

Appendix A

Water Facilities Inventory





WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1
Updated: 05/01/2019
Printed: 6/14/2019
WFI Printed For: On-Demand
Submission Reason: Source 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 CLINTON R. THOMPSON [WATER DEPT. LEAD] UTILITY BLDG 112 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) 449-9293		Owner Daytime Phone: (509) 498-9293		
Primary Contact Mobile/Cell Phone: (509) 499-7133		Owner Mobile/Cell Phone: (509) 981-2358		
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone: (xxx)-xxx-xxxx		
Fax: (509) 498-9249	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (509) 498-9308	E-mail: xxxxxxxxxxxxxxxxxxxxxx	
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. 12400 N	2. SYSTEM NAME CHENEY CITY OF	3. COUNTY SPOKANE	4. GROUP A	5. TYPE Comm
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15	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY										19 USE	20	21 TREATMENT					22 DEPTH	23	24 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 IN A WELL FIELD	SPRING	SPRING FIELD	SEA WATER	SPRING IN SPRINGFIELD	SURFACE WATER			RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY			SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)
S01	Well #1 - AHC158			X								X			Y		X	X				559	600	NW NW	13	23N	41E
S02	Well #2 - AHC157			X								X			Y		X	X				525	300	NW NW	13	23N	41E
S03	InAct 04/11/2012 Well #3 - AHC160		X									X			Y		X	X				549	100	SW SW	12	23N	41E
S05	Well #5 - ABR151		X									X			Y		X	X				2134	500	NW NE	23	23N	41E
S06	WF A/S01,2			X								X					X	X				525	900	NW NW	13	23N	41E
S07	219009/EASTERN WASHINGTON UNIVERSIT	21900 9											X	Y	X								600	SW SW	12	23N	41E
S08	Well #6 - AHC155		X									X			Y		X	X				710	550	SW SW	22	23N	41E
S09	Well #7 - AHC156		X									X			Y		X	X				640	270	SW SW	22	23N	41E
S10	Well #8 - ALF730		X									X			Y		X	X				200	700	NE NW	18	23N	42E
S11	Pre-Active 05/01/2019 Well #3R - BLD		X									X			Y	X						116	1496	SW SW	12	23N	41E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

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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?)		4739	4359
A. Full Time Single Family Residences (Occupied 180 days or more per year)	1700		
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	395		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	3039		
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		4965	4359

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 10500

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?	3700	3700	3700	3700	3700	1100	1100	1100	3700	3700	3700	3700
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	15	15	15	15	15	10	10	10	15	15	15	15

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



Water Facilities Inventory (WFI)

Report Create Date: 6/14/2019
Water System Id(s): 12400
Print Data on Distribution Page: ALL
Print Copies For: DOH Copy
Water System Name: ALL
County: -- Any --
Region: ALL
Group: ALL
Type: ALL
Permit Renewal Quarter: ALL
Water System Is New: ALL
Water System Status: ALL
Water Status Date From: ALL **To:** ALL
Water System Update Date From: ALL **To:** ALL
Owner Number: ALL
SMA Number: ALL
SMA Name: ALL
Active Connection Count From: ALL **To:** ALL
Approved Connection Count From: ALL **To:** ALL
Full-Time Population From: ALL **To:** ALL
Water System Expanding Services: ALL
Source Type: ALL
Source Use: ALL
WFI Printed For: On-Demand