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

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			Telephone Number
ARB ENTERPRISES LLP			2629949464
Mailing Address	**City**	**State**	**ZIP Code**
1226 LATHROOP AVE	RACINE	WI	53405
Well Owner's Name			**Telephone Number**
ANTHONY WINTER			
Mailing Address	**City**	**State**	**ZIP Code**
3330 TAURUS DR	RACINE	WI	53406

Property Location

Fire Number	Street or Road		County
3330	TAURUS DR	◯ City ◯ Town ◉ Village of CALEDONIA	RACINE

¼ ¼	¼	Section	Township	Range	Latitude (DD, ex. 44.444)	Longitude (DD, ex. -89.999)	WUWN
		35	4 N	22 E ◉ W ◯			8H457

Identified noncomplying features (noted below with a check mark)

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

Comments

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

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	Individual License #	Telephone Number
Todd Bruesewitz	6718	2625342170
Signature of Licensed Water Well Driller or Pump Installer		**Date**
Todd Bruesewitz		

WISCONSIN WELL AND PRESSURE SYSTEM INSPECTION FORM

The Department of Natural Resources (DNR) recommends the use of this form for inspections of well and pressure systems. DNR also recommends that inspections be performed by licensed well drillers or pump installers. Use of this form does not imply DNR approval of well and pressure system. After the presure tank DWD (Department of Workforce Development, formerly DILHR) plumbing rules also apply. Inspection fees may vary.

1. General

Inspection Requested By: ARB ENTERPRISES LLP
Telephone Number: 2629949464
Mailing Address: 1226 LATHROOP AVE
City, State, Zip Code: RACINE, WI 53405
Owner's Name: ANTHONY WINTER
Owner Telephone: CALEDONIA
Owner Mailing Address: 3330 TAURUS DR
City, State & Zip Code: RACINE, WI 53406

MAAS & SONS
PUMP, WELL & PLUMBING
24 HOUR EMERGENCY SERVICE
29110 Evergreen Dr., Waterford, WI 53185
262-534-2170

2. Location Information

County of Water System Location: RACINE
Grid or Street Address or Road Name & Number (if available): 3330 TAURUS DR
Subdivision Name: ALDEBARAN
Lot #: 4
Block #: 1
Gov't Lot# of Section: 35 ; T 4 N; R 22 1/4 of ☑ E ☐ W 1/4

3. Source Information

Source: ☐ Drilled ☐ Jetted ☐ Driven Point ☐ Other ☐ Dug ☐ Spring
Well serves 1 # of homes and/or SINGLE FAMILY RESIDENCE (Ex. barn, restaurant, church, school, industry, etc.)
Wisconsin Unique Well No.: 8H 457
High Capacity Well? ☐ Yes ☑ No
High Capacity Property? ☐ Yes ☑ No

4. Well Data

From: ☐ Well Construction Report ☐ Owner's Memory ☐ Pump Installer ☑ Measurement
Constructed By: HOWARD STEPHERSON
Approx. Year Well Constructed: 1970

Well Location: ☑ Outside ☐ In Basement ☐ In Pit/Alcove ☐ In Crawl Space ☐ In Building ☐ In Pumphouse

Casing Diameter	Well Terminates	Casing Material	Well Depth (ft.)	Well Yeild	Casing Depth (ft)
7" OD (inches)	9" (inches) ☑ Above ☐ Below the ☐ Floor ☐ Outside Grade	STEEL	110	15 GPM	77

Well Located In Flood Plain? ☐ Yes ☑ No
Well Property Separated From Contamination Sources: On Well Property? ☑ Yes ☐ No
On Neighboring Property? ☑ Yes ☐ No ☐ Unknown

5. Pump Data

Location: ☑ In Well ☐ In Basement ☐ In Pit/Alcove ☐ In Crawl Space ☐ In Building ☐ In Pumphouse

Pump Name & Type	Age	Pipe Material in Well	Method of Discharge	Cross Connections?
FRANKLIN 3 WIRE	??	??	MORRISON HEAD	NONE OBSERVED

Pump Installer's Name	Amp Draw	Pipe Material Before Pressure Tank	Water Quality Characteristics
UNKNOWN	5	GALVANIZED PIPE	HARDNESS

Pumped At	Horsepower	Cap Type	Vermin Proof?	Water Treatment Equipment
GPM 15 for 9 Hours	1/2	MORISSON HEAD	☑ Yes ☐ No	CULLIGAN SOFTENER

Pressure Tank Type & Size	Voltage	Wires Enclosed	Bacti Sample Taken	Where Sampled?
42 GAL GALV	230	☑ Yes ☐ No	☑ Yes ☐ No	1ST FLOOR BATHROOM SINK

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 Abandonment Needed? ☐ Yes ☑ No
Variance Exists? ☐ Yes (Describe) ☑ No ☑ Not Needed

The information on this form lists facts and conditions 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 th compliance and operaton of the system at the time of inspection.

