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) **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 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 above is 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.)________________________________________