

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

Return or Pump Work - Water Test Request

Form 3300-265 (R 07/22)

Notice: This form is authorized by chs 280 and 281, Wis. Stats. and ch. NR 812, Wis. Adm. Code. Use of this form is required under s. 812.46(4), 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	

Mail Results To:	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 Required: <input type="checkbox"/> Bacti <input type="radio"/> Previous Total Coliform-Positive Following Well Construction Required: <input type="checkbox"/> Bacti <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 <input type="radio"/> Pump Work - Pressure Tank Replacement Required: <input type="checkbox"/> Bacti 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 Lab Sample No. _____ Date Reported to DNR _____ Laboratory Results Bacteria: <input type="radio"/> Total Coliform-Negative <input type="radio"/> Total Coliform-Positive <input type="radio"/> <i>E.coli</i> Positive <input type="radio"/> <i>E.coli</i> 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 Date / Time Tested: _____

