

WISCONSIN DEPARTMENT OF NATURAL RESOURCES

DG County Delegate Training

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Introduction

- DNR's County Delegate Website
- DNR Forms & Applications Overview
- DNR Variances
- Well Fill and Seal (Well Abandonment)
- Appendices (Forms)

DNR's County Delegate Website

- <https://dnr.wisconsin.gov/topic/Wells/delegatedcounties.html>

INFORMATION FOR DELEGATED COUNTIES

The well delegation program gives counties an opportunity to form a partnership with the DNR to protect public health and safety and enhance the potable groundwater resource.

This page contains information for Wisconsin counties that are, or wish to become, delegated to administer a Well Construction and Pump Installation program under [ch. NR 845, Wis. Adm. Code \[exit DNR\]](#). These counties have programs that allow county ordinance administration pertaining to [ch. NR 812, Wis. Adm. Code \[exit DNR\]](#).

Open all

County delegation program overview +

How to become a delegated county +

Delegation level responsibilities +

Useful Forms and Applications +

Level 1 resources - well location +

Wells

Private Well Owners

Well Drillers and Pump Installers

High Capacity Wells

Additional Resources

Well Records Search

Well Fill and Seal Records Search

For more information, contact:

Deb Lyons-Roehl

Drinking Water & Groundwater Program

tel:+1-608-267-9350

List of Forms

County Permits



Inspection (Well)



Variance



Inspection (Property Transfer)



DNR PDF FORMS

If you have trouble opening, saving or submitting fillable PDF forms in your web browser see [PDF help](#) (or try the Non-fillable version of the form).

If you are still having problems opening your form, please contact the Bureau of Drinking Water & Groundwater at 608-266-1054.

County Permit Forms

- [Form 3300-076 County/State Well Location Permit Application \[PDF\]](#)
- [Form 3300-079 On-Site Permit Placard \[PDF\]](#)
- [Form 3300-080 County Well Location Permit Transfer Application \[PDF\]](#)

Inspection Forms - NR 812 Compliance Report

- [Form 3300-305 \[FILLABLE PDF\]](#)
- [Form 3300-305 \[NON-FILLABLE PDF\]](#)

Contamination too close to proposed well

- Application for Landfill Variance:
 - [Form 3300-209 \[FILLABLE PDF\]](#)
 - [Form 3300-209 \[NON-FILLABLE PDF\]](#)
- Application for Variance:
 - [Form 3300-210 \[FILLABLE PDF\]](#)
 - [Form 3300-210 \[NON-FILLABLE PDF\]](#)
- GIS Site Well Approval [Form 3300-254 \[PDF\]](#) (approval needed when GIS Registry Site on same property as proposed well)

Property Transfer Well and Pressure System Inspection (Level 3 Delegate Counties Only)

- [Form 3300-221 \[FILLABLE PDF\]](#)
- [Form 3300-221 \[NON-FILLABLE PDF\]](#)

DNR County Permit Forms

- Provided by DNR for County Use
- Form 3300-076: County/State Well Location Permit Application
- Form 3300-079: On-Site Permit Placard
- Form 3300-080: County Well Location Permit Transfer Application

County Permit Forms

- [Form 3300-076 County/State Well Location Permit Application \[PDF\]](#)
- [Form 3300-079 On-Site Permit Placard \[PDF\]](#)
- [Form 3300-080 County Well Location Permit Transfer Application \[PDF\]](#)

County Permits



DNR County Permit: Form 3300-076 County/State Well Location Permit Application

Save... Clear Data **Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

County / State Well Location Permit Application
Form 3300-076 (R 7/20) Page 1 of 3

County Well Permit No. County

INFORMATION COMPLETED BY THE APPLICANT

Property Owner (Print) Telephone Number Site Development Plan (If required by the County)
 Building Plan or Attached Sanitary Plan or Attached Other

Mailing Address (Print) Well Location Town City Village
OF:

City State ZIP Code Well Street Address Fire No. (If available)

Well Type New Replacement Reconstruction
Subdivision Name or Certified Survey Map No. Lot No. Block No.

Well is a Drilled Driven Point Jetted Other
Tax Parcel No. (If available)

Current number of wells on property: Gov't Lot No. or ¼ ¼ of ¼ of

Number of unsafe, unused or noncomplying wells to be abandoned: Section ; T N; R. E W

Designated Agent's Name (Print) Well Constructor (Print) (If known) License No. (If known)

Information provided with this application is true and correct to the best of my knowledge.
Signature of Owner or Designated Agent:
Date Signed:

FOR COUNTY PERMIT USE

Date Received DNR Variance Approved Disapproved Requested Not Required
Floodplain Delineation Floodway Floodfringe Other
Floodplain Protection Elevation ft./msl
Approximate Surface Elevation of Well ft./msl

Permit Fee Paid Not Paid

County Sanitary Permit No. Special Well Casing Requirements: Yes No
Distance to Nearest Landfill: ft

Permit Application is: Granted Denied
This permit shall remain valid until: (Date)

Signature of Administrator
Date Signed:

FOR COUNTY INSPECTION USE

Casing is: Inches in Diameter Inches Above Grade
Sealed: Yes No

Date Inspected:
 Before During After Construction

By: (initials) Signature

County / State Well Location Permit Application
Form 3300-076 (R 7/20) Page 2 of 3

Well located on highest point property? Yes No

Separation distance from well as required by s. NR 812.08 (as of 7-1-20):
 Nearest Well, 8 ft.
 Landfill Site, 1,200 ft.
 Septic/Holding Tank, 25 ft.

Soil Absorption Unit:
 < 12,000 gal/day, 50 ft.
 < 12,000 gal/day - school wells, 200 ft.
 ≥ 1,200 gal/day, 250 ft.

