

Appendix A
Water Facilities Inventory

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WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1
 Updated: 11/16/2018
 Printed: 12/3/2018
 WFI Printed For: On-Demand
 Submission Reason: Pop/Connect Update



ONE FORM PER SYSTEM

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822

1. SYSTEM ID NO. 40900 9	2. SYSTEM NAME SAMMAMISH PLATEAU WATER & SEWER	3. COUNTY KING	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS SCOTT JONAS [OPERATIONS MGR.] 1510 228TH AVE SE SAMMAMISH, WA 98075	7. OWNER NAME & MAILING ADDRESS SAMMAMISH PLATEAU WATER&SEWER DIST. SCOTT JONAS 1510 228TH AVE SE SAMMAMISH, WA 98075	8. OWNER NUMBER: 003007 OPERATIONS MGR.
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (425) 392-4931 x207	Owner Daytime Phone: (425) 392-4931 x207
Primary Contact Mobile/Cell Phone: (425) 495-6528	Owner Mobile/Cell Phone: (425) 495-6528
Primary Contact Evening Phone: (xxx)-xxx-xxxx	Owner Evening Phone: (xxx)-xxx-xxxx
Fax: (425) 391-5389 E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (425) 391-5389 E-mail: xxxxxxxxxxxxxxxxxxxxxx

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 checked="" type="checkbox"/> Hospital/Clinic <input checked="" type="checkbox"/> Industrial <input checked="" 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 type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input type="checkbox"/> Private <input checked="" type="checkbox"/> Special District <input type="checkbox"/> State	22,900,000

- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES -

WATER FACILITIES INVENTORY (WFI) FORM - Continued

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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?)		21661	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	15902		
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	1051		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	5759		
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)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	845	845	
28. TOTAL SERVICE CONNECTIONS		22506	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 54468

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?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
* Requirement is exception from WAC 246-290	60	60	60	60	60	60	60	60	60	60	60	60

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)			

35. Reason for Submitting WFI:

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

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

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