

**APPENDIX A**

**DOH WATER FACILITIES INVENTORY FORM AND  
DOH WSP CHECKLIST**



# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1  
Updated: 12/18/2009  
Printed: 01/15/2010  
WFI Printed For: On-Demand  
Submission Reason: Annual Update

ONE FORM PER SYSTEM

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 79250 B	2. SYSTEM NAME SILVER LAKE WATER & SEWER DISTRICT	3. COUNTY SNOHOMISH	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  WALTER L. ROBISON [FACILITIES MANAGER] PO BOX 13888 MILL CREEK, WA 98082	7. OWNER NAME & MAILING ADDRESS  SILVER LAKE WATER & SEWER DISTRICT PATRICK M. CURRAN 15205 41ST AVE SE BOTHELL, WA 98012	8. Owner Number: 005381
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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
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9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (425) 337-3647	Owner Daytime Phone: (425) 337-3647
Primary Contact Mobile/Cell Phone: (425) 750-0939	Owner Mobile/Cell Phone: (425) 750-0940
Primary Contact Evening Phone: (425) 337-3647	Owner Evening Phone: (425) 337-3647
Fax: (425) 337-4399 E-mail: wrobison@slwsd.com	Fax: (425) 337-4399 E-mail: Pmcurran@slwsd.com

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 checked="" type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input checked="" type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> School
<input checked="" type="checkbox"/> Day Care	<input checked="" type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input checked="" type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input checked="" type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input 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 type="checkbox"/> Investor <input checked="" type="checkbox"/> Special District	16,400,000
<input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State	

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 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 FIELD	SPRING IN SPRING FIELD	SEA WATER	SURFACE WATER	RANNEY / IRE GALLERY	OTHER	PERMANENT	SEASONAL			EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION			FLUORIDATION	IRRADIATION (UV)	OTHER	1/4 SECTION	SECTION NUMBER
S01	24050L/EVERETT	24050 L													X									0	SW SW	20	28N	05E
S02	01300E/ALDERWOOD	01300 E																						0			00N	00E





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) \_\_\_\_\_

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For department use only below this line:

Log-in # \_\_\_\_\_; Initial fee \_\_\_\_\_; Invoice mailed \_\_\_\_\_;

Invoice # \_\_\_\_\_; Fee received \_\_\_\_\_; # review letters \_\_\_\_\_

Approval Date: \_\_\_\_\_ Date construction 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 <b>Silver Lake Water &amp; Sewer District</b>	2) SYSTEM ID # <b>79250B</b>	3) SYSTEM OWNER <b>Patrick Curran</b>
4) CONTACT NAME FOR UTILITY <b>Patrick Curran</b>	PHONE NUMBER <b>(425) 337-3647</b>	TITLE <b>General Manager</b>
ADDRESS <b>15205 41<sup>st</sup> Avenue SE</b>	CITY <b>Bothell</b>	STATE <b>Washington</b>
5) PROJECT ENGINEER <b>Eric Delfel, P.E.</b>	PHONE NUMBER <b>(206) 284-0860</b>	TITLE <b>Project Manager</b>
ADDRESS <b>701 Dexter Avenue North, Suite 200</b>	CITY <b>Seattle</b>	STATE <b>WA</b>
		ZIP <b>98012-6114</b>
		ZIP <b>98109</b>