Pit or Alcove - Noncomplying, 8 ft.
 Buried Fuel Oil Tank - Residential, 25 ft.
 Buried Petroleum Tank - Other, 100 ft.
 Shoreline, 25 ft.
 Swimming Pool, 8 ft.
 Privy - pit, 50 ft.
 Privy - vault, 25 ft.
 Building Drain, 8 ft.
 Building Sewer, 8 ft.
 Collector Sewer, 25 ft.
 Wastewater Sump - Watertight, 8 ft.
 Wastewater Sump - Not Watertight, 25 ft.
 Animal Barn Pen, 50 ft.
 Kennel < 5 pets, 8 ft.
 Kennel > 5 pets, 50 ft.
 Silo, 50 ft.
 Manure Sewer, 25 ft.
 Manure Sewer > 6-inch dia., 50 ft.

Manure Storage:
 Loading Area, 50 ft.
 Earthen Stack - Excavated or Non-Liquid tight, 250 ft.
 Temporary Stack, 150 ft.
 Liquid Tight Structure, 100 ft.
 Other

Scale: in. = ft.

Comments:

County / State Well Location Permit Application
Form 3300-076 (R 7/20) Page 3 of 3

COUNTY WELL LOCATION PERMIT APPLICATION FORM INSTRUCTIONS

NOTICE: This form is authorized by ss. 59.70(6) and 280.21, Wis Stats., and chs. NR 812 and 845, Wis. Adm. Code, and county ordinance. Completion of this form is mandatory. Failure to submit a completed form to the county is punishable by forfeiture, injunction or both, according to county ordinance. Each day of continued violation is a separate offense. Personally identifiable information on this form is not intended to be used for any other purpose.

GENERAL INFORMATION:

- The use of this form is required in counties that have been delegated regulation of private well location.
- Variations from the minimum location distances in ch. NR 812 can only be granted by the Department of Natural Resources. Variations are only granted when it is impractical or impossible to provide the minimum separation distances. Please contact your DNR district offices, for variance information.
- Either the property owner or the property owner's designated agent can complete the well application. The permit must be signed by the property owner or the property owner's designated agent.
- A county permit is required for:
 - driven point, drilled and dug wells whether constructed by a licensed well driller, driven point well constructor or the property owner.
 - all new or newly reconstructed wells and replacement wells.
 - all potable private and noncommunity wells.
- A county permit is not required for high capacity water systems, school water systems, wastewater treatment plant water systems, and water systems or installations requiring written plan approval from the DNR.
- The applicant must complete and submit the form to the county at least 2 working days before constructing the well if the owner or well constructor is interested in receiving information about potential contamination sources such as landfills; underground storage tanks; primary and replacement on site sewage disposal system areas on the development site and on adjacent properties; and special casing areas.
- Well construction may proceed immediately without the required county permit provided the property owner or the property owner's designated agent gives notice to the administrator prior to construction. Unless other arrangements are made with the administrator the permit must be applied for on the first work day following initial construction.
- When construction occurs on a weekend or holiday, notification to the administrator shall be provided on the first work day following the weekend or holiday. Unless other arrangements are made with the administrator, the permit application shall be obtained on the first work day following the weekend or holiday.

HOW TO COMPLETE THE APPLICATION:

- Press hard and write legibly using a ball point pen or use a typewriter.
- The applicant must complete all information requested on the application.
- If there is a question as to what information is requested, contact county staff.
- Send or deliver the form and permit fee to the county. Applicants will receive the 3rd copy of the approved application form and the on-site permit placard to post at the well site. The well constructor must fill out a combined water sample/well construction report after the well is finished. When the well is constructed by the owner, or a driven point well is constructed, the county will provide the property owner a combined water quality/well construction report to fill out and submit. Licensed well drillers will receive the combined forms from the DNR.
- The property owner or the property owner's designated agent may be required to notify the county that the well is completed within 10 days of construction.
- A site development plan may be required by the county. The applicant can include a copy of either the building or the sanitary plan, which shows the location of the proposed well, the dimensional locations of all known above and below grade structures, and the location of sewer lines, septic tanks and the primary and alternate drainfields on the property and on adjacent properties. If these plans are not available the applicant may need to prepare a site development plan that shows the above items.

IF AN ERROR OCCURS:

- Mistakes, tears or rips, and legibility. Carbonless paper is hard to correct. Either use a new form or put a new value next to the old illegible value on all 3 copies of the form.
- Loss of application form. Contact the county. If the permit has not been approved they will give you a new permit application. If the permit was approved, the county will send you a copy of the approved permit application.

THE PURPOSE OF COUNTY WELL LOCATION PERMIT SYSTEM:

- Assures that precautions are taken to avoid potential contamination sources.
- Helps prevent water contamination in your well from present and future contamination sources.
- Helps to maintain an accurate record of every private well's unique geologic environment and its initial water quality so that any subsequent water quality changes can be compared during the life of your well.

DNR County Permit: Form 3300-079: On-Site Permit Placard

Save... Print...

State of Wisconsin
Department of Natural Resources

On-Site Permit Placard
Form 3300-079 (R 11/16)

County Name

County Well Location Permit Number

Property Owner							
Last Name	First	MI					
Street Address							
City	State	ZIP Code					
Well Constructor							
Name							
License Number	Telephone Number						
Well Location							
Street Address (or Road)							
¼ ¼	¼	Section	Township	Range	E / W	Lot	Block
			N				
Lake, Stream, Watercourse						Subdivision	
Issued By							
Name							
Title							
Telephone Number ()	Date						

DNR County Permit: Form 3300-080: County Well Location Permit Transfer Application

