

BRANCH RIVER TESTING SERVICE, LLC

693 Lamers Clancy Rd., Greenleaf, WI 54126 (920) 532-0016

Weber Well Drilling, Inc.
N2253 Co. Rd. G
Chilton, WI 53014

Property Owner	Joann Sedlachek
Well ID/Address	W197 City View Rd
Well City	Kiel
Sample Location	Pressure Tank Tap
Reason for Test	Property Transfer
Collected By (Date/Time)	Weber 5/2/19@2PM

Report Date: 5/3/2019

Analyte	Results	Units	LOD	LOQ	Dil	Dig. Date	Run Date	MTHD	Analyst	QC Code
Coliform Bacteria	Safe						5/3/19	1	JGM	2
Ecoli Bacteria	Safe							1	JGM	2

Bacteria refers to a group of organisms called Total Coliforms. Not all coliform bacteria are harmful. However, the presence of coliforms in drinking water indicates that other more harmful strains of bacteria may be present. Coliform bacteria are not normally found in groundwater aquifers considered safe to drink. When coliform is found to be present in drinking water, a second test for the presence of fecal coliforms (E.coli) is performed. The source of coliform bacteria is typically from cold blooded organisms. Fecal coliforms are derived from warm blooded organisms. At any rate, the presence of bacteria in well water must be eliminated prior to human consumption.

Nitrate (NO3)	None Detected	mg/L	0.130	0.432	1		5/3/19	3	JGM	2
			ppm	ppm						

Nitrates can be naturally found in drinking water at low levels (<1.5 mg/L). Elevated levels of Nitrates in drinking water can be a result of improper agricultural practices or failing septic systems in the area. Areas where a shallow depth to bedrock (Karst features) or excessively permeable soils over a shallow depth to groundwater can be especially susceptible to Nitrates contamination. An improperly sited, grouted, or short cased well can also result in a Nitrates contamination. The DNR recommended upper limit for Nitrates in drinking water is 10 mg/L.

Arsenic (As)	7.80	ppb	0.294	0.979	1		5/3/19	3113B	JGM	2
			ppb	ppb						

Soluble inorganic Arsenic (As+3, As+5) can be naturally found in certain types of bedrock formations where water wells draw from. Arsenic can be present but only caused to release into water after many years. This is believed to be caused when the water table drops and the bedrock becomes exposed to oxygen. It can also be released by reacting with chlorine after strong well disinfection. Prolonged ingestion of Arsenic in excess of the EPA maximum Contaminant Level (MCL) may cause skin disease, circulatory system issues, and cancer. The EPA MCL for Arsenic is 10 ppb.

LOD-Limit of Detection Code	None Detected- Result was less than LOD Comment	LOQ- Limit of Quantitation
1	MMO-MUG (Colilert) Presence/Absence	
2	All Laboratory QC requirements were met for this sample	
3	Hach 10802	

Laboratory Director



There may be recommendations and/or minor repairs suggested in the comments section(s) of the reports.

Note: Branch River Testing Services LLC shall retain all water sample records for a minimum of 5 years.

Additional Comments: N/A=test not requested

Wisconsin Water Well and Pressure System Inspection Form



N2253 County Road G
Chilton, WI 53014
www.weberwell.com

(920) 849-2400
1-800-382-1659
Fax: (920) 849-7192

Wells, Pumps, Tanks
Service, Inspections
Free Estimates

Roger Weber, owner



Requested by: **JOANNE & DICK SEDLACHEK**
Mailing address: **W5333 GOBBLER LANE**
City, State, Zip: **ELKHART LAKE, WI 53020**
Phone number: **920-242-2101**

Owner's name: **SAME AS ABOVE**
Owner's address:
City, State, Zip:
Owner's phone:

Well address: **W197 City View Rd. Kiel WI 53042**

County of well: **Calumet**

Well source and location information:

Data from: Well construction report: Pump installer:
Owner's memory: Measurement: Other:

