

**Property Transfer Well(s) and Pressure System(s) Inspection**  
 Form 3300-221 (R 10/14)

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 <b>SHERYL REEDY (REMAX)</b>		Telephone Number <b>608-582-3338</b>	
Mailing Address <del>GALESVILLE</del>	City <b>GALESVILLE</b>	State <b>WI</b>	ZIP Code <b>54630</b>
Owner's Name <b>JOYCE CIELECKI</b>		Telephone Number	
Mailing Address <b>N13375 GRANA LN</b>	City <b>TREMPELLAU</b>	State <b>WI</b>	ZIP Code <b>54661</b>

**Property Location**

County of Water System Location <b>TREMPELLAU</b>	Grid or Street Address or Road Name and Number (if available) <b>N16450 HILLTOP LN</b>	City <b>GALESVILLE</b>	ZIP Code <b>54630</b>
Township <b>GALE</b>	Gov't Lot # $\frac{1}{4}$ of the	Section <b>N</b>	Range E/W <b>293</b>

**Known Noncomplying Features**

Identified noncomplying features are noted below with a check mark.

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Unused Well Should be Filled and Sealed                                    | 14. <input type="checkbox"/> Hand Pump   |
| 2. <input type="checkbox"/> Stovepipe or Thin-Walled Casing  | 15. <input type="checkbox"/> Offset Pump or Piping Height < 12" Above Floor  |
| 3. <input type="checkbox"/> Dug Well   | 16. <input type="checkbox"/> Yard Hydrant  |
| 4. <input type="checkbox"/> Unprotected Buried Suction Line  | 17. <input type="checkbox"/> Materials for Pump and Supply Piping  |
| 5. <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit  | 18. <input type="checkbox"/> Flowing Well Installation   |
| 6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well                       | 19. <input type="checkbox"/> Check Valve Location  |
| 7. <input type="checkbox"/> Poor Casing Condition (Badly Corroded or Cracked)                          | 20. <input type="checkbox"/> Well Cap or Seal  |
| 8. <input type="checkbox"/> Contaminant Source less than minimum separation distance from well: _____  | 21. <input type="checkbox"/> Casing Height   |
| 9. <input type="checkbox"/> Well in Floodway or Flopd Fringe   | 22. <input type="checkbox"/> Electrical Wires Not Properly Enclosed in Conduit   |
| 10. <input type="checkbox"/> Well at Risk from Localized Flooding                                      | 23. <input type="checkbox"/> Sample Faucet is Missing or Incorrect   |
| 11. <input type="checkbox"/> Cross-Connection  | 24. <input type="checkbox"/> Casing less than 6" in diameter for a well in limestone, dolomite, shale, quartz or granite |
| 12. <input type="checkbox"/> Driven Point Well (installed after 1-31-1991) without construction report | 25. <input type="checkbox"/> Health/Safety Hazard  |
| 13. <input type="checkbox"/> Nonpressure Conduit   |  |

**Comments**

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-1991 Driven Point Pipe Depth < 25 feet          | <input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work |
| <input type="checkbox"/> Well Construction Report Not on File or Unlocatable | <input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work |
| <input type="checkbox"/> Well Located in Special Well Casing Depth Area      | <input type="checkbox"/> Non-Vermin-Proof Well Cap or Well Seal                  |
| <input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump                  | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe      |  |

Based on my personal inspection of the real property, the well(s) and pressure system(s):  **Complies** with Wis. Adm. Code.  **Does not comply**

- More comprehensive or additional research is needed regarding:  
 an unused well  floodways/floodplains  contaminant sources  other:

*[Handwritten Signature]*

This form lists the visible conditions of the well(s) and pressure system(s) on the property at the time of inspection and does not imply or give any guarantee.

