

Appendix I. Water Facilities Inventory Form

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WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1
Updated: 05/09/2017
Printed: 1/12/2018

ONE FORM PER SYSTEM

WFI Printed For: On-Demand

Submission Reason: Pop/Connect Update

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

1. SYSTEM ID NO. 36350 5	2. SYSTEM NAME ISSAQUAH WATER SYSTEM	3. COUNTY KING	4. GROUP A	5. TYPE Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS BRET HEATH [MANAGER] PO BOX 1307 ISSAQUAH, WA 98027-1307		7. OWNER NAME & MAILING ADDRESS ISSAQUAH, CITY OF BRET HEATH PO BOX 1307 ISSAQUAH, WA 98027-1307		8. OWNER NUMBER: 002776
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) 837-3470		Owner Daytime Phone: (425) 837-3470		
Primary Contact Mobile/Cell Phone: (425) 677-4391		Owner Mobile/Cell Phone: (425) 677-4391		
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone: (xxx)-xxx-xxxx		
Fax: (425) 837-3479	E-mail: xxxxxxxxxxxxxxxxxxxx	Fax: (425) 837-3479	E-mail: xxxxxxxxxxxxxxxxxxxx	
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 checked="" type="checkbox"/> 1,000 or more person event for 2 or more days per year <input checked="" type="checkbox"/> Hospital/Clinic <input 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 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				12,664,000

- 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																
36350 5	ISSAQUAH WATER SYSTEM	KING										A	Comm																
15	16	17	18										19	20	21				22	23	24								
Source Number	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: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	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 # 1		X										X			Y		X					90	450	SW NE	27	24N	06E	
S02	WELL # 2		X										X			Y		X					82	1050	SW NE	27	24N	06E	
S03	InAct 11/23/1992 WELL #3		X												X	X							100	300	NE SE	34	24N	06E	
S04	WELL #4		X										X			Y		X	X		X		77	250	NW NE	28	24N	06E	
S05	WELL #5		X										X			Y		X			X		323	1150	NW NE	28	24N	06E	
S06	05575B/BELLEVUE	05575 B											X			Y	X							2500			00N	00E	
S07	05575B/BELLEVUE	05575 B											X			Y	X							2000			00N	00E	
S08	SAMMAMISH PLATEAU	40900 9													X	Y	X							425		SW NW	27	24N	06E
S09	SAMMAMISH PLATEAU	40900 9													X	Y	X							2800		SW NE	21	24N	06E
S10	AA374C/Cascade Water Alliance	AA374 C											X			Y	X							5780			00N	00E	

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 36350 5	2. SYSTEM NAME ISSAQUAH WATER SYSTEM	3. COUNTY KING	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?)		19233	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	6131		
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	943		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	13102		
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)	704	704	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	482	482	
28. TOTAL SERVICE CONNECTIONS		20419	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 29900

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?	9865	9865	9865	9865	9865	9865	9865	9865	9865	180000	9865	9865
B. How many days per month is water accessible to the public?	31	28	31	30	31	30	31	31	30	31	30	31

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?	990	990	990	990	990	990	115	115	990	990	990	990
B. How many days per month are they present?	21	19	21	22	17	20	22	22	20	23	18	7

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
* Requirement is exception from WAC 246-290	30	30	30	30	30	30	30	30	30	40	30	30

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: _____

<u>WS ID</u>	<u>WS Name</u>
36350	ISSAQUAH WATER SYSTEM

Total WFI Printed: 1