

CAVE REPORT

MSS ACCESSION NUMBER _____

SUBMIT COMPLETED FORM TO:

Scott House scott_house@hotmail.com and copy
Jon Beard mokanman@att.net

PRIMARY NAME

COUNTY _____ QUADRANGLE _____

LOCATION ___ ¼ of the ___ ¼ of the ___ ¼ of the ___ ¼ of the ___ 1/4 of Sec. ____, T. _____, R. _____

NORTH LATITUDE ____° ____' ____" WEST LONGITUDE ____° ____' ____"

UTM GRID: _____ Meters North _____ Meters East

LOCATION METHOD: GPS INTERPOLATION FROM TOPO GIS (Arcview, Arcexplorer, etc.)

DATUM WGS84 NAD 83 NAD27 OTHER (SPECIFY)

SECONDARY NAME(S)

OWNER'S NAME & ADDRESS

MAPPED BY _____ DATE _____

GEOLOGIC FORMATION(S)

CAVE LIFE NOTED

CAVE ENTRANCE Width _____ Height _____ Depth _____ Elevation _____

CAVE LENGTH (CL) _____ CAVE DEPTH (CD) _____

QUAD INDICATION None Spring Sink Marked Contour Distortion

FIELD INDICATION Bluff Hillside Valley Floor Spring Sink

Obvious Obscure Other

THIS REPORT BY (name address) _____ DATE _____

DIRECTIONS TO and DESCRIPTION OF CAVE (use back of sheet if needed)
