

State of Wisconsin  
 Department of Natural Resources  
 PO Box 7921, Madison WI 53707-7921  
[dnr.wi.gov](http://dnr.wi.gov)

## Pump Work – Water Test Request

Form 3300-265 (R 7/20)

**Notice:** This form is authorized by ch. NR 812, Wis. Adm. Code. This form will be used to determine pump installer compliance with bacteria, nitrate and arsenic sampling requirements. This form may not be used for property transfer well inspection samples or for public water system compliance samples.

**Instructions:** Obtain required sample bottles from a certified drinking water laboratory and collect samples according to the laboratory's instructions. Fill out all sections of this form completely, except the area marked Laboratory Use Only. Deliver this completed form with collected water samples to a certified drinking water laboratory within 48 hours of sample collection.

Collection Date (MM-DD-YY)	Time <input type="radio"/> am <input type="radio"/> pm	Collector's License #	Wis. Unique Well # _ _ _ _ _ A A A N N N
Collected By (name)		Collector's Phone Number	
Well Owner's Name		Well Street Address	
Well Owner's Mailing Address		City/Town/Village of:	County
City	State	ZIP Code	

<b>Mail Results To:</b>	Name		
	Address		
	City	State	ZIP Code

Sampling Information and Test Requests	Laboratory Use Only
Reason for Test: <input type="radio"/> Previous Total Coliform-Positive Following Pump Work <input type="radio"/> Pump Work – New Well Required: <input type="checkbox"/> Bacti  <input type="radio"/> Pump Work – Entry into Existing Well Required: <input type="checkbox"/> Bacti <input type="checkbox"/> Nitrate <input type="checkbox"/> Arsenic  If the first sample is invalid a second sample must be collected and submitted no later than 30 days after notification. Sample Location: <input type="radio"/> Pressure Tank Tap <input type="radio"/> Bathroom Tap <input type="radio"/> Kitchen Tap <input type="radio"/> Milkhouse <input type="radio"/> Other _____	Date / Time Received <hr/> Lab Sample No.                      Date Reported to DNR <hr/> <div style="text-align: center;"><b>Laboratory Results</b></div> <b>Bacteria:</b> <input type="radio"/> Total Coliform-Negative <input type="radio"/> Total Coliform-Positive <input type="radio"/> E.coli Positive <input type="radio"/> E.coli Negative <input type="radio"/> Invalid (second sample required) <input type="radio"/> >48 hours old - OL <input type="radio"/> Frozen - FR <input type="radio"/> Overgrown - OG <input type="radio"/> Chlorine Present - CL <input type="radio"/> Turbidity - TU  Nitrate: _____ mg/L Arsenic: _____ µg/L