

MARCH PERMITS ISSUED - 2013

<u>DATE ISSUED</u>	<u>NAME AND ADDRESS</u>	<u>TAX NO.</u>	<u>SITE AND BUILDER</u>	<u>CONSTRUCTION</u>	<u>DESCRIPTION</u>
	GREEN BAY WI 54301		BLDR: MILLER MASONRY AND CONCRETE INC		
3/21/2013	TIMOTHY G SMITH 3703 GLIDDEN DR STURGEON BAY WI 54235	024-02-03272612	3627 LILY BAY ROAD STURGEON BAY WASHINGTON	A 48' X 60' STORAGE BUILDING.	03 27N 26E
3/26/2013	JOHN BIGELOW & SCOTT SONIC 1070 W CENTURY DR #101 LOUISVILLE CO 80027	028-01-12332923H	1879 DETROIT HARBOR ROAD	A 5' X 18' MOBILE RETAIL CART PER PLANS DATED 3/25/13.	12 33N 29E



**County of Door
PLANNING DEPARTMENT**

County Government Center
421 Nebraska Street
Sturgeon Bay, WI 54235

Sue Vanden Langenberg - Zoning Administrator II

Phone: (920) 746-2323

FAX: (920) 746-2387

Website: map.co.door.wi.us/planning

April 8, 2014

All Town Clerks:

Enclosed is a copy of the Resource Planning Committee's report to the Door County Board of Supervisors on Zoning Text Amendments affecting Temporary Uses. The County Board will consider these matter at its meeting on Tuesday, April 15, 2014. If you care to observe the proceedings, you may attend the County Board meeting which begins at 9:00 a.m. Rules of the County Board do not allow for public testimony at its meeting, nor may any testimony (e.g. phone calls, letters, e-mails, etc.) be offered to County Board Members before the County Board meeting.

Sincerely,

A handwritten signature in cursive script that reads "Sue Vanden Langenberg".

Sue Vanden Langenberg
Zoning Administrator II

Enc.: Report & Ordinance

Pc: Dale Rezabek – DNR (w/enclosure)

**REPORT TO THE DOOR COUNTY BOARD OF SUPERVISORS
ZONING ORDINANCE TEXT AMENDMENTS REGARDING TEMPORARY USES**

1 This report is pursuant to Section 59.69(5)(e), Wisconsin Statutes.
2

3 **REQUESTED:**
4

5 The Resource Planning Committee petitioned to amend Sections 2.07 and 13.02 to affect changes related to
6 temporary uses.
7

8
9 **EXPLANATION:**
10

11 The proposed changes regarding temporary uses clarify the time period for tracking the allowed number of
12 events, clarify that all temporary uses count toward the allowed number of days, and amend the definition for temporary
13 uses to be more general.
14

15
16 **HEARING AND NOTICE:**
17

18 The Resource Planning Committee held a public hearing concerning this petition on April 3, 2014 at the Door
19 County Government Center, Sturgeon Bay, WI. Notice of the public hearing, notice to all county board supervisors, and
20 notice to all town clerks have been given in accordance with Chapter 59.69, Wisconsin Statutes. Proof of the giving of
21 such notice is available upon request from the Planning Department.
22

23
24 **RECOMMENDATION:**
25

26 The Resource Planning Committee hereby recommends approval of a modified version of this zoning
27 amendment petition and the enactment of amendatory ordinance No. 2014-05. The modification is to add (a), which
28 reduces the number of days only within the Town of Liberty Grove, as requested by the Town of Liberty Grove.

RESOURCE PLANNING COMMITTEE

Kenneth Fisher, Chair

Hugh Mulliken

David Lienau

Susan Kohout

David Enigl



DOOR COUNTY

**AMENDATORY ZONING ORDINANCE 2014-05
ZONING ORDINANCE TEXT AMENDMENTS REGARDING
REGARDING TEMPORARY USES**

ROLL CALL Board Members	Aye	Nay	Exc.
AUSTAD			
BRANN			
ENGLEBERT			
ENIGL			
FEUERSTEIN			
FISHER			
FONTAINE			
GUNNLAUGSSON			
HAINES			
KOHOUT			
LIENAU			
MEYER			
MOELLER			
MULLIKEN			
NEINAS			
O'CONNOR			
RUNQUIST			
SCHULTZ			
VIRLEE			
WIEGAND			
ZIPPERER			

BOARD ACTION

Vote Required: Majority Roll Call Vote of a Quorum

Motion to Approve Adopted

1st _____ Defeated

2nd _____

Yes: _____ No: _____ Exc: _____

Reviewed by: _____, Corp. Counsel

Reviewed by: _____, Administrator

Certification:

I, Jill M. Lau, Clerk of Door County, hereby certify that the above is a true and correct copy of an ordinance that was enacted on the 15th day of April, 2014 by the Door County Board of Supervisors.

