

JUNE TOWN FILE REPORT

<u>DATE ISSUED</u>	<u>NAME AND ADDRESS</u>	<u>TAX NO.</u>	<u>SITE AND BUILDER</u>	<u>CONSTRUCTION</u>	
06/12/15	BARRY & LESLIE DE BAKER 2088 SHILOH ROAD STURGEON BAY WI 54235	024-02-29272623B	SHILOH / MT OLIVE ROAD	AN OFF-PREMISE ADVERTISING SIGN FOR "DEBAKER ACRES II" ROADSIDE STAND.	29 27N 26E
06/17/15	KURT R & CARLA A MINTEN 49 E YEW ST STURGEON BAY WI 54235	024-02-31272641A	2029 S SHILOH RD	A THREE BEDROOM SINGLE FAMILY RESIDENCE AS PER PLANS DATED 6/16/15 AND 6/17/15.	31 27N 26E
06/24/15	DENNIS J PIGEON 10891 N BAY SHORE RD BRUSSELS WI 54204	026-00-10262332A	10891 NORTH BAY SHORE ROAD BLDR: OWNER	A 12' X 16' STORAGE STRUCTURE.	10 26N 23E
06/24/15	BRYAN C & LILA M ELLERBROCK N8473 COUNTY HIGHWAY M ALGOMA WI 54201	026-11-07	465 BEAUTY VIEW	A 12' X 12' DECK.	28 26N 23E
06/01/15	JENS HANSEN 1702 MOUNTAIN ROAD WASHINGTON ISLAND WI 54246	028-01-01332922D	WASHINGTON 1266 MAIN ROAD BLDR: JENS HANSEN	THE ESTABLISHMENT OF A BAKERY/RESTAURANT AND A PROFESSIONAL OFFICE IN THE EXISTING BUILDING AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 5/27/15 AND THE CONSTRUCTION OF A 6 FOOT WIDE ROOF OVER AN EXISTING DECK IN ORDER TO ESTABLISH AN OUTDOOR SEATING AREA AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 4/30/15.	01 33N 29E

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06/15/15	JOSEPH R CORNELL 1980 WASHINGTON HARBOR WASHINGTON ISLAND WI 54246	028-04-32343034	904 TOWNLINE BLDR: ISLAND BUILDERS	A TWO LEVEL SINGLE FAMILY RESIDENCE WITH AN ATTACHED GARAGE AND DECKS, ALL AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPARTMENT ON 6/9/15.	32 34N 30E
06/16/15	MARK S & CARRIE A DEWEY 15620 N 63RD PL SCOTTSDALE AZ 85254	028-01-01332931B		A 28' X 40' DETACHED GARAGE AS PER PLANS SUBMITTED TO THE DCPD ON 6/23/14.	01 33N 29E
06/19/15	CORY J & LAURA ANDERS 1922 LOBDELL POINT ROAD WASHINGTON ISLAND WI 54246	028-01-11332914A	1922 LOBDELL POINT ROAD	A 4' X 4' ON-PREMISE ADVERTISING SIGN.	11 33N 29E
06/19/15	BRIAN A & BETTE J SLIWA 1772 DETROIT HARBOR RD BOX 175 WASHINGTON ISLAND WI 54246	028-01-12332924B	1772 DETROIT HARBOR ROAD BLDR: HEARTLAND GAZEBO	AN 8-FOOT DIAMETER GAZEBO AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 6/5/15.	12 33N 29E
06/19/15	LOUIS A & JENNIFER G MUNAO 1421 BUCKRIDGE COURT WASHINGTON ISLAND WI 54246	028-04-33343042C	1421 BUCKRIDGE COURT BLDR: OWNER	AN 11' X 13' GARDEN SHED WITH A 4-FOOT WIDE LEAN-TO AND FOR A 5' 10" X 12' 2" CHICKEN COOP, ALL AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 5/29/15.	33 34N 30E



June 22, 2015

PWS ID#: 41508214
 Washington Island Sch House Beach Tn Pk

Town Of Washington
 PO BOX 220
 Washington Island, WI 54246

Door County

Subject: Sanitary Survey Report and Notice of Noncompliance

Dear Valerie Carpenter:

On 06/15/2015, Laurel Braatz conducted a sanitary survey of your water system, Washington Island Sch House Beach Tn Pk. 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. This Sanitary Survey Report also serves as a Notice of Noncompliance.

