

# 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ County: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
 Street address City Zip

Sample Location Address (if different from mailing address):

\_\_\_\_\_  
 Street address City Zip

**MARKING INSTRUCTIONS**  
 CORRECT: ● INCORRECT: ✗ ⊗ ☹ ☹

**SAMPLE ID**  
**NUMBER:**

**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)  O dug or bored well     O drilled well     O don't know

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

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 feet     O don't know

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

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 O don't know

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

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



**MARKING INSTRUCTIONS**

CORRECT:  INCORRECT:

4. Your primary place of residence?

- Rural property < 10 acres
- Farm or ranch 10 - 100 acres
- Farm or ranch > 100 acres
- Town under 10,000
- Town or city between 10,000 and 50,000 persons
- City between 50,000 and 250,000 persons
- City over 250,000 persons

5. Please complete one line for each of the members of your household?

Gender <i>fill in one</i>	Age (years) <i>fill in one</i>	Level of Education Completed <i>fill in one</i>	What race/ethnicity best describes this person? <i>fill in one</i>	Has this person been sick to their stomach in the past month?	Does this person drink the water from the well or spring?
<input type="radio"/> Male  <input type="radio"/> Female	<input type="radio"/> < 1 <input type="radio"/> 21-30 <input type="radio"/> 1-5 <input type="radio"/> 31-40 <input type="radio"/> 6-10 <input type="radio"/> 41-50 <input type="radio"/> 11-15 <input type="radio"/> 51-60 <input type="radio"/> 16-20 <input type="radio"/> 61+	<input type="radio"/> In school now <input type="radio"/> Some high school <input type="radio"/> High school grad <input type="radio"/> Some college <input type="radio"/> College graduate <input type="radio"/> Post college	<input type="radio"/> African American <input type="radio"/> Asian American <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Multi-racial <input type="radio"/> White / Caucasian	<input type="radio"/> Yes  <input type="radio"/> No	<input type="radio"/> Yes  <input type="radio"/> No
<input type="radio"/> Male  <input type="radio"/> Female	<input type="radio"/> < 1 <input type="radio"/> 21-30 <input type="radio"/> 1-5 <input type="radio"/> 31-40 <input type="radio"/> 6-10 <input type="radio"/> 41-50 <input type="radio"/> 11-15 <input type="radio"/> 51-60 <input type="radio"/> 16-20 <input type="radio"/> 61+	<input type="radio"/> In school now <input type="radio"/> Some high school <input type="radio"/> High school grad <input type="radio"/> Some college <input type="radio"/> College graduate <input type="radio"/> Post college	<input type="radio"/> African American <input type="radio"/> Asian American <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Multi-racial <input type="radio"/> White / Caucasian	<input type="radio"/> Yes  <input type="radio"/> No	<input type="radio"/> Yes  <input type="radio"/> No
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