

Appendix H

WATER FACILITIES INVENTORY FORM



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1
Updated: 04/05/2018
Printed: 4/30/2018

ONE FORM PER SYSTEM

WFI Printed For: On-Demand

Submission Reason: Contact Update

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

1. SYSTEM ID NO. 41600 Y	2. SYSTEM NAME WOODINVILLE WATER DISTRICT	3. COUNTY KING	4. GROUP A	5. TYPE Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS DARCIE MCALISTER [MANAGER] PO BOX 1390 WOODINVILLE, WA 98072		7. OWNER NAME & MAILING ADDRESS WOODINVILLE WATER DISTRICT DARCIE MCALISTER PO BOX 1390 WOODINVILLE, WA 98072		8. OWNER NUMBER: 003014
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP		STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 17238 WOODINVILLE DUVALL RD CITY WOODINVILLE STATE WA ZIP 98072		
9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION		
Primary Contact Daytime Phone: (425) 487-4107		Owner Daytime Phone: (425) 487-4107		
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:		
Primary Contact Evening Phone:		Owner Evening Phone:		
Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (425) 483-0327	E-mail: xxxxxxxxxxxxxxxxxxxxxx	
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 checked="" 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 checked="" 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 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				14,870,000

- 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																					
41600 Y	WOODINVILLE WATER DISTRICT	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	SOURCE CATEGORY							USE	SOURCE METERED	TREATMENT			DEPTH	CAPACITY (GALLONS PER MINUTE)	SOURCE LOCATION									
			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	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET
S01	77050Y/ Seattle (9)	77050 Y										X								X		0			00N	00E
S02	40800 / Northshore (2-way)	40800 5											X	Y						X		0	NW NE	03	26N	05E
S03	07900 / Bothell (5, 2-way)	07900 L											X							X		0	NE NE	09	26N	05E
S04	71650 / Redmond (2, 2-way)	71650 B											X	Y						X		0	SW NW	22	26N	06E
S05	16270 / Cross Valley (2-way)	16270 F											X	N						X		0	SW SW	15	26N	05E
S06	Pre-Active 06/29/2015 Emergency Well		X										X	Y						X	75	130	SE SE	01	26N	05E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 41600 Y	2. SYSTEM NAME WOODINVILLE WATER DISTRICT	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?)		16498	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	12854		
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	281		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	3644		
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.	1124	1124	
28. TOTAL SERVICE CONNECTIONS		17622	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 48400

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	50	50	50	50	50	50	50	50	50	50	50	50

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>
41600	WOODINVILLE WATER DISTRICT

Total WFI Printed: 1