:30 - 11:15 TRACE LIN
5-16-01

5-15-01 9:30 - 11:15 - TRY TO TRACE LINE 411 N. SHERMA
WITH SNAKE IN LINE.

12:20 - 300 - T.V. N19 SE 43.44 - 24" MAIN LOOK FOR WATE
AND DYE FROM 411 N. SHERMAN.

5-16-01 10:30 - 1.30 T.V. N19SE029-042 24" MAIN. CHECK
FOR DYE & WATER FROM 411 N. SHERMAN.

5-17.01 11:30 - 1200 CHECK MH. IN CLAY ST. FOR
DYE FROM 411 N. SHERMAN.

12:30 START TO USE MINI-CAM. TO TRACE LINE.
CALLED OFF FOR PLUMBER CALL.

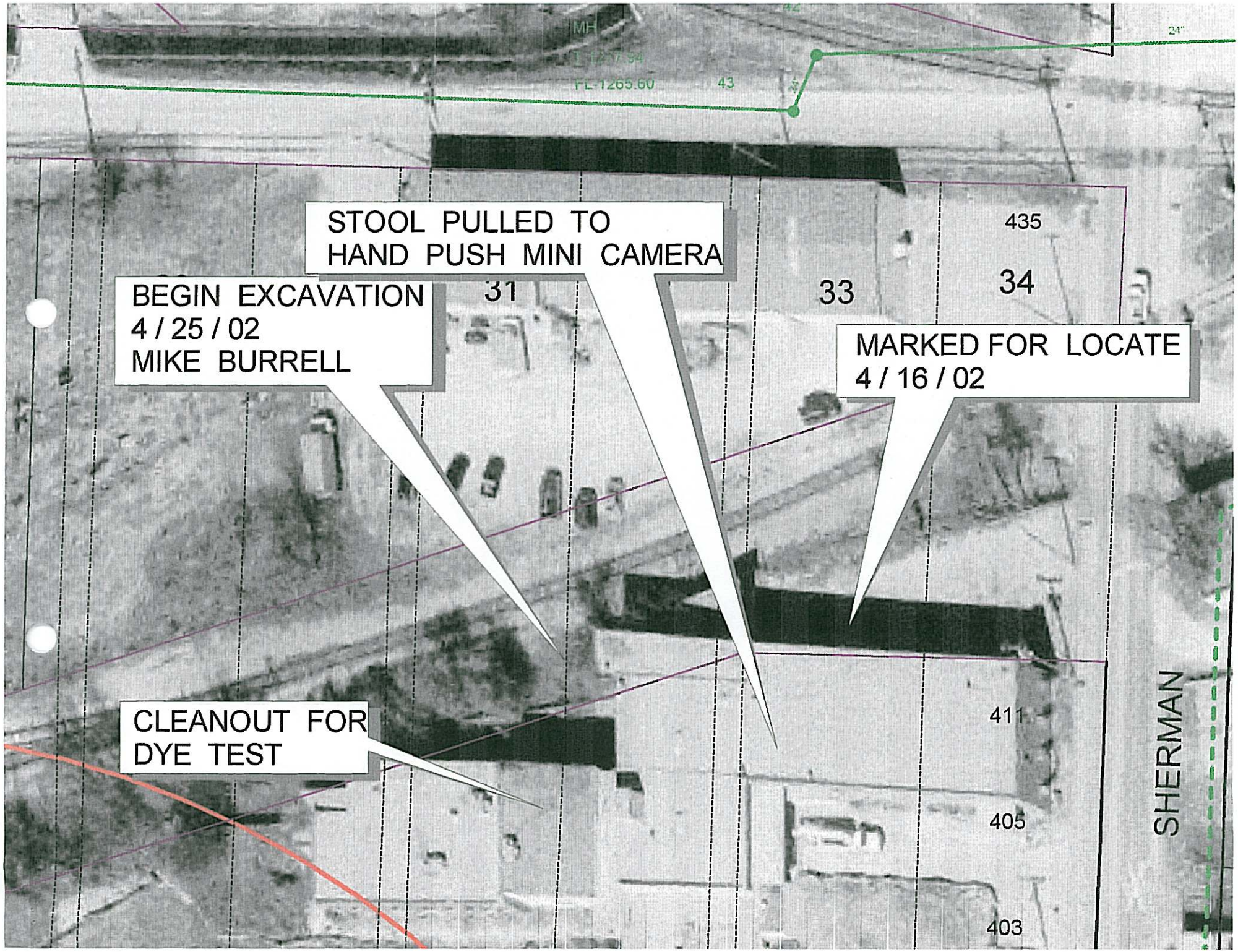
5-23-01 - 11:50 - 1:00 PUSHED MINI-CAM FROM
STOOL DOWN STAIRS TO NORTH SIDE OF BUILDING
HIT 90° ELL, CAMERA WOULD NOT GO ANY FARTHER.
MARKED FOR A LOCATE AT THAT POINT AND LEFT.

