Appendix 2-8

Water Facilities Inventory (DOH WFI Form)

- Updated 11/02/07
- Updated 02/26/10
# WATER FACILITIES INVENTORY (WFI) FORM

## ONE FORM PER SYSTEM

### RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

<table>
<thead>
<tr>
<th>1. SYSTEM ID NO.</th>
<th>2. SYSTEM NAME</th>
<th>3. COUNTY</th>
<th>4. GROUP</th>
<th>5. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>63450 6</td>
<td>OLYMPIA, CITY OF</td>
<td>THURSTON</td>
<td>A</td>
<td>Comm</td>
</tr>
</tbody>
</table>

### PRIMARY CONTACT NAME & MAILING ADDRESS

**DOUGLAS E. FLOYD [WATER PURVEYOR]**

PO BOX 1967

OLYMPIA, WA 98507-1967

### OWNER NAME & MAILING ADDRESS

**OLYMPIA, CITY OF**

DOUGLAS E. FLOYD

PO BOX 1967

OLYMPIA, WA 98507-1967

---

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

### 24 HOUR PRIMARY CONTACT INFORMATION

- **Primary Contact Daytime Phone:** (360) 753-8157
- **Primary Contact Mobile/Cell Phone:** (360) 507-5947
- **Primary Contact Evening Phone:** (360) 459-3289
- **Fax:** (360) 753-8160

### OWNER CONTACT INFORMATION

- **Owner Daytime Phone:** (360) 753-8157
- **Owner Mobile/Cell Phone:** (360) 507-5947
- **Owner Evening Phone:** (360) 753-8333
- **Fax:** (360) 753-8160

### SATELLITE MANAGEMENT AGENCY - SMA (check only one)

- [X] Not applicable (Skip to #12)
- [ ] Owned and Managed
- [ ] Managed Only
- [ ] Owned Only

### WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

- [X] Agriculture
- [X] Commercial / Business
- [X] Day Care
- [X] Food Service/Food Perm

### WATER SYSTEM OWNERSHIP (mark only one)

- [ ] Association
- [ ] County
- [ ] Federal
- [ ] Investor
- [ ] Special District
- [ ] State

### STORAGE CAPACITY (gallons)

- **27,500,000**

--- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES ---
<table>
<thead>
<tr>
<th>Source Number</th>
<th>Source Name</th>
<th>Intertie</th>
<th>Source Category</th>
<th>Use</th>
<th>Treatment</th>
<th>Depth</th>
<th>Source Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>S01</td>
<td>McAllister Springs</td>
<td>X</td>
<td>WELL</td>
<td>Y</td>
<td>X</td>
<td>13195</td>
<td>SW SE 19 18N 01E</td>
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<tr>
<td>S02</td>
<td>InAct 07/09/2007 McAllister Springs</td>
<td>X</td>
<td>WELL</td>
<td>Y</td>
<td>X</td>
<td>2375</td>
<td>SW SE 19 18N 01E</td>
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<tr>
<td>S03</td>
<td>WELL #1 Kaiser No TAG</td>
<td>X</td>
<td>WELL IN A WELL FIELD</td>
<td>Y</td>
<td>X</td>
<td>95</td>
<td>NW NE 17 18N 02W</td>
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<tr>
<td>S04</td>
<td>InAct 04/17/2006 WELL #4 Shana Park</td>
<td>X</td>
<td>SPRING</td>
<td>Y</td>
<td>X</td>
<td>56</td>
<td>SE SW 32 19N 01W</td>
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<tr>
<td>S05</td>
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<td>X</td>
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<td>SPRING IN SPRINGFIELD</td>
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<td>X</td>
<td>174</td>
<td>NE SW 18 19N 02W</td>
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<tr>
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<td>X</td>
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<td>WELL #19 Allison No TAG</td>
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<td>SPRING IN SPRINGFIELD</td>
<td>Y</td>
<td>X</td>
<td>193</td>
<td>NW SW 18 19N 02W</td>
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</table>
WATER FACILITIES INVENTORY (WFI) FORM - Continued

