



July 27, 2020

FILE REF:  
PWS ID#: 11101233  
Saddle Ridge Estates-OC  
Portage, WI  
Columbia County

WINNIFRED SCHUMANN  
SADDLE RIDGE ESTATES  
PO BOX 443  
PORTAGE, WI 53901

Subject: Sanitary Survey Report

Dear Winnifred Schumann:

The purpose of a sanitary survey is to evaluate your water system's source, facilities, equipment, operation, maintenance, and management as they relate to providing safe drinking water. The sanitary survey is also an opportunity to update the Department's records, provide technical assistance, and identify potential risks that may adversely affect drinking water quality.

On 07/23/2020, Tony Knipfer conducted a sanitary survey of your water system, Saddle Ridge Estates. During the sanitary survey Lukasz Lyzwa, Paul Turner, and Rick Joslin (DNR) were present. At the completion of the survey, you were briefed on the preliminary findings. This report outlines the final findings, discusses problems that need to be addressed, and timelines for corrective action where appropriate.

**Deficiencies**

During the course of the sanitary survey, 0 deficiencies were identified. Deficiencies are problems in the drinking water system that have the potential to cause serious health risks or represent long-term health risks to consumers. Deficiencies may indicate noncompliance with one or more Wisconsin Administrative Codes. Corrective action should be completed for deficiencies as soon as possible but not later than the compliance due date.

Deficiency	Compliance Due Date	Code Citation
None		

**Recommendations**

During the course of the sanitary survey, 1 recommendation was identified. Recommendations are potential problems in the water system that may hinder your public water system from consistently providing safe drinking water to consumers.

Recommendation
Please inspect the pressure tank the next time reservoir inspections are taking place. NR 810.14

### **Non-conforming Features**

During the course of the sanitary survey, 1 feature that met code requirements at the time of your public water system's construction but would not be allowed in the current code was discovered. These are referred to as "non-conforming features." Though you are not required to correct non-conforming features at this time, they will need to be corrected when any major work is done in the future.

<h3><b><u>Non-conforming Features</u></b></h3>
--

Both wells are missing protective cement collars. If the wells were to be replaced, the replacement wells would be required to have a protective concrete collar no less than 6" tall and 2" thick.
---

### **Water Quality Monitoring and Reporting**

Your system has a very good record of compliance with monitoring and reporting requirements. We appreciate your continued efforts in complying with these Safe Drinking Water Act requirements.

### **Required Reports, Records, and Utility Programs**

All required reports, notices, and certifications have been submitted.

### **Certified Operator**

Our records indicate that Lynn Bradley, Jerry Foellmi, and Scott Gorman are certified small water system operators for Saddle Ridge Estates. Additional information regarding the operator certification program can be found at <https://dnr.wi.gov/regulations/opcert/>.

### **Water System Security**

We recommend that you conduct a daily security check of your entire drinking water system to ensure doors are locked and windows secured.

### **System Summary Information**

Saddle Ridge Estates is served by two wells. Well 1 (BN390) is located immediately adjacent to the storage reservoir. Well 1 was drilled in 1978 to a total depth of 382 feet and is protected by 360 feet of 8" metal casing. The water bearing formation is gravel, and the well is not screened. Cement grout was used to fill the top 60 feet of annular space, while bentonite and drill cuttings fill the remaining annular space. The submersible pump in Well 1 discharges through the top of the well casing to a 2400-gallon buried hydropneumatic pressure tank prior to entering the 48000-gallon storage reservoir.

Well 2 (BN391) is an 8 inch well, constructed approximately 800 feet east of Well 1 and the storage reservoir. Well 2 was drilled to a total depth of 333 feet and is protected by 299 feet of steel casing and 80 feet of cement grout. The water bearing formation is sandy gravel and this well has a 40' screen. The submersible pump in Well 2 discharges through the top of the well casing to the same 2400-gallon below grade hydro-pneumatic pressure tank as Well 1.

From the storage reservoir, three pumps pressurize the distribution system. A stand-by chlorinator is adjacent to Well 1 and used for emergency purposes only. The chemical injection tap is located near the 2400-gallon

tank and serves both wells. The facility is served by a backup generator, providing water in the event of a power outage. Pressurized plumbing takes wastewater to the city of Portage for treatment.

A water system summary is attached. Please review for accuracy. If there are changes that need to be made, contact Tony Knipfer at 608 228-6227.

**Capacity Development Evaluation**

This sanitary survey serves as an evaluation of the capabilities of your water system. This system has been determined to have adequate technical, managerial, and financial capacity to provide safe drinking water. The ability to plan for, achieve, and maintain compliance with applicable drinking water standards has been demonstrated.

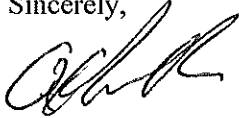
The next sanitary survey of your system is scheduled to take place in 2023. You will be contacted prior to the survey to schedule a date that is convenient for you.

**Required Action**

The survey did not find anything that required correcting at this time.

Thank you for your time and assistance during the sanitary survey. If you have any questions, you can reach me by phone at 608 228-6227, by fax at 608 275-3338, by e-mail at [Anthony.knipfer@wisconsin.gov](mailto:Anthony.knipfer@wisconsin.gov), or by postal mail at the address on this letterhead.