Comments or Repairs Needed:

MORRISON HEAD MISSING LINE FROM LATERAL TO TOP OF THE TANK. LOOKS LIKE SOMENE REMOVED AT ONE TIME. OWNER SAYS HE LETS WATER RUN IN COLD WEATHER. WELL BRINGS AIR AS IT SHOULD.

Inspector's Signature	Phone Number	DNR License Number	Date Signed
Todd Brusewitz	262-534-2170	0716	3/25/2026

WELL CONSTRUCTOR'S REPORT

Wel–6

NOV 23 1970

WHITE COPY – DIVISION'S COPY
GREEN COPY – DRILLER'S COPY
YELLOW COPY – OWNER'S COPY

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
Box 450
Madison, Wisconsin 53701

1. COUNTY: Racine | CHECK ONE: ☑ Town ☐ Village ☐ City | NAME: Caledonia

2. LOCATION (Number and Street or ¼ section, section, township and range. Also give subdivision name, lot and block numbers when available)
3330 Jaunus Dr & Northwestern Ave NW¼ Section 35 Range 22E, T4N

3. OWNER AT TIME OF DRILLING
Charles Frahm

NW, SE, Sec 35 T4N R22E

4. OWNER'S COMPLETE MAIL ADDRESS
3330 Jaunus Dr Racine

5. Distance in feet from well to nearest: (Record answer in appropriate block)

BUILDING	SANITARY SEWER C. I.	SANITARY SEWER TILE	FLOOR DRAIN C. I.	FLOOR DRAIN TILE	FOUNDATION DRAIN SEWER CONNECTED	FOUNDATION DRAIN INDEPENDENT	WASTE WATER DRAIN C I.	WASTE WATER DRAIN TILE
11	40		35			11	40	

CLEAR WATER DRAIN C. I.	CLEAR WATER DRAIN TILE	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILO	ABANDONED WELL	SINK HOLE
	11								

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)

6. Well is intended to supply water for: Home

7. DRILLHOLE

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	Surface	20	6¼	20	44
			6	44	110

8. CASING, LINER, CURBING, AND SCREEN

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
7 O.D.	Black Steel New	Surface	44
23	lbs per foot		
Threaded & Coupled			

9. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
puddled Clay	Surface	20

10. FORMATIONS

Kind	From (ft.)	To (ft.)
Clay	Surface	50
Sand & Gravel	50	44
Limestone	44	110



11. MISCELLANEOUS DATA

Yield test: 9 Hrs. at 15 GPM

Depth from surface to normal water level 10 ft.

Depth to water level when pumping 15 ft.

Well construction completed on Oct 6 1970

Well is terminated 8 inches ☑ above ☐ below final grade

Well disinfected upon completion ☑ Yes ☐ No

Well sealed watertight upon completion ☑ Yes ☐ No

Water sample sent to Madison laboratory on: Oct 9 1970

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE: Howard L Stephens Registered Well Driller

COMPLETE MAIL ADDRESS: 6239 Douglas Ave Racine

Please do not write in space below

COLIFORM TEST RESULT	GAS — 24 HRS.	GAS — 48 HRS.	CONFIRMED	REMARKS

REV 11 68

TG Analytical Laboratories
N1022 Quality Drive
Greenville, WI 54942

Maas & Sons Pump
29110 Evergreen Dr
Waterford, WI 53185

Water Analysis Report

Reason/Sample ID:		Date of Sample Collection:	**Mar 19, 2026**
Owner/Facility:	**ARB ENTERPRISES LLP**	Time of Sample Collection:	**12:45 PM**
Address:	**3330 TAURUS DR**	Date Received:	**Mar 20, 2026**
City, State, Zip:	**CALEDONIA, WI 53406**	Report Date:	**Mar 23, 2026**
Reason for Test:	**Real Estate**	Collected By:	**OWNER**
Lab Sample ID:	**20278737**	Sample Location:	**Bathroom Tap**

Test	Result	Interpretation	LOD/LOQ (cfu)	Method	Test Date	Analyst
Coliform	**Absent**	**"SAFE"**	**N/A**	**SM9223B**	**Mar 21, 2026**	**DS**
E. Coli	**Absent**					

Coliform bacteria are bacteria that are naturally present in the environment and used as an indicator that other, potentially harmful bacteria may be present. E. coli are bacteria whose presence indicates that water may be contaminated by human or animal wastes. Microbes in these wastes can cause short term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms.

