

**MANCHESTER WATER DISTRICT**  
**Resolution No. 2025-09**

**A RESOLUTION AMENDING THE DISTRICT COLIFORM MONITORING PLAN**

**WHEREAS**, Chapter 246-290 WAC requires that all Group A water systems collect samples for coliform bacteria analysis from the distribution system and all sources of supply; and

**WHEREAS**, WAC 246-290-300(b)(i), requires Group A water systems to develop and update a written coliform monitoring plan (CMP) that identifies sampling sites and a sample collection schedule that are representative of water throughout the distribution system; and

**WHEREAS**, a Coliform Monitoring Plan requires nine (9) parts;

- System Information and Plan Preparation Information
- Laboratory Information
- Wholesaling of Groundwater
- Routine, Repeat, and Triggered Source Sample Information
- Reduced Triggered Source Monitoring Justification
- Routine Sample Rotation Schedule
- Level 1 and Level 2 Assessment Contact Information
- E. coli-Present Sample Response Plan
- System Map; and

**WHEREAS**, a coliform monitoring plan helps ensure;

- compliance of regulations
- routine distribution sampling
- repeat and triggered samples in case routine samples indicate a possible water quality problem
- guidance so that more than one person associated with the water system knows where and how to collect coliform samples, and
- water quality surveillance; and

**WHEREAS**, on March 8, 2017, District staff updated the previous Coliform Monitoring Plan; and

**WHEREAS**, on February 22, 2025, District management reviewed and determined modifications to the Coliform Monitoring Plan were needed; and

**WHEREAS**, during review and updating of the District's Coliform Monitoring Plan, staff confirmed the required nine (9) parts of a Coliform Monitoring Plan have been met; and


**NOW, THEREFORE BE IT RESOLVED** that the Board of Commissioners of the Manchester Water District hereby adopt the amended Coliform Monitoring Plan, attached hereto as Exhibit A.

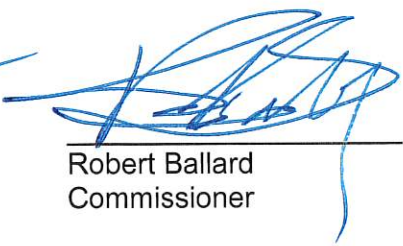
**THIS RESOLUTION** was duly considered and approved by the Manchester Water District Board of Commissioners in a regularly scheduled open public meeting on May 13, 2025.

1. **Ratification.** Any act consistent with the authority granted pursuant to this Resolution occurring prior to the effective date of this Resolution is hereby ratified and affirmed; and
2. **Severability.** The provisions of this Resolution are declared separate and severable. The invalidity of any clause, sentence, paragraph, subdivision, section or portion of this resolution or the invalidity of the application thereof to any person or circumstances, shall not affect the validity of the remainder of the resolution, or the validity of its application to other persons or circumstances; and
3. **Effective Date.** This resolution shall become effective immediately upon adoption and signature as provided by law.

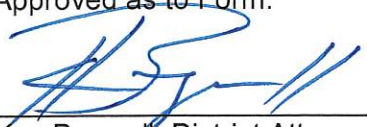
ADOPTED by the Manchester Water District Board of Commissioners on May 13, 2025.

\_\_\_\_\_  
Steve Pedersen  
Board Chair

  
\_\_\_\_\_  
James E. Strode  
Secretary

  
\_\_\_\_\_  
Robert Ballard  
Commissioner

Approved as to Form:

  
\_\_\_\_\_  
Ken Bagwell, District Attorney



# Coliform Monitoring Plan

Updated May 13, 2025

# Coliform Monitoring Plan for: Manchester Water District

## A. System Information

Plan Date: 5/13/2025

<b>Water System Name</b> Manchester Water District	<b>County</b> Kitsap	<b>System I.D. Number</b> 507002
<b>Name of Plan Preparer</b> Tony Lang	<b>Position</b> General Manager	<b>Daytime Phone</b> 360-871-0500
<b>Sources:</b> DOH Source Number, Source Name, Well Depth, Pumping Capacity	S01 – Well 1, 114 ft., 250 gpm (Perm.) S02 – Well 2, 95 ft., 180 gpm (Perm.) S04 – Well 4, 436 ft., 50 gpm (Seasonal/Emergency) S06 – Well 6, 479 ft., 350 gpm (Perm.) S07 – Well 7, 476 ft., 250 gpm (Perm.) S09 – Well 9, 303 ft., 650 gpm (Seasonal - Summer) S10 – Well 10, 359 ft., 280 gpm (Perm.) S11 – Well 11, 277 ft., 70 gpm (Perm.) S14 – Garfield WF (S06,S07), 476 ft., 600 gpm (Perm.) S15 – Well 5R, 236 ft., 250 gpm (Seasonal - Winter)	
<b>Storage:</b> List and Describe	Banner Tank – 0.2 MG Tank California Ave. #1 – 0.45 MG Tank California Ave. #2 – 1.9 MG Tank Cedar Ave. – 0.25 MG Tank Sedgwick Road – 0.5 MG Tank	

