

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
AE187 H	MEANY LODGE	KITTITAS	A	TNC

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)		0	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)	0		
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?)			
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?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	1	1	
28. TOTAL SERVICE CONNECTIONS		1	

29. FULL-TIME RESIDENTIAL POPULATION													
A. How many residents are served by this system 180 or more days per year? 0													

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?	810	560	445			27	395	398	122	394	48	250
B. How many days per month is water accessible to the public?	14	12	13			3	6	6	9	11	3	5

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 that are NOT already included in the residential population?												
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
	1	1	1	0	0	1	1	1	0	1	0	1

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)		S01	

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: _____

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