Jill M. Lau
County Clerk, Door County

COUNTERSIGNED

Chairman, Dan Austad
Door County Board of Supervisors

Effective Date _____

1 The Door County Board of Supervisors, pursuant to Section 59.69(5)(e), Wisconsin
2 Statutes, does hereby ordain amendments to Sections 2.07 and 13.02 of the Door
3 County Zoning Ordinance to read as follows:

4
5 *Text to be deleted is shown with "strikethrough" formatting, text to be added is*
6 *underlined.*

8 **2.07 Temporary uses.**

9
10 (1) Uses which are conducted on a lot for not more than 10 days total, including not
11 more than 7 consecutive days, ~~nor more than 10 days in a calendar any one year period~~
12 shall be known as temporary uses and may be conducted in any zoning district, except
13 the Wetland district. Only those uses shown in s. 2.05(4), uses pertaining to the
14 Wetland district, are allowed in the Wetland district. All temporary uses conducted on
15 a lot within a calendar year count toward the allowed number of days. Uses which are
16 conducted for more than ~~7 consecutive days or for more than 10 days in any one year~~
17 ~~period~~ the allowed number of days shall be regarded as principal uses and regulated
18 accordingly.

19
20 (a) In the Town of Liberty Grove, temporary uses may be conducted for not more
21 than 6 days total, including not more than 3 consecutive days.

22
23 (2) Temporary uses shall not require a regular zoning permit.

24
25 (3) Temporary uses shall meet all setback and yard requirements of this Ordinance.

26
27 (4) Temporary uses shall not involve the construction or alteration of any permanent
28 structure.

29
30 ~~(5) The previous operation of a temporary use shall not be considered grounds for~~
31 ~~reestablishment of such use on either a permanent or temporary basis.~~

32
33 **13.02 Definition.**

34 **Use, Temporary:** A use which is conducted for a limited period of time within a
35 calendar year, not more than 7 consecutive days nor more than 10 days in any one
36 year period.

37
38 *(Note: The modification is the addition of (a), as requested by the Town of Liberty Grove.)*

39
40 Pursuant to Section 59.69(5)(e)6., Wisconsin Statutes, this ordinance shall take
41 effect on the 41st day after the date of enactment unless 1) the majority of the towns
42 affected by the ordinance have filed certified copies of resolutions disapproving the
43 amendment with the county clerk prior thereto in which case this amendment shall
44 be void; or 2) if within a shorter time a majority of the towns in which the ordinance
45 is in effect have filed certified copies of resolutions approving the amendment with
46 the county clerk, whereupon the amendment shall be in effect.

**SUBMITTED BY:
Resource Planning Committee**

Kenneth Fisher, Chair

Hugh Mulliken

Susan Kohout

David Lienau

David Enigl



Division of Transportation
Investment Management
Bureau of Transit, Local Roads, Railroads & Harbors
PO Box 7913
Madison, WI 53707-7913

Scott Walker, Governor
Mark Gottlieb, P.E., Secretary
Internet: www.dot.wisconsin.gov

Telephone: 608-266-9497

Facsimile (FAX): 608-266-0658

9/11/14

To: Local Official

Enclosed are your 2014-2015 Local Roads Improvement Program (LRIP) State/Municipal Project Agreement and Request for Project Reimbursement form. This agreement secures your funds and authorizes you to proceed with your project.

Just a reminder:

- ◆ All projects must be advertised for competitive bids. The program requires a Class 2 notice. *Class 2 notices* require 2 insertions (means once each week for two consecutive weeks, the last of which shall be at least one week before the act or event, unless otherwise specified by law).
- ◆ Towns, cities and villages are not allowed to use their own workforce, equipment or materials on LRIP projects; those costs are not eligible for reimbursement under the program.
- ◆ Approvals for substitutions or changes to the approved project are required by WisDOT **prior** to awarding a contract to the contractor. Substitutions and changes completed without notifying WisDOT will not be reimbursed.

To ensure your municipality/county receives all LRIP funding authorized under this State/Municipal Project Agreement, please review the roles and responsibilities section in the *Guidelines and Requirements* packet pertaining to advertising, bidding and contracting provisions (pages 9-11).

