APPENDIX A

DOH WATER FACILITIES INVENTORY FORM AND DOH WSP CHECKLIST



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 1 Updated: 12/18/2009

ONE FORM PER SYSTEM

Printed: 01/15/2010 WFI Printed For: On-Demand Submission Reason: Annual Update

Division of Environmental Health
Office of Drinking Water
RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEMID NO. 2. SYSTEM NAME 79250 B SILVER LAKE WATER & SEWER DISTRIC	3, COUNTY 4, GROUP 5, TYPE CT SNOHOMISH A Comm
6. PRIMARY CONTACT NAME & MAILING ADDRESS WALTER L. ROBISON [FACILITIES MANAGER] PO BOX 13888 MILL CREEK, WA 98082	7. OWNER NAME & MAILING ADDRESS 8. Owner Number. 005381 SILVER LAKE WATER & SEWER DISTRICT PATRICK M. CURRAN TITLE: GENERAL MANAGER 15205 41ST AVE SE BOTHELL, WA 98012
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 15205 41ST AVE SE CITY BOTHELL STATE WA ZIP 98012	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP
9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (425) 337-3647 Primary Contact Mobile/Cell Phone: (425) 750-0939 Primary Contact Evening Phone: (425) 337-3647 Fax: (425) 337-4399 E-mail: wrobison@slwsd.com	10. OWNER CONTACT INFORMATION Owner Daytime Phone: (425) 337-3647 Owner Mobile/Cell Phone: (425) 750-0940 Owner Evening Phone: (425) 337-3647 Fax: (425) 337-4399
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) Owned and Managed Managed Only Owned Only	rovide 24-hour contact information for emergencies. SMA: Number:
12: WATER SYSTEM CHARACTERISTICS (mark ALL that apply) □ Agricultural ■ Commercial / Business □ Industrial ■ Day Care ■ Licensed Resi ■ Food Service/Food Permit □ 1,000 or more person event for 2 or more days per year □ Recreational /	idential Facility ☐ Temporary Farm Worker ☑ Other (church, fire station, etc.):
13. WATER SYSTEM OWNERSHIP (mark only one) □ Association □ County □ Investor □ City / Town □ Federal □ Private	14: STORAGE CAPACITY (gallons) Magnetial District □ State 16,400,000
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 SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE 24050 L 24050 L/EVERETT 24050 L 302 01300 E/ALDERWOOD 01300 E	E.GALLERY E.GALLERY E.GALLERY E.GALLERY ON ON ON ON ALINEET ON ON ON ON MARK MARK

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 2. SYSTEM NAME 79250 B SILVER LAKE WATER & SEW	/ER DIS	STRICT		CHARLESCHEN TRUBERE	COUNTY	SH			4.	group A		rype mm
							ACTIVE SE CONNECT	IONS	DOH USI CALCU ACTIVE: COI	ATED.	DOH US APPR CONNE	OVED
25. SINGLE/FAMILY RESIDENCES (How many of the follow. A. Full Time Single Family Residences (Occupied 180 days or more per year)	owing do	you hav	/e?)				0 1488	7	173	81	Unsp	ecified
B. Part Time Single Family Residences (Occupied less than 180 days per year)						0					
26: MULTI-FAMILY RESIDENTIAL BUILDINGS (How man) A. Apartment Buildings, condos, duplexes, barracks, dorms	y of the f	ollowing	do you l	iave?)			336					
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms Ih.	at are occup	ied more tha	an 180 days/	year			2494					
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms th				/ear			0					
27. NON-RESIDENTIAL CONNECTIONS (How many of the A. Recreational Services and/or Transient Accommodations (Campsiles, RV silented).			200 x contract contra			T	0		ſ			
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, e							650		65			
	28.	TOTAL	SERVICE	CONNEC	CTIONS				180	31		
29. FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or more day	rs ner vea	2			45078							
		***************************************	Postolilo Chi membrolili a	• consistent and a second		100000000000000000000000000000000000000		(postorovinos	101 HATTON CHARACTOR			
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	ОСТ	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	REB	MAR	APR	MAY	NUC	JUL	AUG	SEP	ОСТ	NOV	DEC
If you have schools, daycares, or husinesses 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?												
									1 2000	1	I A S	DEC
33. ROUTINE COLIFORM SCHEDULE	JAN 50	FEB 50	MAR 50	APR 50	MAY 50	JUN 50	JUL 50	AUG 50	SEP 50	OCT 50	NOV 50	50
·									***			
35. Reason for Submitting WFI:												
☐ Update - Change ☐ Update - No Change ☐	Inactiva	te 🔲	Re-Activ	rate □ I	Name Ci	nange	□New	System	□ Oth	er		
36. I certify that the information stated on this WF	i form i	s carred	t to the	best of	my knov	vledge.						
SIGNATURE:						TE:	1	/-/	6-0	99		
PRINT NAME: (Jalter Re	5625	وس				LE:	Fas	cilit	/ 8' - 5	Man	25 -en	

