



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 05/12/2015  
Printed: 10/3/2015

WFI Printed For: On-Demand  
Submission Reason: Contact Update

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

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
20226 X	VISTA VUE WATER USERS ASSN	OKANOGAN	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS	7. OWNER NAME & MAILING ADDRESS	8. Owner Number 010204
DOUGLAS A. HALE [CONTRACT OPERATOR] 4 NORWAY PINES DR TONASKET, WA 98855	VISTA VUE WATER USERS KEN V. STOEP 13 VISTA VUE DR. OMAK, WA 98841	TITLE: PRES.
STREET ADDRESS IF DIFFERENT FROM ABOVE		STREET ADDRESS IF DIFFERENT FROM
ATTN ADDRESS CITY STATE ZIP		ATTN ADDRESS CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (509) 826-1653	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: (xxx) xxx-xxxx
Fax: (509) 422-7142   E-mail: XXXXXX	Owner Fax Phone:   E-mail: XXXXXX

**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 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	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<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	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY										19 USE	20	21 TREATMENT					22 DEPTH	23	24 SOURCE LOCATION					
			WELL	WELL FIELD	WELL IN A WELL	SPRING	SPRING IN SPRING FIELD	SEA WATER	SURFACE WATER	RANNEY / INF.	OTHER	PERMANENT			SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION			FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)
Source Number	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: SFATTI F	INTERTIE SYSTEM ID NUMBER																									
S01	Well #1		X											X													

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID</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
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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>	0	32	32
A. Full Time Single Family Residences (Occupied 180 days or more per year)	32		
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.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		32	32

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per _____ <u>60</u>

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
	1	1	1	1	1	1	1	1	1	1	1	1

**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: \_\_\_\_\_

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

**Total WFI Printed: 1**