Form 3300-305 (R 10/20)  Page 1 of 4

**State of Wisconsin**
**Department of Natural Resources (DNR)**
**PO Box 7921, Madison WI 53707-7921**
dnr.wi.gov

**Notice:** Information on this form is required under ch. NR 810, NR 812, and NR 845 Wis. Adm. Code. Failure to provide information may result in fines and forfeitures identified in ss. 281.98 or 280.97, Wis. Stats. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin’s Public Records laws (ss. 19.32-19.39, Wis. Stats.). Unless otherwise stated, all citations refer to Wisconsin Administrative Code.

**This Form May Not Be Used for a NR 812 Property Transfer Well Inspection - use Form 3300-221**

**Purpose of Report:**
- Verification of well casing depth for an existing well (NR 812.10(15) and (NR 812.42(11))). - Complete Sections 1 - 4 and 8
- Inspection of an existing well and pump system to verify compliance with NR 812. - Complete Sections 1-8

**Section 1 - Contact Information**

<table>
<thead>
<tr>
<th>Owner Name</th>
<th>Mailing Address</th>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

**System Name (Only for Public Water System)**

**PWS Number (Only for Public Water Systems):**

**Section 2 - Property Location**

<table>
<thead>
<tr>
<th>Fire Number</th>
<th>Street or Road</th>
<th>Village</th>
<th>City</th>
<th>Township</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Township</th>
<th>Range</th>
<th>E</th>
<th>W</th>
<th>Latitude (DD, ex. 44.4444)</th>
<th>Longitude (DD, ex. -89.9999)</th>
</tr>
</thead>
</table>

**GPS Method:**
- ☐ GPS Receiver - Type ____________________________
- ☐ Online Map
- ☐ Other:

**Section 3 - Well Data**

<table>
<thead>
<tr>
<th>Well Location</th>
<th>Data from:</th>
<th>Casing Diameter</th>
<th>Casing Depth</th>
<th>WUWN</th>
<th>Depth to Bedrock</th>
<th>Total Well Depth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>ft</th>
<th>ft</th>
<th></th>
<th>ft</th>
<th>ft</th>
</tr>
</thead>
</table>

**Well Construction Report:**
- ☐ Driller
- ☐ Owner’s Memory

**Section 4 - Separation Distances from Well as Required under s. NR 812.08 - check 1st box if present; enter distance to well in 2nd box**

<table>
<thead>
<tr>
<th>Separation Type</th>
<th>Distance (ft)</th>
</tr>
</thead>
</table>

|Sanitary Building Sewer, 8 ft. | Manure Sewer, 25 ft. |
|Stormwater Infiltration Basin ≤ 2 Residences, 8 ft. | Silage Storage Tube, 8 ft. (1991); 50 ft. (2014) |
|Gasoline/Other Petroleum/Liquid Product Tank – Buried or ≥ 1500 Gal., 100 ft. (1975) | Landfill, 1200 ft. (1975) |
|Ditch or Culvert, 8 ft. (1994) | Swimming Pool – Above/Inground, 8 ft. (1975) |
|Animal Barn Pen, 25 ft. (1975); 50 ft. (2014) | |

**Section 5 - Pump/Supply Line Data**

**Pump Type:**
- ☐ Submersible
- ☐ Shallow Well
- ☐ Double Pipe Deep Well
- ☐ Working Head
- ☐ Pump Make/HP (if known)

**Well Discharge Piping:**
- ☐ Above Ground
- ☐ Below Ground
- ☐ Pittless Adaptor
- ☐ Pressurized Concentric Piping
- ☐ Non Pressurized Concentric piping
- ☐ Non Pressure Conduit Present
- ☐ Overflow Pipe for Flowing Well
- ☐ Unprotected Buried Suction Line

**Pump Location:**
- ☐ In Well/Submersible
- ☐ On Well
- ☐ Pit
- ☐ Alcove
- ☐ None - Unused well must be filled and sealed
- ☐ Pressure Tank Type/Location
- ☐ Pump Installation
- ☐ Complies
- ☐ Does Not Comply

**Pump Make/HP (if known):**
- ☐ Above Ground
- ☐ Below Ground
- ☐ Pittless Adaptor
- ☐ Pressurized Concentric Piping
- ☐ Non Pressurized Concentric piping
- ☐ Non Pressure Conduit Present
- ☐ Overflow Pipe for Flowing Well
- ☐ Unprotected Buried Suction Line

**Pump Installer (if known):**
- ☐ Pressure Tank Type/Location
- ☐ Pump Installation
- ☐ Complies
- ☐ Does Not Comply

**Pump Make/HP (if known):**
- ☐ Above Ground
- ☐ Below Ground
- ☐ Pittless Adaptor
- ☐ Pressurized Concentric Piping
- ☐ Non Pressurized Concentric piping
- ☐ Non Pressure Conduit Present
- ☐ Overflow Pipe for Flowing Well
- ☐ Unprotected Buried Suction Line

**Pump Installer (if known):**
- ☐ Pressure Tank Type/Location
- ☐ Pump Installation
- ☐ Complies
- ☐ Does Not Comply
### Section 6 - Well and Pump Code Violations Needing Correction - Check if Noncomplying

