

# LOVELACE PUMP CO., INC.

9914 County M  
Argyle, WI 53504  
FAX – 608-465-1114

Argyle – 608-465-3314  
Dodgeville – 608-935-3581  
Barneveld – 608-924-1815  
New Glarus – 608-527-6100

## SEWAGE DISPOSAL/WATER SUPPLY INSPECTION REPORT

REQUESTING PARTY: TODD NOBLE  
W1478 DECATUR-ALBANY ROAD  
BRODHEAD, WI 53520

PROPERTY ADDRESS: TODD NOBLE  
W1478 DECATUR-ALBANY ROAD  
BRODHEAD, WI 53520  
GREEN CTY. - ALBANY TWN.

### ..... WATER SYSTEM

A well inspection was completed by Lovelace Pump Company on 10/13/2022. This was an above ground visual inspection only (no components were pulled from the well and inspected). This well was drilled in 2016. This system is working correctly and meets the current Wisconsin code.

### SEE ATTACHED WATER SAMPLE SHEET

Bacteriological: Safe -- Nitrate: 1.06 mg/L as N (Safe)-- Arsenic: None Detected (Safe)

### SEWAGE DISPOSAL SYSTEM

A septic inspection was completed by Lovelace Pump Co. on 10/13/2022. This was an above-ground inspection only. There was no effluent found above ground or evidence of any backup at the time of the inspection. There are three septic systems on this property. The first is a replacement, conventional-type system installed in 1984 for a three-bedroom house. The second is an at-grade type system installed in 1999 for a three-bedroom house. The third is a conventional-type system installed in 2003 for commercial use. The septic tank lids on all three systems need to be replaced. It is also recommended to install legible warning labels along with locks and chains over all of the septic tank lids for safety, and to meet the current code. All of the observation vents are dry, and none of the systems need pumping at this time. According to the state of Wisconsin, the average life of these types of systems is 20-25 years. These systems can be used until they fail.

The undersigned cannot guarantee continued acceptability of the private waste disposal system and/or water supply due to unpredictable factors which could later determine the life or compliance of the system.

Company Name: Lovelace Pump Company

Address: 9914 County Road M. Argyle, WI 53504



Inspector: Scott Lovelace

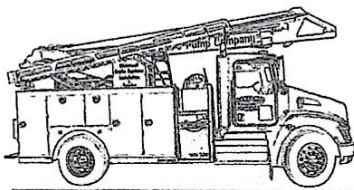
Signature Scott Lovelace

*Family Business Since 1910*

Complete Water Systems • Complete Septic Systems • Pump Installation & Service • Well Drilling Available • Well & Septic Inspections • Livestock Waterers • Backhoe Service

Interest will accrue at 18% per annum after 30 days.

Credit Cards Accepted.  



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Dodgeville – 608-935-3581  
Barneveld – 608-924-1815  
New Glarus – 608-527-6100

## Existing Private Sewage System Inspection Report

### Contact Information

Inspection Requested By <b>TODD NOBLE</b>		Telephone Number (608) 558-5042	
Mailing Address <b>W1478 DECATUR-ALBANY ROAD</b>	City <b>BRODHEAD</b>	State <b>WI</b>	ZIP Code <b>53520</b>
Property Owner's Name <b>TODD NOBLE</b>		Telephone Number (608) 558-5042	
Mailing Address <b>W1478 DECATUR-ALBANY ROAD</b>	City <b>BRODHEAD</b>	State <b>WI</b>	ZIP Code <b>53520</b>