Sincerely,



Tony Knipfer

Encl.

cc: Bureau of Drinking Water/Groundwater - DG/5

## Water System Summary Information

System ID: 11101233  
 System Name: SADDLE RIDGE ESTATES  
 County: Columbia  
 Type: Other-than-municipal Community  
 Basin:  
 Service Connections: 350

Owner: WINNIFRED SCHUMANN  
 SADDLE RIDGE ESTATES  
 PO BOX 443  
 PORTAGE, WI 53901  
 (608) 742-6850 Cell: (608) 742-6850      president@saddleridgeestate.net

Date Security VA Complete:  
 Date ERP Complete:  
 Date ERP Last Exercised/Updated:  
 Emergency Phone: (608) 742-2169  
 Emergency Fax: (608) 742-2592  
 Emergency E-mail: jfoellmi@generalengineering.net

### Certified Operators

Name	Lic. #	Expires	Phone/Fax/E-mail	Address 1	Address 2	City, State, Zip
LYNN BRADLEY	62290	05/01/2022	(608) 742-21691 bradley@generalengineering.net	916 SILVER LAKE DR		PORTAGE, WI 53901
JERRY FOELLMY	60842	09/01/2021	(608) 742-2169 jfoellmi@generalengineering.net	GENERAL ENGINEERING CO INC	PO BOX 340	PORTAGE, WI 539010340
SCOTT GORMAN	33564	05/01/2023	(608) 635-5122 stgorman@centurytel.net	W7187 PRICE RD		POYNETTE, WI 53955

### Affiliations

Name	Affiliation	Start Date	Primary?	Phone
GENERAL ENGINEERING CO -- LYNN BRADLEY	SAMPLER	01/26/2009	Y	608-742-2169
WINNIFRED SCHUMANN	OWNER	09/28/2018	Y	608-742-6850
FOELLMY, JERRY, PE- GENERAL ENGINEERING CO	MANAGER	05/08/2002	Y	608-742-2169
FOELLMY, JERRY, PE- GENERAL ENGINEERING CO	EMERGENCY	01/09/2012	Y	608-742-2169
TONY KNIPFER	DNR_REP	08/06/2014	Y	608-228-6227
PAUL TURNER	CONTACT	07/24/2020	Y	608-742-0391

### Entry Points and Sources of Water (Basic Data)

Source ID	Name	WUWN	Status	Type	Source	Depth	Cased	Grouted
1	Well #1	BN390	Active	SOURCE OF WATER	Ground Water Source	382'	360'	360'
2	Well #2	BN391	Active	SOURCE OF WATER	Ground Water Source	333'	299'	299'
200			Active	ENTRY POINT	Permanent Ground Water Entry Point			

**Entry Points and Sources of Water (Misc. Data)**

Source ID	PLSS	Lat./Long.	Pump Cap.	Pump Type	Aux. Power?
1	T12, R9E, S1, Q-NW QQ-NW	43.55451N x 89.37989W	235	Submersible	Yes
2	T12, R9E, S1, Q-NW QQ-NE	43.55469N x 89.37670W	300	Submersible	Yes
200	T, RE, S, Q-U QQ-U	N x W		Booster	Yes

**Storage**

ID/Location	Type	Vol. (gal)	Firm Pumping Capacity (gpm)	Height to Overflow (ft.)	Aux. Power?	Mfg.	Model
Ground Reservoir	GROUND STORAGE	48000	235		Yes		
Buried at Wellhouse 1	PRESSURE TANK	2400			Yes		

**Booster Stations**

ID/Location	Type	Firm Pumping Capacity (gpm)	Aux. Power?
None			

**System Interconnects**

ID/Location	Type	Capacity (gpm)	Metered?	Chemical Injection Capable?
None				

**Treatment Summary Data**

Source ID	Type	Description	Begin	End	Objective(s)	Pump Model	Cap.	Stroke %	Speed %	Sol. Tank Cap.	Dil. Ratio	Comments
1	000	0	01/01/1960		No Treatment at Source							
2	000	0	01/01/1960		No Treatment at Source							
200	000	0	01/01/1960		No Treatment at Source							

**System Evaluation Summary**

Inspector/Reviewer	Date	Report Date	Type	Agency	Response Due	Response Recd
KNIPFER, TONY	07/23/2020	07/27/2020	SURVEY	DNR		
Knipfer, Tony	10/16/2017	11/01/2017	SURVEY	DNR		
KNIPFER, TONY	10/23/2014	10/27/2014	SURVEY	DNR	12/11/2014	12/04/2014
Mueller, Glenn	11/03/2011	11/09/2011	SURVEY	DNR	01/01/2012	12/05/2011

Inspector/Reviewer	Date	Report Date	Type	Agency	Response Due	Response Recd
KACZMAREK, BOB	11/25/2008	12/03/2008	SURVEY	DNR	01/03/2009	01/02/2009
BARKHAHN, DAVE	03/29/2005	03/30/2005	SURVEY	DNR	05/16/2005	
HEIMKE, SANDY	04/25/2002	04/29/2002	SURVEY	DNR		
HEIMKE, SANDY	02/19/1999	03/02/1999	SURVEY	DNR		
HEIMKE, SANDY	06/01/1998	06/02/1998	SURVEY	DNR		
HEIMKE, SANDY	11/09/1994	11/10/1994	SURVEY	DNR		
	08/23/1991		SURVEY	DNR		