If you have any questions or need additional information, you may contact the county highway commissioner or LRIP program manager Janice Watzke at (608) 266-9497 or email at janice.watzke@dot.wi.gov.

Sincerely,

A handwritten signature in cursive script that reads "Janice Watzke".

Janice Watzke
LRIP Program Manager

**2014-2015
LOCAL ROADS IMPROVEMENT PROGRAM
STATE/MUNICIPAL PROJECT AGREEMENT**

Date: April 04, 2014

Project Number: **13204 TRIP** Accounting Code: **0880-15-01**

County: **Door** FEIN Number: 396006160 00

Municipality/County: **Town of Washington** Appropriation: 278 (Object Code: 5513)

On Route: Michigan Rd. [2,710']

At Route: Airport Rd.

Toward Route: Range Line Rd.

The signatory city, village, town or county, hereinafter called the MUNICIPALITY, through its duly authorized officers or officials via the signed LRIP application form and terms and conditions, and the State of Wisconsin Department of Transportation, hereinafter called the STATE, enter into this agreement to accomplish the described project.

The authority for the MUNICIPALITY and the STATE to enter into this agreement is provided by the Wisconsin Administrative Code TRANS 206.03(12).

Need for Improvement to Existing Facility:

Asphalt-Severe Asphalt Deterioration

Proposed Improvement: Hot Mix Asphalt

Overlay with 2 1/2" of hot mix asphalt. (10' lanes, 2' shoulders)

Estimated Cost

	Estimated Cost	LRIP / State Funds	Municipal Funds
Preliminary Engineering:	\$0.00		
Real Estate Acquisition:	\$0.00		
Construction or Hot Mix Asphalt Purchase:	\$41,600.00		
Total Cost Distribution:	\$41,600.00	\$14,450.00	\$27,150.00

This request is subject to the terms and conditions agreed to at the time of application for the designated MUNICIPALITY and upon acceptance by the STATE, per signature below, shall constitute agreement between the MUNICIPALITY and the STATE.

Accepted for the State of Wisconsin, Department of Transportation:

By:  _____ Date: 4/7/14

Local Transportation Programs and Finance

Note:

**2014-2015
LOCAL ROADS IMPROVEMENT PROGRAM
REQUEST FOR PROJECT REIMBURSEMENT**

Date: April 04, 2014 Accounting Code: **0880-15-01**
 Project Number: **13204 TRIP** Appropriation: 278 (Object Code: 5513)
 County: **Door**
 Municipality/County: **Town of Washington**
 On Route: Michigan Rd. [2,710']
 At Route: Airport Rd.
 Toward Route: Range Line Rd.
 Head of Government: _____ Treasurer: _____
 Address: _____ Address: _____

The Town of Washington certifies that the work on the above described project was performed in accordance with all applicable federal, state, and local laws, rules, ordinances, and standards, the terms and conditions of the "Local Roads Improvement Program State/Municipal Project Agreement," work on the LRIP project is complete, and reimbursement is requested.

LRIP Reimbursement: \$ _____ (No more than 50% of Total LRIP Project Cost)
 Total LRIP Project Cost \$ _____
 Total Improvement Cost: \$ _____ (Same as Total LRIP Project Cost unless part of a larger improvement.)
 Final Lane Width: _____ Final Shoulder Width: _____ CEF completed (CHIP or CHIPD only):

Contractor(s)	Award Date (MM/DD/YYYY)	Awarded Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

 (Head of Government/Designee Signature) Title Date

Please submit this form to your County Highway Commissioner after the project is complete and the contractor(s) has been paid. The Commissioner will sign and forward the form to the Wisconsin Department of Transportation. For county projects, the Commissioner will also sign below.

 County Highway Commissioner Date

For WisDOT Use Only

To: WisDOT Bureau of Business Services Init.: _____ Date: _____
 The Bureau of Transit, Local Roads, Railroads & Harbors hereby approves payment of the state LRIP share for
 \$ _____ on Purchase Order Number: _____

 Local Transportation Programs and Finance Date RC

State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
Sturgeon Bay Service Center
110 S. Neenah Avenue
Sturgeon Bay WI 54235-2718

Scott Walker, Governor
Cathy Stepp, Secretary

Telephone 920-746-2872
FAX 920-746-2863



Agenda
4/1/14

October 22, 2013

PWS ID#: 41508192

Washington Island Art & Nature Ctr
Town Of Washington
PO BOX 220
Washington Island, WI 54246

Door County

Subject: Sanitary Survey Report

Dear Town Of Washington:

On 10/01/2013 and 08/01/2013, Laurel Braatz conducted a sanitary survey of your water system, Washington Island Art & Nature Ctr. The purpose of this sanitary survey was to evaluate eight elements of your water system that are essential for assuring safe drinking water. This was also an opportunity to update the Department's records, provide technical assistance, and identify potential risks that may impact drinking water quality.