<b>Treatment:</b> Source Number & Process	S01 – Chlorination w/o 4-log virus treatment S02 – Chlorination w/o 4-log virus treatment S04 – Chlorination w/o 4-log virus treatment S06 – Chlorination w/o 4-log virus treatment S07 – Chlorination w/o 4-log virus treatment S09 – Chlorination w/o 4-log virus treatment S10 – Chlorination w/o 4-log virus treatment S11 – Chlorination w/o 4-log virus treatment S14 – Chlorination w/o 4-log virus treatment S15 – Chlorination w/o 4-log virus treatment	
<b>Pressure Zones</b>	North 430 Zone South 430 Zone North 277 Zone South 277 Zone 242 Zone 223 Zone 215 Zone	
<b>Population by Pressure Zone</b>	North 430 Zone – 4,246 people South 430 Zone – 725 people North 277 Zone – 1,614 people South 277 Zone – 1,968 people 242 Zone – <20 people 223 Zone – <20 people 215 Zone – 60 people	
<b>Number of Routine Samples Required Monthly by Regulation</b>	10	
<b>Number of Sample Sites Needed to Represent the Distribution System</b>	10	
<b>*Request DOH Approval of Triggered Source Monitoring Plan?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

#### B. Laboratory Information

<b>Laboratory Name</b> Spectra Laboratories	Office Phone: 360-779-5141 After Hours Phone: 360-779-5141
<b>Address</b> 26276 Twelve Trees Ln. Poulsbo, WA 98370	<b>Project Manager:</b> Jessica Donaldson <b>Phone:</b> 360-779-5141 Ext 1 <b>Email:</b> jessicad@spectra-lab.com
<b>Hours of Operation:</b> Monday – Friday 8:00 AM -5:00 PM	
<b>Contact Name:</b> Jessica Donaldson	
<b>Emergency Laboratory Name</b> Spectra Laboratories	<b>Office Phone</b> 360-779-5141
<b>Address</b> 26276 Twelve Trees Ln. Poulsbo, WA 98370	<b>Email</b> JasonP@Spectra-Lab.com

<b>Hours of Operation:</b> Monday – Friday 8:00 AM - 5:00 PM
<b>Contact Name:</b> Jason Patrick

**C. Wholesaling of Groundwater**

	<b>Yes</b>	<b>No</b>
<b>We are a consecutive system and purchase groundwater from another water system.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>We sell groundwater to other public water systems.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**D. Routine, Repeat, and Triggered Source Sample Locations\***

<b>Location/Address for Routine Sample Sites</b>	<b>Location/Address for Repeat Sample Sites</b>	<b>Groundwater Sources for Triggered Sample Sites**</b>
<b>A-1. EPA Lab</b>	Repeat Upstream Downstream	EPA Lab 7257 Beach 7411 Beach All Active Sources
<b>A.2. 8674 E. Caraway Rd</b>	Repeat Upstream Downstream	8674 E. Caraway Rd. 8670 E. Caraway Rd 8682 E. Caraway Rd. All Active Sources
<b>A-3. 7194 Polk</b>	Repeat Upstream Downstream	7194 Polk 965 California 7195 Polk All Active Sources
<b>A-4. 4031 Stohlton</b>	Repeat Upstream Downstream	4031 Stohlton 4037 Stohlton 3990 Southworth All Active Sources
<b>A-5. 4400 Harper Hill</b>	Repeat Upstream Downstream	4400 Harper Hill 4408 Harper Hill 4233 Harper Hill All Active Sources
<b>A-6. 8003 Main</b>	Repeat Upstream Downstream	8003 Main 2380 Spring 7936 Main All Active Sources
<b>A-7. 2282 California</b>	Repeat Upstream Downstream	2282 California 2334 Virginia 2283 California All Active Sources
<b>A-8. 3166 Alaska</b>	Repeat Upstream Downstream	3166 Alaska 7605 Idaho 7597 Montana All Active Sources
<b>A-9. 10566 Sedgwick</b>	Repeat Upstream Downstream	10566 Sedgwick 10554 Sedgwick 11200 Sedgwick All Active Sources
<b>A-10. 4739 Westway Dr</b>	Repeat Upstream Downstream	4739 Westway Dr 4749 Westway Dr 4729 Westway Dr All Active Sources
<b>B-1. EPA Lab</b>	Repeat Upstream Downstream	EPA Lab 7257 Beach 7411 Beach All Active Sources
<b>B-2. 2189 Nubling</b>	Repeat Upstream Downstream	2189 Nubling 8098 Spruce 2229 Nubling All Active Sources
<b>B-3. 7433 Mile Hill</b>	Repeat Upstream Downstream	7433 Mile Hill 7343 Mile Hill 1490 Alaska All Active Sources
<b>B-4. 11150 Tola</b>	Repeat Upstream Downstream	11150 Tola 11177 Tola 11113 Tola All Active Sources
<b>B-5. 10193 Sedgwick</b>	Repeat Upstream Downstream	10193 Sedgwick 10089 Sedgwick 10384 Sedgwick All Active Sources
<b>B-6. 2334 Yukon Harbor</b>	Repeat	2334 Yukon Harbor All Active Sources

