

***Appendix O***  
***Water Facilities Inventory Form***

---

This page was intentionally left blank.

This page was intentionally left blank.



# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1  
Updated: 08/02/2019

ONE FORM PER SYSTEM

Printed: 2/6/2020  
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.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
07650 H	BONNEY LAKE WATER DEPARTMENT CITY	PIERCE	A	Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS		7. OWNER NAME & MAILING ADDRESS		
DAVID L. CIHAK [ASST. SUPT.] PO BOX 7380 BONNEY LAKE, WA 98391		BONNEY LAKE, CITY OF DAVID L. CIHAK PO BOX 7380 BONNEY LAKE, WA 98391		
STREET ADDRESS IF DIFFERENT FROM ABOVE		STREET ADDRESS IF DIFFERENT FROM ABOVE		
ATTN ADDRESS CITY STATE ZIP		ATTN ADDRESS CITY		
9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION		
Primary Contact Daytime Phone: (253) 862-8602		Owner Daytime Phone: (253) 862-8602 x4312		
Primary Contact Mobile/Cell Phone: (253) 405-6611		Owner Mobile/Cell Phone: (253) 405-6611		
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone: (xxx)-xxx-xxxx		
Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (253) 447-4330	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 <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only				
SMA NAME: _____		SMA Number: _____		
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 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.): _____				
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	
			20,740,000	

- 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
07650 H	BONNEY LAKE WATER DEPARTMENT CITY	PIERCE	A	Comm

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>		14956	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	12920		
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	335		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	2036		
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)	133	133	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	210	210	
<b>28. TOTAL SERVICE CONNECTIONS</b>		15299	

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; text-decoration: underline;">37708</span>

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	40	40	40	40	40	40	40	40	40	40	40	40

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>
07650	BONNEY LAKE WATER DEPARTMENT CITY

**Total WFI Printed: 1**



***Water Facilities Inventory (WFI)***

**Report Create Date:** 2/6/2020  
**Water System Id(s):** 07650  
**Print Data on Distribution Page:** Yes  
**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





# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1  
Updated: 08/02/2019

ONE FORM PER SYSTEM

Printed: 1/30/2020

**DRAFT- Not Certified by DOH**

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.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
07650 H	BONNEY LAKE WATER DEPARTMENT CITY	PIERCE	A	Comm
<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>		<b>7. OWNER NAME &amp; MAILING ADDRESS</b>		
DAVID L. CIHAK [ASST. SUPT.] PO BOX 7380 BONNEY LAKE, WA 98391		BONNEY LAKE, CITY OF DAVID L. CIHAK PO BOX 7380 BONNEY LAKE, WA 98391 ASST. SUPT.		
<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b>		<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b>		
ATTN ADDRESS CITY STATE ZIP		ATTN ADDRESS CITY		
<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>		<b>10. OWNER CONTACT INFORMATION</b>		
Primary Contact Daytime Phone: (253) 862-8602		Owner Daytime Phone: (253) 862-8602 x4312		
Primary Contact Mobile/Cell Phone: (253) 405-6611		Owner Mobile/Cell Phone: (253) 405-6611		
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone: (xxx)-xxx-xxxx		
Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax: (253) 447-4330	E-mail: xxxxxxxxxxxxxxxxxxxxxx <a href="mailto:cihakd@cobl.us">cihakd@cobl.us</a>	
<b>11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)</b>				
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only				
SMA NAME: _____		SMA Number: _____		
<b>12. WATER SYSTEM CHARACTERISTICS (mark all that apply)</b>				
<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 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.): <span style="color: red;">Church, Fire Station, Swiss Park</span>				
<b>13. WATER SYSTEM OWNERSHIP (mark only one)</b>				<b>14. STORAGE CAPACITY (gallons)</b>
<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				20,740,000

- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES -

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 07650 H	<b>2. SYSTEM NAME</b> BONNEY LAKE WATER DEPARTMENT CITY	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> 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  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	VICTOR FALLS SPRING					X								X											1100	SW NW	09	19N	05E
S02	GRAINGER SPRINGS					X								X					X						1669	NE SE	32	20N	05E
S03	InAct 06/01/1989 DELETED		X										X											310	1000	SW NW	09	20N	05E
S04	InAct 06/01/1989 DELETED		X									X		X										385	60	SW SW	28	20N	05E
S05	InAct 06/01/1989 DELETED		X									X		X										120	140	SE NW	21	20N	05E
S06	BALL PARK WELL #1 AAB889			X								X		Y	X	X								199	1000	SE SE	21	20N	05E
S07	OLD BUCKLEY/214TH AV		X										X	X										85	340	SE NE	34	20N	05E
S08	Tacoma/86800 (4)	86800 N										X		Y	X									<del>1389</del>				00N	00E
S09	InAct 06/01/1989 DELETED		X										X	X										85	250	SE NE	34	20N	05E
S10	TACOMA PT WELL #2 AAB888			X								X		Y	X			X						239	1000	SE SE	05	21N	05E
S11	TACOMA PT WELL #4 AAB887			X								X		Y	X			X						287	1200	SE SE	05	21N	05E
S12	TACOMA PT WELLS 2,4,6			X								X		Y	X			X						239	2300	SE SE	05	21N	05E
S13	TACOMA PT WELL #6			X								X		Y	X			X						275	1300	SE SE	05	21N	05E
S14	BALL PARK WELL #2			X								X		Y	X	X								199	270	SE SE	21	20N	05E
S15	Ball Park Well Field			X								X		Y	X	X								199	1270	SE SE	21	20N	05E

Tacoma/86800 (4)      Capacity      2778

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
07650 H	BONNEY LAKE WATER DEPARTMENT CITY	PIERCE	A	Comm

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>		14956	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	<del>12920</del> 12979		
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	335		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	2036		
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)	<del>199</del> 0	133	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	<del>240</del> 343	210	
<b>28. TOTAL SERVICE CONNECTIONS</b>		15299	

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right;"><del>37708</del> 37,780</span>

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?	755	755	755	755	755	755	755	755	755	755	755	755
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?	500	500	500	500	500	500	500	500	500	500	500	500
B. How many days per month are they present?	31	28	31	30	31	30	31	31	30	31	30	31

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
* Requirement is exception from WAC 246-290	40	40	40	40	40	40	40	40	40	40	40	40

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)		4	

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: David L Cihak TITLE: Assistant Superintendent

**Intentionally left blank**

<u>WS ID</u>	<u>WS Name</u>
07650	BONNEY LAKE WATER DEPARTMENT CITY

**Total WFI Printed: 1**



***Water Facilities Inventory (WFI)***

**Report Create Date:** 1/30/2020  
**Water System Id(s):** 07650  
**Print Data on Distribution Page:** Yes  
**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