Participant number	(leave	hlank)
Participant number	(leave	biank)

## **CONSENT FOR PRIVATE WELL TESTING**

SOUTH DAKOTA
<b>Y</b>
SCHOOL OF MINES
& TECHNOLOGY

I,	, th	e property owner of th	ıe water well	
located on the property at			<i>_</i>	SCHOOL O & TECHN
	South Dakota	a, hereby give consent	for the South Dal	kota School
of Mines and Technology (	"SDSMT") to t	est water samples fron	n this well and u	se the
results for research on wat	ter quality in t	the Black Hills.		
I understand that SDSMT is	s interested in	n collecting data about	private water we	ells, with the
sole intent of performing a	cademic resea	arch, and desires to ha	ve the property o	owner
collect well samples (bacte	eria and miner	cals) via the detailed sa	mpling instructi	ons
provided by SDSMT.				
I certify that this sample w	as collected fr	rom the well at the pro	perty listed abov	ve and
according to the instructio	ns provided. I	release this sample to	the SDSMT and	authorize
Mid Continent Testing Lab	s and its agen	ts or contractors to con	mplete bacteria a	and mineral
testing for samples receive	ed from the pr	emises. I agree to and	authorize the us	e of the
samples in the research eff	forts with the	stipulation that the SD	SMT will provide	e all
necessary supplies for com	pletion of san	npling and will be resp	onsible for any a	issociated
fees for the water testing.	In return, I wi	ill be provided, at no co	ost to me, a copy	of the
analyses.				
SDSMT agrees that the ind	lividual test re	esults will not be releas	sed except to res	earch group
members. SDSMT also agr	ees that it will	l not publish names or	addresses of the	property
owners, nor will it show in	dividual test v	values on maps or repo	orts released to the	he public.
This well services (check b	ox):	single residence	multiple	residences
Signature				

Participant number	(leave	blank)

## **Participant Contact Information**

We will use this information only to contact you with your test results, or if we have a	ny
questions. We will not share this information with any other party.	
Dhono numbor	

r none number.		_
Email address:		
Zip code for residence address:		
Mailing address: (if different from re	esidence address)	)
Street or PO Box		
City	State	Zip
Well depth (if known)		
Well Driller (if known)		
Date Drilled		
Flow Rate:	_ Gallons per Min	ute
Geology (if known)		
Water source Well Spigot Kitchen (Fixed) Kitchen (Rotating) Garden Hose Outdoor spigot Other		
Water Softener (bypass if possible)		
Previous Testing Done		
Known Problems:		

Please fill out information on the reverse side

Do you have any other info about this well?