



**NEW WELL SAMPLING PROGRAM**

Please provide the following information about your new well. This form, along with a copy of your sample results will be supplied to the State in order to comply with the Centennial Environmental Protection Act of 1989. Thank you.

Well owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

**For all Wells:**

Date sample collected: \_\_\_\_\_ Time: \_\_\_\_\_

Sample collector: \_\_\_\_\_

Well drilled by: \_\_\_\_\_ Date: \_\_\_\_\_

Pump installed by: \_\_\_\_\_ Date: \_\_\_\_\_

Depth of well: \_\_\_\_\_ Diameter of well: \_\_\_\_\_

**For Private Wells, please also complete the following location information:**

County: \_\_\_\_\_

Township: \_\_\_\_\_

Range: \_\_\_\_\_

Section: \_\_\_\_\_

Quarter: \_\_\_\_\_

Distance from nearest town: \_\_\_\_\_ miles N or S

\_\_\_\_\_ miles E or W

of: \_\_\_\_\_

(town)

Please return to Mid-Continent Testing at the time of sample submittal.

2381 South Plaza Drive  
P.O. Box 3388  
Rapid City, SD 57709  
Ph. 605-348-0111

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