State of Wisconsin
Department of Natural Resources
dnr.wi.gov

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
REmax Adv. Antioch/George Bessette			847-812-2797
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	○ City ☑ Town ○ Village	County
19123	101st St.	of Bristol	Kenosha

¼ ¼	¼	Section	Township N	Range E ○ W ○	Latitude (DD, ex. 44.444)	Longitude (DD, ex. -89.999)	WUWN

Identified noncomplying features (noted below with a check mark)

1. ☐ Unused Well
2. ☐ Stovepipe or Thin-Walled Well Casing
3. ☐ Dug Well
4. ☐ Buried Suction Line
5. ☐ Alcove (Subsurface Pumproom) or Pit
6. ☐ Non-Walkout Basement or Below-Grade Crawl Space Well
7. ☐ Poor Well Casing Pipe Condition
8. ☐ Contamination Source less than minimum separation distance from well: _____
9. ☐ Well in Floodway or Flood Fringe
10. ☐ Well at Risk from Localized Flooding
11. ☐ Cross-Connection
12. ☐ Driven Point Well < 25 well casing pipe or installed after 1-31-1991 with no well construction report
13. ☐ Nonpressure Conduit
14. ☐ Hand Pump
15. ☐ Offset Pump or Piping Height Above Basement Floor
16. ☐ Yard Hydrant
17. ☐ Materials for Pump and Supply Piping
18. ☐ Flowing Well Installation
19. ☐ Check Valve Location
20. ☐ Well Cap or Seal
21. ☐ Casing Height
22. ☐ Electrical Wires at Wellhead Not Enclosed in Conduit
23. ☐ Sample Faucet is Missing or Noncomplying
24. ☐ Casing less than 6" in diameter for a well terminating in limestone, dolomite, shale, quartz or granite
25. ☐ Extreme Health/Safety Hazard

Comments

- ☐ Pre-1991 Driven Point Pipe Depth < 25 feet
- ☐ Well Construction Report Not on File or Unlocatable
- ☐ Well Located in Special Well Casing Depth Area
- ☐ Pre-1979 Two-Wire Submersible Pump
- ☐ Evidence of Some Corrosion on Well Casing Pipe
- ☐ Inaccessible or Difficult Location for Future Well Work
- ☐ Inaccessible or Difficult Location for Future Pump Work
- ☐ Non-Vermin-Proof Well Cap or Well Seal
- ☐ Unable to confirm whether well terminates in limestone, dolomite, shale, quartz or granite
- ☐ 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:

☒ At time of inspection well and water system were functioning within normal parameter

☐ At time of inspection well and water system were not functioning within normal parameters due to:

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
	6138	9/2/26	262-238-3405