

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

Variance / Approval - Water Test Request

Form 3300-009 (10/2024)

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(7), Wis. Adm. Code. This form will be used to determine compliance with variance or approval sampling requirements. 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 within required timeframe. All sample collection must comply with the requirements for collecting, handling, and submitting samples, described in s. NR 812.46(2) and ch. NR 149, Wis. Adm. Code.

Collection Date (MM-DD-YYYY)	Time <input type="radio"/> am <input type="radio"/> pm	Variance / Approval #	Wis. Unique Well # A A A N N N
Collected By (name)	Collector's License #	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	ZIP Code

Sampling Information and Test Requests <i>Refer to Variance/Approval letter for requested parameters.</i> <i>Analysis shall be performed using an NR 809 approved method.</i> Reason for Test: <input type="radio"/> Landfill Variance <input type="radio"/> Variance - Other <input type="radio"/> Approval - Other Sample Location: <input type="radio"/> Pressure Tank Tap <input type="radio"/> Bathroom Tap <input type="radio"/> Kitchen Tap <input type="radio"/> Milkhouse <input type="radio"/> Other _____ <i>Use of laboratory specific forms may be required.</i>	Laboratory Use Only	
	Date / Time Received	
	Lab Sample No.	Date Reported to DNR
	Laboratory Results on Separate Sheet	