Save...		Print...		Clear Data	
State of Wisconsin Department of Natural Resources Bureau of Drinking Water and Groundwater PO Box 7921, Madison WI 53707-7921 dnr.wi.gov				County Well Location Permit Transfer Application Form 3300-080 (R 3/13)	
<p>Notice: Pursuant to s. NR 845.09(9), Wis. Adm. Code, this form is required to be completed and submitted to the county when there is a change of well constructor or property owner after the permit application is submitted and approved but before the well construction is completed. Failure to submit a completed form to the county is punishable by forfeiture, injunction or both, according to county ordinance. Each day of continued violation is a separate offense. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31 - 19.39, Wis. Stats.).</p> <p>Instructions: Fill out the form with the permit information and applicable changes indicated.</p>					
Applicant Information					
Last Name		First		MI	Phone Number
Street Address or Route		City		State	ZIP Code
Current Well Information					
County Well Location Permit Number			Tax parcel or Lot Number		Issued on
Transfer Well Information					
Gov't Lot #	¼ ¼	¼	Section	Township	Range <input type="checkbox"/> E <input type="checkbox"/> W
				N	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village
Street Address or Route of Transfer Well					State
					WI
Due to a change in: (Check all that apply and fill out corresponding information for new constructor, installer and/or owner.)					
Name of person transferring permit					
1. Well Constructor Information					
Last Name		First		MI	Phone Number
Firm Name				License Number	
Street Address or Route		City		State	ZIP Code
2. Pump Installer Information					
Last Name		First		MI	Phone Number
Firm Name				License Number	
Street Address or Route		City		State	ZIP Code
3. Property Owner Information					
Business or Last Name		First		MI	Phone Number
Street Address or Route		City		State	ZIP Code
Certification					
I certify, to the best of my knowledge, the above information is correct and true.					
Signature of Applicant				Date Signed	

Inspections

- Inspect Wells / Water Systems
 - NR 812 & NR 845
 - Uniform Private Water Systems Guidance Manual
- Why Inspect?
 - County delegates can be authorized by DNR to inspect
 - Location & Construction (well height)
 - Sanitary condition (water quality, proper well cap/seal)
 - Work completed on new and existing wells

Inspections (continued)

- Who can do inspections?
 - DNR
 - Licensed well driller/ Licensed pump installer
 - County Delegate Levels 1 & 3 (Per DNR Approval)

DNR Inspection Forms

Inspection Forms - NR 812 Compliance Report

Inspection (Well)



- [Form 3300-305 \[FILLABLE PDF\]](#)
- [Form 3300-305 \[NON-FILLABLE PDF\]](#)

Property Transfer Well and Pressure System Inspection (Level 3 Delegate Counties Only)

Inspection (Property Transfer)



- [Form 3300-221 \[FILLABLE PDF\]](#)
- [Form 3300-221 \[NON-FILLABLE PDF\]](#)

DNR Inspection Forms

- Provided by DNR for DNR, County or Licensed Well Driller/Pump Installer
- Form 3300-305: Well/Water System Inspection
 - “Inspection Form”
 - Levels 1, 2 & 3
- Form 3300-221: Property Transfer Well and Pressure System Inspection
 - Licensed Well Driller / Pump Installer

DNR Form Inspections: Form 3300-305 NR 812 Compliance Report

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Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin
Department of Natural Resources (DNR)
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

NR 812 Compliance Report
Form 3300-305 (R 06/22) Page 1 of 3

Notice: Information on this form is required under ch. NR 810, NR 812, and NR 845 Wis. Adm. Code. Failure to provide information may result in penalties identified in ss. 281.98 or 280.97, Wis. Stats. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records laws (ss. 19.31-19.39, Wis. Stats.). Unless otherwise stated, all citations refer to Wisconsin Administrative Code.

This Form May Not Be Used for a NR 812 Property Transfer Well Inspection - use Form 3300-221

Purpose of Report:

- Verification of well casing depth for an existing well NR 812.10(15) and NR 812.42(11). - Complete Sections 1 - 4 and 8
- Identification of noncomplying features not corrected. (NR 812.04) - Complete Sections 1 - 8
- Inspection of an existing well and pump system to verify compliance with NR 812. - Complete Sections 1-8
- Delegated County well inspection, NR 845.05 - See Instructions on page 3
- Well Conditioning Report, NR 812.22 - Complete Sections 1 - 4, 8 and 9

Section 1 - Contact Information

Owner Name	Mailing Address	City, State, Zip Code	Telephone Number
System Name (Only for Public Water System)		PWS Number (Only for Public Water Systems):	

Section 2 - Property Location

Fire Number	Street or Road	<input type="radio"/> Village <input type="radio"/> City <input type="radio"/> Township	County
1/4 1/4	1/4	Section Township Range E W	Latitude (DD, ex. 44.4444) Longitude (DD, ex. -89.9999)
GPS Method: <input type="radio"/> GPS Receiver - Type <input type="radio"/> Online Map <input type="radio"/> Other:			

Section 3 - Well Data

<input type="radio"/> Drilled <input type="radio"/> Driven point <input type="radio"/> Jetted well <input type="radio"/> Dug <input type="radio"/> Other	<input type="radio"/> Casing Liner Material <input type="radio"/> Liner Diameter <input type="radio"/> Liner Depth	<input type="radio"/> Casing Diameter in <input type="radio"/> Casing Height in <input type="radio"/> Well Location	<input type="radio"/> Casing Depth ft <input type="radio"/> Depth to Water ft <input type="radio"/> Data from: <input type="checkbox"/> Measurement <input type="checkbox"/> Driller <input type="checkbox"/> Well Construction Report <input type="checkbox"/> Owner's Memory	<input type="radio"/> WUWN <input type="radio"/> Depth to Bedrock ft	<input type="radio"/> Total Well Depth ft
--	--	---	--	---	---

Section 4 - Separation Distances from Well as Required under s. NR 812.08 - check 1st box if present; enter distance to well in 2nd box