4-16-02 - CALL FROM WAYNE ABOUT 411 N. SHERMA
I EXPLAINED WHERE WE LEFT OFF. WENT LATER
THAT DAY TO RE-MARK FOR LOCATE.

4-24-02 - LEON BURRELL - 411 N. SHERMAN

4-25-02 - MIKE BURRELL CALLED TO 411 N. SHERMAN TRY TO TRACE LINE, CALLED BOB RILEY TO HELP TRACE LINE. LOCATED LINE ON NORTH SIDE OF BUILDING WITH BACKHOE.

4-26-02 - MIKE BURRELL - 411 N. SHERMAN.


STOOL PULLED TO
HAND PUSH MINI CAMERA
BEGIN EXCAVATION
4 / 25 / 02
MIKE BURRELL
MARKED FOR LOCATE
4 / 16 / 02
CLEANOUT FOR
DYE TEST
435
34
33
31
411
405
403
SHERMAN
MH
FL-1265.60
43
24"

# Public Works Department

Surveillance Enforcement and Billing
Sewer Maintenance
1216 W. Nichols
Springfield, MO 65802

Phone: 417/864-1923
Fax: 417/864-1918

CITY of SPRINGFIELD

Date: 4-26-02 Fax #: 1-~~314~~ 573-368-2111

To: MDNR / DGLS

From: Gene Pabst

Message: Water Tracing Information

Pages to follow: 3

Faxed 4-26-02 10:15 A.M.
AP.

# INJECTION POINT

**WATER TRACING INFORMATION SHEET**

Missouri Department of Natural Resources Division of Geology and Land Survey
P.O. Box 250, Rolla, MO 65401 (314)368-2133 FAX: (314)368-2111

**FOR OFFICE USE ONLY**
Injection Point No. _____
Date Received _____
Checked by _____ Date _____
Plotted by _____ Date _____

Registrant's Name City of Springfield Registrant's Phone Number 417-864-1923

Registrant's Company, Agency or Organization Name and Address Waste Water Operations
1216 W. Nichols

City Springfield State MO Zip Code 65802

THE INFORMATION BELOW PERTAINS TO THE INJECTION POINT

Injection Point Description 411 N. Sherman - Building Sanitary Sewer.

☐ Septic Tank ☐ Well ☐ Lake/Pond ☐ Sinkhole ☒ Sewer ☐ Lagoon ☐ Stream ☐ Other: Clean Out

Please enclose a copy of a map with injection point indicated. Describe legal location to nearest 1/4, 1/4, 1/4 section.

Legal Location ____, ____, SE 1/4, Sec. 13, T. 29, R. 22 Quad Name _____

(Additional Location Information) _____

County Greene Latitude/Longitude _____ Elevation _____

Property Owner's Name City of Springfield Property Owner's Phone Number 417-864-1923

Property Owner's Address 1216 W. Nichols, Springfield, MO 65802

Access Description Dye was placed in building Clean Out.

Purpose for Trace Checking to see if building is connected to the sanitary sewer.

Circle One

Injection Date 4-25-02 (Proposed or Actual) Injection Time 8:55 A.M. & 9:30 A.