#### Bacteriological Sampling History

Year	Distribution Safe	Distribution Unsafe	Confirmed Unsafe	Missed Samples	Raw Safe	Raw Unsafe	Fecal Positive?
2020	6			0			N
2019	11	1		0	1		N
2018	12			0			N
2017	12			1			N
2016	11			1			N
2015	16	1	2	0			N
2014	12			0			N

#### Chemical Sampling History

Year	Sample Group	Source ID	Samples Taken	Missed Samples	MCL Violations
2019	NITRATE	200	1	0	0
2018	VOC	200	1	0	0
2018	PBCU		10	0	0
2018	RAD	200	1	0	0
2018	SOC	200	1	0	0
2018	IOC	200	1	0	0
2017	NITRATE	200	1	0	0
2016	NITRATE	200	1	0	0
2015	VOC	200	1	0	0
2015	PBCU		10	0	0
2015	RAD	200	1	0	0
2015	IOC	200	1	0	0
2014	NITRATE	200	1	0	0

Sample Group	Last Sampled
BACTI	2020
IOC	2018
RAD	2018
NITRATE	2019
PBCU	2018
SOC	2018
VOC	2018

**MCL Violations**

Source ID	Contaminant	Concentration	MCL	Units	Viol. Start	Viol. End	Continuing Operation?
3100	Coliform (TCR)				08/29/2015	09/10/2015	N

**Definitions**

MCL = Maximum Contaminant Limit (as set by the Environmental Protection Agency (EPA))

BACTI = Bacteriological Sample

IOC = Sample for Inorganic Compounds

NITRATE = Nitrate Sample

PBCU = Lead and Copper Sample

RAD = Sample for Radioactivity

SOC = Sample for Synthetic Organic Compounds

VOC = Sample for Volatile Organic Compounds

FLUORIDE = Fluoride from Fluoridation

TTHM = Total Trihalomethane Sample





## Sanitary Survey Checklist for Saddle Ridge Estates, Date of Survey: 07/23/2020

Question	Answer	Comments
<b>I. Is the source adequate (protection, physical components, capacity)?</b>	Y	
A. Are there no new contaminant sources identified?	Y	
B. Does the well(s) meet the appropriate construction requirements including the elimination of dual aquifer situations? (811.12(1))	Y	
1. Are well construction reports on file and accurate including reconstruction? (811.12(3))	Y	
C. Are unused wells properly abandoned (including report on file with DNR)? (811.13 (1) - (8))	N/A	
D. Is the source capacity adequate to meet current and future demand? (NR 811.26)	Y	
E. Is the backup source adequate to meet demand including any emergency interconnection? (811.26)	Y	
F. Are all monitoring waivers valid? (NA if no waivers granted)	Y	
G. Is the monitoring assessment material accurate and up-to-date? (809.205(5), 809.245(5), 809.115(2) & (3), 809.53(2), 809.547(7), 809.61(1), 809.66(1))	Y	
H. Are all sources protected from flooding? (811.12(5)(b))	Y	
I. None of the sources require groundwater under the direct influence of surface water review? (810.02(25)); (810.27); (811.02(34)); (811.16(2)); (811.17(2))	Y	
J. Are all sources adequately protected from unauthorized access?(810.23); (811.25(c))	Y	
K. Is the pump base adequate? (extends min. 12" above floor) (811.31 (1)) & (811.32 (1)) (6" high collar)	Y	
<b>II. Is the finished water storage facility(ies) adequate, including pressure tank(s)? (NA if none)</b>	Y	
A. Are water storage facilities inspected at least once every 5 years? (810.14)	Y	Recommendation: Please inspect the pressure tank the next time tank inspections are taking place.
B. To the best of your knowledge, do the reservoirs meet all of the other NR 811 requirements and is the O & M of the storage facilities adequate? (811 Sub. VII - Hydro Pneumatic Tanks & Sub. IX - Storage Facilities)? Check most recent reservoir inspections.	Y	
C. Does the paint on the outside of the storage facility(ies) look adequate and clean with no apparent corrosion? (810.14)	Y	
D. Is the storage capacity sufficient to meet water use demands? (811.62)	Y	
E. Are adequate security measures in place at the storage facility(ies) to prevent unauthorized access? (NA if no storage) (811.64(2)(d))	Y	
F. Is emergency power available and adequate for pumping from ground reservoir(s)? (811.27)	Y	
G. Is the storage facility(ies) protected from flooding? (NA if no storage) (811.63(1)(a), 811.61(1) Hydro-Pneumatic Tanks)	Y	
H. Is storage protected from contamination? (NA if no storage) (811.62 & 811.63 & 811.61 (1) (Hydro-Pneumatic Tanks))	Y	
I. Is the condition of the storage components satisfactory? (NA if no storage) (810.03)	Y	
<b>III. Are the pump(s), discharge piping, pump facility(ies) and controls adequate?</b>	Y	
A. Is the pumping capacity adequate, with the largest unit out of service, to ensure continued operation (firm pumping capacity) (N/A if 50 or less living units)? (811.26(2))	Y	

