

Return completed forms to:

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

High Capacity, School or Wastewater Treatment Plant Well Approval Request

Form 3300-295 (R 5/15)

Notice: Pursuant to §§ NR 812.09(4)(a) & (b), Wis. Adm. Code, prior Department of Natural Resources (DNR) approval is required for the construction, reconstruction or operation of a high capacity well or system of high capacity wells, a school well or a wastewater treatment plan well. This form is required to be completed to request approval for installation of a well or wells on a high capacity property, to modify a well on a high capacity property, or the construction or reconstruction of a school or wastewater treatment plant well. 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

Name and Title JEFF HAUPT		Company HAUPT WELL DRILLING INC.	
Street Address P.O. BOX 136		City AUBURNDALE	State ZIP Code WI 54412
Phone Number (include area code)	Fax Number	Email Address	

Owner Information (if different than applicant)

Name and Title HUNTSINGER FARMS INC.		Company CONTACT : KENNETH TRAASETH	
Street Address W2394 STATE ROAD 37		City EAU CLAIRE	State ZIP Code WI 54701
Phone Number (include area code) 715-830-9693	Fax Number 715-830-5281	Email Address CELL 715-577-9706	

Operator Information (if different than owner)

Name and Title		Company	
Street Address		City	State ZIP Code
Phone Number (include area code)	Fax Number	Email Address	

Submittal Purpose

Check all that apply

Non-Potable Well(s) **Potable Well(s) Requires Potable Attachments**

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 (please describe: School, WWTP etc.) **EMERGENCY REPLACEMENT WELL**

Project Description

Provide a brief description of the proposed project including the number of potable wells to be installed. For non-potable wells include number of acres and expected crop rotation for agricultural irrigation wells. For potable wells serving livestock note if the facility is currently or plans to become a concentrated animal feeding operation (CAFO).

NON POTABLE IRRIGATION WELL TO IRRIGATE APPROX 160 ACRES. CROP ROTATION TO INCLUDE : HORSERADISH, SOYBEANS, CORN, SNAP BEANS, SUNFLOWERS. FIELD IS CURRENTLY PLANTED IN FOOD GRADE SOY BEANS.

Required Enclosures

High Capacity Well Application (Form 3300-295) Potable Attachment: if a proposed well is potable (Form 3300-295A)

\$500 application fee (see s. 281.34 (2), Wis. Stats.) Aerial or Plat Map with property boundaries outlined

Well Construction Reports (if available) for existing wells Variance Request, if needed (Form 3300-210)

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Form 3300-295 (R 5/15)

This form is used to request an approval for the construction or reconstruction of a well or wells on a high capacity property, to modify an existing well on a high capacity property, or the construction or reconstruction of a school or wastewater treatment plant well. The following information will be scanned and posted as a public record on our website. Return completed application to:

Wisconsin Department of Natural Resources
 Bureau of Drinking Water & Groundwater - DG/5
 PO Box 7921
 Madison, WI 53707-7921

Applicant Information

Name and Title: **JEFF HAUPT** Company: **HAUPT WELL DRILLING INC.**

Owner Information

Name and Title: **HUNTSINGER FARMS INC.** Company: **CONTACT: KEN TRAASETH**

County: **DUNN** Town: **27 N** Range: **11** East West Section: **17** High Capacity Well File No. (if applicable): **17-1-27**

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, 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	
	IR10	8137	1000	44.8144	-91.7365	

Additional Project Information

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

OLD WELL WOULD BE ABANDONED.

1 WELL WITH TWO (2) POTENTIAL TYPES OF CONSTRUCTION

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Proposed Well Information

Enter the following information for all proposed wells on the property. If more than two wells or alternate construction, submit additional sheets.

Well Location and Usage	<input type="radio"/> Potable	<input checked="" type="radio"/> Non-Potable	<input type="radio"/> Potable	<input checked="" type="radio"/> Non-Potable
Well Name Assigned by Well Owner (North Well, etc.):	SCREENED OPTION		SANDROCK OPTION	
Town/Range/Section:	SE 1/4 SE 1/4 S17 T27N R 11W		SE 1/4 SE 1/4 S 17 T 27 N R 11 W	
Latitude :	44.8179		SAME	
Longitude:	-99.7366			
Water Use Code (e.g. IR10):	IR10			
Proposed Maximum Water Usage Per Day in Gallons:	1,440,000			
Proposed Maximum Water Usage Per Month in Gallons:	43,200,000			
Months of Operation (e.g. May - Sept):	MAY - SEPTEMBER			
Proposed Pump Type & Capacity(gpm):	LINESHAFT TURBINE (1000)			
Discharge Type (Over Top of Casing Seal, Pitless Adapter or Unit):	OVER TOP OF CASING SEAL			
Discharge Location (Building Pressure Tank, Pond, etc.):	TO CENTER PIVOT SYSTEM			
Distance and Direction to Nearest Public Utility Well & Well Name:	~4 1/2 MILES NE TO ELK MOUND		↓	
Distance to Other Potential Contaminant Sources:				

Well Construction

Drilling Method(s) (Rotary, Percussion, Etc.):	MUD ROTARY	MUD/AIR ROTARY
Anticipated Geological Materials and Depths that are expected during drilling:		
Material and Depth Interval:	SAND, GRAVEL from 0' to 2'	SAND, CLAY & GRAVEL from 0' to 260'
Material and Depth Interval:	& CLAY from ' to '	GRAVEL from ' to '
Material and Depth Interval:	from ' to '	SANDROCK from 260' to 360'
Material and Depth Interval:	from ' to '	from ' to '
Drillhole Diameter and Anticipated Depth Intervals:		
Diameter and Depth Interval:	20" from 0' to 265'	20" from 0' to 265'
Diameter and Depth Interval:	from ' to '	15" from 265' to 360'

