

Lab Number _____

NEW WELL SAMPLING PROGRAM

Please provide the following information about your new well. This form, along with a copy of your sample results will be supplied to the State in order to comply with the Centennial Environmental Protection Act of 1989. Thank you.

Well owner: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____

For all Wells:

Date sample collected: _____ Time: _____

Sample collector: _____

Well drilled by: _____ Date: _____

Pump installed by: _____ Date: _____

Depth of well: _____ Diameter of well: _____

For Private Wells, please also complete the following location information:

County: _____

Township: _____

Range: _____

Section: _____

Quarter: _____

Distance from nearest town: _____ miles N or S

_____ miles E or W

of: _____
(town)

Please return to Mid-Continent Testing at the time of sample submittal.