

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 3

Updated: 02/24/2023

Printed: 3/7/2023
WFI Printed For: On-Demand

Submission Reason: New System

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822 or email wfi@doh.wa.gov

1. S	YSTEM ID NO.	2. SYSTEM NAME									3. COUNTY									4. GROUP			. TYF	Έ						
AE187 H MEANY LODGE											KITTITAS											А		TNC						
6. PRIMARY CONTACT NAME & MAILING ADDRESS									7	7. C	ow	NE	R١	IAI	ИE	& I	MA	LIN	IG /	٩DI	DRE	ESS	3							
EDWARD C. WALTER [CHAIRPERSON] 3209 GAY ROAD TACOMA, WA 98443								THE MOUNTAINEERS BILL ASHBY 7700 SAND POINT WAY NE SEATTLE, WA 98115																						
STREET ADDRESS IF DIFFERENT FROM ABOVE									s	TR	REE	Τ/	٩DE	DR	ES	S IF	D	IFF	ERE	ENT	FF	RON	ABO	/E						
ATTN								ATTN																						
ADD	RESS									Α	DE	DRE	ESS	3																
CITY STATE ZIP								С	TI	Υ								STA	TE			ZIP								
9. 24	HOUR PRIMARY	CONTACT INFORMAT	ION							10. OWNER CONTACT INFORMATION Owner Daytime Phone: (206) 521-6007																				
Primary Contact Daytime Phone:								С	Owr	ner	Da	ytin	ne	Pho	one	:	(:	206) 52	21-6	007	7								
Primary Contact Mobile/Cell Phone: (253) 381-3737								Owner Mobile/Cell Phone: (206) 852-3008																						
Primary Contact Evening Phone:								Owner Evening Phone:																						
Fax:	Fax: E-mail: cxxxr@meanylodge.org								Fax: E-mail: bxxxa@mountaineers.org																					
11. S	11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)																													
☐ Not applicable (Skip to #12) ☐ Owned and Managed SMA NAME: Evergreer ☐ Managed Only ☐ Owned Only							n V	n Valley Utilities SMA Number: 149																						
12. \	12. WATER SYSTEM CHARACTERISTICS (mark all that apply)																													
☐ Agricultural ☐ Ho ☐ Commercial / Business ☐ Inc ☐ Day Care ☐ Lic ☐ Food Service/Food Permit ☑ Lo								ndu: ice: odg	ospital/Clinic Residential dustrial School censed Residential Facility Temporary Farm Worker odging Other (church, fire station, etc.):																					
13. W	ATER SYSTEM O	WNERSHIP (mark only	one)							14. STORAGE CAPACITY (gallons														ons)						
Association County Investor								Special District											,											
	City / Town	Federal				\mathbf{x}	Priva	ate			State										1,800									
15					ഭവ	ORY USE 20 21 22 23 SO							SOURC	24 DURCE LOCATION																
	5501	CE NAME	INTERTIE		Ĭ		T	T	T	T	T	Т	+	T		- -		┢	Ϊ		T		Γ	DE: 11	+		OCORO			-
Source Number	AND WELL - Example: V IF SOURCE IS INT LIST SEI Exampl	NAME FOR SOURCE FAG ID NUMBER. VELL #1 XYZ456 PURCHASED OR ERTIED, LLER'S NAME e: SEATTLE	INTERTIE SYSTEM ID NUMBER		WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING IN SPRINGFIELD	SEA WATER	SEA WATER	SIIBEACE WATER	RANNEY / INF. GALLERY	OTHER	-	SEASONAL	EMERGENCY	-	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)		DEPTH TO FIRST OPEN TERVAL IN FEET		CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	Well #1 BKJ886		Х	Ц	_	\perp		1	\downarrow	1	4	\downarrow	Х			Υ	L			L	Х		100	\bot	0	NE SE	27	21N	12	
			Щ	Ц	4	+	4	_	+	+	4	\dashv	\dashv		\vdash	<u> </u>	L	\vdash	L	L	<u> </u>	L		\bot			\vdash			
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WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	3.	COUNTY			4. GRO	OUP	5. TYPE										
AE187 H	AE187 H MEANY LODGE								KITTITAS								
										DOH USI CALCUI ACTI CONNE	LATED VI	DOH USE ONLY! APPROVED CONNECTIONS					
25. SINGLE FAMILY RE				C)	Undetermined											
	ly Residences (Occupied 180 days or more				0												
B. Part Time Single Fami	ily Residences (Occupied less than 180 day					0											
26. MULTI-FAMILY RESI	IDENTIAL BUILDINGS (How many of the																
A. Apartment Buildings, o		0															
B. Full Time Residential I	0																
C. Part Time Residential	0																
27. NON-RESIDENTIAL																	
	and/or Transient Accommodations (Campsitial/Business, School, Day Care, Industrial S	-		motel/ove	rnigni uni	is)		1		1							
D. Inditational, Commercia	an business, concoi, buy cure, industrial o		TOTAL SE	RVICE	ONNECT	ONS			1								
29. FULL-TIME RESIDEN	NTIAL POPULATION																
	re served by this system 180 or more days p	per year?			0												
30. PART-TIME RESIDE	NTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC				
OO. TAKT TIME REGIDE	ATTAL TOT GLATION	O/AI4	120	MAIX	AIK	WAI	0011	002	700	OL:	001	1101	DEG				
A. How many part-time re	esidents are present each month?																
B. How many days per m																	
31. TEMPORARY & TRA	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?			560	445			27	395	398	122	394	48	250				
B. How many days per m	14	12	13			3	6	6	9	11	3	5					
32. REGULAR NON-RES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC					
water system, how many s	aycares, or businesses connected to your students, daycare children and/or ch month that are NOT already included in																
B. How many days per me																	
33. ROUTINE COLIFORM	M SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC				
		1	1	1	0	0	1	1	1	0	1	0	1				
34. NITRATE SCHEDUL		QUAR	TERLY			ANNU	JALLY		10	ICE EVEF	Y 3 YEARS						
(One Sample per source						S	01										
35. Reason for Submitti	ing 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:	DATE:											
PRINT NAME: TITLE:																	

Total WFI Printed: 1



Water Facilities Inventory (WFI)

Report Create Date: 3/7/2023

Water System Id(s): AE187H

Print Data on Distribution Page: ALL

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