

Return or Pump Work - Water Test Request

Form 3300-265 (R 03/2026)

Notice: This form is authorized by chs 280 and 281, Wis. Stats. and ch. NR 812, Wis. Adm. Code. Use of this form is required under s. 812.46(4), Wis. Adm. Code. This form will be used to determine pump installer compliance with total coliform bacteria, nitrate and/or arsenic sampling requirements. The information on this form may not be used for property transfer well inspection samples or for public water system compliance samples.

Instructions: Obtain required sample bottles from a certified drinking water laboratory and collect samples according to the laboratory's instructions. Fill out all sections of this form completely, except the area marked Laboratory Use Only. Deliver this completed form with collected water samples to a certified drinking water laboratory no later than 48 hours of sample collection. The information entered on this form shall be complete, true, and accurate.

Collection Date (MM-DD-YY)	Time ☐ am ☐ pm	Collector's License #	Wis. Unique Well # _ A _ A _ A _ N _ N _ N _
Collected By (name)		Collector's Phone Number	
Well Owner's Name		Well Street Address	
Well Owner's Mailing Address		City/Town/Village of:	County 
City	State	ZIP Code	
Mail Results To:	Name		
	Address		
	City	State	

Sampling Information and Test Requests	Laboratory Use Only
Reason for Test: ☐ Previous Total Coliform-Positive Following Pump Work Required: ☐ Bacti ☐ Previous Total Coliform-Positive Following Well Construction Required: ☐ Bacti ☐ Pump Work – New Well Required: ☐ Bacti ☐ Pump Work – Entry into Existing Well Required: ☐ Bacti ☐ Nitrate ☐ Arsenic If the first sample is invalid a second sample must be collected and submitted no later than 30 days after notification. Sample Location: ☐ Pressure Tank Tap ☐ Bathroom Tap ☐ Kitchen Tap ☐ Milkhouse ☐ Other _____	Date / Time Received Lab Sample No. _____ Date Reported to DNR _____ Laboratory Results Bacteria: ☐ Total Coliform-Negative ☐ Total Coliform-Positive ☐ <u>E.coli</u> Positive ☐ <u>E.coli</u> Negative ☐ Invalid (second sample required) ☐ >48 hours old - OL ☐ Frozen - FR ☐ Overgrown - OG ☐ Chlorine Present - CL ☐ Turbidity - TU Nitrate: _____ mg/L Arsenic: _____ µg/L Date / Time Tested: _____



Lodi WI DATCP Lab #105-449

Reedsburg WI DATCP Lab #105-540



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