Signature of Licensed Water Well Driller or Pump Installer <b>Don Miller</b>	Individual License # <b>6340</b>	Date <b>6-23-15</b>	Telephone Number <b>608-539-2504</b>
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**Health Department  
County of La Crosse, Wisconsin**

300 4th Street North • 2nd Floor  
La Crosse, Wisconsin 54601-3228  
(608) 785-9872 • FAX: (608) 785-5552  
www.co.la-crosse.wi.us/health.htm



**Public Health**  
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**Public Health Laboratory**  
(608)785-9733

MILLERS PUMP INSTALLING  
W22744 WILLIAM MILLER LN  
GALESVILLE, WI 54630

Lab Sample ID: 201500900-001  
Date Sampled: 6/24/2015 16:00  
Date Received: 8/25/2015 8:38:00 AM  
Sample Location: Pressure Tank Tap  
Unique Well ID:

Submitter: MILLERS PUMP INSTALLING W22744 WILLIAM MILLER LN GALESVILLE, WI 54630	Client: CIELECKI JOYCE N16450 HILLTOP LN GALESVILLE, WI 54630	Sample Address: CIELECKI JOYCE N16450 HILLTOP LN GALESVILLE, WI 54630
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**Requested Analysis**

Test Group	Analysis	Method	Result	Unit	Result Description
ARSENIC	ARSENIC		ND	PPB(ug/L)	<b>NOT DETECTED</b>

ARSENIC IN DRINKING WATER: The Health Standard for Arsenic is 10 ug/L. If your water is less than 10 ug/L it is safe to drink and use for food preparation.

Arsenic analysis performed by Northern Lake Service Inc. Crandon, WI. WI Lab Certification #721026460

**ATRAZINE AND METALS ANALYSIS NOW AVAILABLE. CALL 608-785-9733 FOR DETAILS**

WISCONSIN CERTIFIED LABORATORY NO. 013  
LA CROSSE PUBLIC HEALTH LABORATORY  
300 4TH STREET N  
LA CROSSE WI 54601-3228



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MILLERS PUMP INSTALLING  
W22744 WILLIAM MILLER LN  
GALESVILLE, WI 54630

Lab Sample ID: 201500878-001  
Date Sampled: 6/23/2015 08:00  
Date Received: 6/23/2015 9:48:00 AM  
Sample Location: Pressure Tank Tap  
Unique Well ID:

Submitter: MILLERS PUMP INSTALLING W22744 WILLIAM MILLER LN GALESVILLE, WI 54630	Client: CIELECKI JOYCE N16450 HILLTOP LN GALESVILLE, WI 54630	Sample Address: CIELECKI JOYCE N16450 HILLTOP LN GALESVILLE, WI 54630
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**Requested Analysis**

Test Group	Analysis	Method	Result	Unit	Result Description
ARSENIC	ARSENIC			PPB(ug/L)	Results To Follow
ARSENIC IN DRINKING WATER: The Health Standard for Arsenic is 10 ug/L. If your water is less than 10 ug/L it is safe to drink and use for food preparation. Arsenic analysis performed by Northern Lake Service Inc. Crandon, WI. WI Lab Certification #721026460					
COLIFORM & NITRATE	Coliform Bacteria	P/A Enzyme Substrate	Absent		Bacteriologically Safe
COLIFORM & NITRATE	Nitrate	SM4500-D	<1.0	mg/L	
NITRATE NITROGEN: If your nitrate level is greater than 10 mg/L, your water exceeds state and federal standards for nitrate in public drinking water supplies. High nitrate levels in drinking water pose a serious risk to infants. If there is an infant or pregnant woman in your household and your water exceeds the federal nitrate standard, do not use your well water for drinking or cooking. The Wisconsin Division of Public Health recommends that people of all ages avoid long-term consumption of water that has a nitrate level greater than 10 mg/L. Reverse Osmosis is a very effective and low maintenance treatment system for the removal of nitrate. Units are installed at the kitchen sink and are available from licensed plumbers, water treatment specialists and home improvement retailers. It is VERY IMPORTANT to have the RO treated water tested for nitrate after installation of a system to insure the system is working properly. Nitrate Method SM 4500-D					

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