7473 Prop. 14172 (1)

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)

RECEIVED-DNR JUL 18 2016 DRINKING WATER & GW

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		Company		
Jonathan Jacobs		JW Jacobs Farm		
Street Address		**City**	**State**	**ZIP Code**
N7707 610th St		Colfax	WI	54730
Phone Number (include area code)	**Fax Number**	**Email Address**		
(715) 308-1341	(715) 235-8258	jjacobs@exede.net		

Owner Information (if different than applicant)

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

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.) _____

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).

I purchased 80 acres of dry land. I would like to recover approximately 54 acres irrigated. I plan on rotating potatoes, soybeans, and corn. A single 600 gpm minute well is what i would be looking for. This is a new well plan.

Required Enclosures

- ☑ High Capacity Well Application (Form 3300-295)
- ☑ $500 application fee (see s. 281.34 (2), Wis. Stats.)
- ☐ Well Construction Reports (if available) for existing wells
- ☐ Potable Attachment: if a proposed well is potable (Form 3300-295A)
- ☑ Aerial or Plat Map with property boundaries outlined
- ☐ Variance Request, if needed (Form 3300-210)

Return completed forms to:

State of Wisconsin, Department of Natural Resources
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PO Box 7921, Madison, WI 53707-7921
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High Capacity, School or Wastewater Treatment Plant Well Approval Request

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	Company
Jonathan Jacobs	JW Jacobs Farm

Owner Information

Name and Title	Company
Jonathan Jacobs	JW Jacobs Farm

County	Town	Range		Section	High Capacity Well File No. (if applicable)
Dunn	30 N	12	○ East ◉ West	8	

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) Latitude	Longitude	WUWN or WCR Image File # (if known)

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

High Capacity, School or Wastewater Treatment Plant Well Approval Request

Form 3300-295 (R 5/15)

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	◯ Potable ◉ Non-Potable	◯ Potable ◯ Non-Potable
Well Name Assigned by Well Owner (North Well, etc.):	Pickerin	
Town/Range/Section:	N ¼ SE ¼ S 08 T 30 R 12 W	¼ ¼ S T R
Latitude :	45.094479	
Longitude:	-91.859985	
Water Use Code (e.g. IR10):	IR10 Agricultural irrigation	
Proposed Maximum Water Usage Per Day in Gallons:	864000	
Proposed Maximum Water Usage Per Month in Gallons:	26,784,000	
Months of Operation (e.g. May - Sept):	May-Sept	
Proposed Pump Type & Capacity(gpm):	Western / 600 gpm	
Discharge Type (Over Top of Casing Seal, Pitless Adapter or Unit):	Over Top	
Discharge Location (Building Pressure Tank, Pond, etc.):	Irrigator	
Distance and Direction to Nearest Public Utility Well & Well Name:	--	
Distance to Other Potential Contaminant Sources:	--	

