  
R. O. No. 10 - 23 - 24. By CITY CLERK. June 5, 2023.

Submitting an application for private well permit from Dennis Beske located at 2612 Mill Road.

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CITY CLERK

## APPLICATION FOR PRIVATE WELL PERMIT

Sheboygan, Wisconsin

Original Application Date: 05/17/2023Parcel: 657787

1. Location of Structure 2612 MILL RD  
2. Owner BESKE, DENNIS D Phone \_\_\_\_\_  
Address 2612 MILL RD SHEBOYGAN, WI 53083-2042

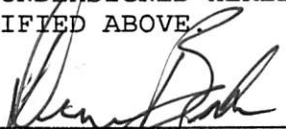
1. Is property served by public water system? Yes \_\_\_\_\_ No \_\_\_\_\_  
2. Well and pump installation must meet the requirements of Chapter NR 112, Wisconsin Administrative Code, and a letter from a licensed well and pump installer must accompany the application, which provides that the well meets the requirements of NR 112, Wisconsin Administrative Code.  
3. List proposed use of well: Outside faucets - Lawn Irrigation  
4. Duration of permit requested (not to exceed 5 years): 5 years

Note: Report indicating well produces safe water as evidenced by one (1) sampling must accompany the application.

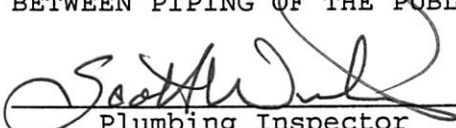
The Applicant recognizes the following:

1. The granting of this permit does not mean that the City has determined that the well or water taken from it are safe or in conformity with any rules or regulations thereon.
2. The City is not responsible for the maintenance of the well or for informing the owner of new or existing regulations pertaining thereto.
3. The City assumes no responsibility in regards to monitoring water taken from it.
4. This Well Operation Permit is only valid for five (5) years from its being granted, except as provided for above.

THE UNDERSIGNED HEREBY ACCEPTS AND AGREES TO THE TERMS AND CONDITIONS SPECIFIED ABOVE.

 Date: 5/17/23  
Applicant's Signature

DATE CITY PLUMBING INSPECTOR INSPECTED TO VERIFY NO CROSS CONNECTION BETWEEN PIPING OF THE PUBLIC WATER SYSTEM AND THE PRIVATE WELL.

 Date: 5/17/23  
Plumbing Inspector

DATE PRESENTED TO THE COMMON COUNCIL: / /

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

# Property Transfer Well and Pressure System Inspection

Form 3300-221 (R 08/21)

**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<br>Patty Beske |                   | Telephone Number<br>920-254-9185 |                   |
| Mailing Address<br>2612 Mill Rd        | City<br>Sheboygan | State<br>WI                      | ZIP Code<br>53083 |
| Well Owner's Name<br>Patty Beske       |                   | Telephone Number<br>920-254-9185 |                   |
| Mailing Address<br>2612 Mill Rd        | City<br>Sheboygan | State<br>WI                      | ZIP Code<br>53083 |

## Property Location

|                                       |                           |  |                     |
|---------------------------------------|---------------------------|--|---------------------|
| Fire Number<br>2612                   | Street or Road<br>Mill Rd | <input type="radio"/> City <input checked="" type="radio"/> Town <input type="radio"/> Village | County<br>Sheboygan |
|                                       |                           | of Sheboygan   |                     |
| $\frac{1}{4}$ $\frac{1}{4}$ SW        | Section<br>9              | Township<br>15 N   | Range<br>23 W       |
| Latitude (DD, ex. 44.444)<br>43.78586 |                           | Longitude (DD, ex. -89.999)<br>-87.7421  |                     |