<input type="checkbox"/>	POWTS - Septic/Holding Tank, 25 ft.	<input type="checkbox"/>	Silo, 50 ft. (1975, 1991)
<input type="checkbox"/>	POWTS - Soil Absorption Unit/Mound-Single Family, 50 ft.	<input type="checkbox"/>	Manure Storage Structure - Earthen/Excavated/Non-Liquid Tight, 250 ft.
<input type="checkbox"/>	Grease Interceptor-Buried Trap, 25 ft.	<input type="checkbox"/>	Manure Stack - Temporary, 150 ft.
<input type="checkbox"/>	Sanitary Collector Sewer, 25 ft.	<input type="checkbox"/>	Manure Hopper/Reception Tank - Liquid-Tight, 50 ft.
<input type="checkbox"/>	Sanitary Building Sewer, 8 ft.	<input type="checkbox"/>	Manure Sewer, 25 ft.
<input type="checkbox"/>	Stormwater Infiltration Basin ≤ 2 Residences, 8 ft.	<input type="checkbox"/>	Silage Storage Tube, 8 ft. (1991); 50 ft. (2014)
<input type="checkbox"/>	Gasoline/Other Petroleum/Liquid Product Tank - Buried or ≥ 1500 Gal., 100 ft. (1975)	<input type="checkbox"/>	Landfill, 1200 ft. (1975)
<input type="checkbox"/>	Gasoline/Other Petroleum/Liquid Product Tank - Surface or < 1500 Gal., 25 ft. (2014)	<input type="checkbox"/>	Pet Animal Shelter/Kennel ≤ 5 Pets, 8 ft. (1991)
<input type="checkbox"/>	Fuel Oil Tank ≤ 1500 Gal., 25 ft.	<input type="checkbox"/>	Pet Animal Shelter/Kennel > 5 Pets, 50 ft. (1991)
<input type="checkbox"/>	Fuel Oil Tank > 1500 Gal., 100 ft.	<input type="checkbox"/>	Salt/Deicing Storage, 250 ft. (1991)
<input type="checkbox"/>	Ditch or Culvert, 8 ft. (1994)	<input type="checkbox"/>	Swimming Pool - Above/Inground, 8 ft. (1975)
<input type="checkbox"/>	Shoreline - Lake/Stream/Pond, 25 ft. (1975)	<input type="checkbox"/>	Animal Yard/Shelter, 50 ft. (1975)
<input type="checkbox"/>	Sump-Wastewater - Watertight, 8 ft. (1975)	<input type="checkbox"/>	Animal Barn, 50 ft. (2014)
<input type="checkbox"/>		<input type="checkbox"/>	Animal Barn Pen, 25 ft. (1975); 50 ft. (2014)

Section 5 - Pump/Supply Line Data

Pump Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow Well <input type="checkbox"/> Double Pipe Deep Well <input type="checkbox"/> Working Head	<input type="checkbox"/> Single Pipe Packer-Jet <input type="checkbox"/> Hand Pump <input type="checkbox"/> Offset - Height Above Floor <input type="checkbox"/> Other	Well Discharge Piping: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/> Pitless Adaptor <input type="checkbox"/> Pressurized Concentric Piping	<input type="checkbox"/> Non Pressurized Concentric piping <input type="checkbox"/> Non Pressure Conduit Present <input type="checkbox"/> Overflow Pipe for Flowing Well <input type="checkbox"/> Unprotected Buried Suction Line
Pump Location: <input type="checkbox"/> In Well/Submersible <input type="checkbox"/> On Well <input type="checkbox"/> Pit <input type="checkbox"/> Alcove <input type="checkbox"/> None - Unused well must be filled and sealed	<input type="checkbox"/> Basement <input type="checkbox"/> Building <input type="checkbox"/> Pumphouse <input type="checkbox"/> Crawl Space	Pump Make/HP (if known)	Pump Installer (if known)
		Pressure Tank Type/Location	Pump Installation <input type="radio"/> Complies <input type="radio"/> Does Not Comply

NR 812 Compliance Report
Form 3300-305 (R 06/22) Page 2 of 3

Section 6 - Well and Pump Code Violations Needing Correction - Check if Noncomplying

- Unused Well Should be Filled and Sealed
- Stovepipe or Thin-Walled Casing
- Dug Well
- Unprotected Buried Suction Line
- Alcove (Subsurface Pumproom) or Pit
- Non-Walkout Basement or Below-Grade Crawl Space Well
- Poor Casing Condition (Badly Corroded or Cracked)
- Contaminant Source too close to well - see above
- Well in Floodway or Flood Fringe
- Well at Risk from Localized Flooding
- Cross-Connection
- Driven Point Well (installed after 1-31-1991) without construction report
- Offset Pump or Piping Height < 12" Above Floor (After 1-31-1991)
- Yard Hydrant in or on a Well
- Materials for Pump and Supply Piping
- Flowing Well Installation
- Check Valve Location
- Well Cap or Seal*
- Casing Height*
- Electrical Wires Not Properly Enclosed in Conduit
- Sample Faucet is Missing or Incorrect*
- Casing less than 6" in diameter for a well in limestone, dol shale, quartz or granite
- Health/Safety Hazard
- Hand Pump
- Unapproved Spring Box or Surface Water Supply -Contact DNR

* Item must be corrected if work is being done involving entry into the well
^ Item must be corrected if work is being done on pressure tank or piping

Section 7 - Compliance Determination

Based on this inspection, the well and pressure system:

- Complies with Chapter NR 812, Wis. Adm. Code
- Does not comply with Chapter NR 812, Wis. Adm. Code and needs to be filled and sealed per NR 812.26 - See Comments Below
- Does not comply with Chapter NR 812, Wis. Adm. Code but may be repaired/modified to be brought into compliance - See Comments

Comments

Section 8 - Signature

Printed Name of Well/System Owner	Signature of Well/System Owner	
Printed Name of Individual Inspecting/Working on Installation	License #	Telephone Number
Signature of Individual Inspecting/Working on Installation	Date	

Section 9 - Well Conditioning Report (Attach original Well Construction Report if available)

Type of conditioning: <input type="radio"/> Hydrofracturing <input type="radio"/> Well Blasting <input type="radio"/> Chemical Treatment	Results Achieved:
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Description of work completed (attach additional sheets if necessary):

NR 812 Compliance Report
Form 3300-305 (R 06/22) Page 3 of 3

Instructions

This Form may not be used for an NR 812 Property Transfer Inspection - use Form 3300-221. Inspections of spring boxes or surface water systems should be referred to DNR staff.

Purpose of Inspection: Check only ONE box.

Verification of casing pipe depth: Use this form when verification of casing pipe depth is required by NR 812.10(15) and NR 812.42(11) due to a lack of a confirmable well construction report. This report shall be submitted to the DNR and the well owner no later than 30 days after performing the verification.

Identification of noncomplying features: Use this form to notify an owner of non-complying features that were not upgraded during work as required in NR 812.04.

A copy of this form shall be filed with the DNR by the well driller, pump installer or by the water system owner or user within 10 days after the initial evaluation of the water system has been completed if the required repairs are not made.

