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DRINKING WATER & GW

State of Wisconsin
Department of Natural Resources
PO Box 7921
Madison WI 53707-7921

High Capacity Dewatering Well Application

Form 3300-258 (R 11/02)

Notice: Prior department approval is required for the construction, reconstruction or operation of a high capacity well or system of high capacity wells in accordance with Section NR 812.09(4)(a), Wisconsin Administrative Code. Personally identifiable information collected on this form, including such data as your name, address and phone number, will be used for management of department programs and is unlikely to be used for other purposes. This information will be addressable under Wisconsin's Open Records Laws, ss. 19.32 - 19.39, Wis. Stats.

Project Name and Description

Project Name and Description

Luck WWTP

Dewatering System Property Owner

Name and Title		Company		
		Village of Luck		
Street Address	City	State	ZIP Code	Contact Person
701 S Main St	Luck	WI	54853	
Telephone Number	Fax Number	E-Mail Address		
715-472-2221				

Dewatering System Operator

Name and Title		Company		
Derek Lewin		August Winter & Sons		
Street Address	City	State	ZIP Code	Contact Person
2323 N Roemer Road	Appleton	WI	54911	
Telephone Number	Fax Number	E-Mail Address		
920-739-8881	920-739-2230	dlewin@augustwinter.com		

Proposed Dewatering System Location

Quarter of the Quarter	Quarter or Government Lot Number	Section Number or French Long Lot Number
NE 1/4 SW 1/4	21	

Township	Range			County
T 36 N	R 17 ☐ East ☒ West	☐ City ☒ Village ☐ Civil Town	OF LUCK	POLK

Street or Grid Address (fire number)

1573 260th Ave

Dewatering System Operation

Name of Nearest Public Utility Well	Proposed Total Average Pumpage per Day	Proposed Total Maximum Pumpage per Day
	144,000	2,160,000 gallons

Distance from Public Utility Well	Discharge Location Description (e.g. storm sewer, drainage swale, settling basin, etc.)
☐ Feet ☐ Miles	DRAINAGE SWALE

Direction (e.g. WNW) to Public Utility Well	Total Number of Dewatering Wells/Points in Project
	50

Proposed Pump (Dewatering System) Capacity	Number of Wells/Points in Use at Any Given Time
1500 gallons per minute	50

Dewatering Project Start Date (MM/DD/YYYY)	Dewatering Project Completion Date (MM/DD/YYYY)
7-27-16	9-1-16

Proposed Aquifer Formation	At a Depth of:	Static Water Level	Proposed Dewatering Water Level
Sand	0-40'	-10	-16

Well Construction

Total well depth (feet)	Borehole diameter (inches)	Drilling method (e.g. rotary, jetting, percussion, etc.)
22	4"	JETTING

Geologic formations to be penetrated by well (e.g. sand, gravel, clay, sandstone, limestone, etc.)

Sands

Casing depth (feet)	Well casing wall thickness (in.)	Casing material (e.g. steel, schedule 40 PVC)	Casing diameter (inches)
22'	40	PVC	1 1/2"