## Sanitary Survey Checklist for Saddle Ridge Estates, Date of Survey: 07/23/2020

Question	Answer	Comments
B. Is the pump facility protected from flooding (i.e. pump house floor >2' above flood elevation)? (811.25(1)(d))	Y	
C. Is the pumping facility(ies) adequately protected against unauthorized access? (810.23) & ((811.25(c)) for CWS's)	Y	
D. Is the capacity of the pump(s) sufficient? (811.26); (811.29)	Y	
E. Is the condition of the pump(s) satisfactory? (810.03)	Y	
F. Does the pumping system(s) use only approved lubricants? (811.31 (2))	Y	
G. Are pumping controls adequate and in good working condition?	Y	
H. Are the discharge type and/or appurtenances appropriate for the system?	Y	
I. Does the discharge piping and appurtenances meet NR 811 requirements? (811.37)	Y	
J. Is the condition of the pump facility(ies) satisfactory? (NA if no facility) (811.25)	Y	
K. Does the pump facility(ies) meet NR 811 requirements? (NA if no facilities) (811.25)	Y	
<b>IV. Is the water treatment adequate? (NA if no treatment)</b>	N/A	
A. Is the current treatment adequate for protecting public health, given source water quality?	Y	
B. Is there adequate water quality monitoring equipment at the facility? (810.03)	Y	
C. Is there an adequate means for determining chemical usage? (NA if no chemical addition) (811.40(1)(g))	N/A	
D. Is the chemical storage adequately protected from contamination? (overlapping cover, sealed openings, made of appropriate material, etc.) (NA if no solution tank) (811.40)	N/A	
E. Is the O & M of the treatment facility(ies) adequate? (NA if no treatment facility) (810.03)	N/A	
F. Is the condition of the treatment equipment satisfactory? (NA if no treatment, including emergency treatment) (810.03)	N/A	
G. Is monitoring of treatment system performance adequate? (NA if no treatment) (810.03)	N/A	
H. Are appropriate record keeping practices used? (NA if no treatment) (810.07)	N/A	
I. Is the chemical(s) used in treatment NSF approved? (NA if no treatment) (810.09(1))	N/A	
J. Are chemical storage/spill containment practices adequate? (NA if no treatment) (811.40(1)); (811.39(3))	N/A	
K. Are chemical handling and spill response protocols adequate? (NA if no treatment) (811.40 (2) & (3))	N/A	
L. Do operators have appropriate qualifications for the system treatment process(es)? (NA if no treatment) (810.04)	N/A	
M. Are adequate security measures in place to prevent unauthorized access to treatment facility(ies)? (NA if no treatment) (810.23)	N/A	
N. Is the treatment equipment reliable? (NA if no treatment)	N/A	
O. Does the treatment process(es) adequately respond to changes in raw water quality? (NA if no treatment)	N/A	
P. Are there sufficient fail-safes to ensure the continued operation of the treatment process(es)? (NA if	N/A	

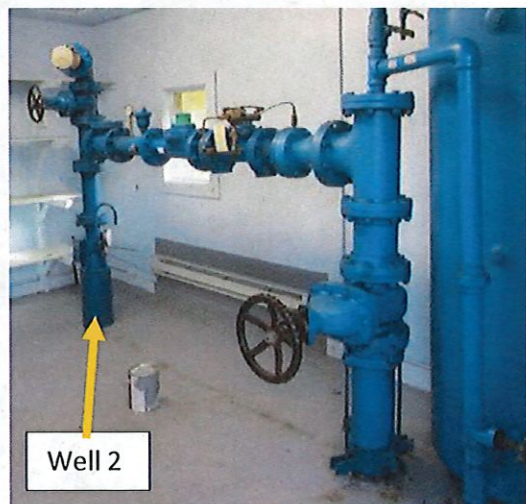
## Sanitary Survey Checklist for Saddle Ridge Estates, Date of Survey: 07/23/2020

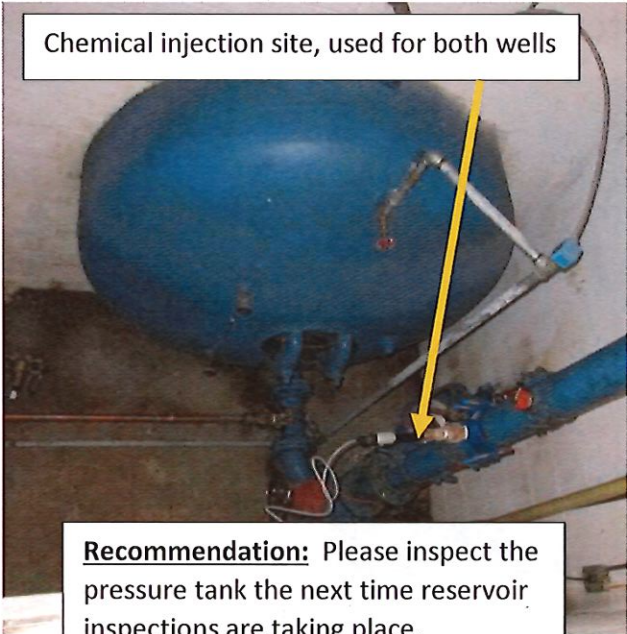
Question	Answer	Comments
no treatment) (811.39); (811.48(1)(c))		
Q. Is the water system protected from accidental chemical overfeed? (anti-siphon device & power outlet linked with pump power) (NA if no chemical addition) (811.39)	N/A	
R. Is the treatment system(s) protected from flooding? (NA if no treatment) (811.25(1)(d))	N/A	
S. Does the installation of all water treatment devices meet the requirements of NR 811? (NA if no treatment) (811 Sub. VI & VII)	N/A	
<b>V. Is the distribution system adequate? (NA if no distribution system)</b>	Y	
A. Is the system maintaining a minimum residual pressure > 20 psi at all points in the distribution system under all conditions	Y	
of flow? (811.70(4))		
B. Are the disinfectant residuals adequate? (NA if no disinfection or no distribution system) (810.09); (811.42(5))	N/A	
C. Is there an adequate corrosion control program? (NA if no dist. system or not required) (809.54(4))	N/A	
D. Are all cross-connections to potential contamination sources eliminated? (810.15)	Y	
<b>VI. Is water system operations and management adequate?</b>	Y	
A. Are operators up to date with current standards, problem areas in the water system, current issues, new contaminants, regional source water problems, etc.?	Y	
B. Is the system maintaining and practicing a comprehensive Emergency Operations Plan? (contacts, communications, mutual aid, auxiliary power procedures, loss of system pressure, emergency chlorination plan) (810.23(2))	Y	
C. Have measures been taken to enhance the security of the water supply system? (Recommendations listed in security manual)	Y	
D. Does the system have adequate manpower, training and equipment to perform all necessary duties to provide an adequate quantity of safe drinking water to consumers? (810.03)	Y	
E. Have past inspection deficiencies, outlined in previous inspection reports, been corrected as required? (Review / initiate stepped enforcement process)	Y	
F. Are customer complaints logged and responded to as necessary?	Y	
G. Has the system always obtained approvals for improvements such as extensions or alterations which may affect water quality or quantity? (811.08)	Y	
H. Has the system made an effort to stay in compliance with state regulations?	Y	
I. Does the system provide adequate operator support/training? (810.03)	Y	
J. Does the system have any water management and conservation plan?	N/A	
K. Is there an appropriate priority list for addressing problems in the system?	Y	
L. Are there adequate long- and short-term plans for system operation and maintenance? (810.13)	Y	
M. Is there an adequate public notification plan? (809.950)	Y	
N. Does the operator understand: Regulatory costs? Water system budget (annual budget)? Upgrade and maintenance costs for the next 3-5 years?	Y	