## Identified noncomplying features (noted below with a check mark)

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Unused Well  | 13. <input type="checkbox"/> Nonpressure Conduit   |
| 2. <input type="checkbox"/> Stovepipe or Thin-Walled Well Casing   | 14. <input type="checkbox"/> Hand Pump   |
| 3. <input type="checkbox"/> Dug Well   | 15. <input type="checkbox"/> Offset Pump or Piping Height Above Basement Floor   |
| 4. <input type="checkbox"/> Buried Suction Line  | 16. <input type="checkbox"/> Yard Hydrant  |
| 5. <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit  | 17. <input type="checkbox"/> Materials for Pump and Supply Piping  |
| 6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well   | 18. <input type="checkbox"/> Flowing Well Installation   |
| 7. <input type="checkbox"/> Poor Well Casing Pipe Condition  | 19. <input type="checkbox"/> Check Valve Location  |
| 8. <input type="checkbox"/> Contamination Source less than minimum separation distance from well:                                  | 20. <input type="checkbox"/> Well Cap or Seal  |
| 9. <input type="checkbox"/> Well in Floodway or Flood Fringe   | 21. <input type="checkbox"/> Casing Height   |
| 10. <input type="checkbox"/> Well at Risk from Localized Flooding  | 22. <input type="checkbox"/> Electrical Wires at Wellhead Not Enclosed in Conduit  |
| 11. <input type="checkbox"/> Cross-Connection  | 23. <input type="checkbox"/> Sample Faucet is Missing or Noncomplying  |
| 12. <input type="checkbox"/> Driven Point Well < 25 well casing pipe or installed after 1-31-1991 with no well construction report | 24. <input type="checkbox"/> Casing less than 6" in diameter for a well terminating in limestone, dolomite, shale, quartz or granite |
|  | 25. <input type="checkbox"/> Extreme Health/Safety Hazard  |

## Comments

- |   |  |
|---|--|
| <input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe   | <input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump                  |
| <input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work                                    | <input type="checkbox"/> Pre-1991 Driven Point Pipe Depth < 25 feet          |
| <input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work                                    | <input type="checkbox"/> Well Construction Report Not on File or Unlocatable |
| <input type="checkbox"/> Unable to confirm whether well terminates in limestone, dolomite, shale, quartz or granite | <input type="checkbox"/> Well Located in Special Well Casing Depth Area      |
| <input type="checkbox"/> Other:   | <input type="checkbox"/> Non-Vermin-Proof Well Cap or Well Seal              |

## Compliance Determination

Based on my personal inspection of the real property, the well and pressure system: (check one)

- ☒ **Complies** with NR 812, Wis. Adm. Code
- ☐ **Does not Comply** with NR 812, Wis. Adm. Code
- ☐ **Complies** with NR 812, Wis. Adm. Code, except that a more comprehensive search or additional research is needed to evaluate potential violations that may exist but are not fully identifiable as part of the basic visual inspection, such as:
- ☐ an unused well    ☐ floodway/floodplain    ☐ contamination source
- ☐ other:

This form lists the visible conditions of the well and pressure system on the property at the time of inspection and does not imply or give any guarantee. Some features such as well cap, casing height or nonpressure conduit may comply for purposes of this inspection, but may require an upgrade the next time work is done on the well or pressure system.

|   |                               |                                  |
|---|-------------------------------|----------------------------------|
| Printed Name of Licensed Water Well Driller or Pump Installer<br>Tyler J. Hyink     | Individual License #<br>#3854 | Telephone Number<br>920-467-0566 |
| Signature of Licensed Water Well Driller or Pump Installer<br><i>Tyler J. Hyink</i> |                               | Date<br>5/5/2023                 |





1990 Prospect Ct., Appleton, WI 54914 \* 800-801-7590

HYINK WELL DRILLING, INC.  
N6250 Alpine Rd  
SHEBOYGAN FALLS, WI 53085

Home Owner PATTY BESKE  
Well ID/Address 2612 MILL RD  
Well City SHEBOYGAN, WI 53083  
Sample Location PRESSURE TANK  
Lab # 614508  
Collected By/Date TYLER 05/05/2023