During the sanitary survey John Mann was present. At the completion of the survey, we discussed the preliminary findings. This report outlines the final findings, discusses problems that need to be corrected, and timelines for corrective action where appropriate.

DISTRIBUTION SYSTEM

The evaluation of your water system's distribution system identified the following recommended actions to assure that your water system continues to provide safe drinking water in the future.

Recommendation

1. Maintain vacuum breakers on threaded faucets for hose connections without built in anti-siphon devices. If vacuum breakers are removed for winterization they should be replaced in Spring when water usage resumes. Splitters are not recommended for use due to concerns with constant pressure on vacuum breakers on threaded hose bibs and potential problems with voided warranties of frost proof devices.

PUMPS/PUMP FACILITIES AND CONTROLS

The evaluation of your water system's pump facilities identified the following recommended actions to assure that your water system continues to provide safe drinking water in the future.

Recommendation

1. Maintain the pressure tank and pump installation in a manner to provide a smooth end, metal, downturned, dedicated, raw sampling faucet that is at least 12 inches above the surrounding grade. If a lower drain faucet is needed for the pressure tank a second faucet that is threaded with a vacuum breaker may be installed. I enclosed a diagram of faucets for your reference.

Please respond by May 1, 2014 with an update on the status planned work on the water system. This will be helpful to schedule follow up water sampling. At the time of my inspection it was mentioned that the following work would be completed on the water system.

1. **Rearrange the piping by the pressure tank for dedicated raw water smooth end sampling faucet. The faucet shall be a minimum of 12 inches above the surrounding grade. If a threaded faucet is desirable for connecting a hose to drain the tank a second faucet may installed on a tee. Threaded faucets shall have a vacuum breaker to protect the potable water system from backflow. (Installing the pressure tank on a concrete block to elevate it will allow the piping to be located at the bottom of the tank to provide good drainage and a sampling tap at least 12 inches above the floor of the well house).**
2. **Treatment of the water system for potential biofilm.**
3. **Reconstruction of the well house to provide a drain for water away from the well (8 feet minimum to discharge).**
4. **Reconstruct the well house to provide secure protection for the water system components and easy access to the equipment.**

For a more detailed record of what was evaluated during the survey please see the attached survey checklist. You may also look up information for your system on line at [http://prodoasext.dnr.wi.gov/inter1/pws2\\$.startup](http://prodoasext.dnr.wi.gov/inter1/pws2$.startup).

Thank you for your assistance during the sanitary survey. You may contact me by phone at 920-746-2872, or by email at laurel.braatz@wisconsin.gov or by mail at the address on this letterhead. Your cooperative effort in maintaining a safe water supply is greatly appreciated.

Sincerely,



Laurel Braatz
Drinking Water & Groundwater Specialist

Encl. Survey Checklist

Sanitary Survey Checklist

41508192 - WASHINGTON ISLAND ART & NATURE CTR
Door County

Water System Summary Information

Type: Transient Non-community

Non-transient Population: 4

Transient Population: 25

Season Dates: May - September

Affiliations

Name	Affiliation	Phone	Fax/E-mail	Address 1	Address 2	City, State, Zip
VALERIE CARPENTER	SAMPLE R	920-847-2522	-- / townoffice@washingtonisland-wi.gov		PO BOX 220	Washington Island, WI 54246
TOWN OF WASHINGTON	OWNER	920-847-2522	-- /		PO BOX 220	Washington Island, WI 54246
LAUREL BRAATZ	DNR_REP	920-746-2872	920-746-2863 / laurel.braatz@wisconsin.gov	110 S NEENAH AVE		Sturgeon Bay, WI 54235
Jonathon Mann Greg Jensen	Town Crew Cell Crew office	920-535-0055 920-495-3740 920-847-2313				

SKETCH – see DNR File

Element 1 – SOURCE

Entry Points and Sources of Water (basic data)

Source ID	Name	WUWN	Status	Date Constructed	Type	Water Bearing Formation
1	6 inch school well	GV587	Perm Abandoned		ENTRY PT/SOURCE	Dolomite
2	2013 Well	YG921	Active	06/27/2013	ENTRY PT/SOURCE	Dolomite