<table>
<thead>
<tr>
<th>Violation</th>
<th>Correction Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unused Well Should Be Filled and Sealed</td>
<td>Offset Pump or Piping Height &lt; 12&quot; Above Floor (After 1-31-1991)</td>
</tr>
<tr>
<td>Stovepipe or Thin-Walled Casing</td>
<td>Yard Hydrant in or on a Well</td>
</tr>
<tr>
<td>Dug Well</td>
<td>Materials for Pump and Supply Piping</td>
</tr>
<tr>
<td>Unprotected Buried Suction Line</td>
<td>Flowing Well Installation</td>
</tr>
<tr>
<td>Alcove (Subsurface Pumproom) or Pit</td>
<td>Check Valve Location</td>
</tr>
<tr>
<td>Non-Walkout Basement or Below-Grade Crawl Space Well</td>
<td>Well Cap or Seal*</td>
</tr>
<tr>
<td>Poor Casing Condition (Badly Corroded or Cracked)</td>
<td>Casing Height*</td>
</tr>
<tr>
<td>Contaminant Source too close to well - see above</td>
<td>Electrical Wires Not Properly Enclosed in Conduit</td>
</tr>
<tr>
<td>Well in Floodway or Flood Fringe</td>
<td>Sample Faucet is Missing or Incorrect*</td>
</tr>
<tr>
<td>Well at Risk from Localized Flooding</td>
<td>Casing less than 6&quot; in diameter for a well in limestone, dolomite, shale, quartz or granite</td>
</tr>
<tr>
<td>Cross-Connection</td>
<td>Health/Safety Hazard</td>
</tr>
<tr>
<td>Driven Point Well (installed after 1-31-1991) without construction report</td>
<td>Hand Pump</td>
</tr>
<tr>
<td>* Item must be corrected if work is being done involving entry into the well</td>
<td>Unapproved Spring Box or Surface Water Supply</td>
</tr>
<tr>
<td>^ Item must be corrected if work is being done on pressure tank or piping</td>
<td>-Contact DNR</td>
</tr>
</tbody>
</table>

### Section 7 - Compliance Determination

*Based on this inspection, the well and pressure system:*

- [ ] Complies with Chapter NR 812, Wis. Adm. Code
- [ ] Does not comply with Chapter NR 812, Wis. Adm. Code and needs to be filled and sealed per NR 812.26 - See Comments Below
- [ ] Does not comply with Chapter NR 812, Wis. Adm. Code but may be repaired/modifed to be brought into compliance - See Comments Below

### Comments

### Section 8 - Signature

<table>
<thead>
<tr>
<th>Printed Name of Well/System Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name of Individual Inspecting/Working on Installation</td>
</tr>
<tr>
<td>Signature of Individual Inspecting/Working on Installation</td>
</tr>
</tbody>
</table>

### Section 9 - Well Conditioning Report (Attach original Well Construction Report if available)

**Type of conditioning:**
- [ ] Hydrofracturing
- [ ] Well Blasting
- [ ] Chemical Treatment

**Results Achieved:**

**Description of work completed (attach additional sheets if necessary):**
Instructions

This Form may not be used for an NR 812 Property Transfer Inspection - use Form 3300-221. Inspections of spring boxes or surface water systems should be referred to DNR staff.

Purpose of Inspection: Check only ONE box.

Verification of casing pipe depth: Use this form when verification of casing pipe depth is required by NR 812.10(15) and NR 812.42(11) due to a lack of a confirmable well construction report. This report shall be submitted to the DNR and the well owner no later than 30 days after performing the verification.

Identification of noncomplying features: Use this form to notify an owner of non-complying features that were not upgraded during work as required in NR 812.04.

A copy of this form shall be filed with the DNR by the well driller, pump installer or by the water system owner or user within 10 days after the initial evaluation of the water system has been completed if the required repairs are not made.

Inspection of an existing well for compliance with NR 812: Use this form to report an inspection requested by the DNR, or an inspection requested by a municipality under a local private well ordinance to comply with NR 810.16. This form shall be submitted to the entity that requested the inspection.

Delegated County well inspection: Use this form for any inspection conducted under NR 845.05. For Level 1 Inspections, complete Sections 1-4, 7 and 8. For Level 3 Inspections, complete Sections 1-8.

Well Conditioning Report: Use this form to document the results of well conditioning as required by NR 812.22. A copy of this form shall be submitted to the DNR within 30 days after the work is completed.

Note: Batch chlorination is not well conditioning
**Section 1:** Enter the well owner contact information you have at the time of inspection. When identifying noncomplying features or conditioning a well with a confirmed existing well construction report, you may attach the existing well report to this form and enter any information that needs to be changed in the appropriate sections of the form.

**Section 2:** Well locations should be identified as precisely as possible. For any inspection or report that is required to be submitted to the DNR, the County, Fire Number and/or Street address and either a Latitude/Longitude or Town/Range/Section are required fields.

**Section 3:** For 'Verification of well construction for an existing well', the casing depth, and total well depth are required fields. If the well has a WI Unique Well Number (WUWN), you may enter it and attach it or continue to the next section.

**Section 4:** Check the 1st box if present and enter the distance to the well in the 2nd box.

**Section 5:** Enter as much information about the pump and supply line as you can verify.

**Section 6:** Check only those features that DO NOT comply with the requirements for existing wells in NR 812.

**Section 7:** Check only ONE box and provide comments as needed.

**Section 8:** The individual performing the operation or inspection should sign and enter their license or registration number.

**Section 9:** Check only ONE box and describe the work done and the results achieved.

When required above, submit this form to:  
DNRWELLREPORT@wisconsin.gov