

7427

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State of Wisconsin, Department of Natural Resources
Bureau of Drinking Water & Groundwater – DG/5
PO Box 7921, Madison, WI 53707-7921
dnr.wi.gov

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MAY 20 2016

Non-Potable High Capacity Well
Approval Request

Form 3300-295 (R 5/14)

Page 1 of 4

Notice: Prior department approval is required for the construction, reconstruction or operation of a non-potable high capacity well or system of non-potable high capacity wells in accordance with Section NR 812.09(4)(a), Wis. Adm. Code. Use this form to request an approval for installation of a well or wells on a high capacity property or to modify a well on a high capacity property. 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. Applicant Information

Owner (Name of Person and Title) Paul Roberts, President		Company Roberts Irrigation Company, Inc.	
Street Address PO Box 490, 1500 Post Road		City Plover	State WI
		ZIP Code 54467	
Phone Number (include area code) 715 344 4747	Fax Number 715 344 4505	Email Address proberts@callroberts.com	

2. Owner Information (if different than applicant)

Owner (Name of Person and Title) Nick Karris		Company Water Tower Agra, LLC	
Street Address 415 N. La Salle #700A		City Chicago	State IL
		ZIP Code 60654	
Phone Number (include area code) 312 521 9342	Fax Number	Email Address	

3. Operator Information

Operator, if different than owner (Name of Person and Title) same		Company	
Street Address		City	State
		ZIP Code	
Phone Number (include area code)	Fax Number	Email Address	

4. Submittal Purpose

Check all that apply

- Install one or more new wells with a capacity greater than 70 gallons per minute.
- Install one or more new wells with a capacity less than 70 gallons per minute on a high capacity property.
- Replace one or more wells with a capacity greater than 70 gallons per minute.
- Replace one or more wells with a capacity less than 70 gallons per minute on a high capacity property.
- Reconstruct one or more wells with a capacity greater than 70 gallons per minute.
- Reconstruct one or more wells with a capacity less than 70 gallons per minute on a high capacity property.
- Increase pumping rate in one or more wells to a rate greater than previously approved.
- Renew a previous approval that has expired.
- Other, explain

5. Project Description

Provide a brief description of the proposed project. Include number of acres and expected crop rotation for agricultural irrigation wells. Additional water supply well for 1280 acre property to supply water for irrigation and frost protection for cranberries.

6. Required Enclosures

- Non-Potable High Capacity Well Application Form.
- Aerial or Plat Map with property boundaries outlined.
- Variance Request, if needed (Form 3300-210)
- \$500 application fee (See s. 281.34 (2), Wis. Stats.)
- Well Construction Reports (if available) for existing wells.

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Non-Potable High Capacity Well Approval Request

Form 3300-295 (R 5/14)

Page 3 of 4

Notice: Prior department approval is required for the construction, reconstruction or operation of a non-potable high capacity well or system of non-potable high capacity wells in accordance with Section NR 812.09(4)(a), Wis. Adm. Code. Use this form to request an approval for installation of a well or wells on a high capacity property or to modify a well on a high capacity property. 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.).

Applicant Information

Application Prepared By (Name and Title) Paul Roberts, President	Company Roberts Irrigation Company, Inc.
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Property Information

Property owner, if different than applicant (Name of Person and Title) Nick Karris	Company Water Tower Agra, LLC
---	----------------------------------

County Adams	Town 20 N	Range 07	<input checked="" type="radio"/> East <input type="radio"/> West	Section 18	High Capacity Well File No. (if applicable) 01-1-273
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Yes No

- Is a proposed well within 1,200 feet of a landfill? Landfill location: (Township/Range/Section): T R S
- Are you aware of any existing well installations on the high capacity property that are out of compliance with Chapter NR 812, Wisconsin Administrative Code? If yes, please attach a description of the non-complying wells.

Existing Well Information

Enter the following information for all existing wells on the property and any contiguous property owned by the applicant.
Note: Applications are not complete unless they specify water use, pump capacities and GPS locations of existing wells.

