

Michindoh Aquifer Synoptic Measurement Form

Upon providing us the information below, we will mail you additional documentation including a permission form and a prepaid return envelope. Once you receive this documentation please fill out the permission form and return it to us. You will not be able to participate in this study unless we receive a signed permission form. Thank you for helping us in our mission to provide reliable scientific information to the American people.

* Required

1. Name *

2. Well ID Number *

The well ID number can be found above your address on the reverse side of the postcard that you received.

3. How do you prefer to be contacted? *

The USGS will only contact you with regards to this study.

- ☐ Mail
- ☐ Email
- ☐ Phone Call
- ☐ Text

4. Email Address

Please provide if this is your preferred contact method.

5. Phone Number

Please provide if this is your preferred contact method.

Submit

Never give out your password. [Report abuse](#)