

EGLE/Health Department of Northwest Michigan

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): _____

Please bring the completed form to the Townhall Meeting on Wednesday, February 12, 2020. If you cannot attend the Townhall, you may email the completed form to MacDonaldL1@michigan.gov or mail to the Gaylord EGLE Office at Attn: Leah MacDonald, 2100 West M-32, Gaylord, MI 49735.

If you have any questions regarding sampling, please contact:
Randy Rothe, EGLE District Supervisor, at 989-217-0083 or RotheR@michigan.gov
Christiaan Bon, EGLE Geologist, at 989-370-9624 or BonC@michigan.gov

For health related questions, please contact:
Scott Kendzierski, Director at Health Department of Northwest Michigan, at 231-547-7651 or S.Kendzierski@nwhealth.org