	Upstream	7335 Southworth	
	Downstream	2333 Yukon Harbor	
<b>B-7. 2847 Banner Rd</b>	Repeat	2847 Banner Rd	All Active Sources
	Upstream	2855 Banner Rd	
	Downstream	8140 Southworth Dr	
<b>B-8. 1860 California</b>	Repeat	1860 California	All Active Sources
	Upstream	1888 California	
	Downstream	1830 California	
<b>B-9. Harper Park</b>	Repeat	Harper Park	All Active Sources
	Upstream	10212 Southworth Dr	
	Downstream	9934 Scatterwood	
<b>B-10. 4530 Arvick</b>	Repeat	4530 Arvick	All Active Sources
	Upstream	4565 Arvick	
	Downstream	4525 Arvick	

**\*\* When you collect the repeats, you must sample every groundwater source that was in use when the original routine sample was collected based on SCADA historical data.**

Important Notes for Sample Collector:

1. Collect samples early in the month and early in the week.
2. Do not collect sample(s) in a week when there is a holiday or when a key staff member is on vacation.
3. If a sample site is no longer a good sample site, substitute an acceptable site in the same area. If the condition change cannot be resolved, choose a permanent new sample site and update this CMP.
4. Always review the lab results for your coliform samples.

**E. Reduced Triggered Source Monitoring Justification (add sheets as needed): Not Requested**

**F. Routine Sample Rotation Schedule**

Month	Routine Site(s)	Month	Routine Site(s)
January	B	July	B
February	A	August	A
March	B	September	B
April	A	October	A
May	B	November	B
June	A	December	A

**G. Level 1 and Level 2 Assessment Contact Information**

<b>Name</b> Tony Lang (WDM3, CCS, WTPO1) (Cert. #13001)	<b>Office Phone</b> 360-871-0500 <b>After Hours Phone</b> 360-900-6472
<b>Address</b> Manchester Water District PO Box 98 Manchester, WA 98353	<b>Email</b> tlang@manchesterwater.org
<b>Name</b> Cody Hodge, Operations Foreman (WDM3, CCS, WTPO1-OIT) (Cert. #14940)	<b>Office Phone</b> 360-871-0500 <b>After Hours Phone</b> 360-360-337-9435
<b>Address</b> Manchester Water District PO Box 98 Manchester, WA 98353	<b>Email</b> chodge@manchesterwater.org

#### H. *E. coli*-Present Sample Response

Distribution System <i>E. coli</i> Response Checklist				
Background Information	Yes	No	N/A	To Do List
We inform staff members about activities within the distribution system that could affect water quality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We document all water main breaks, construction & repair activities, and low pressure and outage incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can easily access and review documentation on water main breaks, construction & repair activities, and low pressure and outage incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Cross-Connection Control Program is up-to-date.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We test all cross-connection control devices annually as required, with easy access to the proper documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We routinely inspect all treatment facilities for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We identified one or more qualified individuals who are able to conduct a Level 2 assessment of our water system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have procedures in place for disinfecting and flushing the water system if it becomes necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can activate an emergency intertie with an adjacent water system in an emergency.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a map of our service area boundaries.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have consumers who may not have access to bottled or boiled water.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a sufficient supply of bottled water immediately available to our customers who are unable to boil their water.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have identified the contact person at each day care, school, medical facility, food service, and other customers who may have difficulty responding to a Health Advisory.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have messages prepared and translated into different languages to ensure our consumers will understand them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have the capacity to print and distribute the required number of notices in a short time period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Direction	Yes	No	N/A	To Do List
We have discussed the issue of <i>E. coli</i> -present sample results with our policy makers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If we find <i>E. coli</i> in a routine distribution sample, the policy makers want to wait until repeat test results are available before issuing advice to water system customers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cont.)