Well Name and/or Number assigned by Owner	Water Use Code(s)	High Capacity Well Number	Pump Capacity (gpm)	Existing Well Coordinates Decimal Degrees Preferred (e.g. 45.1234, -89.1234)		WUWN or WCR Image File # (if known)
				Latitude	Longitude	
	IR23	3451	1000	44 12.486	89 42.498	RB716
	IR23	3675	1000	44 12.274	89 42.497	RB717
	DS11					OI393
	DS11					MT483

Additional Project Information

Please include any additional relevant information regarding this project such as existing wells to be abandoned, proposed non-standard construction methods or pending ownership changes

[Empty box]

WISCONSIN UNIQUE WELL NUMBER
SOURCE: WELL CONSTRUCTION **RB716**

State of Wi-Private Water Systems-DG/2
Department Of Natural Resources, Box 7921
Madison, WI 53707
Form 3300-77A
(Rev 12/00)

Property Owner **HOLLY RANCH CRANB** Telephone Number **- -**

Depth **92** FT

Mailing Address **636 ANIWA LN**

1. Well Location
T T=Town C=City V=Village
of **LEOLA** Fire#

City **NEKOOSA** State **WI** Zip Code **54457**

Street Address or Road Name and Number

County of Well Location **1** **ADAMS** WC Co Well Permit No **W 3451** Well Completion Date **August 29, 2003**

Subdivision Name Lot# Block #

Well Constructor **ROBERTS IRRIGATION** License # **3262** Facility ID (Public)

Gov't Lot or **SW** 1/4 of **NE** 1/4 of

Address **PO BOX 490** Public Well Plan Approval# **01-1-0273**

Section **18 T 20 N R 7 E**

City **PLOVER** State **WI** Zip Code **54467** Date Of Approval **12/04/2002**

2. Well Type **1** 1=New
2=Replacement (See item 12 below) GRN Status

Hicap Well # **3451** Common Well # **001** **30.8** gpm/ft

3=Reconstruction of previous unique well # _____ constructed in _____
Reason for replaced or reconstructed Well?

3. Well Serves # of homes and or **IRRIGATION**
(eg: barn, restaurant, church, school, industry, etc.)
XR M=Munic O=OTM N=NonCom P=Private Z=Other
X=NonPot A=Anode L=Loop H=Drillhole

High Capacity:
Well? **Y**
Property? **Y**
1 1=Drilled 2=Driven Point 3=Jetted 4=Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?
Well located in floodplain?
Distance in feet from well to nearest: (including proposed)
1. Landfill
2. Building Overhang
3. 1=Septic 2= Holding Tank
4. Sewage Absorption Unit
5. Nonconforming Pit
6. Buried Home Heating Oil Tank
7. Buried Petroleum Tank
8. 1=Shoreline 2= Swimming Pool
9. Downspout/ Yard Hydrant
10. Privy
11. Foundation Drain to Clearwater
12. Foundation Drain to Sewer
13. Building Drain
1=Cast Iron or Plastic 2=Other
14. Building Sewer 1=Gravity 2=Pressure
1=Cast Iron or Plastic 2=Other
15. Collector Sewer: ___ units ___ in . diam.
16. Clearwater Sump
17. Wastewater Sump
18. Paved Animal Barn Pen
19. Animal Yard or Shelter
20. Silo
21. Barn Gutter
22. Manure Pipe 1=Gravity 2=Pressure
1=Cast iron or Plastic 2=Other
23. Other manure Storage
24. Ditch
25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From		To	Upper Enlarged Drillhole	Lower Open Bedrock
Dia.(in.)	(ft)	(ft)		
30.0	surface	92	-- 1. Rotary - Mud Circulation -----	
			-- 2. Rotary - Air -----	
			-- 3. Rotary - Air and Foam -----	
			X -- 4. Drill-Through Casing Hammer	
			-- 5. Reverse Rotary	
			-- 6. Cable-tool Bit ___ in. dia -----	
			-- 7. Temp. Outer Casing ___ in. dia. ___ depth ft. Removed ?	
			Other	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
S	FINE MED SAND, TIGHT	0	10
MS	MED SAND	10	20
ASG	COARSE SAND, LITTLE GRAVEL	20	30
YAYC	COARSE SAND, GRAVEL, YELLOW	30	35
C	BROWN-GREY CLAY	35	45
MS	MED FINE SAND, SOME STREAKS	45	92
T_SC	SIFTED SAND, BR CLAY	92	92

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
16.0	A53 PL CASING .250 WELDED NORTHWEST PIPE	surface	62
Dia.(in.)	Screen type, material & slot size	From	To
16.0	JOHNSON #50	62	92

