

Appendix G

Washington DOH Water Facilities Inventory (WFI) Forms



WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter 3
Updated: 02/06/2007
Printed: 11/21/2007
WFI Printed For: On-demand
Submission Reason: Non-Periodic
update

RETURN TO: Eastern Regional Office, 1500 W 4th Ave STE 305, Spokane, WA, 99201

1. SYSTEM ID NO 83075 U	2. SYSTEM NAME SPOKANE RACEWAY PARK	3. COUNTY SPOKANE	4. GROUP A	5. TYPE TNC
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6. PRIMARY CONTACT NAME & MAILING ADDRESS BARRY W. DAVIDSON 1280 BANK OF AMERICA CENTER 601 W RIVERSIDE AVE SPOKANE, WA 99201 STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	7. OWNER NAME & MAILING ADDRESS WASH MOTOR SPORTS LTD BARRY W. DAVIDSON TITLE: 1280 BANK OF AMERICA CNTR 601 W RIVERSIDE AVE SPOKANE, WA 99204 STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	8. Owner Number 005592
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9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (509) 624-4600	Owner Daytime Phone: (509) 624-4600
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone:	Owner Evening Phone:
Fax:	E-mail:

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)

Not applicable (Skip to #12)

Owned and Managed SMA NAME: _____ SMA Number: _____

Managed Only

Owned Only

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Residential
<input checked="" type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input checked="" type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.): _____
<input checked="" type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input checked="" type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State	110,000

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	21 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
S01	Well #1 - AHC928		X										X			X						254	105	NE SW	13	25N	41E
S02	Well #2 - AHC929		X										X			X						176	30	NE SW	13	25N	41E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO 83075 U	2. SYSTEM NAME SPOKANE RACEWAY PARK	3. COUNTY SPOKANE	4. GROUP A	5. TYPE TNC	
			ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)			0	3	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)			3		
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			0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180			0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180			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.			1	1	
28. TOTAL SERVICE CONNECTIONS				4	

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days p 8

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?	155	140	155	1500	4650	3000	6200	10850	2400	248	150	155
B. How many days per month is water accessible to the public?	31	28	31	30	31	30	31	31	30	31	30	31

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
	0	0	1	1	1	1	1	1	1	0	0	1

34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
		S01, S02	

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: _____