Distribution System <i>E. coli</i> Response Checklist				
Potential Public Notice Delivery Methods	Yes	No	N/A	To Do List
It is feasible to deliver a notice going door-to-door.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a list of all of our customers' addresses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a list of customer telephone numbers or access to a Reverse 9-1-1 system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a list of customer email addresses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We encourage our customers to remain in contact with us using social media.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have an active website we can quickly update to include important messages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our customers drive by a single location where we could post an advisory and expect everyone to see it.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We need a news release to supplement our public notification process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

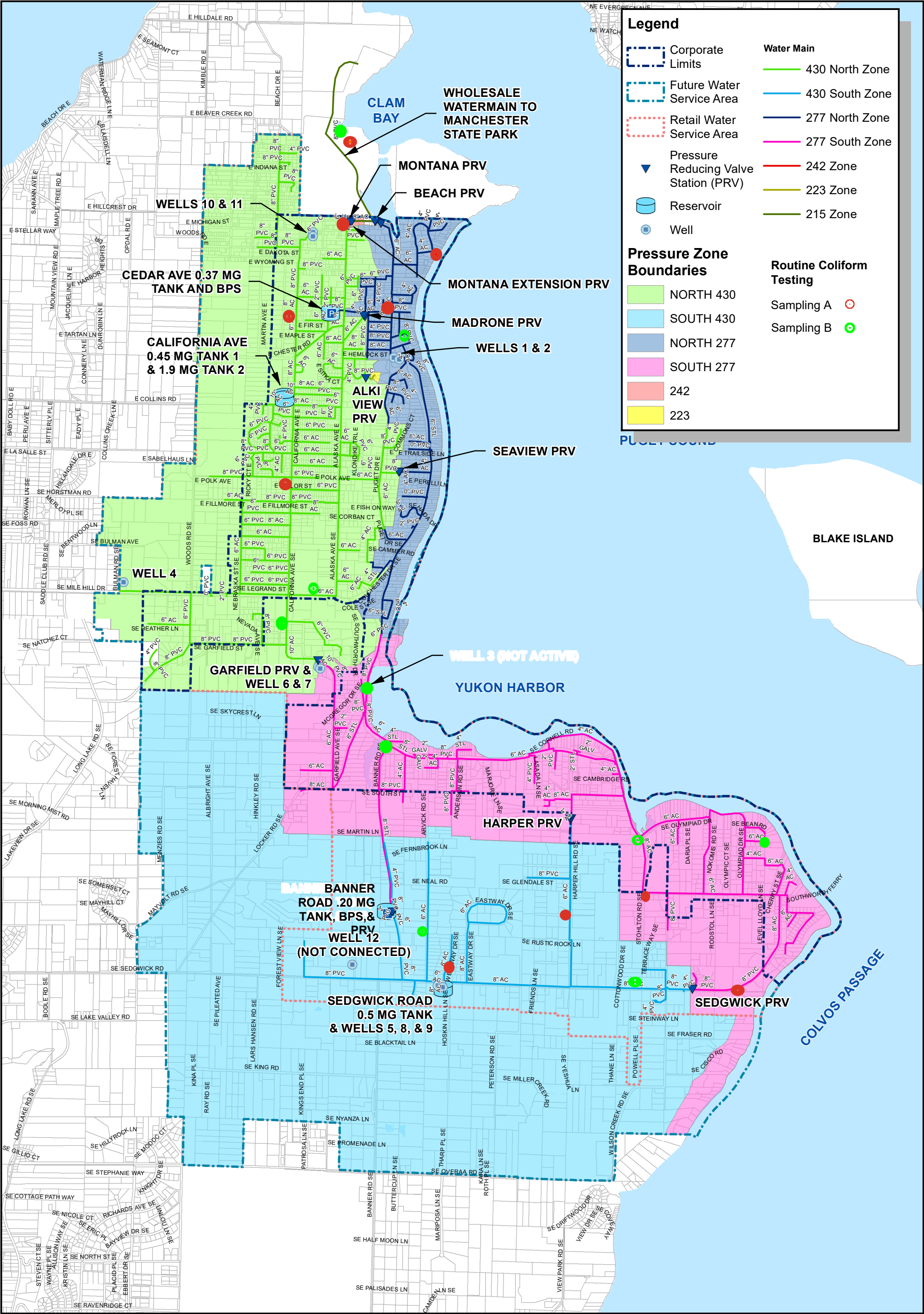
Distribution System <i>E. coli</i> Response Plan
<p><b>If we have <i>E. coli</i> in our distribution system we will immediately:</b></p> <ol style="list-style-type: none"><li>1. Call DOH. Kacie Seyfert (564-669-0844)</li><li>2. Collect repeat and triggered source samples per Part D. Collect additional investigative samples as necessary.</li><li>3. Inspect our water system facilities, including treatment plants, for proper operation.</li><li>4. Interview staff to determine whether anything unusual was happening in the water system service area, especially since the previous month's samples.</li><li>5. Review new construction activities, water main breaks, and pressure outages that may have occurred during the previous month.</li><li>6. Review Cross-Connection Control Program status.</li><li>7. Discuss with DOH whether to issue a Health Advisory based on the findings of steps 3-6. If necessary, issue the HA.</li><li>8. Wait for repeat sample results.</li><li>9. Respond appropriately to the repeat results:<ul style="list-style-type: none"><li>• If repeats are all satisfactory, lift HA if one was issued.</li><li>• If any repeat is unsatisfactory, issue HA if not already issued. Host DOH for an inspection and respond accordingly to inspection findings.</li></ul></li></ol>

