Return Completed Form To:
Department of Natural Resources
Water Use Section - DG/5
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Water Withdrawal Report

Form 3300-275 (R 03/13)

http://dnr.wi.gov/topic/WaterUse/

Notice: Pursuant to chs. NR 820 & 856, Wis. Adm. Code, this form is required to report monthly volumes of the withdrawal on an annual basis. Reports must be submitted by March 1 for the previous year's withdrawals. Personally identifiable information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (s.19.31-19.39, Wis. Stats.).

1. Property Information

All sources on the same property have the same property #

Property Name	Property #

OWNER #	Operator #
Phone:	*Phone:*
Email:	*Email:*

2. Source Information

Each source has a unique source #

a. Source Name Assigned by Owner:	Source #

b. PLSS _____ ¼ of _____ ¼ of Section _____ , Township _____ N, R _____ ◯ E ◯ W

c. Hicap Well #	d. Constructed Year	c. Unique Well #
f. Pump Capacity (GPM)	**g. Well Depth (ft)**	**h. Casing Diameter (in)**

3. Water Withdrawal Reporting

Report each groundwater and surface water source separately

a. Measurement Code

b. Water Use Code

c. Comments

Month	Gallons Pumped or Withdrawn Indicate zero gallons with a single "0"
Example	*__ __ 1, 2 0 9, 5 0 0 Gallons*
January	__ __ __, __ __ __, __ __ __ *Gallons*
February	__ __ __, __ __ __, __ __ __ *Gallons*
March	__ __ __, __ __ __, __ __ __ *Gallons*
April	__ __ __, __ __ __, __ __ __ *Gallons*
May	__ __ __, __ __ __, __ __ __ *Gallons*
June	__ __ __, __ __ __, __ __ __ *Gallons*
July	__ __ __, __ __ __, __ __ __ *Gallons*
August	__ __ __, __ __ __, __ __ __ *Gallons*
September	__ __ __, __ __ __, __ __ __ *Gallons*
October	__ __ __, __ __ __, __ __ __ *Gallons*
November	__ __ __, __ __ __, __ __ __ *Gallons*
December	__ __ __, __ __ __, __ __ __ *Gallons*

d. ☐ This source is approved exclusively for single family residential uses and the withdrawal capacity is less than or equal to 20 GPM.

e. ☐ I did not withdraw from this source in 20__.
If checked, select from reasons below:

☐ 1) Filled & Sealed Well ☐ 2)Temporarily Capped Well ☐ 3) Well Not Drilled ☐ 4) Do Not Know of this Well or Source

☐ 5) No Need for Water This Year ☐ 6) Surface Water Source Temporarily Offline ☐ 7) Surface Water Source Permanently Terminated

4. Certification and Signature

I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this water use report. I certify that the information contained in this form and attachments is accurate and complete.

Name (print)

☐ Owner ☐ Agent of Owner (if not, operator) ☐ Operator

Signature	Company	Date Signed

Mail signed form to address in upper left-hand corner of this form. DO NOT mail in this form if you reported your water use online.