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

Dewatering System Prope	erty Owner										
Name and Title				Compa	any						
Street Address	City			State	ZIP Code	Contact Pe	erson				
Telephone Number	Fax N	umber			E-Mail Address						
	-1										
Dewatering System Operation	ator			Campo							
Name and The				Compa	any						
Street Address	City			State	ZIP Code	Contact Pe	ontact Person				
Telephone Number	Fax N	umber			E-Mail Address						
Proposed Dewatering Sys	stem Locatio	n									
Quarter of the Quarter	Quarter or Gov	ernment Lot Num	ber	Sectior	Number or French	Long Lot N	umber				
Township	Range	East		City	/		County				
TN	R	West		Villa							
				Civ	il Town						
Street or Grid Address (fire numb	ber)										
Dewatering System Operation											
Name of Nearest Public Utility W	ell	Proposed	l Total	Averag	e Pumpage per Da	y Proposed	d Total Maximum Pเ	Impage per Day			
								gallons			
Distance from Public Utility Well	F	eet Discharge	e Loca	tion De	scription (e.g. storm	n sewer, drai	nage swale, settling	J basin, etc.)			
		liles		1							
Direction (e.g. WNW) to Public l	Jtility Well			Total N	Number of Dewater	ing Wells/Po	ints in Project				
				Nharaha							
Proposed Pump (Dewatering Sys	stem) Capacity				er of Wells/Points ir	Given Time					
Downtoring Drojost Stort Data (A		gallons per minu	te	Dourot	oring Draigat Comp	Jatian Data (
Dewatering Project Start Date (M	IIVI/UU/TTTT)			Dewal	ering Project Comp	nelion Dale (
Proposed Aquifer Formation	At a Depth of:		Stat	l tic Wate	erlevel	Pro	posed Dewatering	Water Level			
							p				
Well Construction											
Total well depth (feet)	Borehole diam	eter (inches)	Drill	ling met	hod (e.g. rotary, jet	ting, percuss	sion, etc.)				
Geologic formations to be penetr	ated by well (e.g	. sand, gravel, clay	y, sano	dstone,	limestone, etc.)						
Casing depth (feet)	Well casing wa	II thickness (in.)	Casi	ing mate	erial (e.g. steel, sch	edule 40 PV	C) Casing diamet	er (inches)			

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Well Construction (continue	ed)												
Method of connecting well casing se	egments		Height of	Height of well casing termination above local ground elevation (in)									
weld solvent weld	thread	led/mechanical											
Nell screen material (e.g. wire wou	nd steel, slott	ed PVC)	Well scre	en len	igth (ft)		Well screen dia	ameter (in)					
Method of attaching screen to well of	casing or plac	cing screen	Type of v		—		Engineered gravel pack around screer						
			wire	wound	d slotted	d pipe	yes	no					
Annular space seal material (e.g. be	entonite, cem	ent, native material)	Method o	of placi	ing annular se	əal (e.g. trer	mie pipe)						
Pump Installation													
Pump type (e.g. submersible, vacu	.m) Indivi	idual pump capacity	(gpm)	Well s	seal type and	design	Check val	lve location					
Well Abandonment													
Well abandonment method (e.g. fill	with bentonite	e, collapsing formati	on, etc.)										
Enclosures													
Plat map (project location m	arked)												
Engineering plan map of pro	oject (do not	t submit complete :	set of pla	ns)									
Contamination sites (BRRTS (www.dnr.state.wi.us/org/aw			ns and di	scharç	ge location								
Well construction diagram w	ith dimensic	ons											
Drawing of manifold design	if multiple w	ells are connected	together										
Discharge drawing													
If WPDES permit already iss	sued, attach	сору											
Variance Request Signature													
Are you requesting a variance fo Wis. Adm. Code? If yes, propert			less thar	۱25 fe	et of casing	or for a va	riance to any	part of ch. NR 812,					
Property Owner Signature				-		I	Date Signed						
Applicant													
	First		MI Sig	gnature	•								
Street Address		City	Sta	ite	ZIP Code		Date (mm/dd/y	ууу)					
Company Name		(Area Code) Teleph	hone Num	ıber	1	E-Mail Add	dress						
		Depart	tment U	se Or	nly								
Receipt Date (mm/dd/yyyy)			Re	sponse	e Date (mm/d	ld/yyyy)							
Review Engineer			Au	Authorized Signature									
Calculated Public Utility Well Drawdo Judgement	own Value or I	No Expected Impact	Act	tion: C	onditions of a	pproval are	attached <u>if</u> app	proved.					
Feet 🗌		ed Significant Impa	act			pproved	🗌 Deni	ed					

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Other Information Use for schematic drawings, sketch maps or other information.