

District Health Department No. 4

PFAS Sampling Request

Complete the information below to request PFAS testing for your drinking water well.

Resident Information:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Property Information:

Street Address: _____

City: _____ State: _____ Zip: _____

Rental property? Yes No Business property? Yes No

Is the property address also the preferred mailing address? If no:

Mailing Address: _____

City: _____ State: _____ Zip: _____

If renting, provide contact information for the owner:

Owner First Name: _____ Owner Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred time to be contacted to schedule sample collection:

Morning Afternoon Evening

Well Information:

Depth of well (if known): _____ Age of well (if known): _____

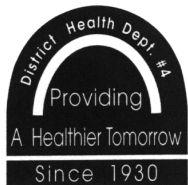
For Health Department use:

Processed by: _____

Date Received: _____

Date Submitted to DEQ: _____

v 6.26.2018



Alpena County

100 Woods Circle
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Alpena, MI 49707
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Cheboygan County

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Cheboygan, MI 49721
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Fax (231) 627-9466

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P.O. Box 183
12519 State St.
Atlanta, MI 49709
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Presque Isle County

106 E. Huron St.
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www.dhd4.org

Administrative Services
Alpena County
Office