APPENDIX A

Water Facilities Inventory Form

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

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2
Updated: 04/13/2015
Printed: 5/14/2015
WFI Printed For: On-Demand
Submission Reason: Other

RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
90900 E	VADER-ENCHANTED VALLEY	LEWIS	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS
JOHN J. STROM [WTPO 2]
2025 NE KRESKY AVE
CHEHALIS, WA 98532

7. OWNER NAME & MAILING ADDRESS — **8. Owner Number 006075**
LEWIS COUNTY PUBLIC WORKS — TITLE: DIRECTOR
TIM ELSEA
2025 NE KRESKY AVE
CHEHALIS, WA 98532

STREET ADDRESS IF DIFFERENT FROM ABOVE
ATTN
ADDRESS 2025 NE KRESKY AVE
CITY CHEHALIS STATE WA ZIP 98532

STREET ADDRESS IF DIFFERENT FROM
ATTN
ADDRESS
CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION	
Primary Contact Daytime Phone:	(360) 740-1123	Owner Daytime Phone:	(360) 740-1123
Primary Contact Mobile/Cell Phone:	(360) 520-2433	Owner Mobile/Cell Phone:	(360) 269-5909
Primary Contact Evening Phone:	(xxx) xxx-xxxx	Owner Evening Phone:	(xxx) xxx-xxxx
Fax:(360) 740-1479 | E-mail: XXXXXX		Owner Fax Phone:	| E-mail: XXXXXX

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)
- [x] Not applicable (Skip to #12)
- [ ] Owned and Managed — SMA NAME: _____ SMA Number:
- [ ] Managed Only
- [ ] Owned Only

12. WATER SYSTEM CHARACTERISTICS (mark all that apply)

[ ] Agricultural	[ ] Hospital/Clinic	[x] Residential
[x] Commercial / Business	[ ] Industrial	[ ] School
[ ] Day Care	[ ] Licensed Residential Facility	[ ] Temporary Farm Worker
[x] Food Service/Food Permit	[ ] Lodging	[x] Other (church, fire station, etc.):
[ ] 1,000 or more person event for 2 or more days per year	[ ] Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one)

[ ] Association	[x] County	[ ] Investor	[ ] Special District
[ ] City / Town	[ ] Federal	[ ] Private	[ ] State

14. STORAGE CAPACITY (gallons): 310,000

15	16	17	18									19			20	21					22	23	24			
	SOURCE NAME	INTERTIE	SOURCE CATEGORY									USE				TREATMENT					DEPTH		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	SPRING	SPRING FIELD	SPRING IN	SEA WATER	SURFACE WATER	RANNEY / INF	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	COWLITZ RIVER									X			X			Y		X	X			X		150		28	11N	02

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID #	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
90900 E	VADER-ENCHANTED VALLEY	LEWIS	A	Comm

	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?)	0	350	348
A. Full Time Single Family Residences (Occupied 180 days or more per year)	350		
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	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
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	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	15	15	26
28. TOTAL SERVICE CONNECTIONS		365	369

29. FULL-TIME RESIDENTIAL POPULATION	
A. How many residents are served by this system 180 or more days per	920

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?	1500	1500	1560	1560	1560	1650	1650	1650	1650	1500	1500	1500
B. How many days per month is water accessible to the public?	30	30	30	30	30	30	30	30	30	30	30	30

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?	10	10	10	10	10	10	10	10	10	10	10	10
B. How many days per month are they present?	30	30	30	30	30	30	30	30	30	30	30	30

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

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: _____

WS ID	WS Name
90900	VADER-ENCHANTED VALLEY

Total WFI Printed: 1