Constructed by: **NA** | Approx. year: **1960'S ?**
WI unique well #: | Hi-cap well? Hi-cap property?
Well serves: **1 (#) HOME** (home, barn, restaurant, business, etc)

Location of well:

Outside home: In basement: In pit or alcove:
In crawl space: In building: In pumphouse:

Well terminates **14** inches:

Above: or Below: the Floor: or Outside grade:

Casing diameter: **6** inches | Casing material: **STEEL**

Well depth (if known): **NA** ft | Casing depth (if known): **NA** ft
Well yield: **NA** | Well located in floodplain? yes: no:

Well properly separated from contamination sources on:
well property? yes: no: neighboring property? yes: no: unknown:

Pump and pressure tank information:

Location: In well: In basement: In pit/alcove:
In crawl space: In building: In pumphouse:

Pump name/type: **REDA - SUBMERSIBLE** | Age: **1970'S**
Pipe material: **NA** | Discharge: **PITLESS ADAPTER**
Cross connections?: **NONE** | Amp draw: **3.6**

Pump installer: **NA**
Pumped at: **5** GPM, for **1/2** hours | Horsepower: **1/2**

Cap type: **OVERLAPPING** | Vermin proof?: yes: no:

Pipe material before pressure tank: **MIXED**
Pressure tank and size: **CAPTIVE AIR - 35 GALLON** | Voltage: **230**

Wires enclosed: yes: no: | Water treatment: **SOFTNER**

Water characteristics: **GOOD**

Conclusions & recommendations:

Water system seems to be working correctly?: yes: no:

Visible portions comply with ch. NR 812 in effect at time of installation?: yes: no:

Is well in need of abandonment?: yes: no:

Bacteria, nitrates and arsenic samples taken?: yes: no:

Other samples (name):

Location sampled: **PRESSURE TANK TAP**

Comments or repairs needed:

NONE

The information on this form lists facts and conditions of the visible portions of the well and pressure system at the time of inspection and does not imply or give any kind of guarantee. It is a statement of the opinion of the inspector regarding the compliance and operation of the system at the time of the inspection.

Roger Weber

inspector signature

99

license#

5/8/2019

date signed

Wisconsin Water Well and Pressure System Inspection Form

State of Wisconsin
Department of Natural Resources
dnr.wi.gov

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 JOANNE & DICK SEDLACHEK		Telephone Number 920-242-2101	
Mailing Address W5333 GOBLER LANE	City ELKHART LAKE, WI 53020	State	ZIP Code
Owner's Name SAME AS ABOVE		Telephone Number	
Mailing Address	City	State	ZIP Code

Property Location

County of Water System Location Calumet	Grid or Street Address or Road Name and Number (if available) W197 City View Rd. Kiel WI 53042	City	ZIP Code
Township	Gov't Lot # $\frac{1}{4}$ of the $\frac{1}{4}$	Section	Town
			Range E/W N E

Known Noncomplying Features

Identified noncomplying features are noted below with a check mark.

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. <input type="checkbox"/> Unused Well Should be Filled and Sealed 2. <input type="checkbox"/> Stovepipe or Thin-Walled Casing 3. <input type="checkbox"/> Dug Well 4. <input type="checkbox"/> Unprotected Buried Suction Line 5. <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit 6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well 7. <input type="checkbox"/> Poor Casing Condition (Badly Corroded or Cracked) 8. <input type="checkbox"/> Contaminant Source less than minimum separation distance from well: _____ 9. <input type="checkbox"/> Well in Floodway or Flood Fringe 10. <input type="checkbox"/> Well at Risk from Localized Flooding 11. <input type="checkbox"/> Cross-Connection 12. <input type="checkbox"/> Driven Point Well (installed after 1-31-1991) without construction report 13. <input type="checkbox"/> Nonpressure Conduit | <ul style="list-style-type: none"> 14. <input type="checkbox"/> Hand Pump 15. <input type="checkbox"/> Offset Pump or Piping Height < 12" Above Floor 16. <input type="checkbox"/> Yard Hydrant 17. <input type="checkbox"/> Materials for Pump and Supply Piping 18. <input type="checkbox"/> Flowing Well Installation 19. <input type="checkbox"/> Check Valve Location 20. <input type="checkbox"/> Well Cap or Seal 21. <input type="checkbox"/> Casing Height 22. <input type="checkbox"/> Electrical Wires Not Properly Enclosed in Conduit 23. <input type="checkbox"/> Sample Faucet is Missing or Incorrect 24. <input type="checkbox"/> Casing less than 6" in diameter for a well in limestone, dolomite, shale, quartz or granite 25. <input type="checkbox"/> Health/Safety Hazard |
|--|---|