Entry Points and Sources of Water (other data)

Source ID	Casing Depth	Casing Height	Casing Size	Grouted Depth	Cap/Seal Type	Is there a variance?
1		15	6		FULL SANITARY	
2	171	19	6	171	FULL SANITARY	

I. Is the source adequate (protection, physical components)?	Yes	No	N/A	Recommendation:	Comments
	X				
A. If information available (i.e., construction report) does the well(s) meet the appropriate construction requirements?	X				
Seal / Cap					
Yes	No	N/A			
X	<input type="checkbox"/>	<input type="checkbox"/>	Seal or cap complying (NR 812.42(8)) (NR 812.30(1)(2))		
X	<input type="checkbox"/>	<input type="checkbox"/>	Electrical wires enclosed in conduit (NR 812.30(5))		
X	<input type="checkbox"/>	<input type="checkbox"/>	Openings through well cap water-tight (bolts/wires/lines) (NR 812.30)		
X	<input type="checkbox"/>	<input type="checkbox"/>	Vent through the well cap code complying (> 0.25 sq.in., w/screen, terminates 12" from floor, downward facing)		

Sanitary Survey Checklist

(812.30 (3))

Yes No N/A Casing / Well

- X Casing depth adequate (NR 812)
- X Condition ok (not corroded, cracked, or stovepipe) (NR 812.17)
- X Height adequate (> 12 inches above grade) (> 8 inches pre-1991, > 6 inches pre-1953) (> 2 ft if located in Floodway/Floodplain) (NR 812.29), (NR 812.42(7)) (NR 812.08 (3))
- X Unused wells properly filled and sealed (NR 812.26) Both a 4 inch diameter well and GV587 are filled/sealed

Yes No N/A Well Pit / Subsurface Pumphoom / Basement

- X Not located in noncomplying pit or alcove? (Subsurface Pumphoom) (NR 812.42(3))
- X Not in unsanitary or illegal basement location? (NR 812.08 (2)) (NR 812.42(9))

B. Is the well adequately separated and protected from contaminant sources? (NR 812.08) X

Check if Noncomplying & Indicate Distance if <2X Allowable

Septic or Holding Tank, 25 ft., 1951	Vault toilets <input type="checkbox"/> ~100'	Barn Gutter, 25 ft., 1975	<input type="checkbox"/>
Sewage Absorption Field, 50 ft., 1951	<input type="checkbox"/>	Manure Sewer (see code)	<input type="checkbox"/>
Wastewater Sump/Watertight, 25 ft., 1991	<input type="checkbox"/>	Perm. Manure Stack, 250 ft., 1991	<input type="checkbox"/>
Grease Trap, 25 ft., 1951	<input type="checkbox"/>	Temp. Manure Stack, 150 ft., 1994	<input type="checkbox"/>
Gravity Building Sewer, 8 ft., 1936	<input type="checkbox"/>	Silo, 50 ft., 1975, 1991	<input type="checkbox"/>
Pressurized Building Sewer, 25 ft., 1975	<input type="checkbox"/>	Animal Yard or Shelter, 50 ft., 1975	<input type="checkbox"/>
Collector Sewer > 6", 50 ft., 1975	<input type="checkbox"/>	Buried Home Heating Oil Tank, 25 ft., 1975	<input type="checkbox"/>
(Number of Units served) _____		Buried Petroleum Tank & Piping, 100 ft., 1975	<input type="checkbox"/>
Noncomplying Pit, 8 ft., 1975	<input type="checkbox"/>	Landfill, 1200 ft., 1975	<input type="checkbox"/>
Lake, Stream or River, 25 ft., 1975	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Yard Hydrant, 8 ft., 1951	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Cemetery, 50 ft., 1991	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Is there a variance? NO

Element 2 – PUMPS, PUMP FACILITIES & CONTROLS

Pump

Source ID	Pump Type	Pump Make	Pump HP	Pump Cap.	Above Ground Discharge? or Pitless Adapter?
1	Submersible				ABOVE GROUND
2	Submersible				ABOVE GROUND

II. Does the pump location and discharge piping meet code?	Yes	No	N/A	Recommendation:	Comments
	X			<ol style="list-style-type: none"> 1. Maintain dedicated raw sampling faucet. Faucet shall be a minimum of 12 inches above the surrounding grade, downturned, metal, and have a smooth end. 2. Maintain drainage from faucet a minimum of 8 feet away from the well. 3. Install and maintain a lower threaded faucet with a vacuum breaker to adequately drain the pressure tank or raise the platform for the pressure tank to a minimum of 12 inches above the surrounding grade and install a tee with both the dedicated raw sample tap and the threaded faucet for draining with a vacuum breaker. 	

