GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF
ENVIRONMENT, GREAT LAKES, AND ENERGY
REMEDIATION AND REDEVELOPMENT DIVISION

PHILLIP D. ROOS
DIRECTOR

April 28, 2026

VIA EMAIL AND U.S. MAIL

[redacted]

Dear Resident:

SUBJECT: Request for Voluntary Access to Sample Drinking Well Water
Associated with the Cannon Township Area of Interest
Location ID No.: DISC0866

The Michigan Department of Environment, Great Lakes, and Energy (EGLE) has received sampling data that indicates per- and polyfluoroalkyl substances (PFAS) were detected in drinking water wells in the vicinity of your home. EGLE is asking your permission to sample your drinking well water for PFAS to determine if your well has been impacted by PFAS contamination. PFAS are a group of chemicals that do not break down easily, remain in the environment for decades, and are associated with several health issues.

EGLE would like to sample your well because the sampling results have identified PFAS compounds, called perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS) at levels above current Michigan drinking water standards. Over time, if you drink water with high levels of PFAS, you could be more likely than the average person to develop some health issues in the future. **This sampling is at no cost to you.**

How to have your water tested:
If you are interested in having your well tested for PFAS, we need your permission to collect a sample. Please fill out the enclosed Residential Sampling Questionnaire and Access Agreement and use one of the following options to submit the form back to EGLE:

- Take a picture of the signed Residential Sampling Questionnaire and Access Agreement and email the image to WalkerJ54@Michigan.gov.
- Mail the signed Residential Sampling Questionnaire and Access Agreement to Joshua Walker, EGLE-RRD, Grand Rapids District Office, P.O. Box 30426, Lansing, Michigan 48909-7926 in the enclosed postage-paid return envelope.
- If one of these options does not work for you and you would like your well tested, contact me to discuss other options.

After we receive your form, our contractor will contact you to schedule a time to collect a water sample from your well. The contractor will **sample from an outside spigot if one is available**. If there is an outside spigot, you do not need to be home for the contractor to conduct the sampling.

Your sample results:
You will receive your results with an explanation of what they mean. If results are a potential concern for your health, we will call you right away. If needed, we will discuss alternative water options that would be provided at no cost to you until a longer-term solution is available.

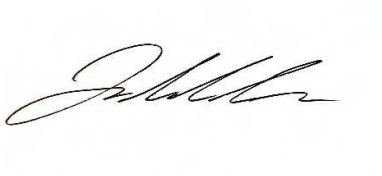
For more information, visit: Michigan.gov/PFASResponse

If you have questions, please feel free to reach out to me or any of the other team members listed below.

- **Site Lead:** Joshua Walker, EGLE, Grand Rapids District Office, Walkerj54@Michigan.gov, 616-840-3567
- **Toxicologist:** David Craig, Michigan Department of Health and Human Services (MDHHS), CraigD3@Michigan.gov, 517-599-2334
- **Local Health Department Contact:** Brendan Earl, Kent County Health Department (KCHD), Brendan.Earl@kentcountymi.gov, 616-240-5039

Thank you for your time and attention to this important issue.

Sincerely,



Joshua Walker
Geologist
Remediation and Redevelopment Division
Grand Rapids District Office
WalkerJ54@Michigan.gov
616-840-3567

Enclosures: Residential Sampling Questionnaire and Access Agreement / Return Envelope
cc/via email: Karen Vorce, EGLE
David Craig, MDHHS
Brendan Earl, KCHD

Residential Sampling Questionnaire and Access Agreement
Location ID No. DISC0866

Please complete the information below, sign, and return the agreement to request a FREE sampling of your well. *(Return options provided in the letter)*

Estimated sampling times are weekdays between 8:00 AM and 5:00 PM.

Property Information:

Street Address: _____

City: _____ State _____ ZIP Code: _____

Resident Information:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Is the property address above also the preferred mailing address? Yes ☐ No ☐ If no:

Mailing Address: _____

If renting, provide contact information for the owner. Note that the owner will also need to sign and return an access agreement for EGLE to be able to collect the sample:

Owner's First Name: _____ Owner's Last Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Is there a well on the property? Yes ☐ No ☐

If yes, is it used for: ☐ Drinking ☐ Irrigation
If your well is used for both purposes, check both boxes

Depth of well (if known): _____

Do you have any type of water treatment system (i.e., water softener, faucet filter, etc.)? Yes ☐ No ☐

If yes, please specify: _____

Is an outdoor spigot available to sample? Yes ☐ No ☐

Is the outdoor spigot untreated water? Yes ☐ No ☐ or Unknown ☐

If an outdoor spigot is available, do you want to be present during sampling? Yes ☐ No ☐

Additional comments regarding scheduling, property/sample point access, etc.:

_____

Your signature on this document indicates that you agree to allow the Michigan Department of Environment, Great Lakes, and Energy, its employees, contractors, or authorized representatives to access your property to sample and analyze your well water. You may choose to revoke access at any time.

Signature/Date: _____

Commercial Business Sampling Questionnaire and Access Agreement – Location ID No. DISC0866

Please complete the information below, sign, and return the agreement to request a FREE sampling of your well. *(Return options provided in the letter)*

Estimated sampling times are weekdays between 8:00 AM and 5:00 PM.

Property/Business Information:

Business Name: _____

Street Address: _____

City: _____ State _____ ZIP Code: _____

Business Phone: _____ Email: _____

Number of Employees: _____ Average No. of Customers (daily): _____

Owner Information:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Is the property address above also the preferred mailing address? Yes ☐ No ☐ If no:

Mailing Address: _____

City: _____ State _____ ZIP Code: _____

Is there a well on the property? Yes ☐ No ☐ If yes, is it used for: ☐ Drinking ☐ Irrigation
If your well is used for both purposes, check both boxes

Depth of well (if known): _____

Do you have any type of water treatment system (i.e., water softener, faucet filter, etc.)? Yes ☐ No ☐

If yes, please specify: _____

Is an outdoor spigot available to sample? Yes ☐ No ☐

Is the outdoor spigot untreated water? Yes ☐ No ☐ or Unknown ☐

If an outdoor spigot is available, do you want to be present during sampling? Yes ☐ No ☐

Additional comments regarding scheduling, property/sample point access, etc.:

_____

Your signature on this document indicates that you agree to allow the Michigan Department of Environment, Great Lakes, and Energy, its employees, contractors, or authorized representatives to access your property to sample and analyze your well water. You may choose to revoke access at any time.

Signature/Date: _____