



MI AGRICULTURE ENVIRONMENTAL ASSURANCE PROGRAM
2022 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 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 the answer to the above question is No, SKIP the following question.

If the answer is Yes, do they drink the water supplied by this well or not? 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.) _____