

Appendix H

COLIFORM MONITORING PLAN

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## Coliform Monitoring Plan for: City of Gold Bar

### A. System Information

Water System Name City of Gold Bar	County Snohomish	System I.D. Number 28300 Y
Attach copy of current WFI	Attached	
Number of Routine Samples Required Monthly by Regulation: 3	Number of Sample Sites Needed to Represent the Distribution System: 6	

### B. Routine and Repeat Sample Locations

Location/Address for <u>Routine</u> Sample Sites	Location/Address for <u>Repeat</u> Sample Sites
<b>X1. 715 Croft Ave. W, Sample Station</b>	<b>1-1. 715 Croft Ave. W, Sample Station</b>
	<b>1-2. 529 Croft Ave. W, hose bib (us)</b>
	<b>1-3. 114 Nugget Rd., hose bib (ds)</b>
	<b>1-4. Storage tank sample station</b>
<b>X2. 40507 SR-2, Sample Station</b>	<b>2-1. 40507 SR-2, Sample Station</b>
	<b>2-2. 104 13<sup>th</sup> St., hose bib (us)</b>
	<b>2-3. 40501 SR-2, Sample Station(ds)</b>
	<b>2-4. Storage tank sample station</b>
<b>X3. 501 Lewis St., inside sink</b>	<b>3-1. 501 Lewis St., inside sink</b>
	<b>3-2. 208 5<sup>th</sup> St., hose bib (us)</b>
	<b>3-3. 527 Orchard Ave., hose bib (ds)</b>
	<b>3-4. Storage tank sample station</b>

<b>X4. 818 Evergreen Way., hose bib</b>	<b>4-1. 818 Evergreen Way., hose bib</b>
	<b>4-2. 800 Evergreen Way., hose bib (us)</b>
	<b>4-3. 911 Timber Lane., hose bib (ds)</b>
	<b>4-4. Storage tank sample station</b>
<b>X5. 508 1<sup>st</sup>. Ave. W., hose bib</b>	<b>5-1. 508 1<sup>st</sup> Ave. W., hose bib</b>
	<b>5-2. 504 1<sup>st</sup> Ave. W., hose bib (us)</b>
	<b>5-3. 520 1<sup>st</sup>. Ave. W., hose bib (ds)</b>
	<b>5-4. Storage tank sample station</b>
<b>X6. 505 Croft Ave., inside sink</b>	<b>6-1. 505 Croft Ave., inside sink</b>
	<b>6-2. 309 Croft Ave., hose bib (us)</b>
	<b>6-3. 529 Croft Ave., hose bib (ds)</b>
	<b>6-4. Storage tank sample station</b>

(us) upstream site, (ds) downstream site

**C. Routine Sample Rotation Schedule**

Month	Routine Site(s)	Month	Routine Site(s)
January	X1; X2; X3	July	X1; X2; X3
February	X4; X5; X6	August	X4; X5; X6
March	X1; X2; X3	September	X1; X2; X3
April	X4; X5; X6	October	X4; X5; X6
May	X1; X2; X3	November	X1; X2; X3
June	X4; X5; X6	December	X4; X5; X6