## Sanitary Survey Checklist for Saddle Ridge Estates, Date of Survey: 07/23/2020

Question	Answer	Comments
O. Does the system have adequate revenue to meet regulatory requirements? 810.03	Y	
P. Does the system have adequate revenue to cover emergency costs? 810.03	Y	
<b>VII. Is all monitoring/reporting/data verification adequate and accurate?</b>	Y	
A. Has the system been in compliance with their monitoring requirements with respect to samples taken and frequency?	Y	
B. Are there updated monitoring plans on file with the department for bacteria (809.31(1)(a)), lead/copper ((809.547(1)(a)) and disinfection byproducts ((809.565(6)))?	Y	
C. Does the system appropriately implement sampling plans in order to meet monitoring rule requirements? (sample sites spatially appropriate and rotate from site to site)	Y	
D. Has the system been in general compliance with regards to water quality?	Y	
E. Has water quality generally not degraded since the last sanitary survey?	Y	
F. Has the system published adequate Consumer Confidence Report(s)? (809.833)	N/A	
G. Are monthly operating reports complete and submitted in a timely manner (required for MC's, OTM's that have treatment or chemical addition, all hi-caps)? (810.07)	Y	
H. Have the appropriate public notices been issued in a timely manner (Tier 3 public notices may be published in the CCR per (809.950))?	Y	
I. Does the monitoring data reported to the DNR match that on file in the system's records? (809.82)	Y	
J. Are sampling faucets and faucet locations appropriate for each type of sample (including raw, entry point and distribution)? (811.37(5))	Y	
K. Is the sampling procedure for each type of sample appropriate?	Y	
L. Were there no recent water quality and/or quantity complaints from customers?	Y	
M. Can the system chlorinate within 4 hours if there is a bacti unsafe?	Y	
<b>VIII. Has the operator(s) fulfilled certification requirements?</b>	Y	
A. Is the operator(s) certified with appropriate grade of certification? (NR 114 Subchapter I or III)	Y	
B. Has the operator(s) fulfilled continuing education requirements? (NR 114 Subchapter I or III)	Y	
C. Is the appropriate "operator-in-charge" assigned to the water system and on file with the DNR? (NR 114 Subchapter I or III)	Y	
D. Is the operator(s) aware of renewal requirements and certification expiration date?	Y	
E. Does the system provide for adequate operator support/training?	Y	

# Photos





Chemical injection site, used for both wells

**Recommendation:** Please inspect the pressure tank the next time reservoir inspections are taking place.



Booster pumps pressurize the system after water leaves the ground storage reservoir

Emergency backup generator



Wisconsin Department of Natural Resources  
Drinking Water System  
Monitoring Site Plan Grouped by Usage

Group: Other-Than-Municipal Community (OC); South Central Region (1); Columbia County (11); DNR Rep: KNIPFA

11101233 SADDLE RIDGE ESTATES      Type: OC    Status: A    Columbia County    South Central Region    DNR Rep: KNIPFER, TONY

Usage: Bacti - Total Coliform Raw Water and Groundwater Triggered/Repeat									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
W1	100 SADDLE RIDGE	WELL #1	Well	1		08/02/1978			
W2	100 SADDLE RIDGE	WELL #2	Well	2		08/12/1979			
Usage: Bacti - Total Coliform Rule Compliance									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
D15	1044 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			10/27/2017			
D1	113 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			
D2	202 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			
D3	212 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			
D4	213 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			
D5	312 SADDLE RIDGE	BASEMENT BAR	Dist Sys			01/01/1960			
D6	313 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			
D7	409 SADDLE RIDGE	BASEMENT RESTROOM	Dist Sys			01/01/1960			
D13	6005 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			10/27/2017			
D12	6024 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			
D8	668 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			
D9	783 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			

