

## 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	
Mailing Address W5599 County Road MM	City Elkhart Lake	State WI	ZIP Code 53020
Well Owner's Name George Schur		Telephone Number	
Mailing Address W5599 County Road MM	City Elkhart Lake	State WI	ZIP Code 53020

### Property Location

Fire Number W5599	Street or Road County Road MM	<input type="radio"/> City <input checked="" type="radio"/> Town <input type="radio"/> Village	County Sheboygan
$\frac{1}{4}$ $\frac{1}{4}$ NE NW	Section 15	Township 16 N	Range 21 W
Latitude (DD, ex. 44.444) 43.858		Longitude (DD, ex. -89.999) -87.976	
WUWN AE140			

### Identified noncomplying features (noted below with a check mark)

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|--|---|
| <ul style="list-style-type: none"> <li>1. <input type="checkbox"/> Unused Well</li> <li>2. <input type="checkbox"/> Stovepipe or Thin-Walled Well Casing</li> <li>3. <input type="checkbox"/> Dug Well</li> <li>4. <input type="checkbox"/> Buried Suction Line</li> <li>5. <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit</li> <li>6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well</li> <li>7. <input type="checkbox"/> Poor Well Casing Pipe Condition</li> <li>8. <input type="checkbox"/> Contamination Source less than minimum separation distance from well: _____</li> <li>9. <input type="checkbox"/> Well in Floodway or Flood Fringe</li> <li>10. <input type="checkbox"/> Well at Risk from Localized Flooding</li> <li>11. <input type="checkbox"/> Cross-Connection</li> <li>12. <input type="checkbox"/> Driven Point Well &lt; 25 well casing pipe or installed after 1-31-1991 with no well construction report</li> </ul> | <ul style="list-style-type: none"> <li>13. <input type="checkbox"/> Nonpressure Conduit</li> <li>14. <input type="checkbox"/> Hand Pump</li> <li>15. <input type="checkbox"/> Offset Pump or Piping Height Above Basement Floor</li> <li>16. <input checked="" type="checkbox"/> Yard Hydrant</li> <li>17. <input type="checkbox"/> Materials for Pump and Supply Piping</li> <li>18. <input type="checkbox"/> Flowing Well Installation</li> <li>19. <input type="checkbox"/> Check Valve Location</li> <li>20. <input type="checkbox"/> Well Cap or Seal</li> <li>21. <input type="checkbox"/> Casing Height</li> <li>22. <input type="checkbox"/> Electrical Wires at Wellhead Not Enclosed in Conduit</li> <li>23. <input checked="" type="checkbox"/> Sample Faucet is Missing or Noncomplying</li> <li>24. <input type="checkbox"/> Casing less than 6" in diameter for a well terminating in limestone, dolomite, shale, quartz or granite</li> <li>25. <input type="checkbox"/> Extreme Health/Safety Hazard</li> </ul> |
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### Comments

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|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-1991 Driven Point Pipe Depth &lt; 25 feet</li> <li><input type="checkbox"/> Well Construction Report Not on File or Unlocatable</li> <li><input type="checkbox"/> Well Located in Special Well Casing Depth Area</li> <li><input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump</li> <li><input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe</li> <li><input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work</li> <li><input type="checkbox"/> Non-Vermin-Proof Well Cap or Well Seal</li> <li><input type="checkbox"/> Unable to confirm whether well terminates in limestone, dolomite, shale, quartz or granite</li> <li><input checked="" type="checkbox"/> Other: Non Vermin proof well cap</li> </ul> |
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### 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: \_\_\_\_\_

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 # 8775	Date 05/21/2024	Telephone Number (920) 564-2523
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