

# OCEANA CONSERVATION DISTRICT INFORMATION SHEET

MI AGRICULTURE ENVIRONMENTAL ASSURANCE PROGRAM

2015 DRINKING WATER WELL SCREENING

***Sample Code Number***

***(Please Leave Blank)***

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)Street City/State/Zip Phone County  |  | **Mailing Address for Results** (if different)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,*** *skip this line.* If ***Yes***, do they drink the water supplied by this well? Y N

|  |  |
| --- | --- |
| Pleaseindicatethe 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 (cattle, horses, 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.)