Inspection of an existing well for compliance with NR 812: Use this form to report an inspection requested by the DNR, or an inspection requested by a municipality under a local private well ordinance to comply with NR 810.16. This form shall be submitted to the entity that requested the inspection.

Delegated County well inspection: Use this form for any inspection conducted under NR 845.05. For Level 1 Inspections, complete Sections 1-4, 7 and 8. For Level 3 Inspections, complete Sections 1-8.

Well Conditioning Report: Use this form to document the results of well conditioning as required by NR 812.22. A copy of this form shall be submitted to the DNR within 30 days after the work is completed.
Note: Batch chlorination is not well conditioning

Section 1: Enter the well owner contact information you have at the time of inspection. When identifying noncomplying features or conditioning a well with a confirmed existing well construction report, you may attach the existing well report to this form and enter any information that needs to be changed in the appropriate sections of the form.

Section 2: Well locations should be identified as precisely as possible. For any inspection or report that is required to be submitted to the DNR, the County, Fire Number and/or Street address and either a Latitude/Longitude or Town/Range/Section are required fields.

Section 3: For 'Verification of well construction for an existing well', the casing depth, and total well depth are required fields. If the well has a WI Unique Well Number (WUWN), you may enter it and attach it or continue to the next section.

Section 4: Check the 1st box if present and enter the distance to the well in the 2nd box.

Section 5: Enter as much information about the pump and supply line as you can verify.

Section 6: Check only those features that DO NOT comply with the requirements for existing wells in NR 812.

Section 7: Check only ONE box and provide comments as needed.

Section 8: The individual performing the operation or inspection should sign and enter their license or registration number.

Section 9: Check only ONE box and describe the work done and the results achieved.

When required above, submit this form to:
DNRWELLREPORT@wisconsin.gov

DNR Form Inspections: Form 3300-221 Property Transfer Well and Pressures System Inspection

Clear Data		Print...		Save...		<p>Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.</p>																		
State of Wisconsin Department of Natural Resources dnr.wisconsin.gov				Property Transfer Well and Pressure System Inspection Form 3300-221 (R 08/21)																				
<p>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.</p>																								
Contact Information																								
Inspection Requested By						Telephone Number																		
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				<input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village		County																
of																								
¼ ¼	¼	Section		Township	Range	E	Latitude (DD, ex. 44.444)	Longitude (DD, ex. -89.999)	WUWN															
W	N	W	N	W	N	W																		
Identified noncomplying features (noted below with a check mark)																								
1. <input type="checkbox"/> Unused Well	2. <input type="checkbox"/> Stovepipe or Thin-Walled Well Casing	3. <input type="checkbox"/> Dug Well	4. <input type="checkbox"/> Buried Suction Line	5. <input type="checkbox"/> Alcove (Subsurface Pumphoom) or Pit	6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well	7. <input type="checkbox"/> Poor Well Casing Pipe Condition	8. <input type="checkbox"/> Contamination 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 < 25 well casing pipe or installed after 1-31-1991 with no well construction report	13. <input type="checkbox"/> Nonpressure Conduit	14. <input type="checkbox"/> Hand Pump	15. <input type="checkbox"/> Offset Pump or Piping Height Above Basement 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 at Wellhead Not Enclosed in Conduit	23. <input type="checkbox"/> Sample Faucet is Missing or Noncomplying	24. <input type="checkbox"/> Casing less than 6" in diameter for a well terminating in limestone, dolomite, shale, quartz or granite	25. <input type="checkbox"/> Extreme Health/Safety Hazard
Comments																								
<input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe	<input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work	<input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work	<input type="checkbox"/> Unable to confirm whether well terminates in limestone, dolomite, shale, quartz or granite	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump	<input type="checkbox"/> Pre-1991 Driven Point Pipe Depth < 25 feet	<input type="checkbox"/> Well Construction Report Not on File or Unlocatable	<input type="checkbox"/> Well Located in Special Well Casing Depth Area	<input type="checkbox"/> Non-Vermin-Proof Well Cap or Well Seal															
Compliance Determination																								
Based on my personal inspection of the real property, the well and pressure system: (check one)																								
<input type="radio"/> Complies with NR 812, Wis. Adm. Code	<input type="radio"/> Does not Comply with NR 812, Wis. Adm. Code	<input type="radio"/> 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:																						
<input type="checkbox"/> an unused well	<input type="checkbox"/> floodway/floodplain	<input type="checkbox"/> contamination source	<input type="checkbox"/> other: _____																					
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.																								
Printed Name of Licensed Water Well Driller or Pump Installer						Individual License #			Telephone Number															
Signature of Licensed Water Well Driller or Pump Installer									Date															

Variations

- What is a Variance?
 - NR 812.07(112q) "Variance" means a department approval to construct or install a water system or a portion of a water system in a manner not in strict compliance with the requirements of this chapter.

Subchapter V — Variations

NR 812.43 Variations.

(1) When strict compliance with the requirements of this chapter is not feasible, a variance may be requested. All variance requests shall be in writing, except for situations that may require an immediate response, in which case a variance may be requested verbally from the owner, or the owner's agent, and a verbal variance may be granted by the department to be followed up with a written confirmation. If the verbal request is made by the owner's agent, the agent shall provide confirmation of the owner's concurrence with the request. A variance request shall include the names of the owner or owners and, if known, the well or heat exchange driller, well constructor or pump installer. The reason or reasons compliance with the requirements for this chapter is not feasible shall also be provided. The department may require the owner or the owner's agent to submit additional information necessary for the department to determine if a variance is justified. The owner or owners or the owner's agent shall sign the variance request. The department may condition the issuance of a variance by requiring additional construction or installation features to safeguard the groundwater and water supplied by the installation from contamination. Failure to comply with the conditions of a variance or the applicable requirements of this chapter voids the variance approval.

Variations: Regulatory Authority

- NR 812.43
 - (1) When strict compliance with the requirements of this chapter is not feasible, a variance may be requested.
 - “A variance request shall include the ... reason or reasons compliance with the requirements for this chapter is not feasible...”
 - “The department may require the owner or the owner's agent to submit additional information ... to determine if a variance is justified.”