Yes No N/A Pump/Supply Line

- X Offset pump height adequate (> 12 inches after 1991) (> 8 inches pre-1991, > 6 inches pre-1953) (NR 812.29), (NR 812.42 (6)(7))
- X No unprotected buried suction line (NR 812.28), (NR812.32(4))
- X Pressure conduit present (NR 812.31) (NR 812.32 (2)(4)), (NR812.42(6))
- X Check valve locations complying (NR 812.32(4)), (NR 812.42(6))

Sanitary Survey Checklist

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complying sampling faucet present and in complying location (NR812.34)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Throttling valve and air gap present (flowing wells) (NR 812.32(9))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Element 3 – STORAGE

Storage

ID/Location	Type	Vol. (gal)	Last Int. Inspect Date	Mfg.	Model
Well House	PRESSURE TANK	20		McDermott	PT2000 DPT 20E

III. Do all visible portions of the storage facilities meet NR 812 requirements? (NA if no storage) (NR 812.33)	Yes X	No	N/A	Recommendation: 1. Chlorinate the system for biofilm including the new pressure tank to limit biofilm growth.	Comments
--	----------	----	-----	---	-----------------

Element 4 - TREATMENT

Treatment Summary Data

Source ID	Type	Treatment Description	DNR Approval date if required	Begin	End	Objective(s)	Comments
1	000	None		01/01/1960	06/27/2013	No Treatment at Source	
2	000	None		09/12/2013		No Treatment at Source	

IV. Does the Department approved water treatment device installation meet approval conditions, including operations and maintenance? (NA if no Department approved treatment) (NR 812.37)	Yes	No	N/A X
--	-----	----	----------

Element 5 - DISTRIBUTION SYSTEM

V. Does the distribution system have all potential cross connections eliminated? (NR 812.27(9))	Yes X	No	N/A	Recommendation: 1. Maintain vacuum breakers on threaded faucets for hose connections. If devices are removed for winterization reinstall when resume use in Spring. 2. Splitters are not recommended by the Department of Safety and Professional Services due to the constant pressure on the hose bib vacuum breaker and use on some plumbing products may void warranties. However, if splitters are used vacuum breakers are recommender and splitters should be removed for winterization.	Comments
--	----------	----	-----	--	-----------------

Element 6 - SYSTEM MANAGEMENT & COMPLIANCE

VI. Is water system operations and management adequate?	Yes X
A. Have past inspection deficiencies, outlined in previous inspection reports, been corrected as required? (Review / initiate stepped enforcement process)	X
B. Has the system made a significant effort to stay in compliance with state regulations?	X
C. Are adequate public notification procedures adhered to? (NR 809.950)	X

Sanitary Survey Checklist

Element 7 - MONITORING, REPORTING, & DATA VERIFICATION

Bacteriological Sampling History

Year	Distribution Safe	Distribution Unsafe	Confirmed Unsafe	Missed Samples	Raw Safe	Raw Unsafe	Fecal Positive?
2013	1	2		1			N
2012	8	3		0			N
2011	2			0			N
2010	5	1	2	0			N
2009	6			0			N
2008	4	1		5			N
2007	6	3	3	5			Y

Nitrate/Nitrite Sampling History

Year	Sample Group	Source ID	Samples Taken	Missed Samples	MCL Violations
2013	NITRATE	1	1	0	0
2012	NITRATE	1	1	0	0
2011	NITRATE	1	1	0	0
2010	NITRATE	1	1	0	0
2009	NITRATE	1	1	0	0
2008	NITRATE	1	1	0	0
2007	NITRATE	1	1	0	0

MCL Violations

Source ID	Contaminant	Concentration	MCL	Units	Viol. Start	Viol. End	Continuing Operation?
3100	Coliform (TCR)				08/14/2013	08/28/2013	N
3100	Coliform (TCR)				08/10/2012		N
3100	Coliform (TCR)				06/23/2010	08/04/2010	N
3100	Coliform (TCR)				10/03/2007	09/30/2008	N
3100	Coliform (TCR)				10/03/2007	09/30/2008	N
3100	Coliform (TCR)				08/23/2007	09/27/2007	N
3100	Coliform (TCR)				07/19/2007	07/27/2007	N

