

## **Appendix A**

### **Water Facilities Inventory**





# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1  
Updated: 03/09/2016  
Printed: 5/10/2016

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

<b>1. SYSTEM ID NO.</b> 94900 P	<b>2. SYSTEM NAME</b> WEST RICHLAND, CITY OF	<b>3. COUNTY</b> BENTON	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>  ROSCOE C. SLADE III [PW DIRECTOR] 3801 W VAN GIESEN WEST RICHLAND, WA 99353		<b>7. OWNER NAME &amp; MAILING ADDRESS</b>  WEST RICHLAND, CITY OF ROSCOE C. SLADE III 3801 W VAN GIESEN WEST RICHLAND, WA 99353		<b>8. OWNER NUMBER: 006500</b>  PW DIRECTOR
<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b>  ATTN ADDRESS CITY STATE ZIP		<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b>  ATTN ADDRESS CITY STATE ZIP		
<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>		<b>10. OWNER CONTACT INFORMATION</b>		
Primary Contact Daytime Phone: (509) 967-5434		Owner Daytime Phone: (509) 967-5434		
Primary Contact Mobile/Cell Phone: (509) 947-4806		Owner Mobile/Cell Phone: (509) 947-4806		
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone: (xxx)-xxx-xxxx		
Fax: (509) 967-2419	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (509) 967-2419	E-mail: xxxxxxxxxxxxxxxxxxxxxx	
<b>WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.</b>				
<b>11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)</b>				
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only				
SMA NAME: _____		SMA Number: _____		
<b>12. WATER SYSTEM CHARACTERISTICS (mark all that apply)</b>				
<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 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.): _____
<b>13. WATER SYSTEM OWNERSHIP (mark only one)</b>				<b>14. STORAGE CAPACITY (gallons)</b>
<input type="checkbox"/> Association	<input type="checkbox"/> County	<input type="checkbox"/> Investor	<input type="checkbox"/> Special District	3,800,000
<input checked="" type="checkbox"/> City / Town	<input type="checkbox"/> Federal	<input type="checkbox"/> Private	<input type="checkbox"/> State	

- 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																
94900 P	WEST RICHLAND, CITY OF	BENTON										A	Comm																
15 Source Number	16 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	17 INTERTIE  INTERTIE SYSTEM ID NUMBER	18 SOURCE CATEGORY										19 USE	20	21 TREATMENT					22 DEPTH	23	24 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	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
S01	Central Well 1		X												X								77	300	NW NW	05	09N	28E	
S02	Flattop Well #2		X												X								100	650	NE NE	05	09N	28E	
S03	InAct 03/13/2014 Desert View 4		X												X	Y							260	200	SW SE	36	10N	27E	
S04	InAct 03/13/2014 DNR Well #3		X												X	Y							560	800	NW SE	36	10N	27E	
S05	Alexander Well #6		X												X	Y					X		1050	500	NE NE	12	09N	27E	
S06	Well #7 - AAP560		X												X							X	876	1200	NE NE	02	09N	27E	
S07	InAct 10/18/2007 Well #8		X												X	Y							488	125	SE NE	17	09N	28E	
S08	72250W/Richland, City of	72250 W													X									2500		SW SE	17	09N	28E
S09	Well #9		X												X								435	1600	NE NW	02	09N	27E	
S10	Well #10 - AAS235		X												X	Y							402	1000	SE NE	17	09N	28E	

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>		5211	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	4924		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	54		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	287		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
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.	191	191	
<b>28. TOTAL SERVICE CONNECTIONS</b>		5402	

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; border-bottom: 1px solid black; padding: 0 50px;">13960</span>

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	15	15	15	15	15	15	15	15	15	15	15	15

<b>34. NITRATE SCHEDULE</b>	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 \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____