Variations: Use

- DNR is authorized to issue variations
 - DNR will conduct geologic/hydrogeologic review
 - DNR will issue approval/denial decision letter
- 2 types of variations
 - Standard Variance (Form 3300-210)
 - Landfill Variance (Form 3300-209)
- Counties are not authorized to issue variations
- Counties should refer customers to DNR for variations and/or questions.

Variations: Guidelines

- Not issued as a convenience
- Forms completed/submitted by well owner or licensed well contractor (agent).
- Contamination sources are too close to a well
- Cannot meet code requirements for a well
 - Various reasons
 - Applicant must justify reasons (feasibility statement)
- Samples probably required (for existing wells)

Variance & Approval Forms

Contamination too close to proposed well

Variance



- Application for Landfill Variance:
 - [Form 3300-209 \[FILLABLE PDF\]](#)
 - [Form 3300-209 \[NON-FILLABLE PDF\]](#)
- Application for Variance:
 - [Form 3300-210 \[FILLABLE PDF\]](#)
 - [Form 3300-210 \[NON-FILLABLE PDF\]](#)
- GIS Site Well Approval [Form 3300-254 \[PDF\]](#) (approval needed when GIS Registry Site on same property as proposed well)

DNR Variance & Approval Forms

- Provided by DNR for DNR & Applicant Use (or Agent of Applicant)
- Form 3300-209: Application for Landfill Variance
- Form 3300-210: Application for Variance
- Form: 3300-254: Continuing Obligations / Residual Contamination
- PDF Fillable and Non-Fillable Versions

DNR Forms Variances & Approvals: Form 3300-209 Application for Landfill Variance

Save... Clear Data **Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Application for Landfill Variance
Form 3300-209 (R 08/20) Page 1 of 3

Notice: Information requested is required for the Department to determine if a variance to the landfill separation distance can be granted, per ch. NR 812, Wis. Adm. Code. Failure to provide all requested information may result in your application for a variance being denied. Personally identifiable information on this form will be used for administration of the water supply program, and will also be available to requesters under Wisconsin's Public Records law [ss. 19.31-19.39, Wis. Stats.].

Chapter NR 812, Wisconsin Administrative Code, establishes uniform statewide standards for the construction and maintenance of water supply systems. Section NR 812.43(1), Wis. Adm. Code states in part:
"When strict compliance with the requirements of this chapter is not feasible a variance may be requested..."

Well Owner Information				
Last Name	First	MI	Email	Phone Number
Mailing Street Address and/or PO Box			City	State ZIP Code
Facility Name (if applicable)		<input type="radio"/> Private or <input type="radio"/> Non-Community System		
List complete names of all property owners as they appear on the property title.				
Name (Other Property Owner)		Name (Other Property Owner)		
Name of Well Driller, Well Contractor or Pump Installer (if known)		License #	Well Contractor Email Address	

Well Location Information				
Street Address of Well (if different than owner)		City	State	ZIP Code
Complete legal description of property where water supply is/will be located as it is described in the property title.				
Gov't Lot #	¼ ¼	¼	Section Township Range	County
For what type of well are you seeking a variance?		Lot Number	Latitude (DD)	Longitude (DD)
<input type="radio"/> Existing Well <input type="radio"/> Proposed Well			° N	° W

Well Construction Information				
For either an existing or proposed well, complete the well construction information below to the best of your knowledge. For existing wells, include a copy of the well construction report if possible. If a well construction report cannot be located, you must complete and submit a NR812 Compliance Report (Form 3300-305).				
Construction Type		Drilling Method	Upper Enlarged Drillhole Diameter	Upper Enlarged Drillhole Depth
<input type="radio"/> Drilled <input type="radio"/> Driven Point <input type="radio"/> Other				
Well Depth	Casing Material	Casing Diameter	Casing Depth	Grout Material Grouting Method
(If Existing) Name of Original Well Owner if known	(If Existing) Constructed By	(If Existing) Completion Date	Unique Well Number	

Feasibility
Why is compliance with the 1200 foot separation distance not feasible?

Application for Landfill Variance
Form 3300-209 (R 08/20) Page 2 of 3

Site Drawing
<ul style="list-style-type: none"> Include an aerial photo, map, or diagram of the property OR Sketch the property and the location of any proposed new well or existing wells. Include the scale of the drawing and direction and distance to nearest edge of landfill. Attach any additional information that may help the DNR review this variance application.

(North)

Applicant Certification
<ul style="list-style-type: none"> DNR regional personnel may inspect this property to verify information provided and to determine comparable protection. You may be contacted for an appointment, or if more information is needed. NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN VARIANCE APPROVAL DOCUMENT. Written notification will be provided of approval or denial within 65 business days of receipt of this application, as provided in s. NR 812, Wis. Adm. Code.

I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand information I provide will be used by the Department to determine if a variance can be granted and what construction specifications may be required to provide comparable protection. I further understand that in granting a variance the Department does not accept water quality or quantity.

Signature of: <input type="radio"/> Owner <input type="radio"/> Owner's Agent <input type="radio"/> Landfill Owner	Date Signed (mm/dd/yy)
Print Name	

EMAIL THIS APPLICATION TO: DNRWellVariance@wisconsin.gov

If unable to email, mail to:
DNR DG/5
PO Box 7921
Madison, WI 53707-7921

Application for Landfill Variance
Form 3300-209 (R 08/20) Page 3 of 3

Application for Landfill Variance Instructions

Fill out the variance application completely and accurately. An incomplete or inaccurate application will not be evaluated. Submit any additional information requested by the DNR (for example, water sample test results, well construction reports, site maps) with the application.

Applicant Information. A variance application can be completed by the well owner or by an owner's agent. If the well address is different from the address for the owner or agent, complete both addresses. Only include geographic information for the well location.

Well Location and Construction Information. Complete this section to the best of your knowledge for either an existing or proposed well. Provide a copy of the well construction report for existing wells. If a copy of the well construction report is not available, please complete an NR812 Compliance Report, Form 3300-305. Provide the Public Land Survey System (PLSS) information. Provide Global Position System (GPS) coordinates for existing wells and estimated GPS coordinates for new wells. Estimate the coordinates of new wells using an on-site measurement of the proposed well location or a map viewer online application computer or similar method. Provide a description of the proposed well construction for new wells.