9. Static Water Level
8.5 feet **B** ground surface
..=Above B=Below

11. Well Is: **A** Grade
12 in. A=Above B=Below

10. Pump Test
Pumping level **15.0** ft. below surface
Pumping at **200.0**GPM **1.00**Hrs

Developed? **Y**
Disinfected? **Y**
Capped? **Y**

7. Grout or Other Sealing Material

12. Did you notify the owner of the need to permanently abandon and fill all

[Empty box]

[Empty box]

WISCONSIN UNIQUE WELL NUMBER
SOURCE: WELL CONSTRUCTION **RB717**

Property Owner: **HOLLY RANCH CRANB** Telephone Number: **- -**

Mailing Address: **636 ANIWA LN**

City: **NEKOOSA** State: **WI** Zip Code: **54457**

County of Well Location: **1 ADAMS** WC Co Well Permit No: **W** Well Completion Date: **September 11, 2003**

State of WI-Private Water Systems-DG/2
 Department Of Natural Resources, Box 7921
 Madison, WI 53707

Form 3300-77A
 (Rev 12/00)

Depth **95** FT

Well Constructor: **ROBERTS IRRIGATION** License #: **3262** Facility ID (Public):

Address: **PO BOX 490** Public Well Plan Approval#: **0110273**

City: **PLOVER** State: **WI** Zip Code: **54467** Date Of Approval: **09/09/2003**

Hicap Well #: **3675** Common Well #: **002** **31.7** gpm/ft

1. Well Location
 of **T** **LEOLA** T=Town C=City V=Village Fire#

Street Address or Road Name and Number

Subdivision Name Lot# Block #

Gov't Lot or **NW** 1/4 of **SE** 1/4 of

Section **18** T **20** N R **7** E

2. Well Type **1** 1=New
 2=Replacement (See item 12 below)
 3=Reconstruction
 of previous unique well # _____ constructed in _____

GRN Status

Reason for replaced or reconstructed Well?

3. Well Serves # of homes and or **IRRIGATION**
 (eg: barn, restaurant, church, school, industry, etc.)

XR M=Munic O=OTM N=NonCom P=Private Z=Other
 X=NonPot A=Anode L=Loop H=Drillhole

High Capacity:
 Well? **Y**
 Property? **Y**

1 1=Drilled 2=Driven Point 3=Jetted 4=Other

- 4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?**
 Well located in floodplain? _____
 Distance in feet from well to nearest: (including proposed)
- | | | |
|---------------------------------|---|--|
| 1. Landfill | 9. Downspout/ Yard Hydrant | 17. Wastewater Sump |
| 2. Building Overhang | 10. Privy | 18. Paved Animal Barn Pen |
| 3. 1=Septic 2= Holding Tank | 11. Foundation Drain to Clearwater | 19. Animal Yard or Shelter |
| 4. Sewage Absorption Unit | 12. Foundation Drain to Sewer | 20. Silo |
| 5. Nonconforming Pit | 13. Building Drain
1=Cast Iron or Plastic 2=Other | 21. Barn Gutter |
| 6. Buried Home Heating Oil Tank | 14. Building Sewer 1=Gravity 2=Pressure
1=Cast Iron or Plastic 2=Other | 22. Manure Pipe 1=Gravity 2=Pressure
1=Cast iron or Plastic 2=Other |
| 7. Buried Petroleum Tank | 15. Collector Sewer: ___ units ___ in . diam. | 23. Other manure Storage |
| 8. 1=Shoreline 2= Swimming Pool | 16. Clearwater Sump | 24. Ditch |
| | | 25. Other NR 812 Waste Source |

5. Drillhole Dimensions and Construction Method

Dia.(in.)	From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
30.0	surface	95	-- 1. Rotary - Mud Circulation ----- -- 2. Rotary - Air ----- -- 3. Rotary - Air and Foam ----- -- 4. Drill-Through Casing Hammer X -- 5. Reverse Rotary -- 6. Cable-tool Bit ___ in. dia ----- -- 7. Temp. Outer Casing ___ in. dia. ___ depth ft. Removed? Other	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
MS	MED SAND	0	5
GAS_	COARSE SAND LITTLE GRAY	5	15
YASC	COARSE SAND, YELLOW CLAY	15	25
MS	MED SAND	25	30
TASC	COARSE SAND BROWN CLAY	30	35
T_C_	BROWN CLAY	35	45
MS	MED FINE SAND	45	95
T_XM	BROWN CLAY SILT SAND	95	95