<b><i>E. coli</i>-Present Triggered Source Sample Response Checklist – All Sources</b>				
<b>Background Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
We review our sanitary survey results and respond to any recommendations affecting the microbial quality of our water supply.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We address any significant deficiencies identified during a sanitary survey.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are contaminant sources within our Wellhead Protection Area that could affect the microbial quality of our source water, and If yes, we can eliminate them.	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
We routinely inspect our well site(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a good raw water sample tap installed at each source.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After we complete work on a source, we disinfect the source, flush, and collect an investigative sample.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Public Notice</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
We discussed the requirement for immediate public notice of an <i>E. coli</i> -present source sample result with our water system's governing body (Board of Commissioners) and received direction from them on our response plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We discussed the requirement for immediate public notice of an <i>E. coli</i> -present source sample result with our wholesale customers and encouraged them to develop a response plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We have prepared templates and a communications plan that will help us quickly distribute our messages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><i>E. coli</i>-Present Triggered Source Sample Response Checklist – All Sources</b>				
<b>Alternate Sources</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
We can stop using this source and still provide reliable water service to our customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have an emergency intertie with a neighboring water system that we can use until corrective action is complete (perhaps for several months).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can provide bottled water to all or part of the distribution system for an indefinite period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can quickly replace our existing source of supply with a more protected new source.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Temporary Treatment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>To Do List</b>
This source is continuously chlorinated, and our existing facilities can provide 4-log virus treatment (CT = 6) before the first customer. If yes, at what concentration? _____ mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We can quickly introduce chlorine into the water system and take advantage of the existing contact time to provide 4-log virus treatment to a large portion of the distribution system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We can reduce the production capacity of our pumps or alter the configuration of our storage quantities (operational storage) to increase the amount of time the water stays in the system before the first customer to achieve CT = 6.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We can alter the demand for drinking water (maximum day or peak hour) through conservation messages to increase the time the water is in the system prior to the first customer in order to achieve 4-log virus treatment with chlorine.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Note:** Because Manchester Water District has multiple sources, and the ability to move water throughout different pressure zones, we are not dependent on any single source. In the event of an *E.coli*-Present Triggered Source Sample result the source in question can be taken out of service until the source of contamination is determined and corrected.

<b><i>E. coli</i>-Present Triggered Source Sample Response Plan – All Sources</b>
<p><b>If we have <i>E. coli</i> in <u>Any Source</u> water we will immediately:</b></p> <ol style="list-style-type: none"> <li>1. Call DOH. Kacie Seyfert (564.669.0844)</li> <li>2. Take the source out of service.</li> <li>3. Distribute required notice.</li> <li>4. Perform compliance monitoring at the entry point to the distribution system.</li> <li>5. Ask DOH to review our Contact Time analysis and acknowledge that we provide 4-log virus treatment before the first customer.</li> </ol>



\*Repeat samples taken within 5 active services upstream and downstream of the sampling location in accordance with the Table in Part D of the CMP

0 600 1,200 2,400 Feet