During the sanitary survey Valerie Carpenter 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 indicates that the following deficiencies require corrective action.

Deficiency	Actions Required by You	Compliance Due Date
1. The well is not adequately protected from contaminant sources.	An annulus has developed around the well casing. The fill around the well is not providing an adequate seal. Fill the void with either bentonite crumbles or a neat cement mixture. If the void is small the cement may do a better job at filling the smaller space.	08/04/2015

DISTRIBUTION SYSTEM

The evaluation of your water system's distribution system indicates that the following deficiencies require corrective action.

Deficiency	Actions Required by You	Compliance Due Date
1. Potential cross connections were found in the distribution system.	Install and maintain vacuum breakers on threaded faucets for hose connections where the faucet does not have a build in vacuum breaker. (pressure tank drain faucet)	08/04/2015

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. Install a dedicated sampling faucet for the distribution system. A good sample faucet is metal, stationary, and downturned. A good faucet is accessible for flushing and sampling. The faucet should be located in the plumbing system after the pressure tank and any entry point water treatment device.

Please respond by August 4, 2015 by submitting the enclosed verification of corrective action sheet or by email to confirm the requested work was completed. If you are unable to complete the work by the compliance due date please notify me of an alternative date before August 4, 2015 to avoid additional follow up enforcement activities.

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

VERIFICATION OF CORRECTIVE ACTIONS
41508214 - WASHINGTON ISLAND SCH HOUSE BEACH TN PK

SOURCE

The evaluation of your water system's source indicates that the following deficiencies require corrective action.

Deficiency	Actions Required by You	Compliance Due Date
1. The well is not adequately protected from contaminant sources.	An annulus has developed around the well casing. The fill around the well is not providing an adequate seal. Fill the void with either bentonite crumbles or a neat cement mixture. If the void is small the cement may do a better job at filling the smaller space.	08/04/2015

DISTRIBUTION SYSTEM

The evaluation of your water system's distribution system indicates that the following deficiencies require corrective action.

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Recommendation
1. Install a dedicated sampling faucet for the distribution system. A good sample faucet is metal, stationary, and downturned. A good faucet is accessible for flushing and sampling. The faucet should be located in the plumbing system after the pressure tank and any entry point water treatment device.

By signing this document I am certifying that the above referenced deficiencies have been corrected.

System Owner/Operator _____
Name (Printed) Signature Date

Please email notification of completion of the work or return this document to
 Sturgeon Bay DNR Office 111 S. Neenah Avenue, Sturgeon Bay, Wisconsin 54235
 Document the date that work was completed and provide your signature

Email: laurel.braatz@wisconsin.gov

Protecting your water supply by completing the requested action is appreciated and prevents the need for additional enforcement action.

NR 812.20 Grouting and sealing. (1) GROUTING AND SEALING MATERIALS. (a) Neat cement grout. Neat cement grout shall consist of a mixture of cement and water in the proportion of one bag of Portland cement, 94 pounds, ASTM C 150, Type I or API-10A, Class A; and 5 to 6 gallons of clean water from a known safe and uncontaminated source. Powdered bentonite may be added up to a ratio of 5 pounds per 94-pound bag of cement. Ingredients, to increase fluidity, control shrinkage or time of set may be used only with approval. Neat cement grout shall be used to seal the annular space:

**TRANSIENT NON-COMMUNITY SITE PLAN FOR
WASHINGTON ISLAND SCH HOUSE BEACH TN PK**

Effective: May 15, 2015

COUNTY: Door

WUWN: GV589
WELL ADDRESS: 910 MAIN RD PO BOX 220, Washington Island,
WI, 54246

PWS ID: 41508214

SAMPLER: VALERIE CARPENTER
SAMPLER TELEPHONE: 920-847-2522

SAMPLING FREQUENCY: Quarterly coliform, Annual Nitrate

Sampling sites for BACTERIA

Site/Monitoring ID	Source Code	Sample Location Description	Faucet Type	Comments
D1	D	Bathroom faucet	Metal stationary faucet	Remove aerator, and other attachments, flame faucet, run water at a steady flow for at least 5-10 minutes prior to collecting sample. Don't move the faucet or adjust flow prior to collecting the sample. Replace aerator, and attachments, following sample collection.