Feasibility Statement. Describe the proposed alternative to the 1200-foot separation distance code requirement. A description of why strict compliance with the code is not feasible is required. Include the specific reduction in the separation distance or other alternative to code compliance you are proposing.

Some examples of reasons that strict compliance is not feasible may include:

- The entire property is within the 1200-foot separation distance requirement.
- The site has limited areas that a drill rig can drive to. The only available location does not meet a required separation distance to a landfill or other code requirement.
- The site has limited locations that can meet conflicting separation distances.

Site Information. A site map, diagram, aerial photo or site drawing is required to present the existing or proposed well location in relation to site landmarks or potential contamination source locations. If completing a site drawing, hand draw a scale map or provide a survey map. Identify key measured distances to site features that affect code compliance. Identify ground surface slopes and other topographic features that affect the direction of surface water flow near the wellhead. Identify any potential contaminant sources.

Signature and Date. The application is required to be signed by the owner or the owner's agent. Unsigned applications will not be evaluated. Date all signatures.

DNR Varaince & Approval Forms: Form 3300-210 Application For Variance

Save... Clear Data **Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Application for Variance
Form 3300-210 (R 06/20) Page 1 of 3

Notice: Information requested is required for the Department to determine if a variance can be granted, per ch. NR 812, Wis. Adm. Code. Failure to provide all requested information may result in your application for a variance being denied. Personally identifiable information on this form will be used for administration of the water supply program, and will also be available to requesters under Wisconsin's Public Records law [ss. 19.31-19.39, Wis. Stats.].

Chapter NR 812, Wisconsin Administrative Code, establishes uniform statewide standards for the construction and maintenance of water supply systems. Section NR 812.43(1), Wis. Adm. Code states in part:
"When strict compliance with the requirements of this chapter is not feasible a variance may be requested..."

Well Owner Information

Last Name	First	MI	Email	Phone Number
Mailing Street Address and/or PO Box			City	State ZIP Code
Facility Name (if applicable)			<input type="radio"/> Private or <input type="radio"/> Non-Community System	
List complete names of all property owners as they appear on the property title.				
Name (Other Property Owner)		Name (Other Property Owner)		
Name of Well Driller, Well Contractor or Pump Installer (if known)		License #	Well Contractor Email Address	

Well Location Information

Street Address of Well (if different than owner)		City	State	ZIP Code
Complete legal description of property where water supply is/will be located as it is described in the property title.				
Gov't Lot #	1/4	1/4	Section	Township
			Range	<input type="radio"/> E <input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> W of
For what type of well are you seeking a variance?		Lot Number	Latitude (DD)	Longitude (DD)
<input type="radio"/> Existing Well <input type="radio"/> Proposed Well			° N	- ° W

Well Construction Information

For either an existing or proposed well, complete the well construction information below to the best of your knowledge. For existing wells, include a copy of the well construction report if possible. If a well construction report cannot be located, you must complete and submit a NR812 Compliance Report (Form 3300-305).

Construction Type		Drilling Method	Upper Enlarged Drillhole Diameter	Upper Enlarged Drillhole Depth
<input type="radio"/> Drilled <input type="radio"/> Driven Point <input type="radio"/> Other				
Well Depth	Casing Material	Casing Diameter	Casing Depth	Grout Material
				Grouting Method
(If Existing) Name of Original Well Owner if known	(If Existing) Constructed By	(If Existing) Completion Date	Unique Well Number	

Code Requirement

For what requirement (s. NR 812 Wis. Adm. Code) are you requesting this variance?

What is the requested separation distance or construction requirement modification?

Feasibility

Why is compliance with the code requirement not feasible?

Application for Variance
Form 3300-210 (R 06/20) Page 2 of 3

Site Drawing

- Include an aerial photo, map, or diagram of the property OR Sketch the property and the location of any proposed new well or existing wells. Include the scale of the drawing and direction and distance to any known contamination sources. (for example, septic systems, gas tanks, drain tiles, animal pens, etc).
- Attach any additional information that may help the DNR review this variance application.

(North)

Applicant Certification

- DNR regional personnel may inspect this property to verify information provided and to determine comparable protection of You may be contacted for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN VARIANCE APPROVAL DOCUMENT.
- Written notification will be provided of approval or denial within 65 business days of receipt of this application, as provided in s. NR 812, Wis. Adm. Code.

I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand the information I provide will be used by the Department to determine if a variance can be granted and what construction specifications may be required to provide comparable protection. I further understand that in granting a variance the Department does not guarantee acceptable water quality or quantity.

Signature of: Owner Owner's Agent Date Signed (mm/dd/yyyy)

Print Name

SITE DRAWING

MAIL THIS APPLICATION TO: DNR DG/5
PO BOX 7921
MADISON, WI 53707-7921

Application for Variance
Form 3300-210 (R 06/20) Page 3 of 3

Application for Variance Instructions

Fill out the variance application completely and accurately. An incomplete or inaccurate application will not be evaluated. Submit any additional information requested by the DNR (for example; water sample test results, well construction reports, site maps) with the application.

Applicant Information. A variance application must be completed by the well owner or by an owner's agent. If the well address is different from the address for the owner or agent, complete both addresses. Only include geographic information for the well location.

Well Location and Construction Information. Complete this section to the best of your knowledge for either an existing or proposed well. Provide a copy of the well construction report for existing wells. If a copy of the well construction report is not available, please complete an NR812 Compliance Report, Form 3300-305. Provide the Public Land Survey System (PLSS) information. Provide Global Position System (GPS) coordinates for existing wells and estimated GPS coordinates for new wells. Estimate the coordinates of new wells using an on-site measurement of the proposed well location or a map viewer or similar method. Provide information about the proposed well construction for new wells.

Feasibility Statement. Provide the code requirement that you are requesting a variance to. Be specific as possible. Describe the proposed alternative to the code requirement. Describe why strict compliance with the code requirement is not feasible.

