

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

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