TYPICAL DISCHARGE & WELLPOINT LAYOUT
LUCK WWTP

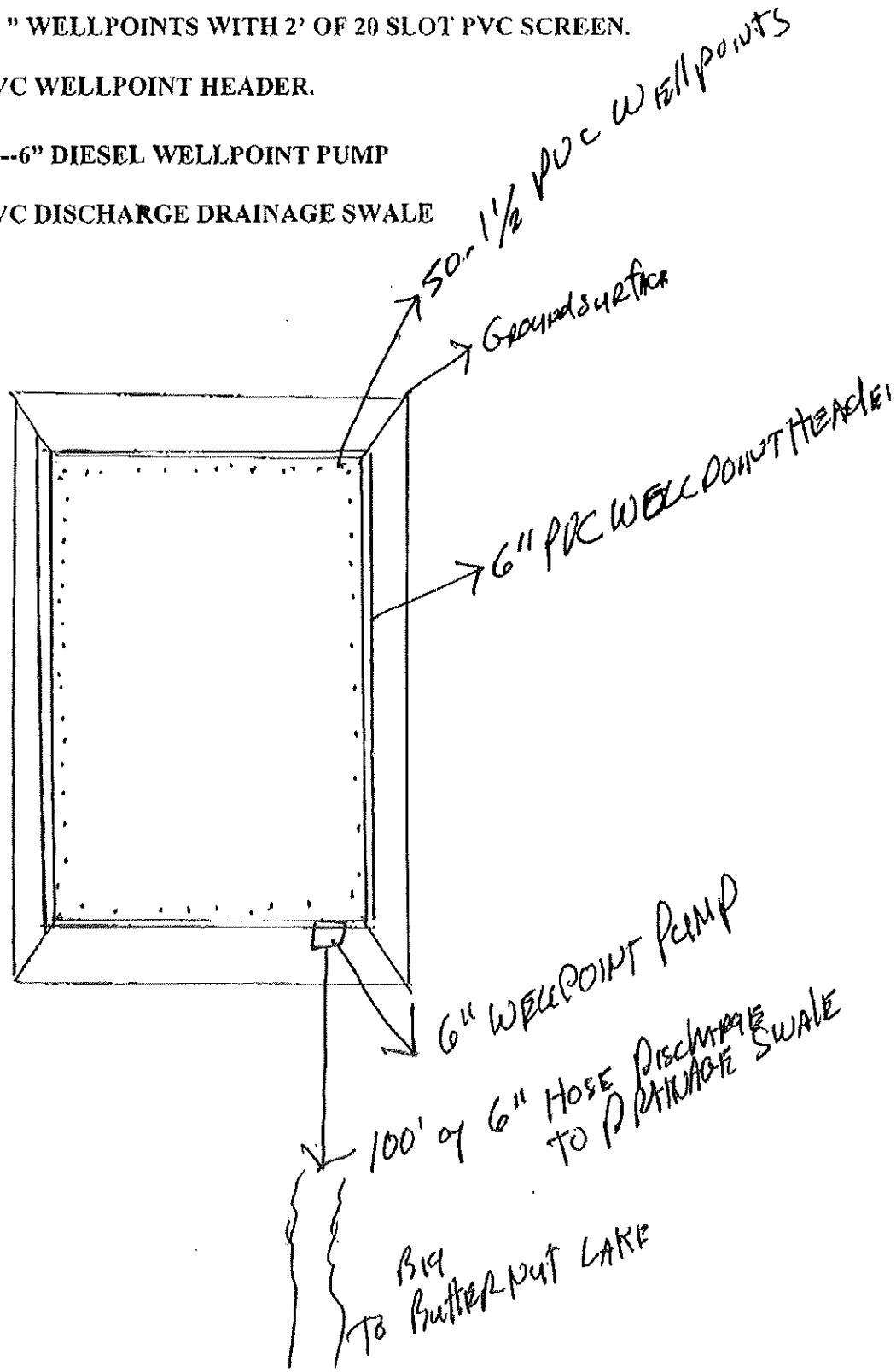
LUCK, WISCONSIN

#1. (50) 22' X 1 ½ " WELLPOINTS WITH 2' OF 20 SLOT PVC SCREEN.