Wisconsin Department of Natural Resources  
Drinking Water System  
Monitoring Site Plan Grouped by Usage

Usage: Bacti - Total Coliform Rule Compliance									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
D10	888 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			01/01/1960			
D14	912 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys			10/27/2017			
D11	926 SADDLE RIDGE	KITCHEN	Dist Sys			01/01/1960			
Usage: Inorganics EP Compliance									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
E1	100 SADDLE RIDGE	LARGE STORAGE RESERVOIR	Entry Pt	200		08/02/1978			
Usage: Inorganics Raw Compliance									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
W1	100 SADDLE RIDGE	WELL #1	Well	1		08/02/1978			
W2	100 SADDLE RIDGE	WELL #2	Well	2		08/12/1979			
Usage: Lead and Copper Rule Compliance									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
D1	113 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D2	202 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D3	212 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D4	213 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			



Wisconsin Department of Natural Resources  
Drinking Water System  
Monitoring Site Plan Grouped by Usage

Usage: Lead and Copper Rule Compliance									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
D5	312 SADDLE RIDGE	BASEMENT BAR	Dist Sys		PBCU_TIER_3	01/01/1960			
D6	313 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D7	409 SADDLE RIDGE	BASEMENT RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D16	502 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	10/27/2017			
D13	6005 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	10/27/2017			
D12	6024 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D8	668 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D9	783 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D10	888 SADDLE RIDGE	MAIN FLOOR RESTROOM	Dist Sys		PBCU_TIER_3	01/01/1960			
D11	926 SADDLE RIDGE	KITCHEN	Dist Sys		PBCU_TIER_3	01/01/1960			
Usage: Radionuclides EP Compliance									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
E1	100 SADDLE RIDGE	LARGE STORAGE RESERVOIR	Entry Pt	200		08/02/1978			
Usage: Radionuclides Raw Compliance									
<u>ID:</u>	<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>	
W1	100 SADDLE RIDGE	WELL #1	Well	1		08/02/1978			

Wisconsin Department of Natural Resources  
Drinking Water System  
Monitoring Site Plan Grouped by Usage

Usage: Radionuclides Raw Compliance		<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>
<u>ID:</u>	W2	100 SADDLE RIDGE	WELL #2	Well	2		08/12/1979		
Usage: Synthetic Organics EP Compliance		<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>
<u>ID:</u>	E1	100 SADDLE RIDGE	LARGE STORAGE RESERVOIR	Entry Pt	200		01/01/1960		
Usage: Synthetic Organics Raw Compliance		<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>
<u>ID:</u>	W1	100 SADDLE RIDGE	WELL #1	Well	1		08/02/1978		
<u>ID:</u>	W2	100 SADDLE RIDGE	WELL #2	Well	2		08/12/1979		
Usage: Volatile Organics EP Compliance		<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>
<u>ID:</u>	E1	100 SADDLE RIDGE	LARGE STORAGE RESERVOIR	Entry Pt	200		01/01/1960		
Usage: Volatile Organics Raw Compliance		<u>Location Address:</u>	<u>Location Description:</u>	<u>Sample Source:</u>	<u>EP ID:</u>	<u>Usage Details:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Source Water Svc. Zone</u>
<u>ID:</u>	W1	100 SADDLE RIDGE	WELL #1	Well	1		08/02/1978		
<u>ID:</u>	W2	100 SADDLE RIDGE	WELL #2	Well	2		08/12/1979		

# Well Construction Report For WISCONSIN UNIQUE WELL NUMBER **BN390**

State of WI - Private Water Systems - DG/2  
 Department of Natural Resources, Box 7921  
 Madison, WI 53707  
 Form 3300-77A  
 (R 8/00)  
 Please type or Print using a black Pen  
 Please Use Decimals Instead of Fractions.

Property Owner <b>SADDLE RIDGE ESTATES</b>		Telephone -- Number	
Mailing Address <b>104 SADDLE RD</b>			
City <b>PORTAGE</b>		State <b>WI</b>	Zip Code <b>53901</b>
County of Well Location <b>Columbia</b>	County Well Permit No. <b>W</b>	Well Completion Date <b>08/02/1978</b>	

1. Well Location <input checked="" type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village of <b>PACIFIC</b>	Fire # (if available)
Grid or Street Address or Road Name and Number	
Subdivision Name	Lot # Block #

Well Constructor (Business Name) <b>SAM VANDER GALIEN JR</b>	License # <b>420</b>	Facility ID Number (Public Wells) <b>111012330</b>
Address <b>PO BOX 150</b>		Public Well Plan Approval # W--
City <b>RANDOLPH</b>	State <b>WI</b>	Zip Code <b>53956-0150</b>
Date of Approval (mm/dd/yyyy)		
Hicap Permanent well #	Common Well #	Specific Capacity <b>9.5 gpm/ft</b>

Gov't Lot #	or NW 1/4 of	NW 1/4 of
Section <b>1</b>	T <b>12 N; R9</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Latitude Deg.	Min.	
Longitude Deg.	Min.	
2. Well Type	<input checked="" type="checkbox"/> New	Lat/Long Method <b>GPS008</b>
<input type="checkbox"/> Replacement	<input type="checkbox"/> Reconstruction	
of previous unique well # constructed in Reason for replaced or Reconstructed Well?		

