

APPENDIX A

Water Facilities Inventory



WATER FACILITIES INVENTORY (WFI)

RECEIVED JAN 18 2000

Read Instructions on back before completing

DATE PRINTED: 12/31/99
DATE UPDATED: 12/30/99

1. STEM ID NO. 409009	2. COUNTY KING	3. GROUP A	4. TYPE COMM	5. WRIA 8
3. SYSTEM NAME SAMMAMISH PLATEAU WATER & SEWER				
ADDITIONAL ROUTING INFO				
MAILING ADDRESS 1510 228TH AVE SE				
CITY ISSAQUAH		STATE WA	ZIP CODE 98029	
4. OWNER'S NAME (LAST, FIRST) SAMMAMISH PLATEAU WATER &			OWNER NO. 3007	
ADDITIONAL ROUTING INFO				
MAILING ADDRESS 1510 228TH AVE SE				
CITY ISSAQUAH		STATE WA	ZIP CODE 98029	
6. SYSTEM CONTACT PERSON RONALD E. LITTLE - MANAGER				
DAY TELEPHONE 425-392-6256		EVENING TELEPHONE		
6. OWNERSHIP (CHECK ONE ONLY)		7. PREDOMINANT CHARACTERISTIC (CHECK ONE ONLY)		
<input type="checkbox"/> PRIVATE: NON-PROFIT <input type="checkbox"/> PRIVATE: FOR-PROFIT <input checked="" type="checkbox"/> LOCAL GOVERNMENT (COUNTY / CITY / PUO / WATER DISTRICT) <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL		<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> BUSINESS/INDUSTRIAL / AGRICULTURAL / COMMERCIAL <input type="checkbox"/> LODGING / FOOD SERVICE <input type="checkbox"/> SCHOOL / DAY CARE <input type="checkbox"/> OTHER (CHURCHES, ETC.)		

8. SUBMITTED FOR		NEW SYSTEM	NO CHANGE	REACTIVATE
		SYSTEM NAME CHANGE*	UPDATE	DELETE
*OLD SYSTEM NAME - ENTER ONLY IF CHANGING WITH THIS WFI				
SYSTEMS SERVING ANY RESIDENTS (PEOPLE LIVING IN A DWELLING SERVED BY THE SYSTEM), COMPLETE THIS SECTION				
9. NUMBER ACTIVE RESIDENTIAL CONNECTIONS 12618		10. NUMBER ACTIVE RESIDENTIAL POPULATION 39,100		
SYSTEMS SERVING ANY NON-RESIDENTS (I.E., TRAVELERS, EMPLOYEES, STUDENTS, ETC.), COMPLETE THIS SECTION				
11. NUMBER NON-RESIDENTIAL CONNECTIONS				
12. ENTER AVERAGE DAILY NON-RESIDENTIAL POPULATION SERVED FOR EACH MONTH, MAKE ENTRY FOR EACH MONTH				
JAN	FEB	MAR	APR	MAY
JULY	AUG.	NOV.	DEC.	
13. DOES THE SYSTEM SERVE AT LEAST 25 OF THE SAME NON-RESIDENTS FOR 4 OR MORE DAYS PER WEEK FOR AT LEAST 180 DAYS PER YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
14. TOTAL NUMBER CONNECTIONS METERED 12,618		15. DISTRIBUTION RESERVOIR(S) TOTAL CAPACITY 13,185,000 GALLONS		

16. DOH SOURCE NUMBER	17. SOURCE NAME LIST UTILITY'S NAME FOR SOURCE IF SOURCE IS PURCHASED OR INTERIRED, LIST SELLER'S ID# AND NAME USING FOLLOWING FORMAT: XXXXX/NAME EXAMPLE: 77050Y/SEATTLE	18. SOURCE CATEGORY		19. USE	20.	21. TREATMENT		22. WELL DEPTH (FEET)	23. SOURCE CAPACITY (GPM)	24. SOURCE LOCATION				SWTR EVALUATION SQC EVALUATION			
		WELL	FIELD SURFACE SPRING			RANNEY / INF. GAL. INTERIE	PURCHASE-TREATED			PURCHASE-UNTREATED	PERMANENT	SEASONAL	EMERGENCY		SOURCE METHOD	NONE	CHLORINATION
S01	WELL 1	X				X	Y			134	500	SW/NE	10	24N	06E		
S02	WELL 2	X				X	Y			132	360	NW/SE	11	24N	06E		
S03	WELL # 5	X				X	Y	X		716		NW/SW	34	25N	06E		
S04	WELL # 4	X				X	Y	X		714	750	SW/NW	34	25N	06E		
S05	WELL 6	X				X	Y	X		366		NE/SE	32	25N	06E		
S06	WELL #7	X				X	Y		X	150	2,000	NE/NE	28	24N	06E		
S07	WELL #8	X				X	Y		X	179	3,200	NE/NE	28	24N	06E		
S08	WELL #12	X				X	Y	X		100	200	NW/SW	13	25N	07E		
S09	WELL #13	X				X	Y	X		955	200	SW/NW	12	25N	06E		

MINIMUM REQUIRED BACTERIOLOGICAL SAMPLING SCHEDULE

25.	26.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		40	40	40	40	40	40	40	40	40	40	40	40

J. APPROVED SERVICES (PER PLANS) U DATE OF LAST SANITARY SURVEY BY DOH LHD

SYSTEM IN CRITICAL WATER SUPPLY SERVICE AREA? YES NO GW MGMT AREA? YES NO FOR LHD USE ONLY

EFFECTIVE DATE RETRO. CHANGES SIGNATURE OF DOH REVIEWER DATE



Environmental Health

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ADDITIONAL ROUTING INFO				
MAILING ADDRESS				
CITY		STATE	ZIP CODE	
5. SYSTEM CONTACT PERSON			TITLE	
DAY TELEPHONE		EVENING TELEPHONE		
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WFI COMPLETED BY		TITLE	
DAY TELEPHONE		DATE	
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		WELL	FIELD	SURFACE	SPRING	RANNEY / INF. GAL	WETPITS	PURCHASE-TREATED	PURCHASE-UNTREATED			PERMANENT	SEASONAL	EMERGENCY	NONE			CHLORINATION	FILTRATION	FLOCCULATION	OTHER	
S10	WELL #14	X								X	Y	X				340	110	NE/NW	24	25N	06E	
S11	WELL #10	X								X	Y	X		X		193	600	NE/SW	11	24N	06E	
S12	WELL #11.2	X								X	Y	X		X		800	2,000	NE/NW	34	25N	06E	
S13	WELL #9	X								X	Y	X		X		222	2,000	SW/NW	27	24N	06E	

25. MINIMUM REQUIRED BACTERIOLOGICAL SAMPLING SCHEDULE												
26.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

C. APPROVED SERVICES (PER PLANS)		DATE OF LAST SANITARY SURVEY		BY DOH	LHD	
SYSTEM IN CRITICAL WATER SUPPLY SERVICE AREA?	YES	NO	GW MGMT AREA?	YES	NO	FOR LHD USE ONLY
EFFECTIVE DATE RETRO. CHANGES	SIGNATURE OF DOH REVIEWER				DATE	