



# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2  
Updated: 11/06/2017  
Printed: 12/15/2017

ONE FORM PER SYSTEM

WFI Printed For: On-Demand

Submission Reason: Contact Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822

<b>1. SYSTEM ID NO.</b> 20226 X	<b>2. SYSTEM NAME</b> VISTA VUE WATER USERS ASSN	<b>3. COUNTY</b> OKANOGAN	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm																							
<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>  DOUGLAS A. HALE [CONTRACT OPERATOR] 4 NORWAY PINES DR TONASKET, WA 98855-9433		<b>7. OWNER NAME &amp; MAILING ADDRESS</b>  VISTA VUE WATER USERS KEN V. VANDERSTOEP 13 VISTA VUE DR. OMAK, WA 98841		<b>8. OWNER NUMBER: 010204</b>  PRES.																							
<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b> ATTN ADDRESS CITY STATE ZIP		<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b> ATTN ADDRESS CITY STATE ZIP																									
<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>		<b>10. OWNER CONTACT INFORMATION</b>																									
Primary Contact Daytime Phone: (509) 322-0581		Owner Daytime Phone: (509) 631-0701																									
Primary Contact Mobile/Cell Phone: (509) 322-0581		Owner Mobile/Cell Phone:																									
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone:																									
Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx																								
<b>WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.</b>																											
<b>11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)</b>																											
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed      SMA NAME: _____      SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only																											
<b>12. WATER SYSTEM CHARACTERISTICS (mark all that apply)</b>																											
<input type="checkbox"/> Agricultural <input type="checkbox"/> Hospital/Clinic <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Industrial <input type="checkbox"/> School <input type="checkbox"/> Day Care <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Food Service/Food Permit <input 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 type="checkbox"/> Recreational / RV Park																											
<b>13. WATER SYSTEM OWNERSHIP (mark only one)</b>				<b>14. STORAGE CAPACITY (gallons)</b>																							
<input checked="" type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> Investor <input type="checkbox"/> Special District <input type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State				20,000																							
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 TREATMENT				21 DEPTH	22 CAPACITY (GALLONS PER MINUTE)	23 SOURCE LOCATION				
			WELL	WELL FIELD	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 INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP
S01	Well #1		X											X						X		204	35	NW SE	20	34N	27E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>		21	32
A. Full Time Single Family Residences (Occupied 180 days or more per year)	21		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
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		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	1	1	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		22	32

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; text-decoration: underline;">60</span>

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?												
B. How many days per month is water accessible to the public?												

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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
* Requirement is exception from WAC 246-290	1	1	1	1	1	1	1	1	1	1	1	1

<b>34. NITRATE SCHEDULE</b>	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)			

**35. Reason for Submitting WFI:**

- Update - Change   
  Update - No Change   
  Inactivate   
  Re-Activate   
  Name Change   
  New System   
  Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____

<u>WS ID</u>	<u>WS Name</u>
20226	VISTA VUE WATER USERS ASSN

Total WFI Printed: 1