



## Water Well Survey and Sampling Request Form

### Shaw Air Force Base



Please provide the following to the best of your knowledge: *(Please print)*

Date: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner Email: \_\_\_\_\_

*Please complete if the property is occupied by someone other than the owner:*

Occupant Name: \_\_\_\_\_

Occupant Phone Number: \_\_\_\_\_

Occupant Email: \_\_\_\_\_

Number of Residents at Property: \_\_\_\_\_

How would you like to be contacted?  Phone  Email

Well Use	Well Status	Date Installed	Well Depth	Well Diameter
<input type="checkbox"/> Domestic (cooking/drinking)	<input type="checkbox"/> Active			
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Inactive			
<input type="checkbox"/> Livestock	<input type="checkbox"/> Abandoned			
<input type="checkbox"/> Other	<input type="checkbox"/> Unsure			

Please describe any type of water treatment systems that are currently in use

None  Filtration  Carbon  Softener  Other (chlorination, UV, etc)

If other, please describe: \_\_\_\_\_

**Sample Permission** By signing below you are authorizing the Air Force and its contractor to sample your drinking water well within the next 30-60 days. You will be contacted to make arrangements for the sampling. Please note, on average, sampling your well should take less than 30 minutes depending on storage tank capacity and/or connected water treatment unit; the sampling will be performed at no cost to you.

\_\_\_\_\_  
Signature/Date  
(owner)

\_\_\_\_\_  
Signature/Date  
(resident, if different than owner)