

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 **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 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.) _____

