

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 1
Updated: 09/06/2023

Printed: 4/16/2024
WFI Printed For: On-Demand
Submission Reason: Contact Update

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

1. SYSTEM ID NO. 12300 J	2. SYSTEM NAME CHELAN WATER DEPT CITY OF	3. COUNTY CHELAN	4. GROUP A	5. TYPE Comm					
6. PRIMARY CONTACT NAME & MAILING ADDRESS CHAD A. WAAG [LEAD OPERATOR] 50 CHELAN FALLS RD CHELAN, WA 98816 STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP		7. OWNER NAME & MAILING ADDRESS CHELAN, CITY OF JAKE L. YOUNGREN 50 CHELAN FALLS RD CHELAN, WA 98816 PUBLIC WORKS DIRECTOR STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP							
9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (360) 626-7725 Primary Contact Mobile/Cell Phone: (360) 509-1462 Primary Contact Evening Phone: (xxx)-xxx-xxxx Fax: E-mail: cxxg@cityofchelan.us		10. OWNER CONTACT INFORMATION Owner Daytime Phone: (509) 630-2510 Owner Mobile/Cell Phone: (509) 630-2510 Owner Evening Phone: (xxx)-xxx-xxxx Fax: E-mail: jxxxxxxn@cityofchelan.us							
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) <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									
12. WATER SYSTEM CHARACTERISTICS (mark all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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 type="checkbox"/> 1,000 or more person event for 2 or more days per year </div> <div style="width: 33%;"> <input checked="" type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Licensed Residential Facility <input checked="" type="checkbox"/> Lodging <input checked="" type="checkbox"/> Recreational / RV Park </div> <div style="width: 33%;"> <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.): </div> </div>									
13. WATER SYSTEM OWNERSHIP (mark only one) <input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> Investor <input type="checkbox"/> Special District <input checked="" type="checkbox"/> City / Town <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State				14. STORAGE CAPACITY (gallons) 2,908,000 2,814,000					
15	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY	19 USE	20	21 TREATMENT	22 DEPTH	23	24 SOURCE LOCATION
	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 IN SPRINGFIELD SEA WATER SURFACE WATER RAINNEY / INF. GALLERY OTHER	EMERGENCY SEASONAL PERMANENT OTHER	SOURCE METERED NONE	CHLORINATION FILTRATION FLUORIDATION (UV) IRRADIATION (UV) OTHER	DEPTH TO FIRST OPEN TERNAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION SECTION NUMBER TOWNSHIP RANGE
	S01 InAct 12/08/1998 LAKE CHELAN		X	X	Y	X		3000	NE NW 13 27N 22E
	S02 InAct 12/08/1998 LAKE CHELAN		X	X	Y	X		800	SE NE 15 27N 22E
	S03 LAKE CHELAN		X	X	Y	X X	X	4375	NW SE 13 27N 22E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 12300 J	2. SYSTEM NAME CHELAN WATER DEPT CITY OF	3. COUNTY CHELAN	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?)		2357	4746
A. Full Time Single Family Residences (Occupied 180 days or more per year)	1665		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	173		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	692		
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.	329	329	0
28. TOTAL SERVICE CONNECTIONS		2686	4746

29. FULL-TIME RESIDENTIAL POPULATION	2,742
A. How many residents are served by this system 180 or more days per year? _____	7450

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?	9135	9135	9135	9135	22838	45675	45675	45675	22838	9135	9135	9135
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 that are NOT already included in the residential population?	453	453	453	453	453	453	453	453	453	453	453	453
B. How many days per month are they present?	27	24	27	26	27	26	27	27	26	27	26	26

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

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(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: <u>CHAD WAAG</u>	DATE: <u>4-29-2024</u>
PRINT NAME: <u>CHAD WAAG</u>	TITLE: <u>Water treatment Plant Lead. operator</u>