<table>
<thead>
<tr>
<th>1. SYSTEM ID NO.</th>
<th>2. SYSTEM NAME</th>
<th>3. COUNTY</th>
<th>4. GROUP A</th>
<th>5. TYPE Comm</th>
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<tbody>
<tr>
<td>63450 6</td>
<td>OLYMPIA, CITY OF</td>
<td>THURSTON</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</th>
<th>ACTIVE SERVICE CONNECTIONS</th>
<th>DCH USE ONLY! CALCULATED ACTIVE CONNECTIONS</th>
<th>DCH USE ONLY! APPROVED</th>
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<tbody>
<tr>
<td>A. Full Time Single Family Residences (Occupied 180 days or more per year)</td>
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<td>18034</td>
<td>Unspecified</td>
</tr>
<tr>
<td>B. Part Time Single Family Residences (Occupied less than 180 days per year)</td>
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<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</th>
<th></th>
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<tbody>
<tr>
<td>A. Apartment Buildings, condos, duplexes, barracks, dorms</td>
<td>677</td>
</tr>
<tr>
<td>B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year</td>
<td>2000</td>
</tr>
<tr>
<td>C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year</td>
<td>0</td>
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</table>

<table>
<thead>
<tr>
<th>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/model home/overnight units)</td>
<td>0</td>
</tr>
<tr>
<td>B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.</td>
<td>1887</td>
</tr>
</tbody>
</table>

| 28. TOTAL SERVICE CONNECTIONS | 19921 |

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 51185

30. PART-TIME RESIDENTIAL POPULATION
A. How many part-time residents are present each month?
B. How many days per month are they present?

31. TEMPORARY & TRANSIENT USERS
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
A. If you have schools, daycares, or businesses connected to your water system, how many students/daycare children/employees are present each month?
B. How many days per month are they present?

33. ROUTINE COLIFORM SCHEDULE

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
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</thead>
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<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

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: _________________________

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy
Water Facilities Inventory (WFI)

Report Create Date: 2/26/2010
Water System Id(s): 63450
Print Data on Distribution Page: Y
Print Copies For: Water System Copy
Water System Name: ALL
  County: ALL
  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

Sentry DOH
## 1. System ID No.
- 63450 6

## 2. System Name
- OLYMPIA, CITY OF

## 3. County
- THURSTON

## 4. Group
- A

## 5. Type
- Comm

## 6. Primary Contact Name & Mailing Address
- DOUGLAS E. FLOYD [WATER PURVEYOR]
  - PO BOX 1967
  - OLYMPIA, WA 98507-1967

## 7. Owner Name & Mailing Address
- OLYMPIA, CITY OF
  - DOUGLAS E. FLOYD
  - PO BOX 1967
  - OLYMPIA, WA 98507-1967

## 8. Owner Number
- 001820

### STREET ADDRESS If Different From Above
- ATTN
- ADDRESS
- CITY
- STATE
- ZIP

### STREET ADDRESS If Different From Above
- ATTN
- PUBLIC WORKS DEPT
- ADDRESS
- CITY
- STATE
- ZIP

### 9. 24 Hour Primary Contact Information
- **Primary Contact Daytime Phone:** (360) 753-8157
- **Primary Contact Mobile/Cell Phone:** (360) 507-5947
- **Primary Contact Evening Phone:** (360) 459-3289
- **Fax:** (360) 753-8160
- **E-mail:** dfloyd@ci.olympia.wa.us

### 10. Owner Contact Information
- **Owner Daytime Phone:** (360) 753-8157
- **Owner Mobile/Cell Phone:** (360) 507-5947
- **Owner Evening Phone:** (360) 753-8333
- **Fax:** (360) 753-8160
- **E-mail:** dfloyd@ci.olympia.wa.us

### 11. Satellite Management Agency - SMA (check only one)
- [X] Not applicable (Skip to #12)
- [ ] Owned and Managed
- [ ] Managed Only
- [ ] Owned Only

