

Notice: Information requested on this form is required by the Department for any private water system treatment application filed pursuant to chapters 280 and 281, Wis Stats. Personally identifiable information collected is not intended to be used for any other purpose but may be made available to requesters under Wisconsin's Open Records laws. The department recommends the use of this form for inspections of well and pressure systems and also requires that inspections be performed by licensed well drillers or pump installers when done for compensation in contemplation of a transfer of real property. Use of this form does not imply DNR approval for the well and pressure system. After the pressure tank, DSPS (Department of Safety and Professional Services) plumbing rules apply. Inspection fees may vary.

1. General

Inspection Requested By GARRICK OLERUP Telephone Number _____

Mailing Address _____

City, State, ZIP Code _____

Owner's Name _____

Telephone Number _____

Mailing Address _____

City, State, ZIP Code _____

2. Location Information

County of Water System Location

VERNON

Grid or Street Address or Road Name and Number (if available)

E8871 RED AVE.

Subdivision Name _____

Lot # _____

Block # _____

Gov't Lot # _____

1/4 / 1/4

SE SE

Section 23

Township 14 N

Range 4 W

Lat. DEG _____

MIN _____

Long. DEG _____

MIN _____

4. Well Data

From ☒ Well Construction Report
☐ Owner's Memory

☐ Pump Installer
☒ Measurement

Constructed by

KOURA WELL DRILLING

Approximate year well constructed

8-3-2007

Well Location: ☒ Outside

☐ In Basement

☐ In Pit/Alcove

☐ In Crawl Space

☐ In Building

☐ In Pumphouse

Casing Diameter 6 (inches)

Well Terminates 18 (inches)

☒ Above the

☐ Floor

☒ Outside Grade

Casing Material VISIBLE IS STEEL

Well Depth (ft.) 265

Well Yield _____

Casing Depth (ft) 189 (If known)

Well Located In Floodplain? ☒ No

Well Properly Separated From Contamination Sources On Well Property? ☒ Yes

Well Properly Separated From Contamination Sources On Neighboring Property? ☒ Yes

5. Pump Data

Location: ☒ In Well

☐ In Basement

☐ In Pit/Alcove

☐ In Crawl Space

☐ In Building

☐ In Pumphouse

Pump Name & Type

SUBMERSIBLE

Age _____

Pipe Material in Well

Method of Discharge

Cross Connections?

Pump Installer's Name

Amp Draw

Pipe Material Before Pressure Tank

Water Quality Characteristics

Pumped At

GPM 1243 for _____ Hours

Horsepower

Cap Type

Vermine Proof?

Water Treatment Equipment

Pressure Tank Type & Size

HYDRO PRO V140

Voltage

Wires enclosed

Bacti Sample Taken

Where Sampled?

6. Conclusions & Recommendations

Water system working correctly?

☒ Yes ☐ No

Visible portions comply with ch. NR 812 in effect at time of installation?

☒ Yes ☐ No

Well filling and sealing needed?

☐ Yes ☒ No

Variance exists?

☐ Yes (Describe) ☐ No

☐ Not Needed

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 inspection.

Comments or Repairs Needed: The sampling valve at the pressure tank is not to have these threads on the end and needs replaced.

Inspector's Name

JOHN ALLBAUGH

Telephone Number

608-649-4663

DNR License Number

7127

Date Signed

6-19-26

TOP CHOICE HOME INSPECTIONS

John Allbaugh

Inspector #1588-106 Pump Installer #7127

1900 Snyder Dr.

Richland Center, WI 53581

Phone/fax: 608-649-HOME(4663)

topchoice1@mwt.net

* ITEMS MARKED WITH * ASSUME CORRECT WELL CONSTRUCTION REPORT WAS FOUND AND THAT THE INFORMATION ON THE REPORT WAS CORRECT

3. Source Information

Source ☒ Drilled

☐ Driven Point

☐ Dug

☐ Spring

☐ Jetted

☐ Other

Well serves 1 # of homes and/or

(Ex. barn, restaurant, church, school, industry, etc.)

Wisconsin Unique Well No. UF 165

High Capacity Well? ☒ No

High Capacity Property? ☒ No

John Allbaugh
Inspector #1588-106
Pump Installer #7127

TOP CHOICE HOME INSPECTIONS

1900 Snyder Dr.
Richland Center, WI 53581
Phone/fax: 608-649-HOME(4663)
topchoice4663@gmail.com

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

Property Transfer Well and Pressure System Inspection Form 3300-221 (R 11/19)

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 GARRICK OLERUD		Telephone Number	
Mailing Address	City	State	ZIP Code
Well Owner's Name		Telephone Number	
Mailing Address	City	State	ZIP Code

Property Location

Fire Number EP871	Street or Road RED AVE	☐ City ☐ Town ☐ Village of WESTBY	County VERNON
$\frac{1}{4}$ $\frac{1}{4}$ SE SE	Section 23	Township 14 N	Range 4 W
Latitude (DD, ex. 44.444)		Longitude (DD, ex. -89.999)	
		WUWN UF 165	

Identified noncomplying features (noted below with a check mark)

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

Comments

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

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 **EXCEPT #23**
- ☐ **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.

Signature of Licensed Water Well Driller or Pump Installer JOHN ALLBAUGH	Individual License # 7127	Date 6-19-26	Telephone Number 608-649-4663
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PRIVATE Water Sample Collection Information Form

Collection Date (MM/DD/YY)

6/16/26

Time: 12:00

AM

PM

Owners Email Address

topchoice4663@gmail.com

Owners Name

GARRICK OLERUD

Owners Telephone Number

()

Owners Street Address

Well Address (Street or Legal Description)

E 871 RD AVE.

