

## Appendix A

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# Water Facilities Inventory (WFI) Form

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# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1  
Updated: 05/05/2020

ONE FORM PER SYSTEM

Printed: 9/17/2020  
WFI Printed For: On-Demand  
Submission Reason: Pop/Connect Update

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

<b>1. SYSTEM ID NO.</b> 98200 2	<b>2. SYSTEM NAME</b> WOODLAND CITY OF	<b>3. COUNTY</b> COWLITZ	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm					
<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>  TRACY COLEMAN [PW DIRECTOR] PO BOX 9 WOODLAND, WA 98674		<b>7. OWNER NAME &amp; MAILING ADDRESS</b>  WOODLAND, CITY OF TRACY COLEMAN PO BOX 9 WOODLAND, WA 98674  PUBLIC WORKS DIR.							
<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b> ATTN ADDRESS 300 EAST SCOTT AVE. CITY WOODLAND STATE WA ZIP 98674		<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b> ATTN ADDRESS 300 EAST SCOTT AVE. CITY WOODLAND STATE WA ZIP 98674							
<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>		<b>10. OWNER CONTACT INFORMATION</b>							
Primary Contact Daytime Phone: (360) 225-7999		Owner Daytime Phone: (360) 225-7999							
Primary Contact Mobile/Cell Phone: (360) 608-3158		Owner Mobile/Cell Phone:							
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone:							
Fax: (360) 225-7467   E-mail: xxxxxxxxxxxxxxxxxxxxxx		Fax: (360) 225-7467   E-mail: xxxxxxxxxxxxxxxxxxxxxx							
<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 <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only									
SMA NAME: _____		SMA Number: _____							
<b>12. WATER SYSTEM CHARACTERISTICS (mark all that apply)</b>									
<input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Commercial / Business <input checked="" type="checkbox"/> Day Care <input checked="" type="checkbox"/> Food Service/Food Permit <input checked="" type="checkbox"/> 1,000 or more person event for 2 or more days per year									
<input checked="" type="checkbox"/> Hospital/Clinic <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Licensed Residential Facility <input checked="" type="checkbox"/> Lodging <input checked="" type="checkbox"/> Recreational / RV Park									
<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input checked="" type="checkbox"/> Other (church, fire station, etc.): _____									
<b>13. WATER SYSTEM OWNERSHIP (mark only one)</b>				<b>14. STORAGE CAPACITY (gallons)</b>					
<input type="checkbox"/> Association <input checked="" type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State				1,780,000					
<b>15</b>	<b>16 SOURCE NAME</b>	<b>17 INTERTIE</b>	<b>18 SOURCE CATEGORY</b>	<b>19 USE</b>	<b>20</b>	<b>21 TREATMENT</b>	<b>22 DEPTH</b>	<b>23</b>	<b>24 SOURCE LOCATION</b>
	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	INTERTIE SYSTEM ID NUMBER	WELL IN A WELL FIELD WELL SPRING SPRING FIELD 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)	1/4, 1/4 SECTION SECTION NUMBER TOWNSHIP RANGE
S01	LEWIS RIVER		X	X	Y	X X		2100	SW SW 18 05N 01E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
98200 2	WOODLAND CITY OF	COWLITZ	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>		2360	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	1814		
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	63		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	546		
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	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	357	357	
<b>28. TOTAL SERVICE CONNECTIONS</b>		2717	

<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;">6315</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?	11050	11050	11050	11050	11050	11050	11050	11050	11050	11050	11050	11050
B. How many days per month is water accessible to the public?	31	28	31	30	31	30	31	31	30	31	31	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?	3700	3700	3700	3700	3700	3700	1170	1170	3700	3700	3700	3700
B. How many days per month are they present?	20	19	23	21	21	22	20	23	21	21	19	20

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	10	10	10	10	10	10	9	9	10	10	10	10

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

Total WFI Printed: 1



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

**Report Create Date:** 9/17/2020  
**Water System Id(s):** 982002  
**Print Data on Distribution Page:** ALL  
**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:** ALL  
**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

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