

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



June 22, 2015

PWS ID#: 31500117
 Washington Island Ball Field

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 Ball Field. 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.

TREATMENT

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

Recommendation
1. Maintain the sediment filter on a regular replacement schedule.

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 without built in anti-siphon devices for hose connections.	08/04/2015

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.

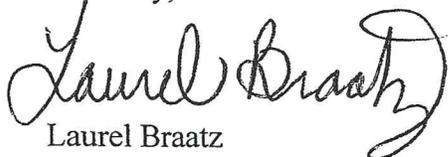
Recommendation
1. Install loose interior pump wiring in conduit the next time pump work is done.

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,

A handwritten signature in black ink that reads "Laurel Braatz". The signature is written in a cursive, flowing style.

Laurel Braatz
Drinking Water & Groundwater Specialist

Encl. Survey Checklist

VERIFICATION OF CORRECTIVE ACTIONS

31500117 - WASHINGTON ISLAND BALL FIELD

TREATMENT

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

Recommendation

1. Maintain the sediment filter on a regular replacement schedule.

DISTRIBUTION SYSTEM

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Deficiency	Actions Required by You	Compliance Due Date
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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. Install loose interior pump wiring in conduit the next time pump work is done.

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 documentation to
Sturgeon Bay DNR Office, 100 S. Neenah Avenue, Sturgeon Bay, Wisconsin 54235.
Document this date that work was completed and provide with 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.

TRANSIENT NON-COMMUNITY SIE PLAN FOR WASHINGTON ISLAND DALL FIELD

Effective: June 15, 2015

COUNTY: Door

WUWN: MS702
 WELL ADDRESS: 910 MAIN RD PO BOX 220, Washington Island
 WI, 54246

PWS ID: 31500117

SAMPLER: VALERIE CARPENTER

SAMPLER TELEPHONE: 920-847-2522

SAMPLING FREQUENCY: Quarterly coliform, Annual Nitrate

Sampling sites for BACTERIA

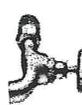
Site/Monitoring ID	Source Code	Sample Location Description	Faucet Type	Comments
D1	D	Wash sink	Metal faucet	Remove aerator, and other attachments, flame faucet, run water at a steady flow for at least 5-10 minutes prior to collecting sample. Don't move the faucet or adjust flow prior to collecting the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

31500117 - WASHINGTON ISLAND BALL FIELD
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	1998 Well	MS702	Active	07/16/1998	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	171	13	6	171	VERMIN PROOF CAP	N

I. Is the source adequate (protection, physical components)?	Yes X
A. If information available (i.e., construction report) does the well(s) meet the appropriate construction requirements?	X
<p>Yes No N/A Seal / Cap</p> <p>X <input type="checkbox"/> <input type="checkbox"/> Seal or cap complying (NR 812.42(8)) (NR 812.30(1)(2))</p> <p>X <input type="checkbox"/> <input type="checkbox"/> Electrical wires enclosed in conduit (NR 812.30(5))</p> <p>X <input type="checkbox"/> <input type="checkbox"/> Openings through well cap water-tight (bolts/wires/lines) (NR 812.30)</p> <p>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))</p> <p>Yes No N/A Casing / Well</p> <p>X <input type="checkbox"/> <input type="checkbox"/> Casing depth adequate (NR 812)</p> <p>X <input type="checkbox"/> <input type="checkbox"/> Condition ok (not corroded, cracked, or stovepipe) (NR 812.17)</p> <p>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))</p> <p><input type="checkbox"/> <input type="checkbox"/> X Unused wells properly filled and sealed (NR 812.26)</p> <p>Yes No N/A Well Pit / Subsurface Pumproom / Basement</p> <p><input type="checkbox"/> <input type="checkbox"/> X Not located in noncomplying pit or alcove? (Subsurface Pumproom) (NR 812.42(3))</p> <p><input type="checkbox"/> <input type="checkbox"/> X Not in unsanitary or illegal basement location? (NR 812.08 (2)) (NR 812.42(9))</p>	
B. Is the well adequately separated and protected from contaminant sources? (NR 812.08)	X

Sanitary Survey Checklist

Source ID	Type	Treatment Description	DNR Approval date if required	Begin	End	Objective(s)	Comments
1	341	Filtration, Cartridge		06/23/2010		Particulate Removal	

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	Recommendation: 1. Maintain the sediment on a regular replacement schedule.
			X	

Element 5 - DISTRIBUTION SYSTEM

V. Does the distribution system have all potential cross connections eliminated? (NR 812.27(9))	Yes	No	Deficiency: 1. Install and maintain vacuum breakers on threaded faucets for hose connections without built in anti-siphon devices.
		X	

Element 6 - SYSTEM MANAGEMENT & COMPLIANCE

From Last Survey

	Description
Recommendation	Install the loose interior pump wiring in conduit the next time pump work is done.

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	2			0			N
2013	2			0			N
2012	6	1	3	0			N
2011	2			0			N
2010	7			0			N
2009	3	4	1	0			N

Nitrate/Nitrite Sampling History

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

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



June 19, 2015

PWS ID#: 31500227
Washington Island Red Barn Theater Park

Town Of Washington
PO BOX 220
Washington Island, WI 54246

Door County

Subject: Sanitary Survey Report and Notice of Noncompliance

Dear Town Of Washington:

On 06/15/2015, Laurel Braatz conducted a sanitary survey of your water system, Washington Island Red Barn Theater Park. 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.

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 during season of operation. If vacuum breakers are removed for Winterization to prevent freezing damage replace the vacuum breakers in Spring when the water system is turned back on.	07/31/2015

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. Install loose interior pump wiring in conduit the next time pump work is done.

Please respond by July 31, 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 July 31, 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,

A handwritten signature in cursive script that reads "Laurel Braatz". The signature is written in black ink and is positioned above the typed name and title.

Laurel Braatz
Drinking Water & Groundwater Specialist

Encl. Survey Checklist

VERIFICATION OF CORRECTIVE ACTIONS
31500227 - WASHINGTON ISLAND RED BARN THEATER PARK

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 during season of operation. If vacuum breakers are removed for Winterization to prevent freezing damage replace the vacuum breakers in Spring when the water system is turned back on.	07/31/2015

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Recommendation
1. Install loose interior pump wiring in conduit the next time pump work is done.

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 documentation to
 Sturgeon Bay DNR Office, 110 S. Neenah Avenue, Sturgeon Bay, Wisconsin 54245
 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.

**TRANSIENT NON-COMMUNITY SITE PLAN FOR
WASHINGTON ISLAND RED BARN THEATRE PARK**

Effective: June 15, 2015

COUNTY: Door

WUWN: NP543
WELL ADDRESS: 910 MAIN RD PO BOX 220, Washington Island
WI, 54246

PWS ID: 31500227
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	Metal smooth end faucet on bathroom	Metal smooth end 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.
D2	D	Fountain faucet on side of rock base	Metal threaded, stationary, faucet	" "

*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
	D1	E	Metal smooth end faucet on bathroom	Metal smooth end faucet	

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.