



**MI AGRICULTURE ENVIRONMENTAL ASSURANCE PROGRAM
2024 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)

Mailing Address for Results (if different)

Street _____
 City/State/Zip _____
 Phone _____
 County _____

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 Nearest farmed field (not _____
 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 _____
 pasture) indicate the distance *in*

feet from the well to:

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.)
