

**Return Completed Form To:**  
 Department of Natural Resources  
 Water Use Section - DG/5  
 PO Box 7921, Madison WI 53707-7921  
 dnr.wi.gov

**Water Withdrawal Report**  
 Form 3300-275 (R 11/12)

<http://dnr.wi.gov/topic/WaterUse/>

**Notice:** Pursuant to chs. NR 820 & 856, Wis. Adm. Code, this form is required to report monthly volumes of the withdrawal on an annual basis. Reports must be submitted by March 1 for the previous year's withdrawals. Personally identifiable information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (s.19.31-19.39, Wis. Stats.).

**1. Property Information**

Property Name		Property #
OWNER #	Operator #	
Phone: Email:		Phone: Email:

**2. Source Information**

Report each groundwater and surface water source separately. Each source has a unique source #. All sources on the same property have the same property #.

a. Source Name Assigned by Owner:	b. Hicap Well # (If Applicable):	Source #
c. Unique Well # (If Applicable):	d. Public Water System ID (If Applicable):	
e. PLSS _____ ¼ of _____ ¼ of Section _____, T _____ N, R _____ <input type="radio"/> E <input type="radio"/> W _____		

**3. 2014 Water Withdrawal Reporting**

a. Measurement Code	Month	Gallons Pumped or Withdrawn Indicate zero gallons with a single "0"	
b. Water Use Code	<i>Example</i>	__ __ <u>1</u> , <u>2</u> <u>0</u> <u>9</u> , <u>5</u> <u>0</u> <u>0</u> <i>Gallons</i>	
c. Comments	January	__ __ __, __ __ __, __ __ __ <i>Gallons</i>	
	February	__ __ __, __ __ __, __ __ __ <i>Gallons</i>	
	March	__ __ __, __ __ __, __ __ __ <i>Gallons</i>	
	April	__ __ __, __ __ __, __ __ __ <i>Gallons</i>	
	May	__ __ __, __ __ __, __ __ __ <i>Gallons</i>	
	June	__ __ __, __ __ __, __ __ __ <i>Gallons</i>	
	July	__ __ __, __ __ __, __ __ __ <i>Gallons</i>	
	August	__ __ __, __ __ __, __ __ __ <i>Gallons</i>	
	d. <input type="checkbox"/> This source is approved exclusively for single family residential uses and the withdrawal capacity is less than or equal to 20 GPM.	September	__ __ __, __ __ __, __ __ __ <i>Gallons</i>
	e. <input type="checkbox"/> I did <u>not</u> withdraw from this source in 2014. If checked, select from reasons below:	October	__ __ __, __ __ __, __ __ __ <i>Gallons</i>
		November	__ __ __, __ __ __, __ __ __ <i>Gallons</i>
		December	__ __ __, __ __ __, __ __ __ <i>Gallons</i>

1) Filled & Sealed Well  
  2) Temporarily Capped Well  
  3) Well Not Drilled  
  4) Do Not Know of this Well or Source  
 5) No Need for Water This Year  
  6) Surface Water Source Temporarily Offline  
  7) Surface Water Source Permanently Terminated

**4. Certification and Signature**

I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this water use report. I certify that the information contained in this form and attachments is accurate and complete.

Name (print)	<input type="checkbox"/> Owner <input type="checkbox"/> Agent of Owner (if not, operator) <input type="checkbox"/> Operator	
Signature	Company	Date Signed

**Mail signed form to address in upper left-hand corner of this form. DO NOT mail in this form if you reported your water use online.**