

Appendix A

Water Facilities Inventory





WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1
Updated: 01/05/2018
Printed: 5/8/2018

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. 12400 N	2. SYSTEM NAME CHENEY CITY OF	3. COUNTY SPOKANE	4. GROUP A	5. TYPE Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS DANIEL C. FERGUSON 119 ANDERSON RD CHENEY, WA 99004		7. OWNER NAME & MAILING ADDRESS CHENEY, CITY OF DANIEL C. FERGUSON UTILITY BLDG 112 ANDERSON RD CHENEY, WA 99004		8. OWNER NUMBER: 001015 WATER RESOURCE MGR
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: (509) 498-9302		Owner Daytime Phone: (509) 498-9293		
Primary Contact Mobile/Cell Phone: (509) 981-2358		Owner Mobile/Cell Phone: (509) 981-2358		
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone: (xxx)-xxx-xxxx		
Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (509) 498-9308	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 type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Commercial / Business <input checked="" type="checkbox"/> Day Care <input checked="" type="checkbox"/> Food Service/Food Permit <input 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 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				4,420,000

- 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																			
12400 N		CHENEY CITY OF		SPOKANE			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		TREATMENT			DEPTH TO FIRST OPEN INTERVAL IN FEET	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	SOURCE METERED	NONE			CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	Well #1 - AHC158				X										X		X		X			559	600	NW NW	13	23N	41E	
S02	Well #2 - AHC157				X										X		X		X			525	300	NW NW	13	23N	41E	
S03	InAct 04/11/2012 Well #3 - AHC160		X												X		X		X			549	100	SW SW	12	23N	41E	
S05	Well #5 - ABR151		X												X		X		X			2134	500	NW NE	23	23N	41E	
S06	WF A/S01,2			X											X		X		X				900		NW NW	13	23N	41E
S07	219009/EASTERN WASHINGTON UNIVERSITY	21900 9												X	Y						X		600		SW SW	12	23N	41E
S08	Well #6 - AHC155		X												X		X		X			710	550	SW SW	22	23N	41E	
S09	Well #7 - AHC156		X												X		X		X			640	270	SW SW	22	23N	41E	
S10	Well #8 - ALF730		X												X		X		X			200	700	NE NW	18	23N	42E	

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 12400 N	2. SYSTEM NAME CHENEY CITY OF	3. COUNTY SPOKANE	4. GROUP A	5. TYPE 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?)		4396	4359
A. Full Time Single Family Residences (Occupied 180 days or more per year)	1690		
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	399		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	2706		
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.	226	226	0
28. TOTAL SERVICE CONNECTIONS		4622	4359

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 9891

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?	7678	7678	7678	7678	7678	1000	1000	1000	7678	7678	7678	7678
B. How many days per month are they present?	19	19	23	21	21	22	20	23	21	20	19	17

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
* Requirement is exception from WAC 246-290	20	20	20	20	20	10	10	10	20	20	20	20

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>
12400	CHENEY CITY OF

Total WFI Printed: 1