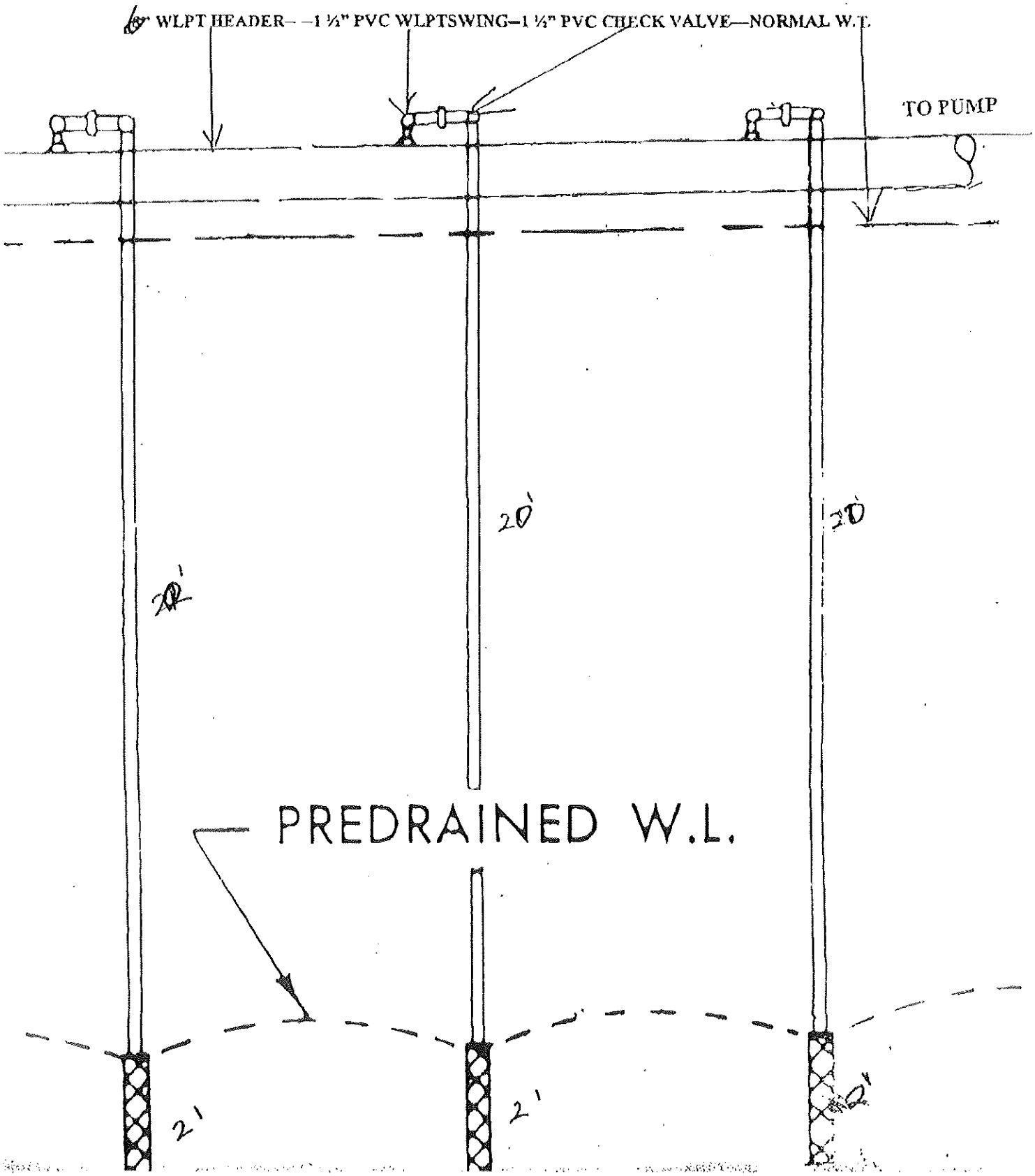
#2. 140' OF 6" PVC WELLPOINT HEADER.

#3. (1) 1500 GPM--6" DIESEL WELLPOINT PUMP

#4. 100' OF 6" PVC DISCHARGE DRAINAGE SWALE



TYPICAL WELLPOINT SECTION



Well Construction (continued)

Method of connecting well casing segments ☐ weld ☒ solvent weld ☐ threaded/mechanical	Height of well casing termination above local ground elevation (in) 1'	
Well screen material (e.g. wire wound steel, slotted PVC) Slotted PVC	Well screen length (ft) 2'	Well screen diameter (in) 1 1/2
Method of attaching screen to well casing or placing screen Solvent Weld	Type of well screen ☐ wire wound ☒ slotted pipe	Engineered gravel pack around screen ☒ yes
Annular space seal material (e.g. bentonite, cement, native material) Native Material	Method of placing annular seal (e.g. tremie pipe) Hand Shovel	