Comments

- | | |
|---|--|
| <input type="checkbox"/> Pre-1991 Driven Point Pipe Depth < 25 feet | <input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work |
| <input checked="" 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:

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 <i>Roger Weber</i>	Individual License # 99	Date 5/8/2019	Telephone Number (920) 849-2400
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CALUMET COUNTY POWTS EVALUATION REPORT

IS THE SYSTEM FAILING BASED ON 145.245(4) No Yes
 ARE REPAIRS NECESSARY? No Yes

PROPERTY INFORMATION

Owners Name: <u>JoAnne Sedlacher</u>	TAX ID # <u>9314</u>
Property Address: <u>W 197 City View Road</u>	
Mailing Address: <u>Kiel, WI 53042</u>	Phone # <u>920-242-2101</u>
Legal Description: <u>NW 1/4, SE 1/4, or Gov Lot</u> , Sec. <u>25</u> , T <u>17</u> , N, R <u>20 E</u>	
City / (Town) Village of: <u>New Holstein</u>	
Lot # _____	Block # _____
CSM # _____	Subdivision: _____

SYSTEM INFORMATION

Is there a sanitary permit on file with the County?	No <input type="checkbox"/> * Yes <input checked="" type="checkbox"/>	State Permit # <u>9245(81-30)</u> <input type="checkbox"/> n/a
Is there a valid soil test on file with the County?	No <input type="checkbox"/> ** Yes <input checked="" type="checkbox"/>	County Permit # <u>81-30</u> <input type="checkbox"/> n/a
If no sanitary permit exists a saturation test is required **If a valid soil test does not exist a soil evaluation is required**		
Type of structure:	<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - number of bedrooms <u>3</u>	
	<input type="checkbox"/> Public / Commercial - Describe use _____	DWF _____ gpd
Date of installation:	<u>6/12/1981</u> (if known)	or Estimated age: _____ (years)
Was structure occupied?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Number of occupants? <u>4</u>
Time vacant:	<u>7</u> (months)	Did snow cover exist? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

TANK INFORMATION

Type of Tank & Capacity:	<input checked="" type="checkbox"/> Septic: <u>1,200</u> gal	<input type="checkbox"/> Dose: _____ gal	<input type="checkbox"/> Holding: _____ gal
Date Pumped:	<u>5/2/2019</u>	Pumper Name: <u>Ziegelbauer Septic Service</u>	
Tank Material:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Fiberglass
	<input type="checkbox"/> Other _____		
Condition of Tank:	<u>Good/fair Mild Spalling of Concrete</u>		
Condition of Baffle(s):	<u>Fiberglass - present and intact</u>		
Condition of Manhole(s):	<u>Good - present</u>		
Condition of Chains, Locks & Warning labels:	<u>Good - present</u>		
Is tank equipped with an alarm system?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Is alarm operational?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> n/a <input type="checkbox"/>
Is tank equipped with an effluent filter?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Has filter been cleaned?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> n/a <input type="checkbox"/>
Is there evidence of illegal pumping or tank alterations?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
Do any domestic wastewater drains bypass the system? (i.e. gray water diverted to surface)	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		

