

Sanitary Survey Checklist

**31500227 - WASHINGTON ISLAND RED BARN THEATER PARK
Door County**

Water System Summary Information

Type: Transient Non-community
 Non-transient Population: 2
 Transient Population: 100
 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	1999 Well	NP543	Active	11/08/1999	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	136	15	6	136	VERMIN PROOF CAP	Yes

I. Is the source adequate (protection, physical components)?	Yes <input checked="" type="checkbox"/>	Comment: Well NP543 has a variance for 135' of casing
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) Variance for 135'</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>X <input type="checkbox"/> <input type="checkbox"/> Unused wells properly filled and sealed (NR 812.26)</p> <p>Yes No N/A Well Pit / Subsurface Pumphoom / Basement</p> <p><input type="checkbox"/> <input type="checkbox"/> X Not located in noncomplying pit or alcove? (Subsurface Pumphoom) (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>		

Sanitary Survey Checklist

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	No X	N/A	Deficiency: 1. Install and maintain vacuum breakers on threaded faucets for hose connections without built in anti-siphon devices. (pressure tank drain faucet)	Comments
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Element 6 - SYSTEM MANAGEMENT & COMPLIANCE

From Last Survey

	Description
Recommendation	Install the interior loose pump wiring in conduit the next time pump work is done.
Recommendation	Maintain vacuum breakers on threaded faucets for hose connections without built in anti-siphon devices

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	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
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

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.



June 19, 2015

PWS ID#: 31500106
 Washington Island Welcome Center

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 Welcome Center. 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 identified the following recommended actions to assure that your water system continues to provide safe drinking water in the future.

Recommendation	
1.	A well report has not been identified for the well that supplies the Welcome Center. The Department recommends the well depth and casing depth be measured the next time pump work is done to determine if the well complies with NR 812 well construction requirements. This information is useful for treating the well if it becomes contaminated.
2.	The casing height is 8 inches above the surrounding ground. This is a complying height for a well drilled prior to 1991. Current code requires a minimum of 12 inches above the surrounding grade. If work is done to the casing by a pump installer the Department recommends having a piece of casing welded on for additional protection from vermin and water that a higher height casing provides

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 without built in anti-siphon devices. Sites include the pressure tank drain faucet and wash basin. If vacuum breakers are removed for Winterization, replace the vacuum breaker in Spring when water use resumes.	07/31/2015

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 dedicated distribution sample faucet. A good sample faucet is stationary, metal, and accessible for flushing and collecting a sample.

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

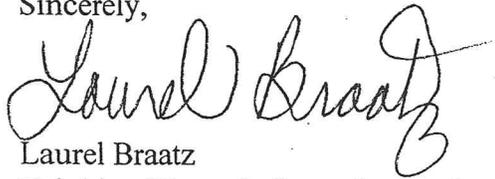
1. Install loose interior pump wiring in conduit the next time pump work is done.

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,



Laurel Braatz
Drinking Water & Groundwater Specialist

Encl. Survey Checklist

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WASHINGTON ISLAND WELCOME CENTER

Effective: June 15, 2015

COUNTY: Door

PWS ID: 31500106

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

WUWN: JF646
 WELL ADDRESS: 910 MAIN RD PO BOX 220, Washington Island,
 WI, 54246

SAMPLING FREQUENCY: Quarterly coliform, Annual Nitrate

Sampling sites for BACTERIA			
Site/Monitoring ID	Source Code	Sample Location Description	Faucet Type
W1	D	Pressure Tank Tap	Metal, Stationary, Smooth end, Downturned
W2	D	Wash basin	Metal, swivel, downturned— has vacuum breaker
<i>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.</i> <i>*Install a dedicated distribution sampling site the next time pump work is done.</i>			

*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
	W1	E	Pressure Tank Tap 
<i>Metal, Stationary, Smooth end, Downturned</i>			

Sampling site for TRIGGERED sample, RAW WATER sample, WELL sample			
EP ID	Site/ Monitoring ID	Source Code	Sample Location Description
	W1	W	Pressure Tank Tap 
<i>Metal, Stationary, Smooth end, Downturned</i>			
Comments			

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

31500106 - WASHINGTON ISLAND WELCOME CENTER
Door County

Water System Summary Information

Type: Transient Non-community
Non-transient Population: 3
Transient Population: 50
Season Dates: May - October

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	?	JF646	Active		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		8	6		VERMIN PROOF CAP	

I. Is the source adequate (protection, physical components)?	Yes	No	N/A	Recommendation:	Comments
	X			1. Measure the well casing and total depth to determine the well construction. The information may be helpful if water quality problems develop. 2. Well casing is only 8 inches above the surrounding grade. Current well code requires 12 inches above the surrounding grade.	
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)
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))

Sanitary Survey Checklist

III. Do all visible portions of the storage facilities meet NR 812 requirements? (NA if no storage) (NR 812.33)	Yes X
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Element 4 - TREATMENT

Treatment Summary Data

Source ID	Type	Treatment Description	DNR Approval date if required	Begin	End	Objective(s)	Comments
1	000	None		07/06/2000		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
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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	Recommendation: 1. Maintain vacuum breakers on threaded faucets for hose connections without built in anti-siphon devices. 2. Install a dedicated distribution sample site the next time pump work is done.	Comments
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Element 6 - SYSTEM MANAGEMENT & COMPLIANCE

From Last Survey

Recommendation	Description
Recommendation	Install the interior wiring in conduit the next time pump work is done.
Recommendation	Maintain vacuum breakers on threaded faucets for hose connections.
Recommendation	Measure the well casing and depth to determine the well construction

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	3			0			N
2013	3			0			N
2012	3			0			N
2011	3			0			N
2010	3			0			N
2009	2			1			N