**D. Month Following Unsatisfactory Samples**

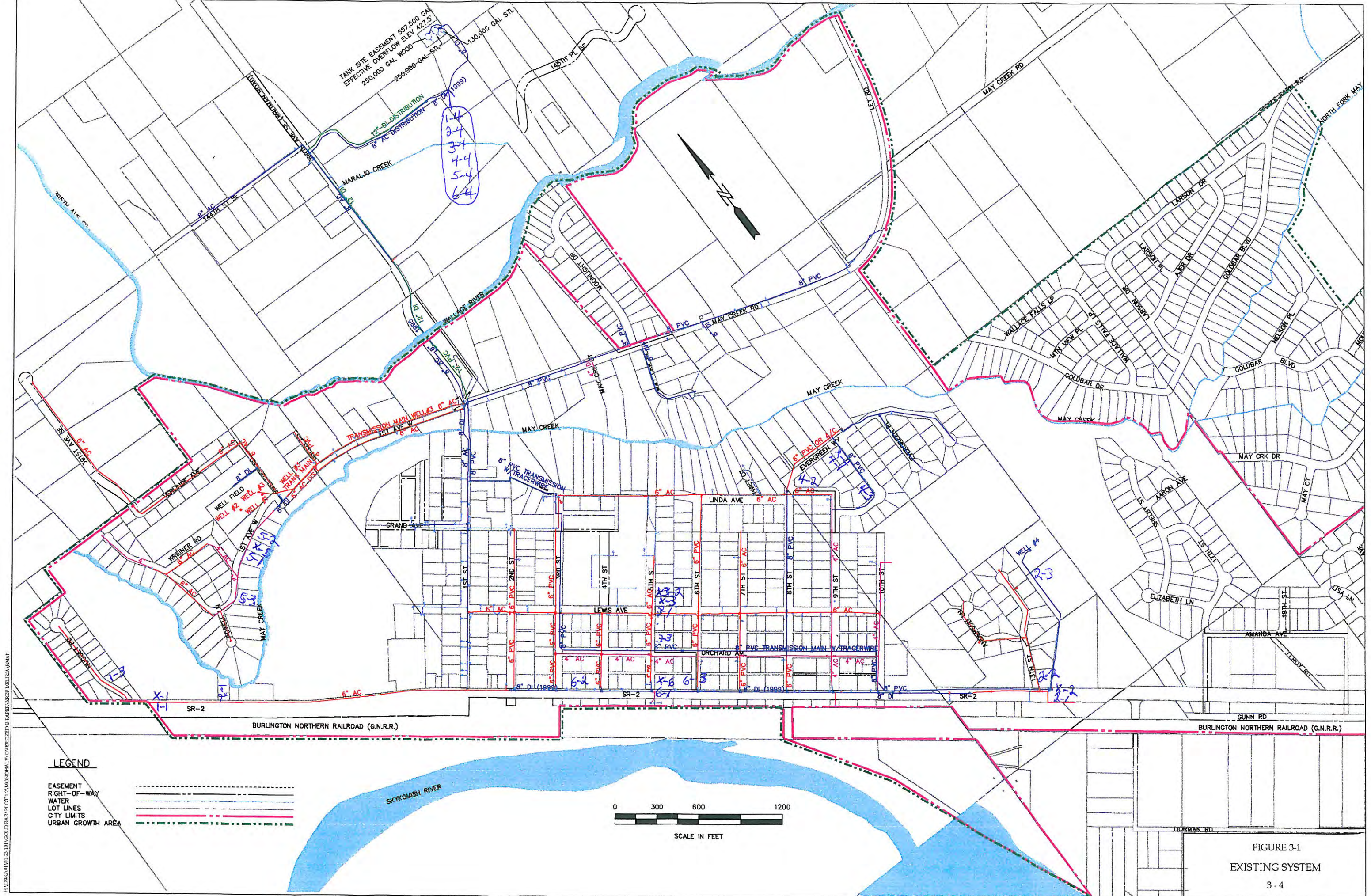
Regulations require a minimum of 5 routine samples in the month following an unsatisfactory routine sample. For the month following an unsatisfactory sample the City will collect a total of 8 routine samples. These sites will consist of all 6 identified routine sampling sites plus Well #3 and Well #4.

**E. Preparation Information**

System Name City of Gold Bar	Date Plan Completed January 15, 2013	Dates Modified
Name of Plan Preparer: John Light    Position: Director of public Works		Daytime Phone # (360)793-1101
State Reviewer		Date Last Review

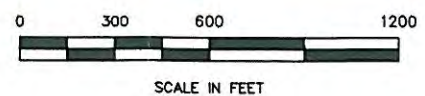
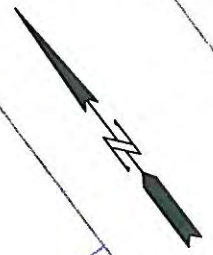
**F. System Map: Attached**

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TANK SITE EASEMENT 557,500 GAL  
EFFECTIVE OVERFLOW ELEY 427.5'  
250,000 GAL WOOD  
250,000 GAL STA

1-4  
2-4  
3-4  
4-4  
5-4  
6-4



**LEGEND**

- EASEMENT
- RIGHT-OF-WAY
- WATER
- LOT LINES
- CITY LIMITS
- URBAN GROWTH AREA

FIGURE 3-1  
EXISTING SYSTEM

11/15/2011 10:25 AM LOCAL BARRY DOT 12 MONOHALF COVERED BY PAPERLIFE MELISSA BMAP







# 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)
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only

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

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	SECTION NUMBER
S01	WELL #1														X		X					18	307	NE NW	06	27N	09E
S02	WELL #2					X									X		X					18	20	NE NW	06	27N	09E
S03	WELL #3																X					18	195	NE NW	06	27N	09E
S04	WELL #4																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

<b>1. SYSTEM ID</b> 28300 Y	<b>2. SYSTEM NAME</b> GOLD BAR, CITY OF	<b>3. COUNTY</b> SNOHOMISH	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	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		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
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		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
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
<b>28. TOTAL SERVICE CONNECTIONS</b>		734	900

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

<b>30. PART-TIME RESIDENTIAL POPULATION</b>	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?												

<b>31. TEMPORARY &amp; TRANSIENT USERS</b>	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?												

<b>32. REGULAR NON-RESIDENTIAL USERS</b>	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

<b>33. ROUTINE COLIFORM SCHEDULE</b>	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><b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b></p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>PRINT NAME: _____</p> <p>TITLE: _____</p>
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<u>WS ID</u>	<u>WS Name</u>
28300	GOLD BAR, CITY OF

**Total WFI Printed: 1**