Tracer Injected Fluorescein (Proposed or Actual)

Tracer Amount 2 gal. (Proposed or Actual) Number of Monitoring Points (Attach Map) 1

Flow Conditions at Injection _____

Remarks City of Springfield recently acquired this building And we were trying to determine if the building was connected to the sanitary sewer.

I hereby certify that the above information is accurate and complete to the best of my knowledge.

Registrant's Signature Eugene D. Palst Date 4-26-02

Registration # _____

411 N. Sherman

# MONITORING POINT

**WATER TRACING INFORMATION SHEET**

Missouri Department of Natural Resources Division of Geology and Land Survey
P.O. Box 250, Rolla, MO 65401 (314)368-2133 FAX: (314)368-2111

**FOR OFFICE USE ONLY**
Monitoring Point No. _____
Date Received _____
Checked by _____ Date _____
Plotted by _____ Date _____

THE INFORMATION BELOW PERTAINS TO THE MONITORING POINT

Monitoring Point Description Sanitary Sewer below 411 N. Sherman -

☐ Spring ☐ Well ☐ Stream ☒ Other: Sanitary Sewer Monitoring Point Number (Optional) _____

Please enclose a copy of a map with all monitoring points indicated. Describe legal location to nearest 1/4, 1/4, 1/4 section.

Legal Location _____, _____, SE 1/4, Sec. 13, T. 29, R. 22, Quad Name _____

(Additional Location Information) _____

County Greene Latitude/Longitude _____ Elevation _____

Property Owner's Name City of Springfield Property Owner's Phone Number 417-864-1923

Property Owner's Address 1216 W. Nichols, Springfield MO 65802

Access Description _____

Background Flow Conditions _____

Describe Background Data and Monitoring Data Below (Attach Documentation if Available)

| Sample(r) No. | Sample(r) Placement Date | Sample(r) Placement Time | Sample(r) Recovery Date | Sample(r) Recovery Time | Samp. Meth. * | Analy. Meth. ** | Tracer(s) Analyzed (Check All That Apply) *** F | R | $O_1$ | $O_2$ | Tracer(s) Recovered (Check All That Apply) *** F | R | $O_1$ | $O_2$ | Amount Recovered Units _____ *** F | R | $O_1$ | $O_2$ | Remarks / Flow Conditions **** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sanitary Sewer | 4/25/02 | 8:55 AM | No Recovery | | | | X | | | | | | | | | | | | No Dye Observed |
| | 4/25/02 | 9:30 AM | No Recovery | | | | X | | | | | | | | | | | | |

