# Appendix A Water Facilities Inventory

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# Washington State Department of Health Division of Environmental Health Office of Drinking Water

2. SYSTEM NAME

1. SYSTEM ID NO.

#### WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1

Updated: 11/16/2018 Printed: 12/3/2018

WFI Printed For: On-Demand Submission Reason: Pop/Connect

4. GROUP

Update

5. TYPE

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

3. COUNTY

40900 9	SAMMAMISH PLATEAU WA	ATER & SEWER	KING		A Comm								
6. PRIMARY CONTACT	T NAME & MAILING ADDRESS		7. OWNER NAME & N	MAILING ADDRESS	8. OWNER NUMBER: 003007								
1510 228	JONAS [OPERATIONS MGR.] BTH AVE SE MISH, WA 98075		DIST. SCOTT JONAS 1510 228TH AVE SE	SCOTT JONAS									
STREET ADDRESS IF I	DIFFERENT FROM ABOVE		STREET ADDRESS IF	STREET ADDRESS IF DIFFERENT FROM ABOVE									
ATTN			ATTN										
ADDRESS			ADDRESS										
CITY	STATE ZIP		CITY	STATE ZIF	<b>D</b>								
9. 24 HOUR PRIMARY	CONTACT INFORMATION		10. OWNER CONTACT	10. OWNER CONTACT INFORMATION									
Primary Contact Daytime	e Phone: (425) 392-4931 x2	207	Owner Daytime Phone:	(425) 392-493	1 x207								
Primary Contact Mobile/	Cell Phone: (425) 495-6528		Owner Mobile/Cell Pho	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: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	κx	Fax: (425) 391-5389	E-mail: xxxxxxxxxxxx	XXXXXXXX								
	SEMENT AGENCY - SMA (chec	k only one)											
Not applicated Depth of the Communication of the Co	Managed nly	SMA NAME:		s	MA Number:								
12. WATER SYSTEM C	HARACTERISTICS (mark all th	at apply)											
☐ Agricultural ☐ Commercial / Bu ☐ Day Care ☐ Food Service/Fo ☐ 1,000 or more pe		×	Hospital/Clinic Industrial Licensed Residential Facility Lodging Recreational / RV Park		ry Farm Worker urch, fire station, etc.):								
13. WATER SYSTEM OV	VNERSHIP (mark only one)				14. STORAGE CAPACITY (gallons)								
☐ Association	☐ County	☐ Investor	<b>⊠</b> Spe	ecial District									
☐ City / Town	☐ Federal	☐ Private	☐ Stat	te	22,900,000								

- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES -

## WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
40900 9	SAMMAMISH PLATEAU WATER & SEWER	KING	А	Comm

15	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY									19 20 21 TREATMENT						22 23 DEPTH 23			24 SOURCE LOCATION						
Source Number	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: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	Well 1R		Х									Х			Υ		х		Χ			128	500	SW NE	10	24N	06E
S02	Well 2.1				X							Х			Υ		х	Х	Χ			96	500	NW SE	11	24N	06E
S03	InAct 08/06/2004 Well # 5		Х											Х	N		х					716	0	NW SW	34	25N	06E
S04	InAct 01/27/2009 Well #4		Х											Х	Υ	х						714	750	SW NW	34	25N	06E
S05	InAct 08/06/2004 Well #6		Х											Х	N	х						366	0	NE SE	32	25N	06E
S06	Well #7		Х									Х			Υ		х		Χ			83	2100	NE NE	28	24N	06E
S07	Well #8		Х									Х			Υ		х		Χ			105	3500	NE NE	28	24N	06E
S08	InAct 09/27/2004 Well #12		Х			Γ								х	N		х					100	0	NW SW	13	25N	07E
S09	InAct 03/20/2007 Well #13		Х									Х			Υ		х	Χ	Χ			865	170	SW NW	12	25N	06E
S10	InAct 07/14/2015 Well #14		Х										Х		Υ	Х						305	62.5	NE NW	24	25N	06E
S11	Well #10		Х			Τ					П	Х		T	Υ		х		Х			135	500	NE SW	11	24N	06E
S12	Well #11.2		Х									Х			Υ		х	Х	Χ			785	2000	NE NW	34	25N	06E
S13	Well #9		Х										Х		Υ		х		Χ			222	2300	SW NW	27	24N	06E
S14	Well 11.1		Х			Γ						Х			Υ		х	Х	Χ			409	500	NE NW	34	25N	06E
S15	Well 2.2 (2R) AAD383				x							Х			Υ		х	Х	Χ			150	500	NW SE	11	24N	06E
S16	Well 12R AEC911		Х									Х			Υ		х	Х	Χ			138	200	NW SW	13	25N	06E
S17	Well 4R AAS270		Х									Х			Υ		х	Х	Χ			657	1800	NW SW	34	25N	06E
S18	Wells 2.1 & 2.2			Х								Х			Υ		х	Х	Χ			96	500	NW SE	11	24N	06E
S19	AA374C/Cascade Water Alliance (2)	AA374 C										Х			Υ	х							0			00N	00E
S20	75265X/NE Sammamish (4)	75265 X			T	Γ						Х			N	х							0			00N	00E
S21	363505/Issaquah (2)	36350 5												Х	N	Х							0			00N	00E
S22	902603/Union Hill CVZ (2)	90260 3												х	N	х							0			00N	00E
S23	02055/Ames Lake CVZ (1)	02055 0												Х	N	х							0			00N	00E
S24	Well # 13R AAS174		Х									Х			Υ		х	Χ	Χ			795	200	SW NW	12	25N	06E

### WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. 0	COUNTY				4. GRO	UP	5. TYPE					
40900 9	SAMMAMISH PLATEAU WATER & SE	KIN	G				A	Ą	Comm					
	ACTI SERV CONNEC	ICE	DOH USE CALCUL ACTI CONNEC	LATED IVE	DOH USE ONLY! APPROVED CONNECTIONS									
25. SINGLE FAMILY RE				216	61	Unspecified								
A. Full Time Single Fami	ly Residences (Occupied 180 days or more				159	02								
B. Part Time Single Family Residences (Occupied less than 180 days per year) 0														
26. MULTI-FAMILY RES	IDENTIAL BUILDINGS (How many of the	following	g do you	have?)										
A. Apartment Buildings, o			108	51										
B. Full Time Residential	80 days/ye	ear	575	59										
C. Part Time Residential	ar	0												
27. NON-RESIDENTIAL	CONNECTIONS (How many of the follow	ving do y	ou have?	')										
A. Recreational Services a	and/or Transient Accommodations (Campsi	tes, RV si	tes, hotel/	/motel/ove	rnight unit	ts)		0		0	)			
B. Institutional, Commerc	ial/Business, School, Day Care, Industrial S	Services, e	etc.					84	5	84	5			
			28. 1	TOTAL SE	RVICE C	ONNECTI	ONS			225	06			
29. FULL-TIME RESIDEN	NTIAL POPULATION													
A. How many residents a	re served by this system 180 or more days	per year?			54468									
30. PART-TIME RESIDE	NTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
		07.114		III) (IX	7	10071	00.1	1002	7.00	02.			520	
A. How many part-time re	esidents are present each month?													
B. How many days per m														
31. TEMPORARY & TRA	ANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
	s, attendees, travelers, campers, patients to the water system each month?													
B. How many days per m	nonth is water accessible to the public?													
32. REGULAR NON-RES	SIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
	aycares, or businesses connected to your students daycare children and/or ch month?													
B. How many days per mo	onth are they present?													
33. ROUTINE COLIFORM	M SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	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							ANNU	JALLY		ON	ICE EVE	RY 3 YEARS		
(One Sample per source	by time period)													
35. Reason for Submitti										_				
Update - Change	□ Update - No Change □ Inact	ivate	∏Re-A	ctivate	☐ Nai	ne Chang	ıe □	New Syst	em [	Other				
36 I cartify that the inf	ormation stated on this WFI form is corre	act to the	hest of	ny knowi	edge									
55. Toertiny triat the INF	ormation stated on this WFI TOTH IS COFF	10 1116	, near Oil	ily KIIOWI	cuye.									
SIGNATURE:					DATE:									
PRINT NAME:	TITLE:													

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