3. Well serves # of homes and or (e.g. barn, restaurant, church, school, industry, etc.)

High capacity Well?  Yes  No  
 Property?  Yes  No

Drilled  Driven Point  Jetted  Other:

4. Is the well located upslope or sideslope and not downslope from any contamination source, including those on neighboring properties?  Yes  No

- Well located within 1,200 feet of a quarry?  Yes  No If yes, distance in feet from quarry:  
 Well located in floodplain?  Yes  No  
 Distance in Feet from Well to Nearest:
- |   |   |
|---|---|
| 1. Landfill<br>2. Building Overhang<br>3. Septic <input type="checkbox"/> Holding Tank <input type="checkbox"/><br>4. Sewage Absorption Unit<br>5. Nonconforming Pit<br>6. Buried Home Heating Oil Tank<br>7. Buried Petroleum Tank<br>8. Shoreline <input type="checkbox"/> Swimming Pool <input type="checkbox"/> | 9. Downspout/Yard Hydrant<br>10. Privy<br>11. Foundation Drain to Clearwater<br>12. Foundation Drain to Sewer<br>13. Building Drain<br><input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other<br>14. Building Sewer <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure<br><input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other<br>15. Collector or Street Sewer:<br><input type="checkbox"/> Sanitary units in. diam.<br><input type="checkbox"/> Storm <input type="checkbox"/> =< 6 <input type="checkbox"/> > 6<br>16. Clearwater Sump |
|---|---|
- |  |                                |
|--|--------------------------------|
| 17. Wastewater Sump<br>18. Paved Animal Barn Pen<br>19. Animal Yard or Shelter<br>20. Silo<br>21. Barn Gutter<br>22. Manure Pipe <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure<br><input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other<br>23. Other Manure Storage<br>24. Ditch | 25. Other NR 812 Waste Storage |
|--|--------------------------------|

Dia. (in.)	Drillhole Dimensions and Construction Method		Upper Enlarged Drillhole	Lower Open Bedrock
	From (ft.)	To (ft.)		
13	0	360	<input checked="" type="checkbox"/> ---1. Rotary - Mud Circulation----- <input type="checkbox"/>	
			<input type="checkbox"/> ---2. Rotary - Air----- <input type="checkbox"/>	
8	360	382	<input type="checkbox"/> ---3. Rotary - Air and Foam----- <input type="checkbox"/>	
			<input type="checkbox"/> ---4. Drill-Through Casing Hammer <input type="checkbox"/>	
			<input type="checkbox"/> ---5. Reverse Rotary <input type="checkbox"/>	
			<input type="checkbox"/> ---6. Cable-tool Bit in. dia----- <input type="checkbox"/>	
			<input type="checkbox"/> 7. Dual Rotary <input type="checkbox"/>	
			<input type="checkbox"/> 8. Temp. Outer Casing in. dia. depth (ft.) Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, why not?	

	8. Geology		From (ft.)	To (ft.)
	Type, Caving/Noncaving, Color, Hardness, etc.			
--CS	SANDY CLAY		0	8
--S-	SAND		8	43
--C-	CLAY		43	190
--S-	SAND		190	260
--G-	GRAVEL		260	382

6. Casing, Liner, Screen		Material, Weight, Specification	From (ft.)	To (ft.)
Dia. (in.)		Manufacturer & Method of Assembly		
		<b>8 STD BLK PIPE</b>	<b>0</b>	<b>360</b>

Dia. (in.)	Screen type, material & slot size

9. Static Water Level ft. above ground surface <b>23 ft. below ground surface</b>	11. Well is: <input checked="" type="checkbox"/> Above Grade <b>12 in.</b> <input type="checkbox"/> Below Grade Developed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Capped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Pump Test Pumping Level <b>43 ft. below surface</b> Pumping at <b>190 GPM for 6 hours</b>	

7. Grout or Other Sealing Material. Method:			
Method:	From (ft.)	To (ft.)	# Sacks Cement
Kind of Sealing Material			
<b>CEMENT</b>	<b>0</b>	<b>60</b>	
<b>MUD &amp; CUTTINGS</b>	<b>60</b>	<b>360</b>	

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property?  
 Yes  No If no, explain:

13. Signature of the Well Constructor or Supervisory Driller **SV** Date signed **08/02/1978**  
 Signature of Drill Rig Operator (Mandatory unless same as above) Date signed

Make additional comments on reverse side about geology, additional screens, water quality, etc. Variance issued  Yes  No

**Well Codes and Identifiers**

*Geologic Log No*

*SID Number*

*Common Well Name*

*Well Notification #*

*Batch Seq #* 77777777

# Well Construction Report For WISCONSIN UNIQUE WELL NUMBER **BN391**

State of WI - Private Water Systems - DG/2  
 Department of Natural Resources, Box 7921  
 Madison, WI 53707  
 Please type or Print using a black Pen  
 Please Use Decimals Instead of Fractions.