* P=Carbon Packet, C=Cotton, W=Water, O=Other _____

** S=Spectrofluoromoter, F=Fluorometer, V=Visual, O=Other _____

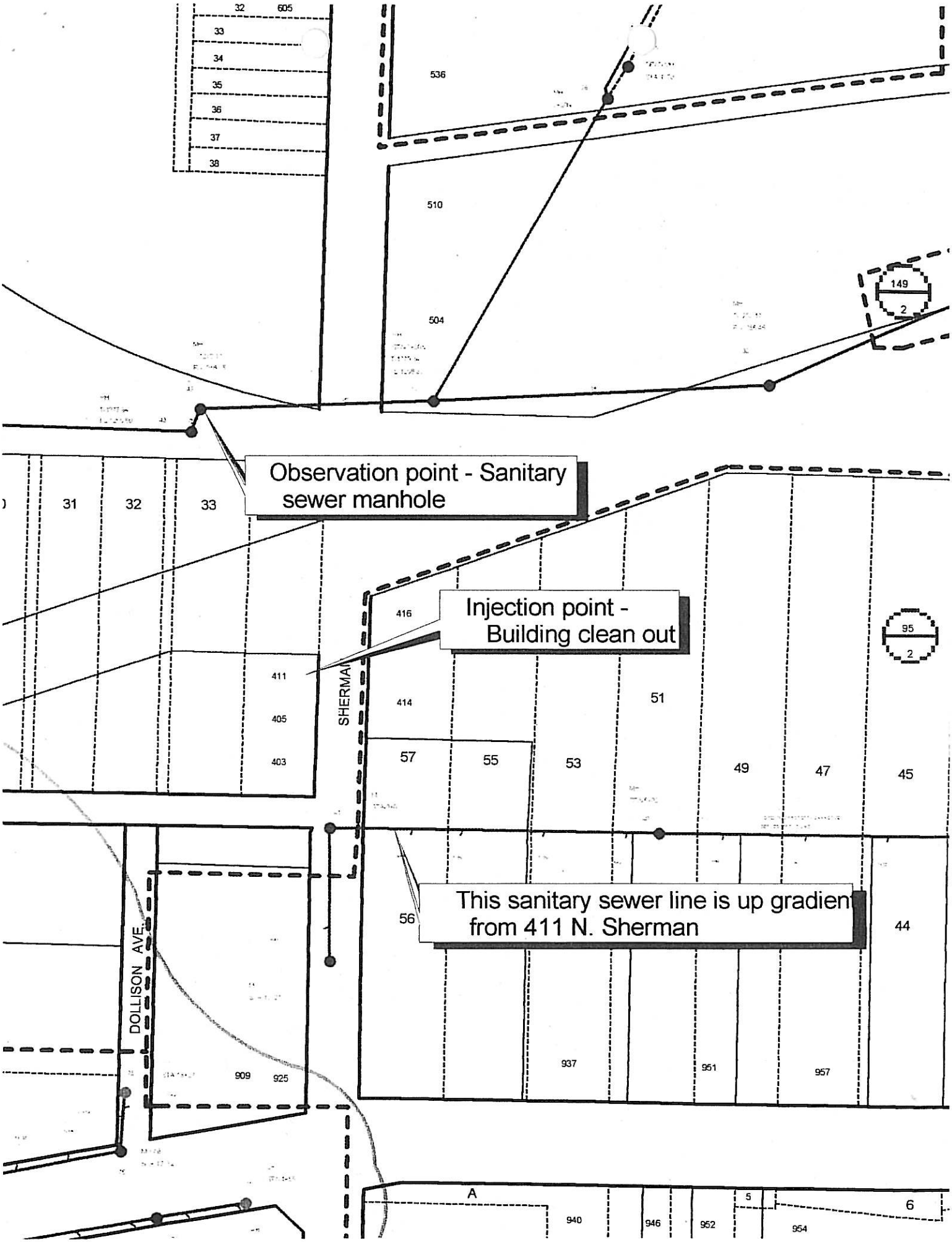
*** F=Fluorescein, R=Rhodamine, $O_1$=Other _____, $O_2$=Other _____

**** D=Dry, P=Pool, L=Low Flow, H=High Flow

I hereby certify that the above information is accurate and complete to the best of my knowledge.

Registrant's Signature Eugene D. Pabst Date 4-26-02

Registrant's Name (please type or print) City of Springfield Registration # _____


Observation point - Sanitary sewer manhole
Injection point - Building clean out
This sanitary sewer line is up gradient from 411 N. Sherman
SHERMAN
DOLLISON AVE.
32
605
33
34
35
36
37
38
536
510
504
149
2
31
32
33
416
411
405
403
414
51
95
2
57
55
53
49
47
45
56
44
909
925
937
951
957
A
940
946
952
5
6
954

# INJECTION POINT

**WATER TRACING INFORMATION SHEET**

**Missouri Department of Natural Resources Division of Geology and Land Survey**
**P.O. Box 250, Rolla, MO 65401 (314)368-2133 FAX: (314)368-2111**

**FOR OFFICE USE ONLY**
Injection Point No. _____
Date Received _____
Checked by _____ Date _____
Plotted by _____ Date _____

Registrant's Name City of Springfield 573 Registrant's Phone Number 417-864-1923

Registrant's Company, Agency or Organization Name and Address WasteWater Operations
1216 W. Nichols

City Springfield State MO Zip Code 65802

THE INFORMATION BELOW PERTAINS TO THE INJECTION POINT

Injection Point Description 411 N. Sherman - Building Sanitary Sewer.

☐ Septic Tank ☐ Well ☐ Lake/Pond ☐ Sinkhole ☒ Sewer ☐ Lagoon ☐ Stream ☐ Other: Clean Out

Please enclose a copy of a map with injection point indicated. Describe legal location to nearest 1/4, 1/4, 1/4 section.

