



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
 Updated: 12/21/2010  
 Printed: 1/31/2011

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

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
13916 Q	CRUMBACHER ESTATES WATER SYSTEM	OKANOGAN	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS	7. OWNER NAME & MAILING ADDRESS	8. Owner Number 009465
KEN RADFORD  PO BOX 46 TONASKET, WA 98855	CRUMBACHER ESTATES OWNERS ASSN PO BOX 46 TONASKET, WA 98855	TITLE:
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) 429-6616	Owner Daytime Phone: (509) 429-6616
Primary Contact Mobile/Cell Phone: (509) 429-6616	Owner Mobile/Cell Phone: (509) 429-6616
Primary Contact Evening Phone: (xxx) xxx-xxxx	Owner Evening Phone: (xxx) xxx-xxxx
Fax:   E-mail: ceoaboard@gmail.com	Owner Fax Phone:   E-mail:

**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)**

Agricultural  Hospital/Clinic  Residential

Commercial / Business  Industrial  School

Day Care  Licensed Residential Facility  Temporary Farm Worker

Food Service/Food Permit  Lodging  Other (church, fire station, etc.): \_\_\_\_\_

1,000 or more person event for 2 or more days per year  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	30,000

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: SFATTI E	17 INTERTIE  INTERTIE SYSTEM ID NUMBER	18 SOURCE CATEGORY										19 USE	20	21 TREATMENT					22 DEPTH	23 CAPACITY (GALLONS PER MINUTE)	24 SOURCE LOCATION					
			WELL	WELL FIELD	WELL IN A WELL	SPRING	SPRING IN	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	DEPTH TO SECOND OPEN INTERVAL IN FEET
S01	Well #1 AGJ191			X										X								207	55	NW NW	29	36N	26E
S02	Well #2 AGJ189			X										X								207	450	NW NW	29	36N	26E
S03	WF/S01,S02			X										X		E	X					207	505	NW NW	29	36N	26E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID</b> 13916 Q	<b>2. SYSTEM NAME</b> CRUMBACHER ESTATES WATER SYSTEM	<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	44	57
A. Full Time Single Family Residences (Occupied 180 days or more per year)	43		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	1		
<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>		44	57

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per _____ <u>100</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?					1	1	1	1	1			
B. How many days per month are they present?					31	30	31	31	30			

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: \_\_\_\_\_

**WS ID**   **WS Name**

13916   CRUMBACHER ESTATES WATER SYSTEM

**Total WFI Printed: 1**