



# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2  
Updated: 02/28/2024

ONE FORM PER SYSTEM

Printed: 2/28/2024  
WFI Printed For: On-Demand  
Submission Reason: Pop/Connect Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822 or email wfi@doh.wa.gov

<b>1. SYSTEM ID NO.</b> 47283 E	<b>2. SYSTEM NAME</b> ROOSEVELT LAKE RANCH	<b>3. COUNTY</b> LINCOLN	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm																					
<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>  DUSTIN PENWELL PO BOX 323 WILBUR, WA 99185		<b>7. OWNER NAME &amp; MAILING ADDRESS</b>  ROOSEVELT LK RANCH OWNERS      PRESIDENT DUSTIN PENWELL PO BOX 323 WILBUR, WA 99185																							
<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b> ATTN ADDRESS      39805 STERLING VALLEY RD N CITY      LINCOLN      STATE WA      ZIP 99147		<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b> ATTN ADDRESS      39805 STERLING VALLEY RD N CITY      LINCOLN      STATE WA      ZIP 99147																							
<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>		<b>10. OWNER CONTACT INFORMATION</b>																							
Primary Contact Daytime Phone: (509) 430-7496		Owner Daytime Phone: (509) 430-7496																							
Primary Contact Mobile/Cell Phone: (509) 430-7496		Owner Mobile/Cell Phone: (509) 430-7496																							
Primary Contact Evening Phone:		Owner Evening Phone:																							
Fax:		Fax:																							
E-mail: RLRWS.president@gmail.com		E-mail: rlrws.president@gmail.com																							
<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 checked="" 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				245,000																					
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	21 TREATMENT				22 DEPTH	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION					
			WELL	WELL IN A WELL FIELD	SPRING	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 TERYAL IN FEET	CAPACITY (GALLONS PER MINUTE)
S01	Lincoln Well ABS094												X	Y	X					235	550	SW NE	20	27N	35E
S02	Well #2 AFA204			X									X	Y	X					281	650	NE NE	20	27N	35E
S03	S01/S02 Wellfield			X									X	N	X					235	0	NE NE	20	27N	35E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
47283 E	ROOSEVELT LAKE RANCH	LINCOLN	A	Comm

	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>		245	421
A. Full Time Single Family Residences (Occupied 180 days or more per year)	102		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	143		
<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>		246	421

<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; border-bottom: 1px solid black; padding: 0 50px;">205</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?	10	10	60	76	280	290	300	290	100	60	10	10
B. How many days per month are they present?	2	2	8	8	16	24	24	16	12	8	2	2

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?	124	112	186	750	800	1000	1000	1000	800	620	180	124
B. How many days per month is water accessible to the public?	31	29	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 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	1	1	1	1	1	1	1	1	1

<b>34. NITRATE SCHEDULE</b>	<b>QUARTERLY</b>	<b>ANNUALLY</b>	<b>ONCE EVERY 3 YEARS</b>
(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 \_\_\_\_\_

**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>
47283	ROOSEVELT LAKE RANCH

**Total WFI Printed: 1**





***Water Facilities Inventory (WFI)***

**Report Create Date:** 2/28/2024  
**Water System Id(s):** 47283  
**Print Data on Distribution Page:** Yes  
**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:** Act  
**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