MI AGRICULTURE ENVIRONMENTAL ASSURANCE PROGRAM 2019 DRINKING WATER WELL SCREENING

SAMPLE INFORMATION SHEET

***Sample Code Number (Please Leave Blank)***

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

# Please write clearly!

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,*** *skip this line.* 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.)