Legal Location ____, ____, SE 1/4, Sec. 13, T. 29, R. 22 Quad Name _____

(Additional Location Information) _____

County Greene Latitude/Longitude _____ Elevation _____

Property Owner's Name City of Springfield Property Owner's Phone Number 417-864-1923

Property Owner's Address 1216 W. Nichols Springfield MO 65802

Access Description Dye was placed in building Clean Out.

Purpose for Trace Checking to see if building is connected to the sanitary sewer.

Circle One

Injection Date 4-25-02 (Proposed or Actual) Injection Time 8:55 A.M. & 9:30 A.M.

Tracer Injected Fluorescein (Proposed or Actual)

Tracer Amount 2 gal. (Proposed or Actual) Number of Monitoring Points (Attach Map) 1

Flow Conditions at Injection _____

Remarks City of Springfield recently acquired this building and we were trying to determine if the building was connected to the sanitary sewer.

I hereby certify that the above information is accurate and complete to the best of my knowledge.

Registrant's Signature Eugene D. Palst Date 4-26-02

Registration # _____

# MONITORING POINT

**WATER TRACING INFORMATION SHEET**

Missouri Department of Natural Resources Division of Geology and Land Survey
P.O. Box 250, Rolla, MO 65401 (314)368-2133 FAX: (314)368-2111

**FOR OFFICE USE ONLY**
Monitoring Point No. _____
Date Received _____
Checked by _____ Date _____
Plotted by _____ Date _____

THE INFORMATION BELOW PERTAINS TO THE MONITORING POINT

Monitoring Point Description Sanitary Sewer below 411 N. Sherman -

☐ Spring ☐ Well ☐ Stream ☒ Other: Sanitary Sewer Monitoring Point Number (Optional) _____

Please enclose a copy of a map with all monitoring points indicated. Describe legal location to nearest 1/4, 1/4, 1/4 section.

Legal Location _____, _____, SE 1/4, Sec. 13, T. 29, R. 22, Quad Name _____

(Additional Location Information) _____

County Greene Latitude/Longitude _____ Elevation _____

Property Owner's Name City of Springfield Property Owner's Phone Number 417-864-1923

Property Owner's Address 1210 W. Nichols, Springfield MO 65802

Access Description _____

Background Flow Conditions _____

Describe Background Data and Monitoring Data Below (Attach Documentation if Available)

| Sample(r) No. | Sample(r) Placement Date | Sample(r) Placement Time | Sample(r) Recovery Date | Sample(r) Recovery Time | Samp. Meth. * | Analy. Meth. ** | Tracer(s) Analyzed (Check All That Apply) *** F | R | $O_1$ | $O_2$ | Tracer(s) Recovered (Check All That Apply) *** F | R | $O_1$ | $O_2$ | Amount Recovered Units ____ *** F | R | $O_1$ | $O_2$ | Remarks / Flow Conditions **** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sanitary Sewer | 4/25/02 | 8:55 A.M. | No | Recovery | | | X | | | | | | | | | | | | No Dye Observed |
| | 4/25/02 | 9:30 A.M. | No | Recovery | | | X | | | | | | | | | | | | |

* P=Carbon Packet, C=Cotton, W=Water, O=Other _____

** S=Spectrofluoromoter, F=Fluorometer, V=Visual, O=Other _____

*** F=Fluorescein, R=Rhodamine, $O_1$=Other _____, $O_2$=Other _____

**** D=Dry, P=Pool, L=Low Flow, H=High Flow

I hereby certify that the above information is accurate and complete to the best of my knowledge.

Registrant's Signature Eugene D. Pabst Date 4-26-02

Registrant's Name (please type or print) City of Springfield Registration # _____

Observation point - Sanitary sewer manhole
Injection point - Building clean out
This sanitary sewer line is up gradient from 411 N. Sherman
SHERMAN
DOLLISON AVE.
411
405
403
416
414
57
55
53
51
49
47
45
44
56
937
951
957
909
925
940
946
952
954
A
5
6
149
2
95
2
536
510
504
605
32
33
34
35
36
37
38
31
32
33