Pump Installation

Pump type (e.g. submersible, vacuum)	Individual pump capacity (gpm)	Well seal type and design	Check valve location
6" Diesel	1500	Gaff O Ring	Top of Well Point

Well Abandonment

Well abandonment method (e.g. fill with bentonite, collapsing formation, etc.)
Collapsing Formation Topped With Bentonite

Enclosures

- ☒ Plat map (project location marked)
- ☒ Engineering plan map of project (do not submit complete set of plans)
- ☒ Contamination sites (BRRTS Information) with well locations and discharge location (www.dnr.state.wi.us/org/aw/rr/brrts/index.htm)
- ☒ Well construction diagram with dimensions
- ☒ Drawing of manifold design if multiple wells are connected together.
- ☒ Discharge drawing
- ☒ If WPDES permit already issued, attach copy Attached & Applied For

Variance Request Signature

Are you requesting a variance for the proposed well(s) to have less than 25 feet of casing or for a variance to any part of ch. NR 812, Wis. Adm. Code? If yes, property owner signature required.

Property Owner Signature	Date Signed

Applicant

Name: Last	First	MI	Signature
Lewin	Derek		Derek Lewin

Street Address	City	State	ZIP Code	Date (mm/dd/yyyy)
2323 N Roemer Road	Appleton	WI	54911	07/26/2016

Company Name	(Area Code) Telephone Number	E-Mail Address
August Winter & Sons, Inc.	920-739-8881	dlewin@augustwinter.com

Department Use Only

Receipt Date (mm/dd/yyyy)	Response Date (mm/dd/yyyy)
Review Engineer	Authorized Signature
Calculated Public Utility Well Drawdown Value or No Expected Impact Judgement Feet ☐ No Expected Significant Impact	Action: Conditions of approval are attached if approved. ☐ Approved ☐ Denied

Pit/Trench Dewatering General Permit Request
WPDES Permit No. WI-0049344-4
Form 3400-201 (R 02/15)

Section V: Eligibility

1. This permit is applicable to point source discharges from dewatering of uncontaminated subsurface areas such as wells, pits, trenches, etc. The primary pollutant from these activities, suspended solids, can be removed by gravity settling or filtering. Oil and grease may be associated with these discharges from machinery near the pit or trench. To the fullest extent of your knowledge, does your discharge contain significant quantities of other pollutants, such as from boiler cleaning, waste brine from water softening, water treatment additives, or other industrial production wastewater pollutants that could be harmful to aquatic life or human health (metals, volatile compounds, gasoline, pesticides, etc.)? ☐ Yes ☒ No

   If yes, identify the pollutants or pollutant types: _____

2. What is the receiving water for your discharge? Check all boxes below that apply. If your facility has more than one outfall (an outfall is an individual discharge point, like a pipe, channel, or seepage pond, that wastewater enters prior to discharging to a receiving water), indicate in the space provided which outfalls go to groundwater and which go to surface waters. (Note: Domestic sanitary wastes to an onsite septic system may be excluded from this application.)

   ☐ Groundwater (This includes infiltration of wastewater through the soil in ditches, absorption ponds, irrigation systems, septic systems and drain fields, etc.)

   Outfall #(s): _____

   ☒ Surface Water (This includes direct and indirect (via storm sewers or ditches) discharges to wetlands, ponds, creeks, streams, rivers, lakes, etc.)

   Outfall #(s): 1 Drainage Swale

   ☐ ~~Sanitary Sewer (Indicate if any wastewater is discharged through a sanitary sewer to a wastewater treatment plant.)~~

   Outfall #(s): _____

3. What is the name of the surface water your discharge enters? Big Butternut Lake

4. Does your discharge flow to a wetland before reaching a stream or lake? ☒ Yes ☐ No

5. Do you expect the dewatering discharge to last more than 1 year? ☐ Yes ☒ No

Section VI: Comments

Section VII: Certification

I hereby certify that I am the owner or authorized representative (as specified in ch. NR 205.07(1)(g), Wis. Adm. Code) of the facility which is the subject of this permit application. I certify that the information contained in this form and attachments is to the best of my knowledge, true, accurate and complete.