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:

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Washington State Department Of Health Project Approval Application

Comprehensive Wa	ter System Plan		Snohomish		
(project name)			(county)		DOH Project #
Silver Lake Water &	Sewer District		Eric B. Delfel,	P.E.	
(water system name)		_	(design enginee	er)	
Patrick Curran			Gray & Osbori		
(system owner)			(engineering firr	,	
15205 41 st Avenue S	<u> </u>		701 Dexter Av	enue North	
(street)	***	00010 0111	(street)		00.100
Bothell (city)	Washington (state)	98012-6114 (zip code)	Seattle (city)	WA (st)	98109 (zip code)
	(State)	(zip code)		` ,	(zip code)
(425) 337-3647 (phone number)			(206) 284-086 (phone number)		
(priorio rialitiosi)			(priorio riambor)	<i>'</i>	
(project contact if diffe	rent than above)	(daytime phone	e number) (e	vening phone n	umber)
SYSTEM CLASS:	Group A Community	☐ Group A N	ΓNC Group	A TNC	☐ Group B
# SERVICE CONNEC	CTIONS (for Group A systems	only - # corvices aft	or project completic	na).	
	` <u></u> ` <u></u>	<u> </u>		•	
	100 🗆 100 - 500 🗆 501	•			
PROJECT DESCRIP	TION : The Silver Lake Water &	Sewer District has	updated its Compre	hensive Wate	r System Plan.
AREA SERVED (for a	distribution projects only-name d	of subdivision, site a	ddress, parcel num	bers, etc.):	
TYPE OF PROJECT	(check all that apply):				
water system pla			☐ satellite manag	gement (SMA)	
non-comple	ete new or updated plan		ownership plar	• • • •	
non-minor a	·		☐ amendment		
			☐ operation plan		
			in operation plan		
— — — — — — — — — — — — — — — — — — —			L Sa Si a casa a la calla		
	s water system plan required: [· _		pprovea: LY	⊔N)
<u> </u>	ject identified as part of capital i	mprovement plan: L	⊥Y LIN)		
	other complex treatment				
☐ chemical ad	ddition only (ion exchange, hypo	chlorination, corrosi	on control or fluorid	lation)	
☐ complete n	ew water system				
\square major syste	em modification				
☐ special reports o	or nlans:				
☐ corrosion co	•				
☐ corrosion co	•				
	•				
·	er uncovered reservoir				
☐ predesign s	•				
	reservoir plan of operation				
\square tracer study	[,] plan				
☐ surface wat	ter or GWI treatment facility ope	eration plan			