VII. Is all monitoring/reporting accurate?

	Yes
A. Has the system been in compliance with their monitoring requirements with respect to samples taken and frequency?	X
B. Are there updated monitoring plans on file with the department for bacteria (NR 809.31)	X
C. Does the system appropriately implement sampling plans in order to meet monitoring rule requirements? (NR 809.31)	X

Element 8 - OPERATOR COMPLIANCE

VIII. Has an operator/Primary Contact been identified? (certification not required)	Yes X
---	----------

Monitoring Site Plan for Transient NON-Community System

DATE: August 1, 2013
 County: Door County
 PWSID#: 41508192
 System Name: WASHINGTON ISLAND ART & NATURE CTR
 WUWN: YG921
 Well Location Address: 1799 Main Street, Washington Island, WI
 Sampling Frequency: Coliform quarterly, Nitrate annual

Sample	Tap Location	Faucet type	Comments
EP 1 /R/W/T			Use when instructed to collect Raw, Well or Triggered coliform bacteria water sample. If using a threaded faucet remove backflow preventer, and replace backflow preventer after sample collection.
R1	Faucet by pressure tank	Smooth end, metal, threaded, stationary	Use to collect your annual Nitrate sample.
D1	Hose spigot	Metal, stationary, downturned	Use site for collecting quarterly coliform bacteria sample. Remove any faucet attachments including vacuum breakers, aerators, rubber gaskets and screens. Flush the faucet by running water at least 5-10 minutes. Stop the water flow to disinfect/flame the metal faucet with a torch. Next set the water flow at a steady, smooth stream. Do not adjust the flow or move faucet prior to collecting water sample.
D2	Pond spigot	Metal, threaded, stationary, downturned	“ “
D3	Drinking fountain	Metal, smooth end, stationary, downturned.	“ “

NOTES: Use a **D** site (Distribution after any point of entry filter, softener, or other treatment device) with D1 being first choice, D2 second, etc. This site used for collecting Coliform (bacti) samples. Sample-D-sites are also used if instructed to collect **Check & Repeat** samples. Check sample should be collected from the same tap as the tap that tested unsafe. **EP** sample sites are to be used to sample for **NITRATE**. **PLEASE** contact Laurel Braatz, Drinking Water & Groundwater Specialist with any drinking water questions or to change/delete any sample site. Email: laurel.braatz@wisconsin.gov or 920-746-2872

SAMPLE SLIP TRIGGERED WHEN AN UNSAFE OCCURS (COLIFORM POSITIVE)

1. SOURCE WELL & [REDACTED]

A [REDACTED] sample is collected from a faucet prior to the pressure tank or directly at the pressure tank prior to treatment devices.

Sample Source (location):

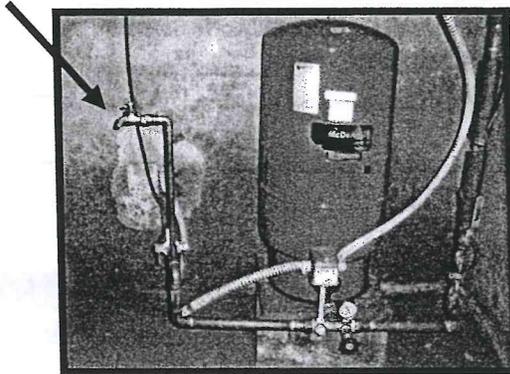
X W - Well (before any treatment)

Sample Type (check one only):

- T - Triggered Source Water sample following Total Coliform-positive Compliance sample
WI Unique Well No: _____
EP/Source ID: _____
- R - Repeat Source Water sample following E Coli-positive Triggered Source Water sample
WI Unique Well No: _____
EP/Source ID: _____

Special Instructions:

Collect sample between: ___/___/___ and ___/___/___

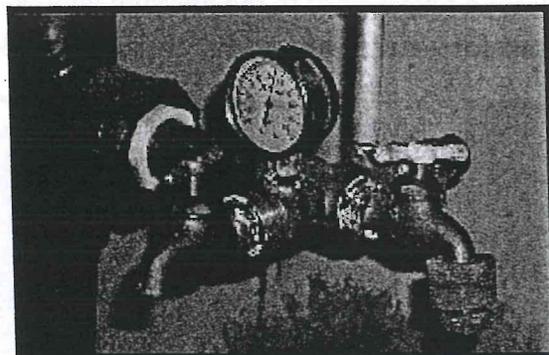


GENERAL GOOD SAMPLING SITES

Characteristics of good sampling sites:

