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Wisconsin Department of Natural Resources
dnr.wi.gov

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 ○ am ○ 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	*Do not use this form for Public Water Compliance Samples.*

Approx. Well Completion Date	Wis. Unique Well # A A N N N

Sampling Information and Test Requests

Reason for Test:

- ☐ Previous Unsafe Following Pump Work
- ☐ Pump Work – New Well
  Required: ☐ Bacti
- ☐ Pump Work – Entry into Existing Well
  Required: ☐ Bacti ☐ Nitrate ☐ Arsenic

Installer must collect a second sample if the first sample is invalid (e.g., older than 48 hrs.).

Sample Location:

- ☐ Bathroom Tap ☐ Pressure Tank Tap
- ☐ Kitchen Tap ☐ Milkhouse
- ☐ Other _____

Well Construction Information

- ☐ Drilled ☐ Driven Point
- ☐ Jetted ☐ Dug
- ☐ Other _____

Driller (if new well) _____

Laboratory Use Only

Approved Method:

- ☐ Membrane Filtration
- ☐ Fermentation Broth
- ☐ Presence/Absence Enzyme Substrate
- ☐ Other _____

Laboratory Results

Bacteriological Interpretation:

- ☐ **Safe** (Coliform Absent)
- ☐ **Unsafe** (Coliform Present) **and:**
  - ☐ Fecal/E Coli Present ☐ Fecal/E Coli Absent
- ☐ **Invalid** (Submit another sample)
  - ☐ Old - OL ☐ Frozen - FR
  - ☐ Overgrown - OG ☐ Lab Accident - LA
  - ☐ Turbidity - TU ☐ Shipping Problem - SP
  - ☐ Chlorine Present - CL

Nitrate: _____ **mg/L as N**

Arsenic: _____ **µg/L**

Date / Time Received	
Lab Sample No.	Date Reported

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