City, State, Zip Code

Town or City -

WESTBY

County

VERNON

Pricing effective 01/01/2024

Pricing subject to change

Call for current pricing if this is
an old form

Mail Results to

Name

Address

City

State

Zip Code

Sampling information and Test Requests

☐ Bacteriological/E.Coli \$30☐ Colony Count + \$10☐ Nitrate \$30☒ Arsenic \$30☐ Lead \$30☐ Iron \$20☐ Other: _____

Mailed Kit \$8.00

*Payment and Paperwork must be included with
sample for analysis.

If you are interested in other testing, please call.

Private Sample Information Only

Reason for Test:

☐ Annual Test☒ Real Estate☐ Taste/Odor☐ Previous Unsafe

Sample Location:

☐ Bath. Tap☒ Pressure Tnk. Tap☐ Kitchen Tap☐ Milk house

Other _____

Total Paid _____

Staff Initials _____

Payment method _____

LV Labs WW, LLC**1015 S Madison St, PO Box 384****Lancaster, WI 53813****(608) 723-4096****Lvlabs.DW@gmail.com**

LABORATORY RESULTS - Laboratory use only

Bacteriological Approved Method

☐ MMO-MUG (Colisure) ☐ Membrane Filter ☐ Presence/Absence

Bacteriological Interpretation:

☐ SAFE (Coliform Absent)☐ Invalid (over 48 hours)☐ Invalid Chlorine Present

Colony Count Bacteria: _____

Colony Count Fecal/E.Coli: _____

☐ UNSAFE (Coliform Present) and:☐ Fecal/E.Coli Present☐ Fecal/E.Coli AbsentArsenic: N.D. ug/LDHS recommends that you stop using your water for drinking or food prep
if Arsenic level is greater than 10 ug/L (ppb)

Nitrate: _____ mg/L as N

DNR state that water is considered unsafe for infants under 1 year of age and pregnant women when nitrate level is
greater than 10 mg/L (ppm)

Other: _____ : _____ mg/L or ug/L

Other: _____ : _____ mg/L or ug/L

Date/Time Received

6-17-26

Lab Sample Number

R543

Date Reported

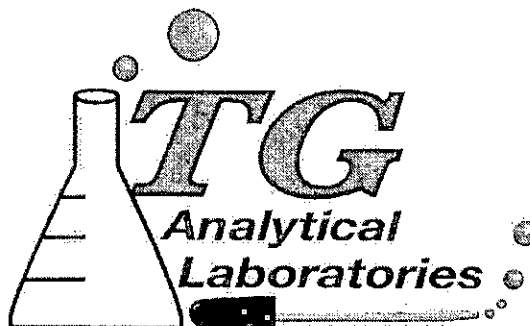
Date Received by DNR

Sampling Disclaimer

LV Labs WW, LLC reserves the right to reject any sample that is received non-compliant. All
sample(s) must be received within 48 hours from the time the sample is collected. Sampler will be
notified of sample rejection. If sampler requests testing to be done upon notification of sample
rejection, LV Labs WW, LLC. LV Labs will keep copies for five years before disposal.

TG Analytical Laboratories
N1022 Quality Drive
Greenville, WI 54942

LV Labs WW LLC
1015 S Madison St
Lancaster, WI 53813



Water Analysis Report

Reason/Sample ID:		Date of Sample Collection:	Jun 16, 2026
Owner/Facility:	R543 OLERUD	Time of Sample Collection:	12:00 PM
Address:		Date Received:	Jun 18, 2026
City, State, Zip:		Report Date:	Jun 19, 2026
Reason for Test:	N/A	Collected By:	
Lab Sample ID:	20283622	Sample Location:	N/A

Test	Result	Interpretation	LOD/LOQ (ug/L)	Method	Test Date	Analyst
Arsenic	ND	"SAFE"	0.964/3.213	SM3113B	Jun 19, 2026	EB
MCL: 10 ug/L		Data Qualifier: A		Dilution Factor: 1		

Consumption of water with arsenic levels exceeding the MCL may cause skin damage, problems with the circulatory system, and an increased risk of cancer. Some of the main sources of arsenic include erosion of natural deposits, runoff from orchards, and runoff from glass & electronic production waste water.

List of Abbreviations:

LOD = Limit of Detection
LOQ = Limit of Quantification
MCL = Maximum Contaminant Level
ND = Non-Detectable, Result less than the LOD
[.] = Result between LOD and LOQ
1 mg/L = 1 part per million (ppm)
1 ug/L = 1 part per billion (ppb)

The information above was obtained from the Environmental Protection Agency's internet web page: epa.gov.

'SAFE' and 'UNSAFE' interpretations are based on EPA 40 CFR 141.23 and 40 CFR 141.63.

For sample results requiring adjustment for dilutions, the detection and quantitation limits have not been adjusted for the corresponding sample dilutions.

List of Data Qualifiers:

A=All QC Passed, B=method blank>LOD, C=chlorine present, D=sample between LOD and LOQ,
E=not enough sample, F=gross deficiencies in QC, G=spike or spike duplicate out of spec.,
H=a check standard out of spec., I=blank>LOD, J=ICV out of spec, K=sample exceeds holding time limit,
L=temperature not in range, M=sample container didn't meet requirements, N=blank>LOD,
O=holding time > 30 hours but <48 hours, P=sample <100mL for coliform analysis, Q=SD>20%, R=misc.

NC=Non-Certified

Documentation of this analysis will be maintained for at least seven years.

Notes:

Sample Received By: TC

Approved By:

Dan Schlenz, MWS
Lab Director
Lab #105-452

WDNR Certification: #445158340
WDATCP Certification: 142250-D3