- ❖ Metal faucets (these faucets can be flamed for disinfection)
- ❖ Stationary faucets are better than swivel faucets
- ❖ Shorter faucets are better than long necked faucets.
- ❖ Faucets with all attachments removed (ex. Backflow protection devices, aerators, splitters)
- ❖ Non leaking faucets
- ❖ Smooth ended faucets
- ❖ Has ample space to put a bucket/sample bottle under it (minimum 12 inches)

It is recommended that you install a dedicated sampling faucet if your system does not have a good sampling site. If both a smooth end sampling tap and threaded faucet with a vacuum breaker are needed for hose connections a tee with both style faucets may be installed.

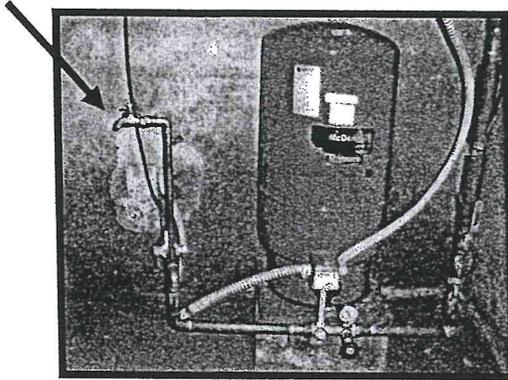


SAMPLE SLIP TRIGGERED WHEN AN UNSAFE OCCURS (COLIFORM POSITIVE)

1. SOURCE WELL & [REDACTED]

A [REDACTED] sample is collected from a faucet prior to the pressure tank or directly at the pressure tank prior to treatment devices.

Sample Source (location): <u>X</u> W - Well (before any treatment)	Sample Type (check one only): <input checked="" type="checkbox"/> T - Triggered Source Water sample following Total Coliform-positive Compliance sample WI Unique Well No: _____ EP/Source ID: _____
	<input type="checkbox"/> R - Repeat Source Water sample following E Coli-positive Triggered Source Water sample WI Unique Well No: _____ EP/Source ID: _____
Special Instructions: _____	
Collect sample between: ___/___/___ and ___/___/___	

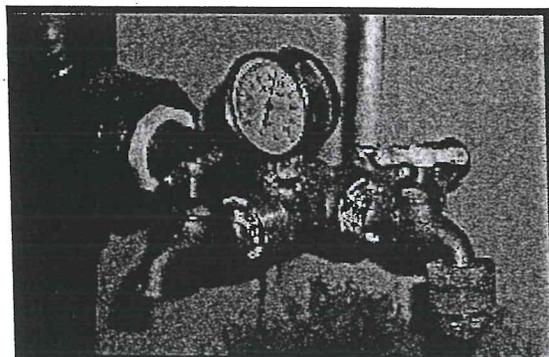


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October 22, 2013

Agenda
4/1/14

PWS ID#: 41502329

Washington Island Jackson Harbor
Town Of Washington
PO BOX 220
Washington Island, WI 54246

Door County

Subject: Sanitary Survey Report

Dear Town Of Washington:

On 10/01/2013 and 08/01/2013, Laurel Braatz conducted a sanitary survey of your water system, Washington Island Jackson Harbor. The purpose of this sanitary survey was to evaluate eight elements of your water system that are essential for assuring safe drinking water. This was also an opportunity to update the Department's records, provide technical assistance, and identify potential risks that may impact drinking water quality.

During the sanitary survey John Mann was present. At the completion of the survey, we discussed the preliminary findings. This report outlines the final findings, discusses problems that need to be corrected, and timelines for corrective action where appropriate.

SOURCE

The evaluation of your water system's source identified the following recommended actions to assure that your water system continues to provide safe drinking water in the future.

Recommendation

1. The casing height is not two feet above the Federal Emergency Management Agency determined flood elevation. A variance was granted due to the historic Lake Michigan low water levels and an ongoing review of the determined elevation level. If the water in Lake Michigan rebounds to levels nearing record highs the well casing for well # YG919 shall be raised to a minimum of two feet above the determined flood elevation in effect at that time.

DISTRIBUTION SYSTEM

The evaluation of your water system's distribution system identified the following recommended actions to assure that your water system continues to provide safe drinking water in the future.

Recommendation

1. Maintain air gaps on ice machine drains and vacuum breakers on threaded faucet for hose connections without built in anti - siphon devices.

