

Pump Work – Water Test Request
Form 3300-265 (11/07)

Notice: This form is authorized by ch. NR 812, Wis. Adm. Code. This form will be used to determine pump installer compliance with bacteriological water sampling requirements. The pump installer is required to use a certified laboratory that provides the test results directly to DNR within 30 days of sample receipt.

Collection Date (MM-DD-YY)	Time	<input type="checkbox"/> am <input type="checkbox"/> pm	Collected By	License # (mandatory)
Owner's Name			Owner's Telephone 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

Reason for Test:

Previous Unsafe Following Pump Work

Pump Work – New Well

Pump Work – Existing Well

Installer must collect a second sample if the first sample is unsafe or invalid.

Sample Location:

Bathroom Tap Pressure Tank Tap

Kitchen Tap Milkhouse

Other: _____

Well Construction Information

Drilled Driven Point

Jetted Dug

Other: _____

Driller (if new well) _____

Other Tests & Comments:

Arsenic: _____ ug/L

The pump installer may collect the well driller's first sample as the agent; however, the sample must be in a separate bottle with the driller's test form attached.

Lab Name Lab Cert. #

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

Fluoride: _____ mg/L

Date / Time Received

Lab Sample No.

Date Reported

Date Received by DNR

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