

Appendix E
WATER FACILITIES INVENTORY FORM



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1
Updated: 08/02/2019

ONE FORM PER SYSTEM

Printed: 4/16/2020
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. 89700 Q	2. SYSTEM NAME TUMWATER CITY OF	3. COUNTY THURSTON	4. GROUP A	5. TYPE Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS STEVEN L. CRAIG [OPERATIONS MANAGER] 555 ISRAEL RD SW TUMWATER, WA 98501		7. OWNER NAME & MAILING ADDRESS TUMWATER, CITY OF JAY EATON DIRECTOR 555 ISRAEL RD SW TUMWATER, WA 98501		
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: (360) 754-4150 x151		Owner Daytime Phone: (360) 754-4140		
Primary Contact Mobile/Cell Phone: (360) 507-7635		Owner Mobile/Cell Phone: (360) 688-4609		
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone: (xxx)-xxx-xxxx		
Fax: (360) 754-4154	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (360) 754-4142	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 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 checked="" type="checkbox"/> Licensed Residential Facility <input checked="" 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.): _____				
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				6,250,000

- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES -

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 89700 Q	2. SYSTEM NAME TUMWATER CITY OF	3. COUNTY THURSTON	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 #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 TREATMENT						22 DEPTH DEPTH TO FIRST OPEN INTERVAL IN FEET	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION				
			WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	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	InAct 07/01/1988 Well #1, Palermo Mo		X											X	X							80	1750	NW SW	35	18N	02W
S02	PALERMO WF (S08,17,18,20,27,28)			X										X	Y	X				X		54	1060	SW NW	35	18N	02W
S08	WELL #8 PALERMO WW AAA955				X									X	Y	X						67	166	SW NW	35	18N	02W
S09	AIRPORT WF (S21,22)			X										X	Y	X						57	763	NW NE	10	17N	02W
S11	InAct 05/14/2002 TRAILS END WELL 20		X											X	Y	X						192	240	SW NE	11	17N	02W
S12	WELL #12-94 BMS WW ABF588				X									X	Y	X						70	578	SW SE	40	17N	02W
S13	WELL #14-94 BMS WW ABE826				X									X	Y	X						70	2350	SE SE	40	17N	02W
S14	BMS WF (S12,13)			X										X	Y	X						70	2928	SW SW	10	17N	02W
S15	WELL 11-93 ABA869		X											X	Y	X						108	357	SE SE	03	17N	02W
S17	WELL #3, PALERMO WW AAA953				X									X	Y	X						76	290	SW NW	35	18N	02W
S18	WELL #4, PALERMO WW AAA951				X									X	Y	X						60	187	SW NW	35	18N	02W
S20	WELL #6, PALERMO WW AAA954				X									X	Y	X						91	248	SW NW	35	18N	02W
S21	WELL #9, AIRPORT WW AAA960				X									X	Y	X						57	321	SW NE	10	17N	02W
S22	WELL #10, AIRPORT WW BCK273 8"				X									X	Y	X						62	442	NW NE	10	17N	02W
S23	WELL #15, AAA958		X											X	Y	X						122	508	NE NE	10	17N	02W
S24	63450/Olympia - Capitol Blvd	63450 6												X	N	X						0			00N		00E
S25	63450/Olympia - Crosby Blvd	63450 6												X	N	X						0			00N		00E
S26	InAct 05/07/2010 63455/AAB S17 Well		X											X		X						103	500	NW NW	35	18N	02W
S27	Well #16 PALERMO WW APP311 16"				X									X	Y	X				X		54	400	SW NW	35	18N	02W
S28	Well #17 PALERMO WW APP314 20"				X									X	Y	X						69	350	SW NW	35	18N	02W

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
89700 Q	TUMWATER CITY OF	THURSTON	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?)		11973	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	8233		
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	285		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	3740		
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	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	667	667	
28. TOTAL SERVICE CONNECTIONS		12640	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 29933

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?	77000	77000	77000	77000	77000	77000	77000	77000	77000	77000	77000	77000
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?	28570	28570	28570	28570	28570	28570	28570	28570	28570	28570	28570	28570
B. How many days per month are they present?	20	20	20	20	20	20	20	20	20	20	20	20

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	70	70	70	70	70	70	70	70	70	70	70	70

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:** _____

Intentionally left blank

<u>WS ID</u>	<u>WS Name</u>
89700	TUMWATER CITY OF

Total WFI Printed: 1

Water Facilities Inventory (WFI)

Report Create Date: 4/16/2020
 Water System Id(s): 89700Q
 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 ALL To ALL
 Owner Number: ALL
 SMA Number: ALL
 SMA Name: ALL
 Active Connection Count From: ALL To: ALL
 Approved Connection Count ALL To: ALL
 Full-Time Population From: ALL To: ALL
 Water System Expanding ALL
 Source Type: ALL
 Source Use: ALL
 WFI Printed For: On-Demand