*If dedicated distribution sample faucets are installed please inform DNR to update plan.

Sampling site for NITRATE

EP ID	Site/Monitoring ID	Source Code	Sample Location Description	Faucet Type	Comments
	W1	E	Pressure Tank Tap 	Metal, Stationary, Smooth end, Downturned	

Sampling site for TRIGGERED sample, RAW WATER sample, WELL sample

EP ID	Site/Monitoring ID	Source Code	Sample Location Description	Faucet Type	Comments
	W1	W	Pressure Tank Tap 	Metal, Stationary, Smooth end, Downturned	

Please contact Laurel Braatz at 920 746-2872 or laurel.braatz@wisconsin.gov for Drinking water related questions or to change sampling sites.

Sanitary Survey Checklist

41508214 - WASHINGTON ISLAND SCH HOUSE BEACH TN PK
Door County

Water System Summary Information

Type: Transient Non-community
Non-transient Population: 2
Transient Population: 25
Season Dates: May - September

Affiliations

Name	Affiliation	Phone	Fax/E-mail	Address 1	Address 2	City,State,Zip
VALERIE CARPENTER	SAMPLER	920-847-2522	-- / townoffice@washingtonisland-wi.gov	910 MAIN RD	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

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	1964 Well	GV589	Active	06/02/1964	ENTRY PT/SOURCE	GRAVEL

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	98	8	6		VERMIN PROOF CAP	N

I. Is the source adequate (protection, physical components)?	Yes	No	Deficiency: 1. The annular space around the well collapsed and created a hole around the casing that may allow runoff to run down the well casing.	Comments: The well is constructed to the top of the dolomite in the sand and gravel deposits.
A. If information available (i.e., construction report) does the well(s) meet the appropriate construction requirements?	X			
Yes No N/A Seal / Cap				
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) (812.30 (3))	
Yes No N/A Casing / Well				
X	<input type="checkbox"/>	<input type="checkbox"/>	Casing depth adequate (NR 812) Adequate for a well terminating in unconsolidated material	
X	<input type="checkbox"/>	<input type="checkbox"/>	Condition ok (not corroded, cracked, or stovepipe) (NR 812.17)	
X	<input type="checkbox"/>	<input type="checkbox"/>	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))	
<input type="checkbox"/>	<input type="checkbox"/>	X	Unused wells properly filled and sealed (NR 812.26)	
Yes No N/A Well Pit / Subsurface Pumphoom / Basement				

Sanitary Survey Checklist

Source ID	Type	Treatment Description	DNR Approval date if required	Begin	End	Objective(s)	Comments
1	000	None		01/01/1960	06/23/2010	No Treatment at Source	
1	341	Filtration, Cartridge		06/23/2010		Particulate Removal	Before pressure tank

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
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Element 5 - DISTRIBUTION SYSTEM

V. Does the distribution system have all potential cross connections eliminated? (NR 812.27(9))	Yes X	No	N/A	Deficiency: 1. Install and maintain vacuum breakers on faucets for hose connections without built in anti-siphon devices. (faucet by pressure tank) Recommendation: 1. Install a dedicated distribution faucet for collecting water samples. Good faucets are smooth end, downturned, and metal. Good faucets are accessible for flushing and collecting a sample. Faucets should be located in the distribution system rather than the faucet located at the pressure tank representing the well.	Comments

Element 6 - SYSTEM MANAGEMENT & COMPLIANCE

From Last Survey

	Description	Code Citation	Compliance Achieved	Actions Taken
Deficiency	Potential cross connections were found in the distribution system.	NR 812.27(9)	08/18/2010	Vacuum breakers installed.

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

Element 7 - MONITORING, REPORTING, & DATA VERIFICATION

Bacteriological Sampling History

Year	Distribution Safe	Distribution Unsafe	Confirmed Unsafe	Missed Samples	Raw Safe	Raw Unsafe	Fecal Positive?
2015				0			N
2014	7			0			N
2013	2	6		10			N
2012	2			0			N
2011	2			0			N
2010	2			0			N
2009	2			0			N

Nitrate/Nitrite Sampling History

Year	Sample Group	Source ID	Samples Taken	Missed Samples	MCL Violations
2014	IOC	1	1	0	0