Some examples of reasons that strict compliance is not feasible may include:

- The site has limited areas that a drill rig can drive to. The only available location does not meet a required separation distance to a potential contamination source or other code requirement.
- The site has limited locations that can meet conflicting separation distances.
- The only available water supply that meets the necessary water quality and quantity requirements is not accessible at a shallower level in the aquifer if the minimum grouted casing depth code requirements are in place.

Site Information. A site map, diagram, aerial photo or site drawing is required to present the existing or proposed well location in relation to site landmarks or potential contamination source locations. If completing a site drawing, hand draw a scale map or provide a survey map. Identify key measured distances to site features that affect code compliance. Identify ground surface slopes and other topographic features that affect the direction of surface water flow near the wellhead. Identify any potential contaminant sources.

Signature and Date. The application is required to be signed by the owner or the owner's agent. Unsigned applications will not be evaluated. Date all signatures.

DNR Forms Variances & Approvals: Form 3300-254 Continuing Obligations / Residual Obligations Well Approval Application

Clear Data Save... Submit by Email **Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Continuing Obligations / Residual Contamination Well Approval Application

Form 3300-254 (R 01/2024) Page 1 of 2

Notice: This form is authorized under ss. 280.11 and 281.11, Stats., and s. NR 812.09 and 812.09(4)(w), Wis. Adm. Code. The department will use information provided on this form to determine whether construction, reconstruction, or replacement of a well is approvable under s. NR 812.09(4)(w), Wis. Adm. Code, for properties in the Wisconsin Remediation & Redevelopment database with residual contamination and continuing obligations. Failure to submit this form or provide all required information may result in denial of your request for approval. Constructing, reconstructing, or replacing a well without approval may result in penalties under ss. 281.08 and 280.07, Stats. Personally identifiable information on this form is not likely to be used for any purpose other than administration of the water supply program. However, copies of this form are available to requesters under Wisconsin's Public Records Law [ss. 19.31 - 19.39, Wis. Stats.].

Applicant Information

Last Name	First	MI	Owner's/Agent's Email Address	Daytime Phone # (include area code)
Mailing Street Address and PO Box			City	State ZIP Code

Well Site Information

Facility or Site Name (if any)	BRRTS ID No. (if known)			
Street Address of Well (if different than owner)	City	State	ZIP Code	

Complete legal description of property where water supply is/will be located as it is described in the property title.

Gov't Lot #	¼ ¼	¼	Section	Township	Range	<input type="radio"/> E	<input type="radio"/> City	<input type="radio"/> Town	<input type="radio"/> Village	County
				N		<input type="radio"/> W	of			

For what type of well are you seeking a variance?	Lot Number	Latitude (DD)	Longitude (DD)
<input type="radio"/> Existing Well <input type="radio"/> Proposed Well		° N	° W

Well Construction Information

For either an existing or proposed well, complete the well construction information below to the best of your knowledge. For existing wells, include a copy of the well construction report if possible. If a well construction report cannot be located, you must complete and submit a NR812 Compliance Report (Form 3300-305).

Construction Type	Drilling Method	Upper Enlarged Drillhole Diameter	Upper Enlarged Drillhole Depth
<input type="radio"/> Drilled <input type="radio"/> Driven Point <input type="radio"/> Other			
Well Depth	Casing Material	Casing Diameter	Casing Depth
(If Existing) Name of Original Well Owner if known	(If Existing) Constructed By	(If Existing) Completion Date	Unique Well Number

Remediation Site Information

BRRTS#	Site Name	Address (if different than well)

Contaminant Type: Petroleum VOC Pesticides Other (specify): _____

Nearby Well construction Reports and or Sample Results (if known):

Continuing Obligations / Residual Contamination Well Approval Application

Form 3300-254 (R 01/2024) Page 2 of 2

Site Drawing

- Sketch the property and location of the water supply. Include the scale of the drawing and distances to known sources of contamination (for example, contaminant plume, septic systems, gas tanks, drain tiles, animal pens, etc.)
- attach CAD or other computer generated drawings, if available
- Show slope arrows from well and contamination sources, if lot is sloped
- Attach any extra sheets of other information, which may be useful in describing your situation

(North)

- Department regional personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN APPROVAL DOCUMENT.
- Written notification will be provided of approval or denial with 65 business days of receipt of this application, as provided by s. NR 812.09, Wis. Adm. Code.

I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand that the information I provide will be used by the Department to determine if an approval can be granted and what construction specifications will be required to provide comparable protection. I further understand that in granting an approval the Department does not guarantee acceptable water quality or quantity.

Signature of: Owner Owner's Agent Date Signed (mm/dd/yyyy)

Printed Name of the Owner or Authorized Agent

Name and Address of Well Driller, Well Contractor or Pump Installer, if known

[Your Department of Natural Resources Office]

MAIL THIS APPLICATION TO: DNR DG/5
P.O. Box 7921
Madison, WI 53707-7921

See Service center locations | Wisconsin DNR for addresses.

Well Fill and Seal

- Only Licensed WD or PI Can Conduct the Fill and Seal Work
- Well Contractor has 30 Days to File a Fill and Seal Report
- Electronic Entry Only / DNR Online System (Online Form)

- County Level 5 Authority
 - Per NR 812.26 / DNR Recommendation / Health Advisory
 - Can require fill and seal of wells and boreholes
 - Noncomplying Wells
 - Contaminated wells

Well Fill and Seal

- Well Abandonment Reports: <https://apps.dnr.wi.gov/warspub/Report>

Wisconsin Department of Natural Resources

Well Filling & Sealing Reports

Welcome to the
Department of Natural Resources
Well Filling and Sealing Report System

Search for a Completed Report

(Look for a report for a specific well)

For Well Drillers and Pump Installers Only:

Online Reporting

(Complete, submit and view online reports)

To first access online reporting, click the link below and complete the three steps required.

[Register to Access Online Reporting](#)

If you experience problems with the Well Filling and Sealing Report System, please email the Bureau of Drinking Water and Groundwater at DNRDGPrivateWaterWebSupport@wisconsin.gov

Search Records



New Record Entry

