



PRAIRIE RESEARCH INSTITUTE

Illinois State Water Survey
2204 Griffith Drive
Champaign, IL 61820

**WATER SAMPLES
REQUIRED INFORMATION**

Water Source: _____ Well depth, ft: _____ City: _____
(e.g. private well, municipal, well number, etc.) (not required if municipal)

Physical Location (of Source):
County: _____ Township: _____ Range: _____ Section: _____ Plot: _____
or other location details, if known/desired (may want to mark on an attached map): _____
Source/Well/Property Owner: _____ Phone: _____
(may be different than client, e.g. in the case of a shared well, give main property owner)
Source/Well/Property Address: _____
(Street, City, State, and Zip Code)

Client name/address (if different than owner): _____

Collected by: _____ Date: _____ Time: _____

Sample Collection Point: _____
(e.g. Kitchen sink cold water tap, hydrant at well head, etc.)

Treatment? _____ Description: _____
(Yes or No)

Send Report to: Name: _____ Phone: _____
(Other than or in addition to owner/client--circle one)
Address: _____
(Street, City, State, and Zip Code)

**REQUESTED INFORMATION
(as applicable and available)**

Date Drilled: _____ Size hole: _____ Casing information: _____

Log: _____
(Thicknesses and depths of formations encountered during drilling; attach, if available)

Type of pump: _____ Plumbing: _____
(Submersible, shallow/deep well jet, centrifugal, etc.) (Materials, e.g., copper, galvanized, plastic, iron)

Distance and direction from potential pollution sources: _____

Gas Presence: _____ Previous analysis (date): _____
(Specific odor, other symptoms-milky water, banging pipes)

Prior owners: _____
(Used to search our files for prior contacts, driller's log, etc.)

Intended use: _____
(e.g., Routine domestic, drinking-water only, irrigation, livestock (specify) watering, industrial, etc.)

Description of problem/Special users/comments: _____

Laboratory sample receipt information (below):

SAMPLE NO.: _____ RECEIVED BY: _____ DATE: _____ TIME: _____
ANALYSIS: _____ SAMPLE RECEIPT COMMENTS: _____