

Texas Well Owner Network Water Sample Form

By providing a water sample to be screened through the Texas Well Owner Network program, I acknowledge that the analysis results may be used for research and summary purposes.

Please print clearly and complete all pages of form.

Date Collected: ____ / ____ / ____ Email: _____

Name: _____ Telephone: (____) _____

Mailing Address:

Street address City Zip

Sample Location Address (if different from mailing address):

Street address City Zip

County: _____

**SAMPLE ID
NUMBER:**

MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ✗ ⊗ ☹ ☹

WATER WELL SAMPLE:

1. What is the primary use for your water well?

☐ Domestic/household use ☐ Livestock ☐ Irrigation ☐ Other

2. What type of well do you have?

(a) ☐ dug or bored well ☐ drilled well ☐ don't know

(b) what is the well's depth, if known?

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 feet ☐ don't know

(c) what year was the well constructed, if known?

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☐ don't know

3. What water treatment devices are currently installed? **(fill in all that apply)**

<input type="radio"/> none	<input type="radio"/> acid neutralizer
<input type="radio"/> ultraviolet (UV) light	<input type="radio"/> water softener (conditioner)
<input type="radio"/> sediment filter	<input type="radio"/> reverse osmosis
<input type="radio"/> iron removal	<input type="radio"/> activated carbon (charcoal) filter
<input type="radio"/> chlorinator	<input type="radio"/> Other, specify: _____