ABSORPTION AREA

Type of System:	<input type="checkbox"/> At-Grade	<input checked="" type="checkbox"/> Conventional (<input checked="" type="checkbox"/> Bed <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Dosed <input type="checkbox"/> Gravity)	<input type="checkbox"/> Mound
	<input type="checkbox"/> In-Ground Pressure	<input type="checkbox"/> Dry Well	<input type="checkbox"/> Outfall
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Unknown
Is the area of the soil absorption system soft or spongy?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Does the soil absorption system have a vent or observation pipes?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Is liquid evident in vent or observation pipes?	No <input type="checkbox"/> Yes <input type="checkbox"/> n/a <input type="checkbox"/>	(If yes, # of inches _____)	

SATURATION TEST *(required when a sanitary permit is not on file with the County)*

Procedure:

- Run 150 gallons of water into septic tank or through water fixtures in structure. Add sewer tracing dye.
(Double water dosage if structure is unoccupied. If system is equipped with an effluent pump, activate the pump cycle at least once)
- Monitor liquid level in septic tank during test. Did water level fluctuate? No Yes If yes, # of inches _____
- Is liquid evident in vent or observation pipes before (# of inches 0) or after (# of inches 0) dosing? n/a
- Pump tank. Was backflow from the soil absorption system observed after pumping the tank? No Yes
- Check property to identify if any wet or spongy areas exist on or around soil absorption system.
- Check for any possible effluent outfall areas.

Comments: _____

DETERMINATION OF A FAILING SYSTEM

Per Section 145.245 (4), Wisconsin Statutes, a failing FOWTS is one which causes or results in any one of the following conditions. Please indicate which apply:

- Discharge of sewage into surface water or ground water ----- No Yes
- Introduction of sewage into zones of seasonal saturation which adversely affects the operation of the FOWTS ----- No Yes
- Discharge of sewage to a drain tile or into zones of bedrock ----- No Yes
- Discharge of sewage to the surface of the ground ----- No Yes
- Failure to accept sewage and backup of sewage into the structure ----- No Yes

SOIL EVALUATION ** (required for property transfers when a valid soil test is not on file with the County)**

A minimum of one soil pit or boring must be evaluated for systems with no soil test report on file or when the County determines an existing test to be obsolete. The soil pit or boring is to be located adjacent to the soil absorption system and must extend at least three feet below the infiltrative surface. This evaluation is not intended to be used to delineate a site within which a new or replacement system can be installed. This evaluation is only for the purpose of allowing the regulatory authority to determine if the existing system is located in code compliant soils.

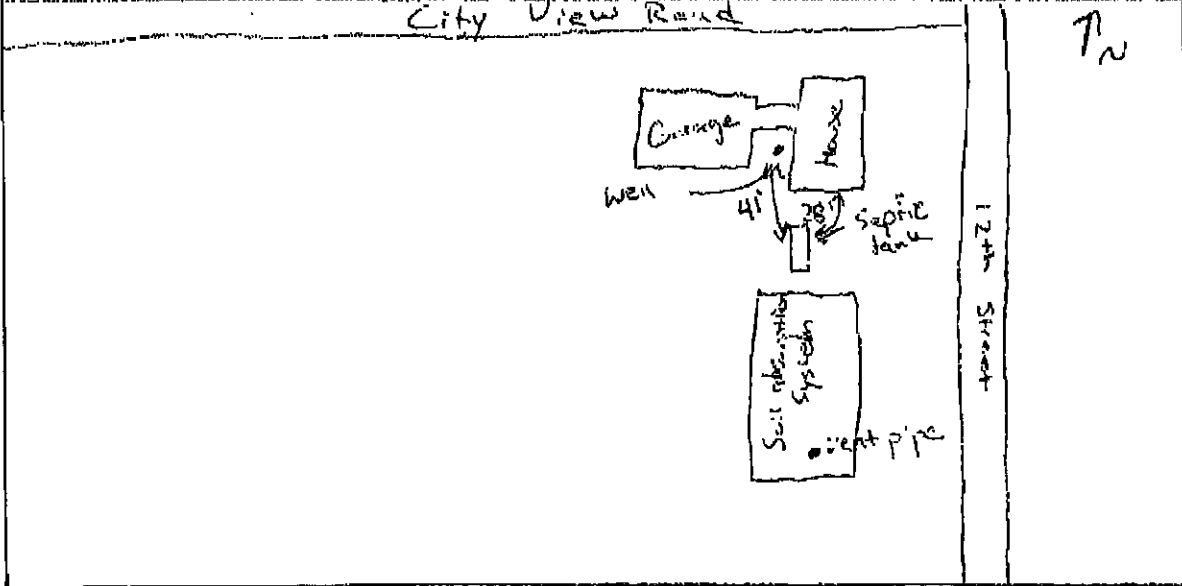
Depth of Infiltrative Surface: _____ Inches		Depth to limiting factor: _____ Inches				Soil Application Rate		
Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	GPD/ft.	
							*Eff#1	*Eff#2

