

Property Transfer Well(s) and Pressure System(s) Inspection

Form 3300-221 (R 10/14)

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	
Owner's Name			Telephone Number		
Mailing Address		City	State	ZIP Code	

Property Location

County of Water System Location	Grid or Street Address or Road Name and Number (if available)	City	ZIP Code
Township	Gov't Lot # $\frac{1}{4}$ of the $\frac{1}{4}$	Section	Town
			Range E/W
			Unique Well Number

Known Noncomplying Features

Identified noncomplying features are noted below with a check mark.

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. <input type="checkbox"/> Unused Well Should be Filled and Sealed 2. <input type="checkbox"/> Stovepipe or Thin-Walled Casing 3. <input type="checkbox"/> Dug Well 4. <input type="checkbox"/> Unprotected Buried Suction Line 5. <input type="checkbox"/> Alcove (Subsurface Pumphouse) or Pit 6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well 7. <input type="checkbox"/> Poor Casing Condition (Badly Corroded or Cracked) 8. <input type="checkbox"/> Contaminant 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 (installed after 1-31-1991) without construction report 13. <input type="checkbox"/> Nonpressure Conduit | <ul style="list-style-type: none"> 14. <input type="checkbox"/> Hand Pump 15. <input type="checkbox"/> Offset Pump or Piping Height < 12" Above 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 Not Properly Enclosed in Conduit 23. <input type="checkbox"/> Sample Faucet is Missing or Incorrect 24. <input type="checkbox"/> Casing less than 6" in diameter for a well in limestone, dolomite, shale, quartz or granite 25. <input type="checkbox"/> Health/Safety Hazard |
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Comments

- | | |
|--|--|
| <input type="checkbox"/> Pre-1991 Driven Point Pipe Depth < 25 feet | <input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work |
| <input type="checkbox"/> Well Construction Report Not on File or Unlocatable | <input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work |
| <input type="checkbox"/> Well Located in Special Well Casing Depth Area | <input type="checkbox"/> Non-Vermin-Proof Well Cap or Well Seal |
| <input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe | |

Based on my personal inspection of the real property, the well(s) and pressure system(s): **Complies** with Wis. Adm. Code. **Does not comply**

- More comprehensive or additional research is needed regarding:
- an unused well floodways/floodplains contaminant sources other:

This form lists the visible conditions of the well(s) and pressure system(s) on the property at the time of inspection and does not imply or give any guarantee.

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