Permanent Casing or Liner Material, If Used:

Diameter and Wall Thickness:	16" dia .25" thick from 0' to 265'	16" dia .25" thick from 0' to 265'
Diameter and Wall Thickness:	" dia " thick from ' to '	" dia " thick from ' to '
Casing Material and Joints (Welded, T and C, etc.):	A53B (WELDED)	A53B (WELDED)
Weight at Depth Interval:	42 lbs/foot 0' to 265'	42 lbs/foot 0' to 265'
Weight at Depth Interval:	lbs/foot ' to '	lbs/foot ' to '
Screen Material and Casing to Screen Joint (Welded, T and C, K Packer, etc.):	JOHNSON GALV. V-WIRE (WELDED)	N/A
Screen Slot Size in Inches and Depth Interval or N/A if none:	0.060" from ' to '	N/A from ' to '

Annular Space Material Including Filter Pack Material, If Used:

Material and Depth Interval:	BENTONITE/CUTTINGS 0' to 265'	BENTONITE/CUTTINGS 0' to 265'
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Applicant Signature

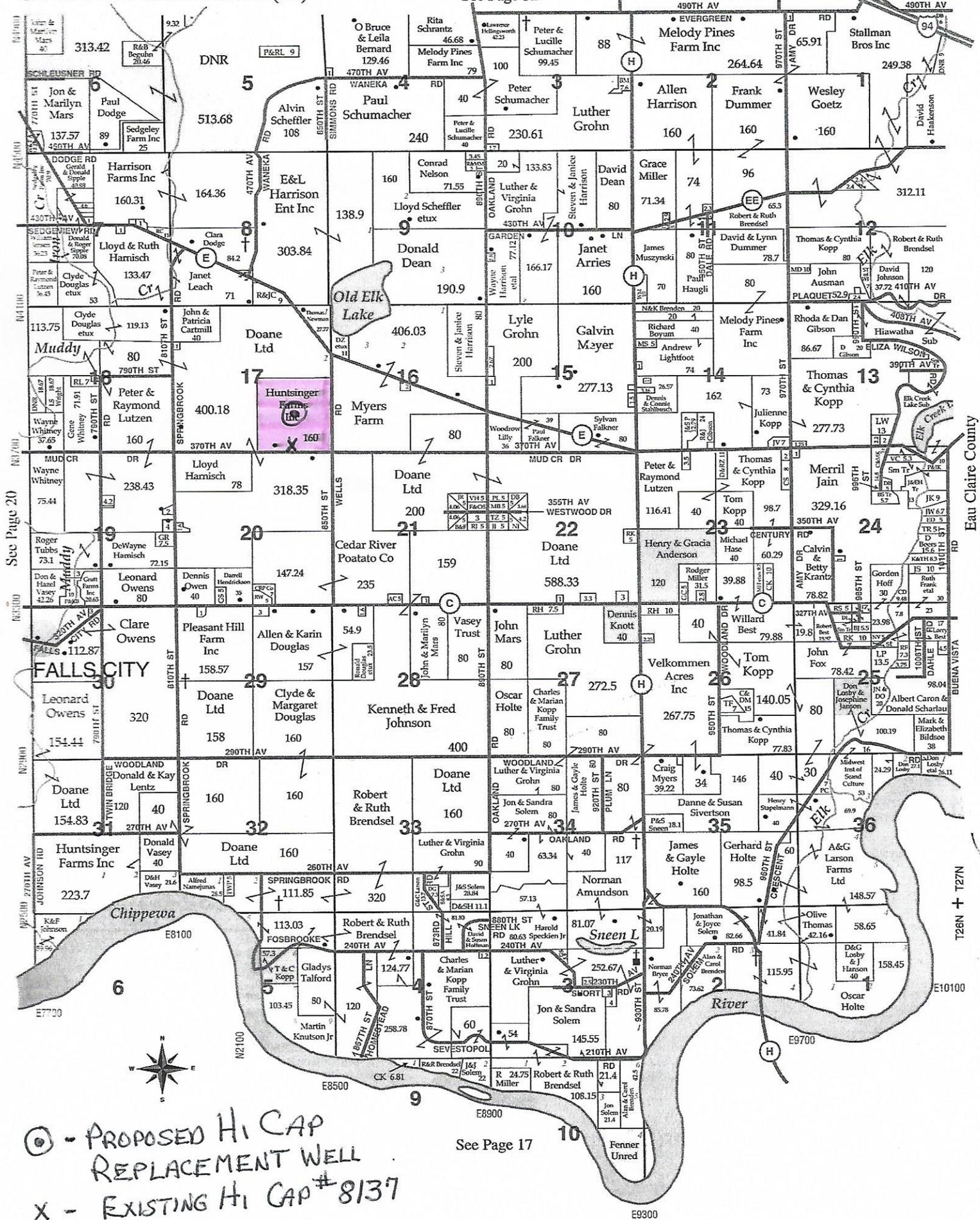
By signing this form, I certify that to the best of my knowledge, all information in the application is accurate and correct. I understand that unsigned or incomplete applications will not be approved.

Name - Print	JEFF HAUPT	Select One:	<input type="radio"/> Owner	<input checked="" type="radio"/> Agent of Owner
Signature	<i>Jeff Haupt</i>	Company	HAUPT WELL DRILLING INC	
		Date	6/30/2016	

SPRING BROOK (E)

See Page 32

T.26&27N. - R.11W.



⊙ - PROPOSED HI CAP
 REPLACEMENT WELL
 X - EXISTING HI CAP # 8137

See Page 17

Eau Claire County

T26N + T27N