- |   |                                 |
|---|---------------------------------|
| 6. How many services are presently connected to the system?   | <b>15,680 in 2009</b>           |
| 7. Is the system expanding? (seeking to extend service area or increase number of approved connections)   | <b>Yes</b>                      |
| 8. If number of services is expected to increase, how many new connections are proposed in the next six years?  | <b>1,744 additional by 2015</b> |
| 9. If the system is private-for-profit, is it regulated by the State Utilities and Transportation Commission?   | <b>No</b>                       |
| 10. Is the system located in a Critical Water Supply Service Area?  | <b>No</b>                       |
| 11. Is the system a customer of a wholesale water purveyor?   | <b>Yes</b>                      |
| 12. Will the system be pursuing additional water rights from the Sate Department of Ecology in the next 10 years?   | <b>No</b>                       |
| 13. Is the system proposing a new intertie?   | <b>No</b>                       |
| 14. Do you have projects(s) currently under review by Department of Health?   | <b>No</b>                       |
| 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?   | <b>Yes</b>                      |
| 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?  | <b>No</b>                       |
| 17. Have you sent copies of the draft WSP to adjacent purveyors and the County for their review and comment?  | <b>Yes</b>                      |
| If yes, list adjacent utilities/entities that have received a copy of the draft WSP   |                                 |
| <ul style="list-style-type: none"> <li>• <b>City of Everett, Public Works</b></li> <li>• <b>City of Everett, Clerk</b></li> <li>• <b>City of Mill Creek, Public Works</b></li> <li>• <b>Snohomish County Health District</b></li> <li>• <b>Snohomish County, Public Works</b></li> <li>• <b>Snohomish County, Planning</b></li> <li>• <b>Cross Valley Water District</b></li> <li>• <b>Alderwood Water and Wastewater District</b></li> </ul> |                                 |

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/or 13

  **3**   Total Copies Attached

## WSP Checklist

Content Description	*Must Be Submitted ( ✓ )	(Page #) in WSP
<b>Chapter 1</b>		
<b>Description of Water System</b>		
• 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
<b>Chapter 2</b>		
<b>Basic Planning Data</b>		
• 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
<b>Chapter 3</b>		
<b>System Analysis</b>		
• System Design Standards	( ✓ )	Table 4-1
• Water Quality Analysis	( ✓ )	Chapter 3
• System Inventory, Description and Analysis	( ✓ )	4-4
• Source	( ✓ )	4-4
• Treatment	( )	
• Storage	( ✓ )	4-5
• Distribution System/Hydraulics	( ✓ )	Chapter 5
• Summary of System Deficiencies	( ✓ )	4-8, 4-10, 4-11,7, 5-8
• Analysis of Possible Improvement Projects	( ✓ )	Chapter 8
<b>Chapter 4</b>		
<b>Conservation Program and Source of Supply Analysis</b>		
• 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	( )	
• Interries	( )	
<b>Chapter 5</b>		
<b>Source Water Protection (Check One or Both)</b>		
• Wellhead Protection Program	( )	
• Watershed Control Program	( )	
<b>Chapter 6</b>		
<b>Operation and Maintenance Program</b>		
• Water System Management and Personnel	( ✓ )	6-1
• Operator Certification	( ✓ )	6-4
• Routine Operating Procedures, Preventive Maintenance and Record Keeping	( ✓ )	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	( )	
<b>Chapter 7</b>		
<b>Distribution Facilities Design and Construction Standards</b>		
• Standard Construction Specification for Distribution Mains	( )	Appendix F
• Design and Construction Standards for distribution Related Projects	( )	Appendix F
<b>Chapter 8</b>		
<b>Improvement Program</b>		
• Capital Improvement Schedule (6 and 20 years)	( ✓ )	8-12
<b>Chapter 9</b>		
<b>Financial Program</b>		
• 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
• Demonstration of revenue and cash flow stability to fund CIP and emergency improvements	( ✓ )	9-5
• Rate Structure that considers affordability of rates and water conservation	( ✓ )	9-2
• Systems < 1,000 connections may do DOH Financial Viability Test to complete above reqs.	( )	
• UTC Financial Viability and Feasibility Test (for UTC regulated systems)	( )	
<b>Chapter 10</b>		
<b>Miscellaneous Documents</b>		
• For Community Systems, Meeting of the Consumers (date and description)	( )	
• County/Adjacent Utility Correspondence	( ✓ )	Appendix L
• Documentation of State Environmental Policy Act (SEPA) Compliance	( )	
• Agreements	( )	
• Satellite Management Program	( )	

\* Requirement will be determined at the pre-plan conference.