

APPENDIX Q

*WATER FACILITIES INVENTORY
REPORT*



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1
Updated: 02/01/2017
Printed: 3/20/2017

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. 72250 W	2. SYSTEM NAME RICHLAND, CITY OF	3. COUNTY BENTON	4. GROUP A	5. TYPE Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS JOHN FINCH [PW] PO BOX 190 RICHLAND, WA 99352		7. OWNER NAME & MAILING ADDRESS RICHLAND, CITY OF PETER K. ROGALSKY PO BOX 190 RICHLAND, WA 99352		8. OWNER NUMBER: 035381
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 505 SWIFT BLVD CITY RICHLAND STATE WA ZIP 99352		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) 942-7476		Owner Daytime Phone: (509) 942-7558		
Primary Contact Mobile/Cell Phone: (509) 531-8640		Owner Mobile/Cell Phone: (509) 831-4799		
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone: (xxx)-xxx-xxxx		
Fax: (509) 942-5666	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax:	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 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				25,700,000

- 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														
72250 W	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 TREATMENT				22 DEPTH	23 CAPACITY (GALLONS PER MINUTE)	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	SECTION NUMBER	TOWNSHIP
S01	Columbia River																										
S02	Wellsian Wy/S12-15		X									X				X				X		56	2778	SE NE	15	09N	28E
S03	InAct 01/12/2009 Duke WF/S16,17		X									X			X							86	1389	NW NW	35	10N	28E
S04	InAct 02/06/2008 N Richland WF							X			X				X	X		X					7639	NE NW	26	10N	28E
S05	Columbia Well - AHA126		X								X				X							80	556	NE NE	35	10N	28E
S08	InAct 02/01/1988 Sanitary Landfill		X								X				X							300	100	SE SE	17	10N	28E
S09	InAct 02/01/1988 ORV Park Well		X								X				X							386	310	NE SW	18	10N	28E
S10	Willowbrook Well		X									X			X				X			1208	1000	SE SW	36	09N	28E
S11	InAct 02/01/1988 ORV Park Well #2		X								X			X								400	275	SE NE	18	10N	28E
S12	InAct 12/19/2005 Well #4			X							X				X				X			70	224	SE NE	15	09N	28E
S13	Well #5 - AHA142			X							X				X				X			72	2803	SE NE	15	09N	28E
S14	Well #14 - BAF592			X							X				X				X			56	1350	SE NE	15	09N	28E
S15	InAct 12/19/2005 Well #13A			X							X				X				X			61	800	SE NE	15	09N	28E
S16	InAct 01/12/2009 Well #1100-D			X								X			X							86	1260	NW NW	35	10N	28E
S17	InAct 01/12/2009 Well #1100-8			X								X			X							120	250	NW NW	35	10N	28E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 72250 W	2. SYSTEM NAME RICHLAND, CITY OF	3. COUNTY BENTON	4. GROUP A	5. TYPE Comm
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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?)		22095	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	16826		
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	468		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	5269		
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)	2498	2498	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	2175	2175	
28. TOTAL SERVICE CONNECTIONS		26768	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 53410

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	60	60	60	60	60	60	60	60	60	60	60	60

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>
72250	RICHLAND, CITY OF

Total WFI Printed: 1