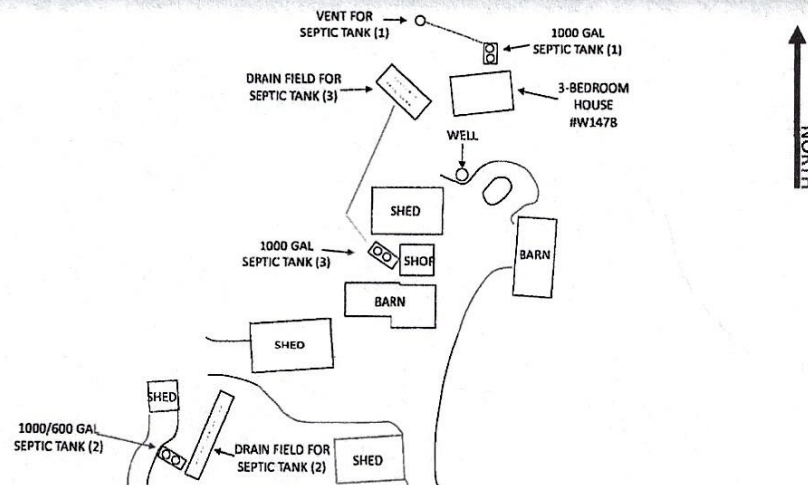
### Property Location

Fire Number <b>W1478</b>	Street or Road <b>DECATUR-ALBANY ROAD</b>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of <b>ALBANY</b>	County <b>GREEN</b>
$\frac{1}{4}$ $\frac{1}{4}$ <b>SW SE</b>	Section <b>33</b>	Township <b>3 N</b>	Range E <input checked="" type="checkbox"/> <b>9 W</b>
Year Installed		Currently Occupied? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Permit Available at County? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Comments and Recommendations

A septic inspection was completed by Lovelace Pump Co. on 10/13/2022. This was an above-ground inspection only. There was no effluent found above ground or evidence of any backup at the time of the inspection. There are three septic systems on this property. The first is a replacement, conventional-type system installed in 1984 for a three-bedroom house. The second is an at-grade type system installed in 1999 for a three-bedroom house. The third is a conventional-type system installed in 2003 for commercial use. The septic tank lids on all three systems need to be replaced. It is also recommended to install legible warning labels along with locks and chains over all of the septic tank lids for safety, and to meet the current code. All of the observation vents are dry, and none of the systems need pumping at this time. According to the state of Wisconsin, the average life of these types of systems is 20-25 years. These systems can be used until they fail.

### Sketch of Premises (not to scale)



### Certification and Disclaimer

I certify that the above information is true and correct to the best of my knowledge as observed on 10/13/2022. Operational aspects and observations reported are based on the conditions noted at the time of inspection. This inspection does not in any way guarantee or warrant the continued operation of the system described herein.

Inspected by: [Signature] License Number: 226852 Date: 10/13/2022  
**Family Business Since 1910**

Complete Water Systems • Complete Septic Systems • Pump Installation & Service • Well Drilling Available • Well & Septic Inspections • Livestock Waterers • Backhoe Service

Interest will accrue at 18% per annum after 30 days.

Credit Cards Accepted.





# Water Sample Collection Information Form

Do not use this form for Public Water Compliance Samples

Collection Date (MM/DD/YY) <b>10/13/22</b>	Time: <b>1:30</b> AM/PM	Collected By <b>Scott</b>	License # (pump installer/well driller) <b>6353</b>
---	-------------------------	------------------------------	--

Owners Name <b>Todd Noble</b>	Owners Telephone Number ( )
----------------------------------	--------------------------------

Owners Street Address <b>W1478 Decatur-Albany Rd</b>	Well Address (Street or Legal Description) <b>W1478 Decatur-Albany Rd</b>
---	--

City, State, Zip Code <b>Brodhead WI 53520</b>	Town or City <b>Albany</b>	County <b>Green</b>
---	-------------------------------	------------------------

Mail Results To:	Name <b>LOVELACE PUMP CO., INC.</b>	Email Address (for electronic results) <b>LPC</b>
	Address <b>9914 County M</b>	
	City <b>ARGYLE, WI 53504</b>	

Sampler Remarks, if needed:	Test(s) Requested
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<b>Private Sample Information Only</b> Reason for Test: <input type="checkbox"/> Annual Test <input type="checkbox"/> Taste/Odor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Previous Unsafe	<b>LABORATORY USE ONLY</b> Bacteriological Approved Method <input type="checkbox"/> MMO-MUG (Colisure) <input type="checkbox"/> Membrane Filter <input type="checkbox"/> Presence/Absence <input type="checkbox"/> Other Nitrate Approved Method Hach 10206
--	--

