

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 0

Updated: 02/22/2023

Printed: 2/24/2023
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

<u> </u>											,	•	,			•								•	_	9			
1. S	SYSTEM ID NO.	2. SYSTEM NAME									3. COUNTY										4. 0	ROUP	5	. TYF	PΕ				
AE187 H MEANY LODGE									KITTITAS B																				
6. PRIMARY CONTACT NAME & MAILING ADDRESS								7. OWNER NAME & MAILING ADDRESS																					
EDWARD C. WALTER [CHAIRPERSON] 3209 GAY ROAD TACOMA, WA 98443								THE MOUNTAINEERS REC. PROPERTIES BILL ASHBY 7700 SAND POINT WAY NE SEATTLE, WA 98115																					
STREET ADDRESS IF DIFFERENT FROM ABOVE										ST	RE	ET	ΑD	DR	ES	S IF	= DI	IFFE	ERE	NT	FR	ON	1 ABO	VE					
ATT										ATTN																			
ADDRESS								ADDRESS																					
CITY STATE ZIP										CITY STATE ZIP																			
9. 24 HOUR PRIMARY CONTACT INFORMATION										10. OWNER CONTACT INFORMATION																			
Prima	ary Contact Daytim	e Phone:								Owner Daytime Phone: (206) 521-6007																			
Primary Contact Mobile/Cell Phone: (253) 381-3737								Owner Mobile/Cell Phone: (206) 852-3008																					
Primary Contact Evening Phone:								┪	Owner Evening Phone:																				
Fax:										Fa	x:								E-n	nail	: b:	XXX	a@mo	unta	aineers.	org			
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)																													
Not applicable (Skip to #12) Owned and Managed Managed Only Owned Only							en	n Valley Utilities SMA Number: 149																					
☐ Commercial / Business ☐ Inc ☐ Day Care ☐ Lic ☐ Food Service/Food Permit ☐ Loc							Ind Lic Loc	ospital/Clinic Residential School censed Residential Facility Temporary Farm Worker odging Other (church, fire station, etc.):																					
13. W	13. WATER SYSTEM OWNERSHIP (mark only one)																					1	4. :	STORA	GE CAPA	CIT	(gall	lons)	
Association County Investor								Special District																					
	City / Town	Federal				P Pr	ivat	e		☐ State 1,800																			
15	SOUF	16 RCE NAME	17 INTERTIE		so	URC	1: E C		EG	19 20 21 22 GORY USE TREATMENT DEPTH								.,	23 24 SOURCE LOCATION										
				П	Ť	T	П								Γ		Н							+					
Source Number	AND WELL ' Example: \ IF SOURCE IS INT LIST SE	NAME FOR SOURCE TAG ID NUMBER. NELL #1 XYZ456 S PURCHASED OR ERTIED, LLER'S NAME e: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	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			П						Χ			Υ					Х	Χ	100		0	NE SE	27	21N	12
							Ц	Ш						L		L	$oxedsymbol{oxed}$	Ц					\perp			\bigsqcup			
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WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	3.	COUNTY			4. GRO	OUP	5. TYPE						
AE187 H	MEANY LODGE	KIT	TITAS				В						
		ACT SERV CONNEC	'ICE	DOH USI CALCUI ACTI CONNE	LATED IVE	DOH USE ONLY! APPROVED CONNECTIONS							
25. SINGLE FAMILY RE					C)	Undetermined						
A. Full Time Single Famil	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												
	condos, duplexes, barracks, dorms			0									
B. Full Time Residential	0												
	Units in the Apartments, Condos, Duplexes	0											
	CONNECTIONS (How many of the follow and/or Transient Accommodations (Campsit	0		C									
B. Institutional, Commercial		1		1									
D. Montational, Commercia	an business, concoi, buy cure, industrial o		TOTAL SE	RVICE	ONNECTI	IONS			1				
29. FULL-TIME RESIDEN	NTIAL POPULATION												
A. How many residents are served by this system 180 or more days per year? 0													
30. PART-TIME RESIDE	NTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC
SO. TART TIME RESIDE	ATTAL TOT GLATION	O/AI4	120	MAIX	AIK	IIIA	0014	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-RE	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 m													
33. ROUTINE COLIFOR	M SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
		1	0	1	0	0	0	0	0	0	0	0	0
34. NITRATE SCHEDUL		QUAR	TERLY			ANNU	JALLY		10	RY 3 YEA	RS		
(One Sample per source	by time period)					<u> </u>				S01			
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:								
PRINT NAME: TITLE:													

Total WFI Printed: 1



Water Facilities Inventory (WFI)

Report Create Date: 2/24/2023

Water System Id(s): AE187

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