



DELAWARE DEPARTMENT OF  
**NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL**



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
Division of Public Health

*Thank you for taking the time to fill out this information card. The information obtained here will be used to ensure well sampling happens as quickly and efficiently as possible.*

Name (first and last): \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

May we sample the water at your home, for the purposes of gathering data on private wells in Little Creek?

- Yes, please sample the water in my home.
- No, I do not want the water at my home to be sampled.
- I need more information, please.

*If you answered yes, please fill out the back of this card. If you answered no, please turn your card in to the presenting team.*

What hours during the day could you be available for well testing (Circle all that apply) that requires access to an indoor faucet.

7a-9a      9a-11a      11a-1p      1p-3p      3p-5p      Other: \_\_\_\_\_

May we call you to schedule your well sampling? Which number is the best to reach you?

Do you have an outside spigot that is easily accessible in December/January? An alternative to indoor testing is using an outdoor spigot to collect water.

- Yes, my outdoor spigot is accessible and water may be collected from it
- No, I do not have an accessible outdoor spigot for water collection.

What is your preferred method of contact for updates (circle all that apply)?

E-Mail      Daytime Phone      Evening phone      Text (let us know which number)      Other: \_\_\_\_\_

Do you currently have any treatments for your well? If yes, please list them below.