NR 812 Compliance Report

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

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 fines and forfeitures 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. 19.32-19.39, 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
- ◯ Inspection of an existing well and pump system to verify compliance with NR 812. - Complete Sections 1-8
- ◯ Identification of noncomplying features not corrected. (NR 812.04) - 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				◯ Village ◯ City ◯ Township of _____	County
¼ ¼	¼	Section	Township N	Range E ◯ W ◯	Latitude (DD, ex. 44.4444)	Longitude (DD, ex.- 89.9999)

GPS Method : ◯ GPS Receiver - Type _____ ◯ Online Map ◯ Other:

Section 3 - Well Data

◯ Drilled
◯ Driven point
◯ Jetted well
◯ Dug
◯ Other

Casing Diameter in	Casing Depth ft	WUWN	Depth to Bedrock ft	Total Well Depth ft
Casing Height in	Depth to Water ft	Constructed by (if known)		Date Drilled (if known)
Well Location	Data from: ☐ Measurement ☐ Well Construction Report			☐ Driller ☐ Owner's Memory

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

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

Section 5 - Pump/Supply Line Data

Pump Type:
- ☐ Submersible
- ☐ Shallow Well
- ☐ Double Pipe Deep Well
- ☐ Working Head
- ☐ Single Pipe Packer-Jet
- ☐ Hand Pump
- ☐ Offset - Height Above Floor _____
- ☐ Other _____

Well Discharge Piping:
- ☐ Above Ground
- ☐ Below Ground
- ☐ Pitless Adaptor
- ☐ Pressurized Concentric Piping
- ☐ Non Pressurized Concentric piping
- ☐ Non Pressure Conduit Present
- ☐ Overflow Pipe for Flowing Well
- ☐ Unprotected Buried Suction Line

Pump Location:
- ☐ In Well/Submersible
- ☐ On Well
- ☐ Pit
- ☐ Alcove
- ☐ None - Unused well must be filled and sealed
- ☐ Basement
- ☐ Building
- ☐ Pumphouse
- ☐ Crawl Space

Pump Make/HP (if known)

Pump Installer (if known)

Pressure Tank Type/Location

Pump Installation
◯ Complies
◯ Does Not Comply

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, dolomite, 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 Below

Comments

Section 8 - Signature

Printed Name 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:

- ◯ Hydrofracturing
- ◯ Well Blasting
- ◯ Chemical Treatment

Results Achieved:

Description of work completed (attach additional sheets if necessary):

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 l 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