Sample Location: <input type="checkbox"/> Bath. Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Other <input checked="" type="checkbox"/> Pressure Tnk. Tap <input type="checkbox"/> Milk house	<b>SAMPLE REJECTION:</b> <input type="checkbox"/> Old <input type="checkbox"/> Overgrown <input type="checkbox"/> Turbidity <input type="checkbox"/> Chlorine Present-CL <input type="checkbox"/> Frozen-FR <input type="checkbox"/> Shipping Problem-SP
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Is Chlorine Present? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the well serve the public? Yes <input type="checkbox"/> No <input type="checkbox"/> Public #:	<b>LABORATORY RESULTS:</b> <b>Bacteriological Interpretation:</b> <input type="checkbox"/> SAFE (Coliform Absent) <input type="checkbox"/> UNSAFE (Coliform Present) and: <input type="checkbox"/> Fecal/E. Coli Present <input type="checkbox"/> Fecal/E. Coli Absent
--	---

<b>STOP: If this is pump work please use a Pump Work Form!</b> *Results are Required to be submitted to DNR Reason for Test: <input type="checkbox"/> Pump Work <input type="checkbox"/> New Well <b>Well Construction Information</b> <input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Jetted <input type="checkbox"/> Dug <input type="checkbox"/> Other:	Arsenic: <b>N.D.</b> ug/L Wisconsin Department of Health Services (DHS) recommends that you stop using your water for drinking or food preparation if Arsenic level is greater than 10 ug/L (ppb)
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Driller (If new Well): Lab Name: <b>LV Laboratories LLC</b> Lab Cert. #: <b>105-443</b> Les Vondra 1015 S. Madison St Lancaster, WI. 53813 (608)723-4096 Email: <b>lesv@chorus.net</b>	Nitrate: _____ mg/L as N Department of Natural Resources 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
--	--

Amount Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> C.C. Date Paid: _____ Check No. _____ Staff Initials: _____	Date/Time Received: <b>10/14/22</b> Bacteriological/ Nitrate Sample No. _____ Arsenic Sample No. <b>D1223A</b> Date Reported: <b>10/18/22</b> Date Received by DNR:
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**Sampling Disclaimer**

LV Laboratories, 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. For additional samples rejections, see above. Sampler will be notified of sample rejection. If sampler requests testing to be done upon notification of sample rejection, LV Laboratories, LLC agrees to accept the sample(s) for testing and will qualify the results by dating and initialing below.

LV Labs will keep copies for five years before disposal.

"Sample not preserved with acid upon collection. Results cannot be used for SDWA compliance but are acceptable for NR 812 compliance"

LV Laboratories, LLC Date: \_\_\_\_\_



## 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 TODD NOBLE		Telephone Number (608) 558-5042	
Mailing Address W1478 DECATUR-ALBANY ROAD	City BRODHEAD	State WI	ZIP Code 53520
Well Owner's Name TODD NOBLE		Telephone Number (608) 558-5042	
Mailing Address W1478 DECATUR-ALBANY ROAD	City BRODHEAD	State WI	ZIP Code 53520

### Property Location

Fire Number W1478	Street or Road DECATUR-ALBANY ROAD	<input type="radio"/> City <input checked="" type="radio"/> Town <input type="radio"/> Village of ALBANY	County Green
$\frac{1}{4}$ $\frac{1}{4}$ SW SE	Section 33	Township 03 N	Range 9 W
Latitude (DD, ex. 44.444)		Longitude (DD, ex. -89.999)	WUWN YN028

### 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"/> 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"/> Non-Vermin-Proof Well Cap or Well Seal   |
| <input type="checkbox"/> Well Located in Special Well Casing Depth Area          | <input type="checkbox"/> Unable to confirm whether well terminates in limestone, dolomite, shale, quartz or granite |
| <input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump                      | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe          |   |
| <input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work |   |

