

Appendix D

WATER FACILITIES INVENTORY AND WELL LOGS

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The following summary of Wells 2 and 3 is reprinted from “Wellhead Protection Study, Production Wells No. 1, 2 and 3, Gold Bar, Washington” prepared by GeoEngineers, October 1997.

Production Well No. 2

Production Well No. 2 was drilled and installed in July 1970 using drilling equipment owned by Story-Armstrong. The boring was drilled to a total depth of 361 feet below ground surface. Steel 8-inch-diameter casing was installed to a depth of 350 feet in the boring. The steel casing was perforated between depths of 13 feet and 18 feet. The well driller’s log of the boring indicates that a clay surface seal was installed around the upper 6 feet of the 10-inch diameter steel casing.

Static water level in the boring was measured at approximately 9.7 feet below grade on July 2, 1970 by the well driller. PW-2 was reported by the driller to be capable of producing approximately 110 gpm with approximately 4.8 feet of drawdown after 4 hours of pumping. A copy of the Water Well Report completed by the well driller for PW-2 is presented in Figure 4.

Production Well No. 3

Information provided by Mr. Dave Schmidt of the City indicates that PW-3 was drilled in the early to mid-1970s to a total depth of approximately 25 feet below existing grade. The well is completed at the surface as a 10-inch-diameter steel casing. It is likely that PW-3 is completed in a manner similar to PW-1. The depth to static water level in PW-3 was approximately 10.4 feet on August 7, 1997. No Water Well Report for this well could be found in Ecology’s files.

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WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1
 Updated: 12/04/2012
 Printed: 10/8/2013

WFI Printed For: On-Demand
 Submission Reason: No Change

RETURN TO: Northwest Regional Office, 20425 72nd Ave S STE 310, Kent, WA, 98032

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
28300 Y	GOLD BAR, CITY OF	SNOHOMISH	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS	7. OWNER NAME & MAILING ADDRESS	8. Owner Number 002182
JOHN L. LIGHT [PW DIRECTOR] 107 5TH ST GOLDBAR, WA 98251	GOLD BAR, CITY OF JOHN L. LIGHT 107 5TH ST GOLD BAR, WA 98251	TITLE: PW DIRECTOR
STREET ADDRESS IF DIFFERENT FROM ABOVE	STREET ADDRESS IF DIFFERENT FROM	
ATTN ADDRESS CITY STATE ZIP	ATTN ADDRESS CITY STATE ZIP	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (360) 793-1101	Owner Daytime Phone: (360) 793-1101
Primary Contact Mobile/Cell Phone: (425) 238-4649	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (xxx) xxx-xxxx	Owner Evening Phone: (xxx) xxx-xxxx
Fax: E-mail: XXXXXX	Owner Fax Phone: E-mail: XXXXXX

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)

Not applicable (Skip to #12)

Owned and Managed SMA NAME: _____ SMA Number: _____

Managed Only

Owned Only

12. WATER SYSTEM CHARACTERISTICS (mark all that apply)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input checked="" type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> School
<input checked="" type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input checked="" type="checkbox"/> Food Service/Food Permit	<input checked="" type="checkbox"/> Lodging	<input checked="" type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input checked="" type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input checked="" type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	600,000

15 Source Number	16 SOURCE NAME LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SFATTI E	17 INTERTIE SYSTEM ID NUMBER	18 SOURCE CATEGORY										19 USE	21 TREATMENT					22 DEPTH	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION					
			WELL	WELL FIELD	WELL IN A WELL	SPRING	SPRING IN SPRING FIELD	SEA WATER	SURFACE WATER	RANNEY / INF.	OTHER	PERMANENT		SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION			FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	1/4, 1/4 SECTION
S01	WELL #1				X										X						18	307	NE NW	06	27N	09E
S02	WELL #2			X											X						18	20	NE NW	06	27N	09E
S03	WELL #3		X								X		Y	X							18	195	NE NW	06	27N	09E
S04	WELL #4		X								X		Y	X							674	410	NE SW	05	27N	09E
S05	WELLS #1&2			X									X	Y	X						18	522	NE NW	06	27N	09E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID 28300 Y	2. SYSTEM NAME GOLD BAR, CITY OF	3. COUNTY SNOHOMISH	4. GROUP A	5. TYPE Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	685	900
A. Full Time Single Family Residences (Occupied 180 days or more per year)	655		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	7		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	30		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	46	46	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	3	3	0
28. TOTAL SERVICE CONNECTIONS		734	900

29. FULL-TIME RESIDENTIAL POPULATION	
A. How many residents are served by this system 180 or more days per	2200

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?	450	450	450	450	450	450			450	450	450	450
B. How many days per month are they present?	20	20	20	20	20	20			20	20	20	20

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	3	3	3	3	3	3	2	2	3	3	3	3

35. Reason for Submitting WFI:

Update - Change
 Update - No Change
 Inactivate
 Re-Activate
 Name Change
 New System
 Other _____

<p>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>PRINT NAME: _____</p> <p>TITLE: _____</p>
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