

Pump Work – Water Test Request
Form 3300-265 (R 9/14)

Notice: Do not use this form for property transfer well inspection samples. This form is authorized by ch. NR 812, Wis. Adm. Code. This form will be used to determine pump installer compliance with bacteriological, nitrate and arsenic water sampling requirements.

Instructions: The pump installer is required to submit the samples to a certified drinking water laboratory that provides the test results electronically to DNR within 30 days of completion of the analysis. It is mandatory to complete all shaded areas of this form.

Collection Date (MM-DD-YY)		Time	<input type="radio"/> am <input type="radio"/> pm	Collected By	License # (mandatory)
Owner's Name			Owner's Phone Number		
Owner's Street Address			Well Address (Street or Legal Description)		
City	State	ZIP Code	Town or City	County	
Latitude DEG	MIN	Longitude DEG	MIN	Lat./Long. Method	

Mail Results To:	Name			
	Address			
	City	State	ZIP Code	<i>Do not use this form for Public Water Compliance Samples.</i>

Approx. Well Completion Date	Wis. Unique Well #	Laboratory Use Only
	A A N N N	Approved Method:

Sampling Information and Test Requests
Reason for Test:
<input type="checkbox"/> Previous Unsafe Following Pump Work
<input type="checkbox"/> Pump Work – New Well
Required: <input type="checkbox"/> Bacti
<input type="checkbox"/> Pump Work – Entry into Existing Well
Required: <input type="checkbox"/> Bacti <input type="checkbox"/> Nitrate <input type="checkbox"/> Arsenic
Installer must collect a second sample if the first sample is invalid (e.g., older than 48 hrs.).
Sample Location:
<input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Pressure Tank Tap
<input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Milkhouse
<input type="checkbox"/> Other _____

Well Construction Information
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point
<input type="checkbox"/> Jetted <input type="checkbox"/> Dug
<input type="checkbox"/> Other _____
Driller (if new well) _____

<input type="checkbox"/> Membrane Filtration
<input type="checkbox"/> Fermentation Broth
<input type="checkbox"/> Presence/Absence Enzyme Substrate
<input type="checkbox"/> Other _____

Laboratory Results
Bacteriological Interpretation:
<input type="checkbox"/> Safe (Coliform Absent)
<input type="checkbox"/> Unsafe (Coliform Present) and:
<input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/E Coli Absent
<input type="checkbox"/> Invalid (Submit another sample)
<input type="checkbox"/> Old - OL <input type="checkbox"/> Frozen - FR
<input type="checkbox"/> Overgrown - OG <input type="checkbox"/> Lab Accident - LA
<input type="checkbox"/> Turbidity - TU <input type="checkbox"/> Shipping Problem - SP
<input type="checkbox"/> Chlorine Present - CL

Nitrate: _____ mg/L as N
Arsenic: _____ µg/L

Date / Time Received	
Lab Sample No.	Date Reported

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