

# PFAS SAMPLING REQUEST

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

## Resident Information

**First Name:**

**Last Name:**

**Phone:**

**Email:**

## Property Information

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Rental Property?**

Yes

No

**Business Property?:**

Yes

No

**Is the property address also the preferred mailing address?**

Yes

No

If no: **Mailing Address:**

**City:**

**State:**

**Zip Code:**

**If renting, provide property owner contact information:**

**Owner's First Name:**

**Owner's Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**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):**

To submit request by mail:

Gaylord EGLE Office  
Attn: Leah MacDonald  
2100 West M-32  
Gaylord, MI 49735

Or by email:

[MacDonaldL1@Michigan.gov](mailto:MacDonaldL1@Michigan.gov)

If you have any questions regarding sampling, please contact:

Randy Rothe, EGLE District Supervisor, at 989-217-0083 or [RotheR@Michigan.gov](mailto:RotheR@Michigan.gov)  
Christiaan Bon, EGLE Geologist, at 989-370-9624 or [BonC@Michigan.gov](mailto:BonC@Michigan.gov)

For health-related questions, please contact:

Dan Thorell, Director at Health Department of Northwest Michigan,  
at 231-547-7651 or [d.thorell@nwhealth.org](mailto:d.thorell@nwhealth.org)