

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 Open 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 812.42 (11)) - Complete Sections 1 - 4 and 8
- Identification of noncomplying features not corrected. (NR 812.04) - Complete Sections 1 - 8
- Inspection of an existing well and pump system to verify compliance with NR 812. - Complete Sections 1-8
- Delegated County well inspection, NR 845.05 - See Instructions on page 3
- Well Conditioning Report, NR 812.22 - Complete Sections 1 - 4, 8 and 9

Section 1 - Contact Information			
Owner Name	Mailing Address	City, State, Zip Code	Telephone Number
System Name (Only for Public Water System)		PWS Number (Only for Public Water Systems):	

Section 2 - Property Location						
Fire Number	Street or Road			<input type="radio"/> Village <input type="radio"/> City <input type="radio"/> Township		County
1/4 1/4	1/4	Section	Township	Range	E <input type="radio"/> W <input type="radio"/>	Latitude (DD, ex. 44.4444)
GPS Method : <input type="radio"/> GPS Receiver - Type				<input type="radio"/> Online Map		<input type="radio"/> Other:

Section 3 - Well Data					
<input type="radio"/> Drilled <input type="radio"/> Driven point <input type="radio"/> Jetted well <input type="radio"/> Dug <input type="radio"/> Other	Casing Diameter	Casing Depth	WUWN	Depth to Bedrock	Total Well Depth
	in	ft		ft	ft
	Casing Height	Depth to Water	Constructed by (if known)		Date Drilled (if known)
	in	ft			
Well Location		Data from:	<input type="checkbox"/> Measurement		<input type="checkbox"/> Driller
			<input type="checkbox"/> Well Construction Report		<input type="checkbox"/> 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

<input type="checkbox"/> Septic or Holding, or POWTS Tank, 25 ft. <input type="checkbox"/> Soil Absorption Unit or Mound, 50 ft. <input type="checkbox"/> Grease Trap, 25 ft. <input type="checkbox"/> Collector Sewer > 6", 50 ft., 1975, 1994 (# of units) <input type="checkbox"/> Gravity Building Sewer, 8 ft. <input type="checkbox"/> Pressurized Building Sewer, 25 ft., 1975 <input type="checkbox"/> Buried Petroleum Tank, 100 ft., 1975 <input type="checkbox"/> Buried Home Heating Oil Tank, 25 ft., 1975 <input type="checkbox"/> Surface Fuel Oil Tank > 1,500 gal, 100 ft., 1991 <input type="checkbox"/> Surface or basement liquid petroleum tank < 1,500 gal., 25 ft., 2014	<input type="checkbox"/> Perm. Manure Stack, 250 ft., 1991 <input type="checkbox"/> Temp. Manure Stack, 150 ft., 1994 <input type="checkbox"/> Silage Storage Tube, 8ft., 1991, 50 ft., 2014 <input type="checkbox"/> Landfill, 1200 ft., 1975 <input type="checkbox"/> Kennel with ≤ 5 pets, 8 ft., 1991 <input type="checkbox"/> Kennel with > 5 pets, 50 ft., 1991 <input type="checkbox"/> Salt, Deicing Storage, 250 ft., 1991 <input type="checkbox"/> Other Manure Structure (see code) <input type="checkbox"/> Swimming Pool (Above or Inground), 8 ft., 1975 <input type="checkbox"/> Barn Gutter, 25 ft., 1975; 50 ft., 2014 <input type="checkbox"/> Animal Yard or Shelter, 50 ft., 1975 <input type="checkbox"/> Animal Barn, 50 ft., 2014 <input type="checkbox"/> Animal Barn Pen, 25 ft., 1975; 50 ft., 2014
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Section 5 - Pump/Supply Line Data