Construction info from 2005 application as requested by applicant on 7/19/16

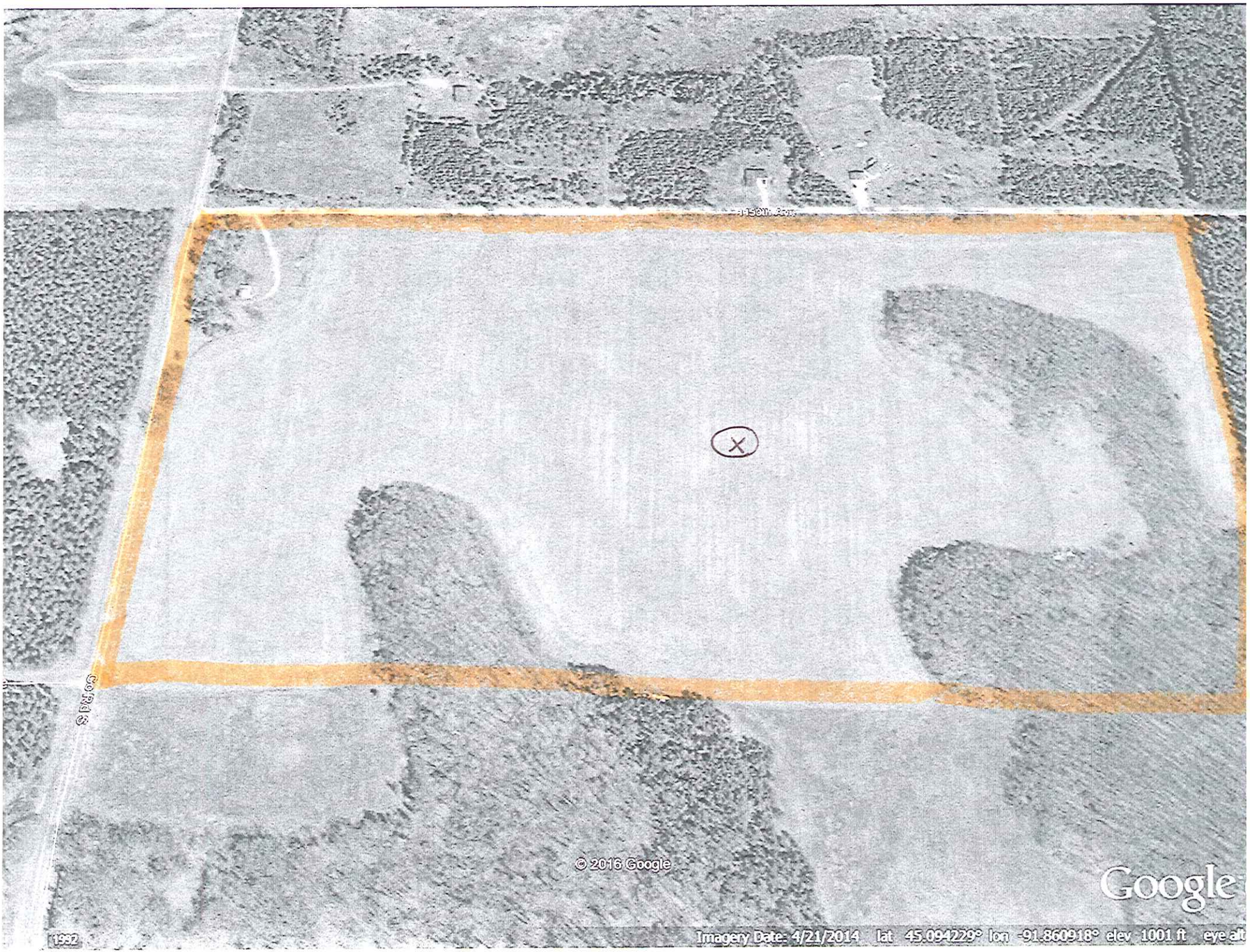
Well Construction

Drilling Method(s) (Rotary, Percussion, Etc.):	~~Dual Rotary~~ Mud/air rotary	
Anticipated Geological Materials and Depths that are expected during drilling:		
Material and Depth Interval:	Sand & Gravel from 0 ' to 73 '	from 0 ' to '
Material and Depth Interval:	Sandstone from 73' ' to 275' '	from ' to '
Material and Depth Interval:	from ' to '	from ' to '
Material and Depth Interval:	from ' to '	from ' to '
Drillhole Diameter and Anticipated Depth Intervals:		
Diameter and Depth Interval:	17" from 0 ' to 75 '	from 0 ' to '
Diameter and Depth Interval:	12" from ' to 275 '	from ' to '
Permanent Casing or Liner Material , If Used:		
Diameter and Wall Thickness:	12.75 " dia .250 " thick from 0 ' to 75 '	" dia " thick from 0 ' to '
Diameter and Wall Thickness:	" dia " thick from ' to '	" dia " thick from ' to '
Casing Material and Joints (Welded, T and C, etc.):	Welded	
Weight at Depth Interval:	33 lbs/foot 0 ' to 75 '	lbs/foot 0 ' to '
Weight at Depth Interval:	lbs/foot ' to '	lbs/foot ' to '
Screen Material and Casing to Screen Joint (Welded, T and C, K Packer, etc.):		
Screen Slot Size in Inches and Depth Interval or N/A if none:	from ' to '	from ' to '
Annular Space Material Including Filter Pack Material, If Used:		
Material and Depth Interval:	mud/cuttings / 0 ' to 75 '	/ 0 ' to '

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		Select One:
Jonathan Jacobs		◉ Owner ◯ Agent of Owner
Signature	Company	Date
	JW Jacobs Farm	7/15/16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