

Property Transfer Well and Pressure System Inspection

Form 3300-221 (R 11/19)

Notice: Pursuant to ch. 280, Wis. Stats., and ch. NR 812, Wis. Adm. Code, this form shall be used to document any well and pressure system inspection conducted as part of a property transfer. Inspections are voluntary, and well owners are not required to bring systems into compliance as a result of the inspection. Inspectors must provide the completed form to the requester of the inspection. Do not send forms to DNR.

Contact Information

Inspection Requested By		Telephone Number	
Mailing Address	City	State	ZIP Code
Well Owner's Name		Telephone Number	
Mailing Address	City	State	ZIP Code

Property Location

Fire Number	Street or Road	<input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village		County
		of		
¼ ¼	¼	Section	Township	Range
			N	E <input type="radio"/>
				W <input type="radio"/>
Latitude (DD, ex. 44.444)		Longitude (DD, ex. -89.999)		WUWN

Identified noncomplying features (noted below with a check mark)

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. <input type="checkbox"/> Unused Well 2. <input type="checkbox"/> Stovepipe or Thin-Walled Well Casing 3. <input type="checkbox"/> Dug Well 4. <input type="checkbox"/> Buried Suction Line 5. <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit 6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well 7. <input type="checkbox"/> Poor Well Casing Pipe Condition 8. <input type="checkbox"/> Contamination Source less than minimum separation distance from well: _____ 9. <input type="checkbox"/> Well in Floodway or Flood Fringe 10. <input type="checkbox"/> Well at Risk from Localized Flooding 11. <input type="checkbox"/> Cross-Connection 12. <input type="checkbox"/> Driven Point Well < 25 well casing pipe or installed after 1-31-1991 with no well construction report | <ul style="list-style-type: none"> 13. <input type="checkbox"/> Nonpressure Conduit 14. <input type="checkbox"/> Hand Pump 15. <input type="checkbox"/> Offset Pump or Piping Height Above Basement Floor 16. <input type="checkbox"/> Yard Hydrant 17. <input type="checkbox"/> Materials for Pump and Supply Piping 18. <input type="checkbox"/> Flowing Well Installation 19. <input type="checkbox"/> Check Valve Location 20. <input type="checkbox"/> Well Cap or Seal 21. <input type="checkbox"/> Casing Height 22. <input type="checkbox"/> Electrical Wires at Wellhead Not Enclosed in Conduit 23. <input type="checkbox"/> Sample Faucet is Missing or Noncomplying 24. <input type="checkbox"/> Casing less than 6" in diameter for a well terminating in limestone, dolomite, shale, quartz or granite 25. <input type="checkbox"/> Extreme Health/Safety Hazard |
|--|---|

Comments

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pre-1991 Driven Point Pipe Depth < 25 feet <input type="checkbox"/> Well Construction Report Not on File or Unlocatable <input type="checkbox"/> Well Located in Special Well Casing Depth Area <input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump <input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe <input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work | <ul style="list-style-type: none"> <input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work <input type="checkbox"/> Non-Vermin-Proof Well Cap or Well Seal <input type="checkbox"/> Unable to confirm whether well terminates in limestone, dolomite, shale, quartz or granite <input type="checkbox"/> Other: |
|---|---|

Compliance Determination

Based on my personal inspection of the real property, the well and pressure system: (check one)

Complies with NR 812, Wis. Adm. Code
 Does not Comply with NR 812, Wis. Adm. Code
 Complies with NR 812, Wis. Adm. Code, except that a more comprehensive search or additional research is needed to evaluate potential violations that may exist but are not fully identifiable as part of the basic visual inspection, such as:

an unused well floodway/floodplain contamination source other:

This form lists the visible conditions of the well and pressure system on the property at the time of inspection and does not imply or give any guarantee. Some features such as well cap, casing height or nonpressure conduit may comply for purposes of this inspection, but may require an upgrade the next time work is done on the well or pressure system.

Signature of Licensed Water Well Driller or Pump Installer	Individual License #	Date	Telephone Number
--	----------------------	------	------------------