Signature of Owner or Authorized Representative	Date Signed
Derek Lewin	7/26/16
Types or Printed Name and Title	**Phone # (include area code)**
Derek Lewin, Project Manager, August Winter & Sons, Inc.	920-739-8881

Email Address

dlewin@augustwinter.com

If submitting by mail, send completed forms and maps to:

Department of Natural Resources
Water Permit Central Intake
PO Box 7185
Madison, WI 53707-7185

SECTION IV: ELIGIBILITY CHECKLIST

3. To the fullest extent of your knowledge, does your discharge contain any of the substances listed below or other substances that would be harmful to animal, plant, aquatic life (metals, volatile compounds, etc.)?

alpha-BHC	4,4'-DDT	Polychlorinated Biphenlys (PCB)
beta-BHC	Dieldrin	Pentachlorobenzene
gamma-BHC (Lindane)	Hexachlorobenzene	Photomirex
delta-BHC	Hexachlorobutadiene	1,2,3,4-Tetrachlorobenzene
Chlordane	Mercury	1,2,4,5-Tetrachlorobenzene
4,4'-DDD	Mirex	2,3,7,8-Tetrachlorodibenzo-p-dioxin
4,4'-DDE	Octachlorostyrene	Toxaphene

☒ No. *Continue on to question #4.*
☐ Yes. *Your discharge is not eligible for this General Permit. Skip the rest of the checklist and complete the signatory requirements in Section V. Contact the Department to obtain application for an individual WPDES discharge permit.*

4. Does your discharge flow to a wetland?

☒ No. *This is the end of the checklist. Complete the signatory requirements in section V.*
☐ Yes. *The Department will need to determine if your discharge causes significant adverse impacts to wetlands.*

For Department Use Only
☐ NR 103 Completed
☐ N/A

SECTION V: SIGNATORY REQUIREMENTS

Signature of person completing the form, attesting to the accuracy and completeness of the statements made	Date Signed: 7-21-16
Typed or Printed Name and Title: JAMES WAGNER - PRESIDENT	Phone #: 608-385-4286

This form must be signed by the official representative of the permitted facility who is: the owner, the sole proprietor for a sole proprietorship, a general partner for a partnership, a ranking elected official or other duly authorized representative for a unit of government, a manager for a limited liability company, or a responsible corporate officer of at least the level of manager having overall responsibility for the operation of the facility for a corporation. If this form is not signed, or is found to be incomplete, it will be returned.

Signature	Date Signed: 7/26/16
Typed or Printed Name and Title: Derek Lewin, Project Manager, August Winter & Sons, Inc.	Phone #: 920-739-8881
Fax #: 920-739-2230	Internet Address: email: dlewin@augustwinter.com

Mail to:

[Insert District/Region Address]

LOCATION MAP

NOT TO SCALE

Legend

- Open Site (ongoing cleanup)
- Open Site Boundary
- Closed Site (completed cleanup)
- Closed Site Boundary
- Groundwater Contamination
- Soil Contamination
- Groundwater and Soil Contamination
- Contamination From Another Property
- Dryclean Environmental Response Fund (DERF)
- Green Space Grant (2004-2009)
- Ready for Reuse
- Site Assessment Grant (2001-2009)
- State Funded Response
- Sustainable Urban Development Zone (S
- General Liability Clarification Letters
- Superfund NPL
- Voluntary Party Liability Exemption
- Rivers and Streams
- Open Water
- Municipality
- State Boundaries
- County Boundaries
- Major Roads
  - Interstate Highway
  - State Highway
  - US Highway

0.8 0 0.38 0.8 Miles

NAD_1983_HARN_Wisconsin_TM

1: 23,760

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Note: Not all sites are mapped.

Notes