



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
KALAMAZOO DISTRICT OFFICE



C.HEIDI GREYER
DIRECTOR

Access Agreement and Questionnaire
(Please fill out all fields and circle responses where appropriate)

Name(s): _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

E-mail Address: _____

Preferred Method of Contact: **Call/E-mail**

Best Time to Reach You: **M/T/W/R/F/Sa/Su AM/PM**

Is your well in use? **Y/N**

Is your well used for drinking water? **Y/N**

If not for drinking, what is your well used for? **Irrigation/Other**
(please describe)

Your signature on this document indicates that you agree to allow the Michigan Department of Environmental Quality, its employees, contractors (AECOM), or authorized representatives and/or the Allegan County Health Department to access your property to sample your well water. All sample results will be mailed to the above address unless otherwise indicated below. An explanation of the results compared to health advisory levels will also be included.

Signature/Date: _____

Alternative Address for Sample Results:

