

MI AGRICULTURE ENVIRONMENTAL ASSURANCE PROGRAM 2023 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 | Street |
| City/State/Zip | City/State/Zip |
| Phone | Phone |
| County | County |
| Date Sampled: | _ |
| Sampling Point: It is very important to identify the well, etc.) | e sample clearly with a name (cottage well, mom's |
| Well depth feet (estimate if unknown) | Age of well years: (estimate if unknown) |

| wen depu | Age of well, years. (estimate if unknown) | | |
|---|---|---|---|
| Well diam | Other | | |
| Do any pre | Y | Ν | |
| lf No pr | egnant women or infants live in this home, SKIP this question. | | |
| If Yes, | do they drink the water supplied by this well? | Y | Ν |
| Please indicate the distance <i>in feet</i> 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.)