

**APPENDIX B**

**WATER FACILITIES INVENTORY FORM**



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1  
Updated: 03/06/2008  
Printed: 04/03/2008  
WFI Printed For: On-Demand  
Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 54950	2. SYSTEM NAME MILTON, CITY OF	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  GLEN A. BAKER [SUPERVISOR] 1000 LAUREL ST MILTON, WA 98354	7. OWNER NAME & MAILING ADDRESS  MILTON, CITY OF GLEN A. BAKER 1000 LAUREL ST MILTON, WA 98354  TITLE: SUPERVISOR	8. Owner Number: 003800
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STREET ADDRESS (IF DIFFERENT FROM ABOVE) ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS (IF DIFFERENT FROM ABOVE) ATTN ADDRESS CITY STATE ZIP
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9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (253) 922-8738 Primary Contact Mobile/Cell Phone: (253) 370-9851 Primary Contact Evening Phone: (253) 445-8525 Fax: (253) 517-2709 E-mail: gbaker@cityofmilton.net	10. OWNER CONTACT INFORMATION Owner Daytime Phone: (253) 922-8738 Owner Mobile/Cell Phone: Owner Evening Phone: (253) 922-6633 Fax: E-mail:
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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
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12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) <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 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 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.):
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13. WATER SYSTEM OWNERSHIP (mark only one) <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	14. STORAGE CAPACITY (gallons) 3,350,000
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--- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES ---

# WATER FACILITIES INVENTORY (WFI) JRM - Continued

1. SYSTEM ID NO 54950.V	2. SYSTEM NAME MILTON, CITY OF	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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15 Source Number	16 SOURCE NAME  LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER  Example: WELL #10/Z156  IF SOURCE IS PURCHASED OR INTERIED, LIST SELLER'S NAME Example: SEATTLE	17 INTERIE  SYSTEM ID NUMBER	18 SOURCE CATEGORY											19 USE					20 TREATMENT					22 DEPTH  DEPTH TO FIRST OPEN INTERVAL IN FEET	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION			
			WELL	WELLFIELD	WELL IN WELLFIELD	SPRING	SPRINGFIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY/TIE GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	1/4TH SECTION			SECTION NUMBER	TOWNSHIP	RANGE	
S01	WELL 3 (ACN750)		X										X			Y	X			X	.44	250	NW SE	05	20N	04E			
S02	WELL 5 (AEF340)		X										X			Y	X				220	115	SE NW	04	20N	04E			
S03	WELL 7		X										X		Y	X			X	92	300	NW SE	05	20N	04E				
S04	WELL #10 (ABS715)		X										X			Y	X		X	102	500	NW SE	05	20N	04E				
S05	41997/LAKEHAVEN	41997 9													X	Y	X				9999			00N	00E				
S06	WELL #12 (ABP198)		X										X			Y	X		X	95	550	NW SE	05	20N	04E				
S07	Corridor Well No 1 ALP858		X										X			Y	X		X	57	500	SE SW	32	21N	04E				
S08	Corridor Well No 2 AKG806		X										X			Y	X		X	50	300	SE SW	32	21N	04E				
S09	Mt View Edgewood / Intertie	56820 3													X	Y	X				400		SE NE	09	20N	04E			

# WATER FACILITIES INVENTORY (WFI) FOR - Continued

1. SYSTEM ID NO. 54950 V	2. SYSTEM NAME MILTON, CITY OF	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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	ACTIVE SERVICE CONNECTIONS	DO NOT USE ONLY CALCULATED ACTIVE CONNECTIONS	DO NOT USE ONLY APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	2600	unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	2600		
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	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		
<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		
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0		
<b>28. TOTAL SERVICE CONNECTIONS</b>		2600	

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>	
A. How many residents are served by this system 180 or more days per year?	8000

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
	g	g	g	g	g	g	g	g	g	g	g	g

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: \_\_\_\_\_