Form 3300-77A  
 (R 8/00)

Property Owner <b>SWAN LAKE CONSTRUCTION</b>		Telephone -- Number
Mailing Address <b>104 SADDLE RD</b>		
City <b>PORTAGE</b>	State <b>WI</b>	Zip Code <b>53901</b>
County of Well Location <b>Columbia</b>	County Well Permit No. <b>W</b>	Well Completion Date <b>08/12/1979</b>

1. Well Location <input checked="" type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village of <b>PACIFIC</b>	Fire # (if available)
Grid or Street Address or Road Name and Number	
Subdivision Name	Lot #
Block #	

Well Constructor (Business Name) <b>SAM VANDER GALIEN JR</b>	License # <b>420</b>	Facility ID Number (Public Wells) <b>111012330</b>
Address <b>PO BOX 150</b>		Public Well Plan Approval # <b>W--11/2/0001</b>
City <b>RANDOLPH</b>	State <b>WI</b>	Zip Code <b>53956-0150</b>
Date of Approval (mm/dd/yyyy) <b>01/01/1960</b>		
Hicap Permanent well # <b>68979</b>	Common Well # <b>002</b>	Specific Capacity <b>12.9 gpm/ft</b>

Gov't Lot #	or	NW 1/4 of	NW 1/4 of
Section <b>1</b>	T	<b>12 N; R9</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Latitude Deg.	Min.		
Longitude Deg.	Min.		
2. Well Type	<input checked="" type="checkbox"/> New	Lat/Long Method <b>GPS008</b>	
<input type="checkbox"/> Replacement	<input type="checkbox"/> Reconstruction		
of previous unique well # constructed in Reason for replaced or Reconstructed Well?			

3. Well serves # of homes and or (e.g. barn, restaurant, church, school, industry, etc.)

High capacity Well?  Yes  No  
 Property?  Yes  No

Drilled  Driven Point  Jetted  Other:

4. Is the well located upslope or sideslope and not downslope from any contamination source, including those on neighboring properties?  Yes  No

Well located within 1,200 feet of a quarry?  Yes  No If yes, distance in feet from quarry:

Well located in floodplain?  Yes  No

Distance in Feet from Well to Nearest:

1. Landfill
2. Building Overhang
3. Septic  Holding Tank
4. Sewage Absorption Unit
5. Nonconforming Pit
6. Buried Home Heating Oil Tank
7. Buried Petroleum Tank
8. Shoreline  Swimming Pool
9. Downspout/Yard Hydrant
10. Privy
11. Foundation Drain to Clearwater
12. Foundation Drain to Sewer
13. Building Drain  
 Cast Iron or Plastic  Other
14. Building Sewer  Gravity  Pressure  
 Cast Iron or Plastic  Other
15. Collector or Street Sewer:  
 Sanitary units in. diam.  
 Storm  = < 6  > 6
16. Clearwater Sump

17. Wastewater Sump
18. Paved Animal Barn Pen
19. Animal Yard or Shelter
20. Silo
21. Barn Gutter
22. Manure Pipe  Gravity  Pressure  
 Cast Iron or Plastic  Other
23. Other Manure Storage
24. Ditch
25. Other NR 812 Waste Storage

5. Drillhole Dimensions and Construction Method			
Dia (in.)	From (ft.)	To (ft.)	Upper Enlarged Drillhole
13	0	299	<input checked="" type="checkbox"/> --1. Rotary - Mud Circulation----- <input type="checkbox"/>
			<input type="checkbox"/> --2. Rotary - Air----- <input type="checkbox"/>
10	299	333	<input type="checkbox"/> --3. Rotary - Air and Foam----- <input type="checkbox"/>
			<input type="checkbox"/> --4. Drill-Through Casing Hammer <input type="checkbox"/>
			<input type="checkbox"/> --5. Reverse Rotary <input type="checkbox"/>
			<input type="checkbox"/> --6. Cable-tool Bit in. dia----- <input type="checkbox"/>
			<input type="checkbox"/> 7. Dual Rotary <input type="checkbox"/>
			<input type="checkbox"/> 8. Temp. Outer Casing in. dia. depth (ft.) Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, why not?

8. Geology		From (ft.)	To (ft.)
Type, Caving/Noncaving, Color, Hardness, etc.			
--S-	SAND	0	5
--SC	SAND + CLAY	5	10
--SG	SAND + GRAVEL	10	50
--C-	CLAY	50	70
-NS-	SAND (FINE)	70	180
--S-	MUCKY SAND	180	230
-SG-	SANDY GRAVEL	230	333

6. Casing, Liner, Screen			
Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
	Manufacturer & Method of Assembly		
	<b>8 STD BLK PIPE</b>	<b>0</b>	<b>299</b>

9. Static Water Level ft. above ground surface <b>30 ft. below ground surface</b>	11. Well is: <input checked="" type="checkbox"/> Above Grade <b>24 in.</b> <input type="checkbox"/> Below Grade
10. Pump Test Pumping Level <b>65 ft. below surface</b> Pumping at <b>450 GPM for 3 hours</b>	Developed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Capped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. Grout or Other Sealing Material. Method:			
Method:	Kind of Sealing Material	From (ft.)	To (ft.)
	<b>CEMENT</b>	<b>0</b>	<b>80</b>
	<b>DRILLING MUD</b>	<b>80</b>	<b>299</b>

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property?  
 Yes  No If no, explain:

13. Signature of the Well Constructor or Supervisory Driller **SV** Date signed **08/12/1979**  
 Signature of Drill Rig Operator (Mandatory unless same as above) Date signed

Make additional comments on reverse side about geology, additional screens, water quality, etc. Variance issued  Yes  No

Well Codes and Identifiers

*Geologic Log No*

*SID Number*

*Common Well Name*

*Well Notification #*

*Batch Seq #* 77777777