Pump Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Single Pipe Packer-Jet <input type="checkbox"/> Shallow Well <input type="checkbox"/> Hand Pump <input type="checkbox"/> Double Pipe Deep Well <input type="checkbox"/> Offset - Height Above Floor _____ <input type="checkbox"/> Working Head <input type="checkbox"/> Other _____	Well Discharge Piping: <input type="checkbox"/> Above Ground <input type="checkbox"/> Non Pressurized Concentric piping <input type="checkbox"/> Below Ground <input type="checkbox"/> Non Pressure Conduit Present <input type="checkbox"/> Pitless Adaptor <input type="checkbox"/> Overflow Pipe for Flowing Well <input type="checkbox"/> Pressurized Concentric Piping <input type="checkbox"/> Unprotected Buried Suction Line				
Pump Location: <input type="checkbox"/> In Well/Submersible <input type="checkbox"/> Basement <input type="checkbox"/> On Well <input type="checkbox"/> Building <input type="checkbox"/> Pit <input type="checkbox"/> Pumphouse <input type="checkbox"/> Alcove <input type="checkbox"/> Crawl Space <input type="checkbox"/> None - Unused well must be filled and sealed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Pump Make/HP (if known)</td> <td style="width: 50%;">Pump Installer (if known)</td> </tr> <tr> <td>Pressure Tank Type/Location</td> <td>Pump Installation <input type="radio"/> Complies <input type="radio"/> Does Not Comply </td> </tr> </table>	Pump Make/HP (if known)	Pump Installer (if known)	Pressure Tank Type/Location	Pump Installation <input type="radio"/> Complies <input type="radio"/> Does Not Comply
Pump Make/HP (if known)	Pump Installer (if known)				
Pressure Tank Type/Location	Pump Installation <input type="radio"/> Complies <input type="radio"/> Does Not Comply				

Section 6 - Well and Pump Code Violations Needing Correction - Check if Noncomplying

- | | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Unused Well Should be Filled and Sealed | <input type="checkbox"/> Offset Pump or Piping Height < 12" Above Floor (After 1-31-1991) |
| <input type="checkbox"/> Stovepipe or Thin-Walled Casing | <input type="checkbox"/> Yard Hydrant in or on a Well |
| <input type="checkbox"/> Dug Well | <input type="checkbox"/> Materials for Pump and Supply Piping |
| <input type="checkbox"/> Unprotected Buried Suction Line | <input type="checkbox"/> Flowing Well Installation |
| <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit | <input type="checkbox"/> Check Valve Location |
| <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well | <input type="checkbox"/> Well Cap or Seal* |
| <input type="checkbox"/> Poor Casing Condition (Badly Corroded or Cracked) | <input type="checkbox"/> Casing Height* |
| <input type="checkbox"/> Contaminant Source too close to well - see above | <input type="checkbox"/> Electrical Wires Not Properly Enclosed in Conduit |
| <input type="checkbox"/> Well in Floodway or Flood Fringe | <input type="checkbox"/> Sample Faucet is Missing or Incorrect^ |
| <input type="checkbox"/> Well at Risk from Localized Flooding | <input type="checkbox"/> Casing less than 6" in diameter for a well in limestone, dolomite, shale, quartz or granite |
| <input type="checkbox"/> Cross-Connection | <input type="checkbox"/> Health/Safety Hazard |
| <input type="checkbox"/> Driven Point Well (installed after 1-31-1991) without construction report | <input type="checkbox"/> Hand Pump |
| | <input type="checkbox"/> Unapproved Spring Box or Surface Water Supply -Contact DNR |

* Item must be corrected if work is being done involving entry into the well
 ^ Item must be corrected if work is being done on pressure tank or piping

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/modified to be brought into compliance - See Comments Below

Comments

Section 8 - Signature

Signature of Individual Inspecting/Working on Installation	License #	Date	Telephone Number
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Section 9 - Well Conditioning Report (Attach original Well Construction Report if available)

Type of conditioning: <input type="radio"/> Hydrofracturing <input type="radio"/> Well Blasting <input type="radio"/> Chemical Treatment	Results Achieved:
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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 812.42(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, return this form to the DNR Bureau of Drinking Water and Groundwater- DG/5,
PO Box 7921, Madison, WI 53707-7921