☐ filtration pilot study
□ construction documents: □ filtration or other complex treatment □ chemical addition only □ complete new water system □ new source only □ system modification □ system modification; design standards used; PE prepared
 □ existing system approval □ non-expanding; not detailed evaluation □ non-expanding, detailed evaluation □ expanding, not detailed evaluation □ expanding, detailed evaluation
□ waivers: □ inorganic chemical (initial) □ organic chemical (initial) □ use
☐ inorganic chemical (renewal) ☐ organic chemical (renewal) ☐ use (renewal) ☐ coliform (w/departmental inspection) ☐ coliform (w/ third-party inspection)
□ other □ well-site evaluation and approval □ regulatory monitoring plan □ unfiltered system annual report □ water system compliance report (loan letter) □ water right self-assessment (if applicable)
other projects (describe)

Log-in #;	below this line: Initial fee	; Invoice mailed	;
Invoice #;	Fee received	; # review letters	
Approval Date:	Date construction	n report received:	#approved connections
Area served:			
Provisions:			

Water System Plan Submittal Form

This form is required to be submitted along with the Water System Plan (WSP). It will serve to expedite review and approval of your WSP. WSPs will not be reviewed until the submittal form and checklist are completed.

1) System Name	2) SYSTEM ID #	3) SYSTEM OWNER	
Silver Lake Water & Sewer District	79250B	Patrick Curran	
4) CONTACT NAME FOR UTILITY	PHONE NUMBER	TITLE	
Patrick Curran	(425) 337-3647	General Manager	
ADDRESS	CITY	STATE	ZIP
15205 41st Avenue SE	Bothell	Washington	98012-6114
5) PROJECT ENGINEER	PHONE NUMBER	TITLE	
Eric Delfel, P.E.	(206) 284-0860	Project Manager	
Erre Denei, T.E.			
ADDRESS	CITY	STATE	ZIP

6.	How many services are presently connected to the system?	15,680 in 200	09
7.	Is the system expanding? (seeking to extend service area or increase number of approved connections)	Yes	
8.	If number of services is expected to increase, how many new connections are proposed in the next six years?	1,744 additio	onal by 2015
9.	If the system is private-for-profit, is it regulated by the State Utilities and Transportation Commission?		No
10.	Is the system located in a Critical Water Supply Service Area?		No
11.	Is the system a customer of a wholesale water purveyor?	Yes	
12.	Will the system be pursuing additional water rights from the Sate Department of Ecology in the next 10 years?		No
13.	Is the system proposing a new intertie?		No
14.	Do you have projects(s) currently under review by Department of Health?		No
15.	Are you requesting distribution main project report and construction document submittal exception, and if so, does the WSP contain standard construction specifications for distribution mains?	Yes	
16.	Are you requesting distribution related project report and construction document submittal exception, and if so, does the WSP contain distribution facilities design and construction standards, including internal engineering review procedures?		No
17	Have you sent copies of the draft WSP to adjacent purveyors and the County for their review and comment?	Yes	

- 17. Have you sent copies of the draft WSP to adjacent purveyors and the County for their review and comment? If yes, list adjacent utilities/entities that have received a copy of the draft WSP
- Yes

- City of Everett, Public Works
- City of Everett, Clerk
- City of Mill Creek, Public Works
- Snohomish County Health District
- Snohomish County, Public Works
- Snohomish County, Planning
- Cross Valley Water District
- Alderwood Water and Wastewater District
- 18. Is this plan an: Initial Submittal

Please enclose the following number of copies of the WSP:

- 2 copies for Department of Health Review
- 1 additional copy if you answered "YES" to question 9
- 1 additional copy if you answered "Yes" to question 12 and/or13

___3__ Total Copies Attached

DOH 331-040 (rev 3/99)