Test	Result	Interpretation	LOD/LOQ (mg/L)	Method	Test Date	Analyst
Nitrate	**ND**	**"SAFE"**	**0.12/0.399**	**EPA300.0**	**Mar 20, 2026**	**DS**
MCL: 10 mg/L		**Data Qualifier: A**		**Dilution Factor: 1**		

Infants below the age of six months who drink water containing nitrate in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and baby blue syndrome. Sources of nitrate include runoff from fertilizer, leaking from septic tanks, sewage, and erosion of natural deposits.

Test	Result	Interpretation	LOD/LOQ (ug/L)	Method	Test Date	Analyst
Arsenic	**[1 ug/L]**	**"SAFE"**	**0.73/2.44**	**EPA 200.8**	**Mar 23, 2026**	**DS**
MCL: 10 ug/L		**Data Qualifier: A**		**Dilution Factor: 1**		

Consumption of water with arsenic levels exceding 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.

Sample ID: 20278737

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)

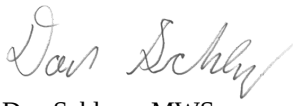
List of Data Qualifiers:
A=All QC Passed, B=method blank>LOD, C=chlorine present, D=sample between LOD and LOQ, E=not enough sample, F=gross deficiencies in QC, G=spike or spike duplicate out of spec., H=a check standard out of spec., I=blank>LOD, J=ICV out of spec, K=sample exceeds holding time limit, 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.

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. NO3/NO2 analysis compliant with NR812, not for SDWA compliance.
For sample results requiring adjustment for dilutions, the detection and quantitation limits have not been adjusted for the corresponding sample dilutions.

Notes:

Sample Received By: DS

Approved By:



Dan Schlenz, MWS
Lab Director
Lab #105-452

WDNR Certification: #445158340
WDATCP Certification: 142250-D3

TG Analytical Laboratories
N1022 Quality Drive PO Box 170 Greenville, WI 54942
Phone: 920-757-1355

MAAS & SONS
PUMP, WELL & PLUMBING
24 HOUR EMERGENCY SERVICE
29110 Evergreen Dr., Waterford, WI 53185
262-534-2170

INVOICE

BILL TO
ARB ENTERPRISES LLP
1226 LATHROP AVE
RACINE, WI 53405

INVOICE #	DATE	TERMS	DUE DATE
50864	03/20/2026	NET 10	03/30/2026

DATE	DESCRIPTION	QTY	RATE	AMOUNT
03/19/2026	WELL INSPECTION & REPORT	1	375.00	375.00T
	LAB FEE - DNR REQUIRED BACTERIA, ARSENIC & NITRATES	1	100.00	100.00
	TRIP CHARGE MIN	1	9.00	9.00

Payment options: check, cash, call in with credit card or pay online @ https://maasandsons.com/payment
Effective 3/13/2026, a 3% processing fee will be applied to all credit card payments.

SUBTOTAL	484.00
TAX	20.63
TOTAL	504.63
PAYMENT	504.63
BALANCE DUE	**$0.00**

PAID

A service charge of 1.5% per month will be added on all past due accounts after 30 days.

WAIVER OF LIEN

MARCH 25, 2026

For value received, WE hereby waive ALL rights and claims for lien on land and on buildings about to be erected, being erected, erected, altered or repaired and to the appurtenances thereunto, for ARB ENTERPRISES owner, by Maas and Sons, Contractor for WELL INSPECTION & WATER TEST same being situated in RACINCE County, State of Wisconsin, described as 3330 TAURUS DR CALEDONIA, WI 53406

For all labor, services, materials, plans or specifications performed, furnished or procured by undersigned for the erection, construction, alteration or repair of said building and appurtenances, except, NONE

Todd Brussewitz

MAAS & SONS