* Effluent # 1 = BOD₅ >30 ≤ 220 mg/L, and TSS >30 ≤ 150 mg/L * Effluent # 2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name: _____ Signature: _____ CST #: _____

SITE DIAGRAM

Please provide drawing including north arrow, location of septic system (tanks, vaults, observation pipes, soil absorption system, etc.) in relation to structures, walls, lot lines and any problem areas (i.e. outfall, soggliness, etc.)



INSPECTOR INFORMATION

Comments: _____

The information on this evaluation report is based upon observations made on the date of the evaluation only. This evaluation form does not grant any warranty, expressed or implied.

Inspector Name: Clark Ziegelbauer Signature: Clark Ziegelbauer

Company Name: Ziegelbauer Septic Credential #: 602 Evaluation Date: 5/2/2019

Ziegelbauer Septic Service
W3675 Johnsburg Road
Fond du Lac, WI 54937
920-795-4216 or 960-6625

Invoice

Bill to: JoAnne Seelachek
W 5333 Gobbler Lane
Elkhart Lake, WI 53020

Today's Date: 5/7/19
Invoice Date: 5/2/19

Job Site:

W197 City View Road
Kiel, WI 53092

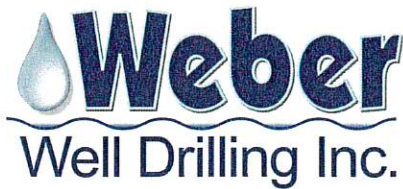
<u>SERVICE DATE</u>	<u>CUSTOMER NUMBER</u>	<u>OPERATOR</u>	<u>INVOICE NUMBER</u>
5/2/19	480	Clark	49

DESCRIPTION OF SERVICE:

- Pumped Septic Tank - \$195.⁰⁰
- Septic System Inspt - \$350.⁰⁰

TOTAL: \$545.⁰⁰

THANK YOU FOR YOUR BUSINESS!



Weber Well Drilling, Inc.
 N2253 County Road G
 Chilton, WI 53014
 1-800-382-1659
 1-920-849-2400

Invoice

Date	Invoice #
5/8/2019	1749

Mailing address

Pleasant View Realty
 327 Fremont St., Box 172
 Kiel, WI 53042

Jobsite address

JoAnn Sedlachek
 W197 City View Road
 Kiel, WI 53042

Quantity	Description	Rate	Amount
	Well inspection	125.00	125.00
	Water sample, bacteria	50.00	50.00
	Water sample, nitrates	50.00	50.00
	Water sample, arsenic	50.00	50.00

<i>Thank you for your business!</i>	Balance Due \$275.00
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Phone #	Fax #	Web Site
920-849-2400	920-849-7192	www.weberwell.com

Remit payment to: Weber Well Drilling, Inc.
 N2253 County Road G, Chilton, WI 53014

Terms: Net 15 days. 1.5% per month, after 30 days.