



WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2
 Updated: 01/31/2014
 Printed: 11/25/2014

WFI Printed For: On-Demand
 Submission Reason: No Change

RETURN TO: Eastern Regional Office, 16201 E Indiana, Suite 1500, Spokane Valley, WA, 99216

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
85123 R	SUN COUNTRY ESTATES 1-2-3	KITTITAS	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS MARK NELSON EVERGREEN VALLEY UTILITIES PO BOX 394 CLE ELUM, WA 98922 STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP			7. OWNER NAME & MAILING ADDRESS SUN COUNTRY WATER MAINTENANCE LINDA ORNDORFF PO BOX 244 CLE ELUM, WA 98922 STREET ADDRESS IF DIFFERENT FROM ATTN ADDRESS CITY STATE ZIP		8. Owner Number 005745 TITLE: ADMIN
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9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (509) 674-9642 Primary Contact Mobile/Cell Phone: (509) 304-9062 Primary Contact Evening Phone: (xxx) xxx-xxxx Fax: E-mail: XXXXXX		10. OWNER CONTACT INFORMATION Owner Daytime Phone: (509) 649-2850 Owner Mobile/Cell Phone: (509) 674-8693 Owner Evening Phone: (xxx) xxx-xxxx Owner Fax Phone: E-mail: XXXXXX	
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WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) <input type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: <u>Evergreen Valley Utilities</u> SMA Number: <u>149</u> <input checked="" type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	
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12. WATER SYSTEM CHARACTERISTICS (mark all that apply) <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year			<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park			<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____		
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13. WATER SYSTEM OWNERSHIP (mark only one) <input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input checked="" type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State					14. STORAGE CAPACITY (gallons) 258,600
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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: SFATTI E	17 INTERTIE INTERTIE SYSTEM ID NUMBER	18 SOURCE CATEGORY										19 USE	21 TREATMENT					22 DEPTH DEPTH TO FIRST OPEN INTERVAL IN FEET	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION						
			WELL	WELL FIELD	WELL IN A WELL	SPRING	SPRING IN OPEN FIELD	SEA WATER	SURFACE WATER	RANNEY / INF.	OTHER	PERMANENT		SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION			FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP
S01	WF/S02,3,4,5			X									X		Y	X						130	124	NW NE	35	20N	14E
S02	Well #1 - AFT369				X								X		Y	X						130	9	NW NE	35	20N	14E
S03	Well #2 - AFT370				X								X		Y	X						137	31	NW NE	35	20N	14E
S04	Well #3 - AFT397				X								X		Y	X						152	42	NW NE	35	20N	14E
S05	Well #4 - ABX618				X								X		Y	X						152	42	NW NE	35	20N	14E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID 85123 R	2. SYSTEM NAME SUN COUNTRY ESTATES 1-2-3	3. COUNTY KITITAS	4. GROUP A	5. TYPE Comm
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	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	214	300
A. Full Time Single Family Residences (Occupied 180 days or more per year)	96		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	118		
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	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	1	1	0
28. TOTAL SERVICE CONNECTIONS		215	300

29. FULL-TIME RESIDENTIAL POPULATION	
A. How many residents are served by this system 180 or more days per	215

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?	20	20	30	30	40	50	50	50	50	40	30	20
B. How many days per month are they present?	6	6	6	6	10	10	10	10	10	10	6	6

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?	155	140	155	360	372	480	496	496	240	248	150	155
B. How many days per month is water accessible to the public?	31	28	31	30	31	30	31	31	30	31	30	31

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: _____

WS ID **WS Name**

85123 SUN COUNTRY ESTATES 1-2-3

Total WFI Printed: 1