



**PRIVATE WELL LANDOWNER FORM**  
for  
**DRINKING WATER WELL SCREENING**  
**MANISTEE CONSERVATION DISTRICT**  
In partnership with  
**MAEAP**



*Please complete this form prior to turning in with your well water sample and bring it with you on the day of the testing clinic.*

**NOTE: Complete one form for each sample submitted. Please print clearly and legibly!**

Name \_\_\_\_\_

Sampling Address (where sample was taken)	Mailing Address for Results (if different)
Street _____	Street _____
City/State/Zip _____	City, State, Zip _____
Phone _____ County _____	Phone _____ County _____

Date Sampled: \_\_\_\_\_

**Sampling Point:** *It is very important to identify the sample clearly **with a name or title** (example: cottage well, mom's well, etc.)* \_\_\_\_\_

**Well depth in feet** (please 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**

<b>Please indicate the distance in feet from the well to the house</b>	Nearest pasture with grazing livestock _____
	Nearest septic drain field _____
	Nearest animal feed lot (cattle, horses, pigs, chickens, etc.) _____
	Nearest pesticide or fertilizer mixing or storage area _____
	Nearest inland lake or pond _____
	Nearest farmed field (not pasture) _____

**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 (specify) \_\_\_\_\_

**Please circle the main land uses within half a mile of your well** (row crop, pasture, orchard, forest, rural residential, suburban, commercial, industrial, etc.) Other \_\_\_\_\_