WSP Checklist

	Content Description	*Must Be	(Page #)
	Content Description	Submitted (√)	in WSP
Chapter 1	Description of Water System		
	Ownership and Management	(√)	1-1
	System History and Background	(√)	1-3
	Inventory of Existing Facilities	(√)	1-5
	Related Plans (e.g., CWSP, local land use plans)	(√)	1-16
	Service Area and Characteristics	(√)	2-2
	Agreement (signed in accordance with CWSP)	()	
	• Map	(√)	Figure 2-2
	 Service Area Policies (Including SMA policy and conditions of service) 	(√)	1-19
Chapter 2	Basic Planning Data		
•	Current Population, Number of Service Connections, and ERUs	(√)	2-10, 2-21
	Current Water Use and Data Reporting	(√)	2-13
	Current and Future Land Use	(√)	2-4
	 Future Population and Number of Service Connections and ERUs (6 and 20 years) 	(√)	Table 2-22
	 Future Water Use (Demand forecast for 6 and 20 years) 	(√)	Table 2-22
Chapter 3	System Analysis		
	System Design Standards	(√)	Table 4-1
	Water Quality Analysis	(√)	Chapter 3
	System Inventory, Description and Analysis	(√)	4-4
	• Source	(√)	4-4
	Treatment	()	4-5
	 Storage Distribution System/Hydraulics 	(\checkmark)	Chapter 5
	Summary of System Deficiencies	(√)	4-8, 4-10, 4-11,7,
	Summary of System Deliciencies	(v)	5-8
	Analysis of Possible Improvement Projects	(√)	Chapter 8
Chapter 4	Conservation Program and Source of Supply Analysis		
	Conservation Program	(√)	Chapter 7
	Water Right Assessment	()	•
	Source of Supply Analysis and evaluation of supply alternatives	()	
	Water Supply Reliability Analysis With Water Shortage Response Plan	()	
	• Interties	()	
Chapter 5	Source Water Protection (Check One or Both)		
•	Wellhead Protection Program	()	
	Watershed Control Program	()	
Chapter 6	Operation and Maintenance Program		
•	Water System Management and Personnel	(√)	6-1
	Operator Certification	(1)	6-4
	Routine Operating Procedures, Preventive Maintenance and Record Keeping	(1)	6-5
	 Water Quality Sampling Procedures (Comprehensive Monitoring Plan) 	(√)	3-11
	Coliform Monitoring Plan	(√)	Appendix E
	Emergency Response Program	(√)	6-8
	Safety Procedures	(√)	6-8
	Cross-Connection Control Program	(√)	6-8
	Service Reliability in accordance with WAC 246-290-420	()	
Chapter 7	Distribution Facilities Design and Construction Standards		
	Standard Construction Specification for Distribution Mains	()	Appendix F
	Design and Construction Standards for distribution Related Projects	()	Appendix F
Chapter 8	Improvement Program		
	Capital Improvement Schedule (6 and 20 years)	(√)	8-12
Chapter 9	Financial Program		
	Summary of past income and expenses	(√)	9-4
	Balanced Operating Budget (1 year if >1,000 connections / 6 year if < 1,000 connections)	(√)	9-5 0-5
	Demonstration of revenue and cash flow stability to fund CIP and emergency improvements Demonstration of revenue and cash flow stability to fund CIP and emergency improvements Demonstration of revenue and cash flow stability to fund CIP and emergency improvements	(√)	9-5 9-2
	 Rate Structure that considers affordability of rates and water conservation Systems < 1,000 connections may do DOH Financial Viability Test to complete above regs. 	(√) ()	J-Z
	 UTC Financial Viability and Feasibility Test (for UTC regulated systems) 	()	
		\ /	
Chapter 10			
Chapter 10	Miscellaneous Documents	()	
Chapter 10	Miscellaneous Documents • For Community Systems, Meeting of the Consumers (date and description)	() (\lambda)	Annendix I
Chapter 10	Miscellaneous Documents For Community Systems, Meeting of the Consumers (date and description) County/Adjacent Utility Correspondence	() (√) ()	Appendix L
Chapter 10	Miscellaneous Documents • For Community Systems, Meeting of the Consumers (date and description)	` ,'	Appendix L

^{*} Requirement will be determined at the pre-plan conference.