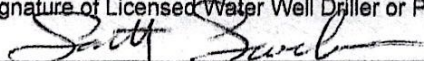
### Compliance Determination

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

- ☒ **Complies** with NR 812, Wis. Adm. Code
- ☐ **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 	Individual License # 5922	Date 10/13/2022	Telephone Number (608) 465-3314
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Water Sample Collection Information Form				Do not use this form for Public Water Compliance Samples	
Collection Date (MM/DD/YY) <b>10/13/22</b>		Time <b>1:30 AM/PM</b>		Collected By <b>Scott</b>	License # (pump installer/well driller) <b>6353</b>
Owners Name <b>Todd Noble</b>			Owners Telephone Number ( )		
Owners Street Address <b>W1478 Decatur-Albany Rd</b>			Well Address (Street or Legal Description) <b>W1478 Decatur-Albany Rd</b>		
City, State, Zip Code <b>Brodhead WI 53520</b>		Town or City <b>Albany</b>		County <b>Green</b>	
Mail Results To:	Name <b>LOVELACE PUMP CO., INC.</b>		Email Address (for electronic results) <b>LPC</b>		
	Address <b>9914 County M</b>		Prepaid Bacteria		
	City State Zip Code <b>ARGYLE, WI 53504</b>				
Sampler Remarks, if needed:			Test(s) Requested		
			Bacteriological (100 mLs) <input checked="" type="checkbox"/> Nitrate (10 mLs) <input checked="" type="checkbox"/> Arsenic (100 mLs) <input type="checkbox"/> Other <input type="checkbox"/>		
Private Sample Information Only			LABORATORY USE ONLY		
Reason for Test:			Bacteriological Approved Method		
<input type="checkbox"/> Annual Test <input type="checkbox"/> Taste/Odor <input type="checkbox"/> Other			<input checked="" type="checkbox"/> MMO-MUG (Colisure) <input type="checkbox"/> Membrane Filter <input type="checkbox"/> Presence/Absence <input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Previous Unsafe			Nitrate Approved Method		
Sample Location:			Hach 10206		
<input type="checkbox"/> Bath Tap <input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Other			<input type="checkbox"/> Old <input type="checkbox"/> Overgrown <input type="checkbox"/> Turbidity		
<input checked="" type="checkbox"/> Pressure Trk. Tap <input type="checkbox"/> Milk house			<input type="checkbox"/> Chlorine Present-CL <input type="checkbox"/> Frozen-FR <input type="checkbox"/> Shipping Problem-SP		
Is Chlorine Present? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the well serve the public? Yes <input type="checkbox"/> No <input type="checkbox"/> Public #:			LABORATORY RESULTS:		
<b>STOP: If this is pump work please use a Pump Work Form!</b> *Results are Required to be submitted to DNR			Bacteriological Interpretation:		
Reason for Test:			<input checked="" type="checkbox"/> <b>SAFE</b> (Coliform Absent)		
<input type="checkbox"/> Pump Work <input type="checkbox"/> New Well Well Construction Information <input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Jetted <input type="checkbox"/> Dug <input type="checkbox"/> Other:			<input type="checkbox"/> <b>UNSAFE</b> (Coliform Present) and: <input type="checkbox"/> Fecal/E. Coli Present <input type="checkbox"/> Fecal/E. Coli Absent		
Driller (If new Well):			Arsenic: _____ ug/L		
Lab Name: LV Laboratories LLC			Wisconsin Department of Health Services (DHS) recommends that you stop using your water for drinking or food preparation if Arsenic level is greater than 10 ug/L (ppb)		
Lab Cert. # 105-443			Nitrate: <b>1.06</b> mg/L as N		
Lab Vondra			Department of Natural Resources 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)		
1015 S. Madison St			Other: _____ mg/L or ug/L		
Lancaster, WI 53813			Date/Time Received: <b>10/14/22 9:20</b>		
(608)723-4096			Bacteriological Nitrate Sample No. <b>63110</b>		
Email: lesv@chorus.net			Arsenic Sample No.		
Amount Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> C.C.			Date Reported <b>10/15/22</b>		
Date Paid _____ Check No. _____			Date Received by DNR		
Staff Initials _____					
Sampling Disclaimer					
LV Laboratories, 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. For additional samples rejections, see above. Sampler will be notified of sample rejection. If sampler requests testing to be done upon notification of sample rejection, LV Laboratories, LLC agrees to accept the sample(s) for testing and will qualify the results by dating and initialing below.					
LV Labs will keep copies for five years before disposal. *Sample not preserved with acid upon collection. Results cannot be used for SDWA compliance but are acceptable for NR 812 compliance"					
LV Laboratories, LLC			Date: _____		