Report Date 09-May-23

| Analyte  | Result        | Units | LOD  | LOQ  | Dil | Dig Date | Run Date   | Mthd  | Analyst | QC Code |
|--|---------------|-------|------|------|-----|----------|------------|-------|---------|---------|
| Inorganic  |               |       |      |      |     |          |            |       |         |         |
| General  |               |       |      |      |     |          |            |       |         |         |
| Nitrate Nitrogen   | None Detected | mg/l  | 0.08 | 0.27 | 1   |          | 05/06/2023 | 4500F | AK      | 1       |
| NITRATE (as NO <sub>3</sub> +NO <sub>2</sub> )...A small amount of nitrate may be natural; however, elevated levels are an indication of nutrients entering the groundwater due to human activity. The maximum contaminant level set by the EPA is 10 mg/L (part per million).                       |               |       |      |      |     |          |            |       |         |         |
| Metals   |               |       |      |      |     |          |            |       |         |         |
| Arsenic, Total   | 1.7           | ug/l  | 0.8  | 2.7  | 1   |          | 05/09/2023 | 3113B | AS      | 1       |
| (as total As) Elevated arsenic levels are believed to cause skin cancer, and blood and nervous system disorders. The EPA and the WI DNR consider levels above 10 ug/L (parts per billion) in drinking water harmful.   |               |       |      |      |     |          |            |       |         |         |
| Organic  |               |       |      |      |     |          |            |       |         |         |
| Coliform and E-coli Bacteria   |               |       |      |      |     |          |            |       |         |         |
| E-coli   | None Detected | mpn   | 1    | 1    | 1   |          | 05/08/2023 | 9223B | JM      | 1       |
| E-COLI BACTERIA - Found in human and animal waste. The presence of E-coli is an indication of septic contamination, barnyard runoff, or another direct source of waste entering the drinking water system.   |               |       |      |      |     |          |            |       |         |         |
| RESULT- ABSENT - No E-coli bacteria were detected in this sample.  |               |       |      |      |     |          |            |       |         |         |
| Coliform   | None Detected | mpn   | 1    | 1    | 1   |          | 05/08/2023 | 9223B | JM      | 1       |
| COLIFORM BACTERIA...Coliform bacteria are very common in the open environment. They can be found in the soil and in surface water. However, any detection of coliform bacteria colonies in drinking water is unnatural.  |               |       |      |      |     |          |            |       |         |         |
| RESULT - Coliform bacteria were ABSENT in this sample. No Coliform bacteria were found in this sample. NOTE: The absence of bacteria does not necessarily mean that other pollutants are not present in the water. If you are concerned about other contaminants, further testing will be necessary. |               |       |      |      |     |          |            |       |         |         |

LOD Limit of Detection

None Detected = Result was less than the LOD

LOQ Limit of Quantitation

Code

Comment

1

All laboratory QC requirements were met for this sample.

Laboratory Director

Matthew Stone

Please visit our website at [www.cleanwatertesting.com](http://www.cleanwatertesting.com)

WI DNR Lab Certification # 445126660

EPA ID# WI 00063

WI Dept of Ag Lab ID # 152673-D3

Page 1 of 1

INSPECTION FIELD SHEET  
Printed by SCOTT WINTER05/17/23  
13:04:44

INSPECTION: 61241 PLUMBING WELL INSPECTION

LOC: 2612 MILL RD  
SHEBOYGAN

PROPERTY ID: 657787

OWNER: BESKE, DENNIS D.

CONTRACTOR: \_\_\_\_\_

REQUEST BY: \_\_\_\_\_

WORK ORDER:

|              |                |            |                        |          |
|--------------|----------------|------------|------------------------|----------|
| INSPECTOR:   | 107            | RESULT:    | CONDITIONALLY APPROVED |          |
| REQUESTED:   |                | PRIORITY:  |                        |          |
| SCHEDULED:   | 05/17/23 10:00 | COMPLETED: | 05/17/23               | 10:21:38 |
| UNPAID FEES: | .00            |            | Date                   | Time     |

MILEAGE: .00 TIME: TRAVEL ONSITE

COMMENTS:

From mobile - SCOTT WINTER 920-459-4081 - 05/17/2023 10:21:32  
5/17/2023 - Inspected water system. There is no cross connection between  
City water and the private water supply present.