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
16.0	PLAIN A53 STEEL .250 WELDED NORTHWEST	surface	65
Dia.(in.)	Screen type, material & slot size	From	To
16.0	JOHNSON #50 SLOT	65	95

9. Static Water Level
 8.5 feet B ground surface
 ..=Above B=Below

11. Well Is: A Grade
 13 in. A=Above B=Below

Developed? **Y**
 Disinfected? **Y**
 Capped? **Y**

10. Pump Test
 Pumping level 40.0 ft. below surface
 Pumping at 1000GPM 1.00hrs

7. Grout or Other Sealing Material

12. Did you notify the owner of the need to permanently abandon and fill all

[Empty box]

[Empty box]

WISCONSIN UNIQUE WELL NUMBER
SOURCE: WELL CONSTRUCTION

MT483

State of WI-Private Water Systems-DG/2
Department Of Natural Resources, Box 7921
Madison, WI 53707

Form 3300-77A
(Rev 12/00)

Property Owner HOLLY RANCH CRANBERRIES Telephone Number - -

Depth 179 FT

Mailing Address 636 ANIWA LN

1. Well Location of T LEOLA T=Town C=City V=Village Fire#

City NEKOOSA State WI Zip Code 54457

Street Address or Road Name and Number

County of Well Location 1 ADAMS WC Co Well Permit No W Well Completion Date March 23, 1999

Subdivision Name Lot# Block #

Well Constructor License # Facility ID (Public) TERRY FARAGO 41

Gov't Lot or NW 1/4 of SE 1/4 of

Address Public Well Plan Approval# N6079 8TH AVE

Section 18 T 20 N R 7 E

City State Zip Code Date Of Approval PLAINFIELD WI 54966

2. Well Type 2 1=New 2=Replacement (See item 12 below) GRN Status

Hicap Well # Common Well # 3 gpm/ft

3=Reconstruction of previous unique well # constructed in Reason for replaced or reconstructed Well?

3. Well Serves # of homes and or (eg: barn, restaurant, church, school, industry, etc.) P M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole High Capacity: Well? N Property? N

1 1=Drilled 2=Driven Point 3=Jetted 4=Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? Y Well located in floodplain? N Distance in feet from well to nearest: (including proposed) 1. Landfill 15 2. Building Overhang 45 3. 1=Septic 2= Holding Tank 65 4. Sewage Absorption Unit 5. Nonconforming Pit 6. Buried Home Heating Oil Tank 7. Buried Petroleum Tank 8. 1=Shoreline 2= Swimming Pool 9. Downspout/ Yard Hydrant 10. Privy 11. Foundation Drain to Clearwater 12. Foundation Drain to Sewer 13. Building Drain 1=Cast Iron or Plastic 2=Other 14. Building Sewer 1=Gravity 2=Pressure 1=Cast Iron or Plastic 2=Other 15. Collector Sewer: ___ units ___ in . diam. 16. Clearwater Sump 17. Wastewater Sump 18. Paved Animal Barn Pen 19. Animal Yard or Shelter 20. Silo 21. Barn Gutter 22. Manure Pipe 1=Gravity 2=Pressure 1=Cast iron or Plastic 2=Other 23. Other manure Storage 24. Ditch 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From To		Upper Enlarged Drillhole	Lower Open Bedrock
Dia.(in.)	(ft)	(ft)	
6.0	surface	179	

- 1. Rotary - Mud Circulation
- 2. Rotary - Air
- 3. Rotary - Air and Foam
- 4. Drill-Through Casing Hammer
- 5. Reverse Rotary
- 6. Cable-tool Bit ___ in. dia
- 7. Temp. Outer Casing ___ in. dia. ___ depth ft. Removed ?
- Other

8. Geology Codes Type, Caving/Noncaving, Color, Hardness, etc From (ft.) To (ft.)

S SAND	0	31
C CLAY	31	37
S SAND	37	132
NSC FINE SAND CLAY	132	147
SN SOFT SANDSTONE	147	170
HN HARD SANDSTONE	170	179

6. Casing Liner Screen Material, Weight, Specification From To

Dia. (in.)	Manufacturer & Method of Assembly	(ft.)	(ft.)
6.0	ISPCO ASTM A53B 6.625 X .280 WALL WELDED TOGETHER TOTAL	surface	171