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

LV LABS WATER  
1001 S MADISON STREET  
LANCASTER, WI 53813

Home Owner P1223A NOBLE, TODD  
Well ID/Address W1478 DECATUR ALBANY R  
Well City ALBANY  
Sample Location PRESSURE TANK  
Lab # 603526  
Collected By/Date SCOTT 10/13/2022

Report Date 18-Oct-22

Analyte	Result	Units	LOD	LOQ	Dil	Dig	Date	Run Date	Mthd	Analyst	QC Code
Inorganic Metals											
Arsenic, Total	None Detected	ug/l	0.8	2.7	1			10/17/2022	3113B	NMP	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.											
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



State of Wisconsin  
DEPARTMENT OF NATURAL RESOURCES  
101 S. Webster Street  
Box 7921  
Madison WI 53707-7921

Scott Walker, Governor  
Cathy Stepp, Secretary  
Telephone 608-266-2621  
FAX 608-267-3579  
TTY Access via relay - 711



Form 3300-86 (R 4/2014)

November 1, 2016

398  
NOBLE TODD  
W1478 DECATUR-ALBANY RD  
BRODHEAD WI 53520

County of GREEN  
TOWN of ALBANY  
W1478 W1478 DECATUR-ALBANY  
Lot: Block:  
SW 1/4 of the SE 1/4 Section 33, T3N, R9E  
Subdivision:  
Gov't Lot:  
Well Constructor: LOVELACE WELL DRILLING INC

Dear New Well Owner:

You just recently had a new well constructed. The well has been assigned a Wisconsin Unique Well Number. It's the same number printed on your Well Construction Report provided to you by your well driller. **Please follow the instructions on the backside of this letter. Place one on the main electrical fuse box and one near the pressure tank where the pipe comes through the wall into the building from the well. Be sure the surfaces are clean and dry before applying the labels. If the pipe is corroded or very wet, wrap the pipe with tape and stick the label to the tape.** Because your well can last for decades these labels are intended to last.

If you have water quality problems such as bacteria, nitrate, chemicals or sand getting into the well and want it serviced, the contractor will ask about the construction of the well. If you post the well label, then the contractor can find the construction information much easier. Realtors and buyers will also be asking you about the well at the time of sale. If the well records are lost, the well information can be accessed if the unique number is posted. The Wisconsin Well Inventory Program is very helpful and we hope you will cooperate.

You have spent a lot of money to construct a new well. Protect that investment! Because water quality can change over time, you should sample your well water for bacteriological safety at least once a year and whenever you notice a change in taste, odor or appearance. If your water supply serves the public you will probably be required to sample your water for bacteria more often than once per year. If you have a child under the age of six months, or expect to have an infant in the near future, you should check the level of nitrates in your water. Be sure to enter the Wisconsin Unique Well Number on each lab slip. Attached is a list of certified bacteria laboratories that you may wish to use.

Wisconsin is known for its excellent drinking water and we want you to have a safe, clean supply of drinking water for years to come. Go to <http://dnr.wi.gov/topic/Wells/> for more information regarding drinking water wells.

If you need extra labels because the well serves more than one building, or if you need to correct anything on the label, send in the Correction Form indicating the changes or call our office at (608)266-0821.

Sincerely,

Sandra Hershberger  
Private Water Supply Section  
Bureau of Drinking Water & Groundwater

**YN028**