### SMA NAME: [ ]

### SMA Number: [ ]

### 12. Water System Characteristics (mark all that apply)
- [ ] Agricultural
- [ ] Commercial / Business
- [ ] Day Care
- [ ] Food Service/Food Permit
- [ ] 1,000 or more person event for 2 or more days per year
- [ ] Hospital/Clinic
- [ ] Industrial
- [ ] Licensed Residential Facility
- [ ] Lodging
- [ ] Residential
- [ ] School
- [ ] Temporary Farm Worker
- [ ] Other (church, fire station, etc.): [ ]

### 13. Water System Ownership (mark only one)
- [ ] Association
- [ ] County
- [ ] Investor
- [ ] Special District
- [ ] City / Town
- [ ] Federal
- [ ] Private
- [ ] State

### 14. Storage Capacity (gallons)
- 30,880,000

--- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES ---
<table>
<thead>
<tr>
<th>Source Number</th>
<th>Source Name</th>
<th>Intertie ID</th>
<th>System ID</th>
<th>System Name</th>
<th>County</th>
<th>Group</th>
<th>Type</th>
<th>Source Category</th>
<th>Use</th>
<th>Treatment</th>
<th>Capacity (gallons per minute)</th>
<th>Source Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>S01</td>
<td>McAllister Springs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Y</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>InAct 07/06/2007 McAllister Springs</td>
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<td>X</td>
<td>X</td>
<td>Y</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>S03</td>
<td>Well #1 Kaiser No Tag</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Y</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S04</td>
<td>InAct 04/17/2006 Well #4 Shana Park N</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Y</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>S05</td>
<td>InAct 12/15/1995 Well #5 Shana Park N</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Y</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>S06</td>
<td>InAct 01/08/1991 Well #3 Shana Park N</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>S07</td>
<td>InAct 08/10/1992 Well #14 Wilderness</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>S08</td>
<td>Well #3 ABS202 Hoffman</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Y</td>
<td>X</td>
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<td></td>
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<tr>
<td>S09</td>
<td>Well #13 AHM691 Allison</td>
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<td>X</td>
<td>X</td>
<td>Y</td>
<td>X</td>
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<td>X</td>
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<td>X</td>
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<td>Well #20 Indian Summer AGS961</td>
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</tr>
</tbody>
</table>
## 25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)

<table>
<thead>
<tr>
<th>Type</th>
<th>Active Service Connections</th>
<th>DOH Use Only! Calculated Active Connections</th>
<th>DOH Use Only! Approved Connections</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Full Time Single Family Residences (Occupied 180 days or more per year)</td>
<td>0</td>
<td>24991</td>
<td>Unspecified</td>
</tr>
<tr>
<td>B. Part Time Single Family Residences (Occupied less than 180 days per year)</td>
<td>16657</td>
<td></td>
<td></td>
</tr>
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## 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)

<table>
<thead>
<tr>
<th>Type</th>
<th>Active Service Connections</th>
<th>DOH Use Only! Calculated Active Connections</th>
<th>DOH Use Only! Approved Connections</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Apartment Buildings, condos, duplexes, barracks, dorms</td>
<td>698</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year</td>
<td>8334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
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## 27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)

<table>
<thead>
<tr>
<th>Type</th>
<th>Active Service Connections</th>
<th>DOH Use Only! Calculated Active Connections</th>
<th>DOH Use Only! Approved Connections</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.</td>
<td>1978</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 28. TOTAL SERVICE CONNECTIONS

| Total Service Connections | 26999                       |

## 29. FULL-TIME RESIDENTIAL POPULATION

A. How many residents are served by this system 180 or more days per year?

- 57355

## 30. PART-TIME RESIDENTIAL POPULATION

- A. How many part-time residents are present each month?
- B. How many days per month are they present?

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
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<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

## 31. TEMPORARY & TRANSIENT USERS

- 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?

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
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<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

## 32. REGULAR NON-RESIDENTIAL USERS

- 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?

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
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## 33. ROUTINE COLIFORM SCHEDULE

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<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
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</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>SIGNATURE:</th>
<th>DATE:</th>
<th>PRINT NAME:</th>
<th>TITLE:</th>
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</tbody>
</table>
Total WFI Printed: 1