DRINKING WATER WELL SCREENING
SAMPLE INFORMATION SHEET

Please complete this form and turn it in with your well water sample. Complete one form for each sample submitted.
Please write clearly!

Sample Code Number (Technicians Fill Out)

Name _____

Sampling Address (where sample was taken)

Street _____

City/State/Zip _____

Phone _____

County _____

Mailing Address for Results (if different)

Street _____

City/State/Zip _____

Phone _____

County _____

Date Sampled: _____

Sampling Point: ***It is very important to identify the sample clearly with a name (cottage well, mom's well, etc.)*** _____

Well depth, feet (estimate if unknown)_____ Age of well, years: (estimate if unknown) _____

Well diameter (circle the correct figure, estimate if not known): 2" 4" 5" 6" Other_____

Do any pregnant women or infants under 6 months old regularly live in this home? Y N

If No pregnant women or infants live in this home, SKIP this question.

If Yes, do they drink the water supplied by this well? ***Y*** ***N***

Please indicate the distance ***in feet*** from the well to:

- Nearest farmed field (not pasture)_____
- Nearest pasture with grazing livestock_____
- Nearest septic system drain field_____
- Nearest animal yard/feedlot (horse, cattle, chickens, pigs, etc.)_____
- Nearest pesticide or fertilizer storage or mixing area_____
- Nearest inland lake or pond_____

Please put a check by the best description of your general soil texture:

_____Very coarse/sand _____Sandy loam _____Silt loam _____Loamy or sandy clay

_____Heavy clay _____Organic/muck Other _____

Please circle or describe the main land uses within half a mile of your well (row crop, pasture, orchard, forest, rural residential, suburban, commercial, industrial, etc.)_____

_____

EASTERN MICHIGAN UNIVERSITY

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