

WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2

Updated: 06/29/2006

Printed: 07/03/2006

WFI Printed For: On-Demand

Submission Reason: Other



ONE FORM PER SYSTEM

RETURN TO: Eastern Regional Office, 1500 W 4th Ave STE 305, Spokane, WA, 99204

1. ESTABLISHING NUMBER 427005	2. SYSTEM NAME KITITITAS COUNTY WATER DIST 3	3. COUNTY KITITITAS	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS CHUCK WHITE (COMMISSIONER) PO BOX 68 EASTON, WA 98925	7. OWNER NAME & MAILING ADDRESS KITITITAS COUNTY WD 3 CLARESE NORTH PO BOX 68 EASTON, WA 98925 TITLE: SECRETARY	8. Owner Number: 003056
9. STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	9. STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (509) 656-0180	Owner Daytime Phone: (206) 498-4424
Primary Contact Mobile/Cell Phone: (509) 260-0662	Owner Mobile/Cell Phone: (206) 498-4424
Primary Contact Evening Phone: (509) 656-0180	Owner Evening Phone: (206) 498-4424
Fax: E-mail:	Fax: (509) 656-3082 E-mail: gcnorth@verizon.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 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 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 checked="" type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.)
<input 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)

<input type="checkbox"/> Association	<input type="checkbox"/> County	<input type="checkbox"/> Investor	<input type="checkbox"/> Special District
<input checked="" type="checkbox"/> City / Town	<input type="checkbox"/> Federal	<input type="checkbox"/> Private	<input type="checkbox"/> State

14. STORAGE CAPACITY (gallons) 195,000

15. SOURCE NUMBER	16. SOURCE NAME	17. INTERIE	18. SOURCE CATEGORY											19. USE		20. TREATMENT				21. DEPTH	22. SOURCE LOCATION						
			WELL	WELL FIELD	WELL IN WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRING FIELD	SEALED WELL	SURFACE WATER	RANNEY / IN GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE FILTERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	BROUADATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	TOWNSHIP	SECTION	SECTION NUMBER
SO1	Well #1 AFT392 (Country)		X												X		X					170	104	SW NW	01	20N	131
SO2	Well #2 AFT391 (Village)		X												X		X					70	82	SW NE	11	20N	131
SO3	Well #3 AFT395 (School)		X														X					60	75	SW NE	11	20N	131

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO: 42700-5	2. SYSTEM NAME: KITITAS COUNTY WATER DIST 3	3. COUNTY: KITITAS	4. GROUP:	5. TYPE: COMM
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Lines 25, 26, 27, 28 are required to be completed (other lines are optional)

	GIVE SERVICE CONNECTIONS	POPULATION CALCULATED ACTIVE CONNECTIONS	POPULATION APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	69	193
A. Full Time Single Family Residences (Occupied 180 days or more per year)	169		
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?)	0		
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 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)	3	3	3
A. Recreational Services (Campsites, RV Sites, Saigols, etc.)			
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	16	16	16
28. TOTAL SERVICE CONNECTIONS	16	16	16

29. FULL-TIME RESIDENTIAL POPULATION

A. How many residents are served by this system 180 or more days per year? 250

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?												

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?	186	168	186	180	186	180	186	186	180	186	180	186
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

* Requirement is exception from WAG 246-290

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

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: _____

WATER WELL REPORT

3507
Start Card No. 27268

STATE OF WASHINGTON

Water Right Permit No. _____

(1) OWNER: Name EASTON Address _____

(2) LOCATION OF WELL: County KITAS N 4SE Sec. 11 T. 20N R. 13E W.M. 13

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
<u>COBBLES - GRAVEL</u>	<u>0</u>	<u>35</u>
<u>CLAY - GRAVEL</u>	<u>35</u>	<u>60</u>
<u>SAND - GRAVEL (209µm)</u>	<u>60</u>	<u>145</u>
<u>BLACK SAND</u>	<u>145</u>	<u>160</u>
<u>GRAVEL (100 µm)</u>	<u>160</u>	<u>170</u>

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
 Abandoned New well Deepened Reconditioned
 Method: Dug Cable Rotary Bored Driven Jetted

(5) DIMENSIONS: Diameter of well 8 inches.
 Drilled 170 feet. Depth of completed well 165 ft.

(8) CONSTRUCTION DETAILS:
 Casing installed: 8 Diam. from 0 ft. to 168 ft.
 Welded _____ Diam. from _____ ft. to _____ ft.
 Liner installed _____ Diam. from _____ ft. to _____ ft.
 Threaded _____ Diam. from _____ ft. to _____ ft.

Perforations: Yes No
 Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes No
 Manufacturer's Name _____
 Type _____ Model No. _____
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes No Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.
 Surface seal: Yes No To what depth? 20 ft.
 Material used in seal BENTONITE
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type _____ H.P. _____

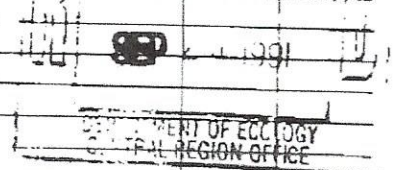
(8) WATER LEVELS: Land surface elevation above mean sea level _____ ft.
 Static level 105 ft. below top of well Date _____
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? _____
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

 Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
 Time Water Level Time Water Level Time Water Level

Work started 9-12, 19 91 Completed 9-15, 19 91

WELL CONSTRUCTOR CERTIFICATION:
 I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.
 NAME BACH Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
 Address Rts Box 1010 ELLIENSBURG
 (Signed) Mike Bach License No. 22
 Contractor's Registration No. MIKE BK 13304 Date 9-19, 19 91



Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report



WELL LOG CHANGE FORM

Instructions: Record any change made to the well log record on this form. Append this form to the well log image. File with the original.

WCL Log ID (Required) _____ Well Log ID 114258

Regional Office: CRO ERO NWRO SWRO

Type of Well: Water Resource

Notice of Intent: _____ Ecology Well ID Tag No. _____

Property (Well) Owner's Name Easton (change name to Kittitas Co. W.D.#3)

Well Street Address _____
City _____ County Kittitas Zip Code _____

Location: SE 1/4-1/4 NE 1/4 Sec 2 Twn 20 R 13 E or W (Circle One)

Lat./Long: (Required) Lat. Deg. _____ Lat. Min/Sec _____
Long. Deg. _____ Long. Min/Sec _____
Horizontal Collection Method Code _____

Tax Parcel No _____

Type of Work: New Well Reconditioned Deepened

Well Log Received Date 1/1

Well Diameter _____ (in inches) Well Depth _____ (in feet) Well Completed Date 1/1

Driller's Ecology License No. _____

Trainee's Ecology License No. _____

Reason/Source of Change (Required)

Correcting 1/4-1/4 - Section, Township, Range, and added accurate name of owner, per AL LANG AT EASTSIDE CONSULTANTS, Cle Elum (509) 674-7433

Signature of Well Log Tracker (Required) EG Date 1/2/03