

Information Sheet / Consent Document for Submission to the Citizens Database a Program of the Keystone Clean Water Team (501c3), 15 Hillcrest Drive, Dallas, PA 18612 http://www.pacleanwater.org

Name:			
Address: (Mail)			
Sampling Site (if different	than above):		
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Location Address (Street)_			
			Zip
riione Number.		Liliali	
Laboratory or Sample ID N	umber		
Laboratory that Conducted	d the Testing		
Person/ Laboratory that C	ollected the Sample_		
Person/Laboratory Phone	Number		
Description of the Water S			
			Cistern
Surfacewater	Pond	Lake	Stream
Wells (Complete to the be	st of your ability)		
· · ·	•	vou have a well lo	g?
·		•	he depth or feet of the casing?
			is the well yield (gpm)?
_			
If known, what is the wate	r level in the well wh	nen it is not pumpir	ng?
Do you have a water treat	ment system?	(If so, ple	ease describe on back of this sheet)
Was the sample collected			adde describe on back or time sincety
Was the sample collected	-		?
Trus the sumple concercu	prior to natural gas c	ariinig iri your area	·
Other:			
Please answer: Yes			
r lease allswell les			
Yes or No – I consent to Pa	articipate and Permit	the Use of my dat	a to be included in the Citizens Database
would like a "free" review	of our data by the Ko	eystone Clean Wat	er Team.
Your signature:			Date:
Full Name:			