9. Static Water Level 4.0 feet B ground surface ..=Above B=Below

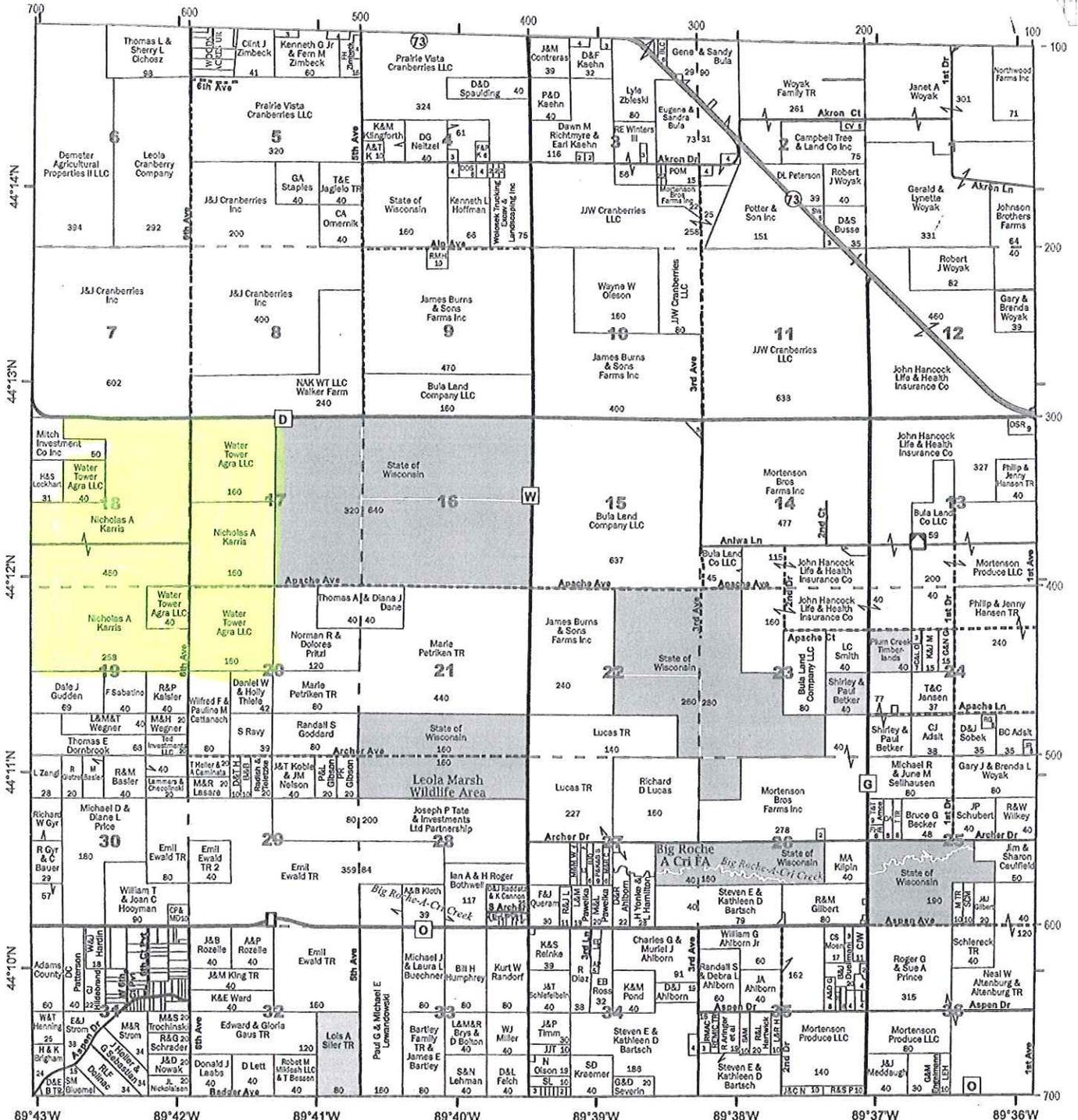
11. Well Is: A Grade 30 in. A=Above B=Below

10. Pump Test Pumping level 13.0 ft. below surface Developed? Y Disinfected? Y Pumping at 27.0 GPM 1.0Qtrs Capped? Y

7. Grout or Other Sealing Material #

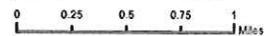
12. Did you notify the owner of the need to permanently abandon and fill all

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