



# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2  
Updated: 08/15/2023

ONE FORM PER SYSTEM

Printed: 8/15/2023  
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](mailto:wfi@doh.wa.gov)

<b>1. SYSTEM ID NO.</b> 20200 A	<b>2. SYSTEM NAME</b> DUCK LAKE WATER ASSOCIATION	<b>3. COUNTY</b> OKANOGAN	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm								
<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>  MELISSA L. AMES-TIBBITS 1726 OLD HIGHWAY 97 OKANOGAN, WA 98840-8221		<b>7. OWNER NAME &amp; MAILING ADDRESS</b>  DUCK LAKE WATER ASSN                      PRESIDENT FLOYD COVEY PO BOX 1624 OMAK, WA 98841-1624										
<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b>  ATTN ADDRESS CITY                      STATE                      ZIP		<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b>  ATTN ADDRESS CITY                      STATE                      ZIP										
<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>		<b>10. OWNER CONTACT INFORMATION</b>										
Primary Contact Daytime Phone: (509) 422-2998		Owner Daytime Phone:										
Primary Contact Mobile/Cell Phone: (509) 429-3290		Owner Mobile/Cell Phone: (509) 429-3035										
Primary Contact Evening Phone: (509) 429-3290		Owner Evening Phone:										
Fax:	E-mail: msextonperformancehorses@yahoo.com	Fax:	E-mail: ducklakewater@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 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				79,400								
<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>			
Source Number	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 WELL IN A WELL FIELD WELL IN A WELL FIELD SPRING SPRING IN SPRINGFIELD SEA WATER SURFACE WATER RANNEY / INF. GALLERY OTHER	EMERGENCY SEASONAL PERMANENT	SOURCE METERED NONE	FILTRATION CHLORINATION IRRADIATION (UV) FLUORIDATION OTHER	DEPTH TO FIRST OPEN TERNAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	Well #1 - AGJ186		X		X		84	80	NE NW	22	34N	26E
S02	Well #2 - AAI243		X		X		106	400	NW SE	15	34N	26E
S03	Well #3 - APE514		X		X		94	80	NE NW	22	34N	26E
S04	WF/S01,S03		X		X		84	160	NE NW	22	34N	26E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
20200 A	DUCK LAKE WATER ASSOCIATION	OKANOGAN	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>		168	233
A. Full Time Single Family Residences (Occupied 180 days or more per year)	168		
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	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>		168	233

<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;">588</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?	310	280	310	300	310	300	310	310	300	310	300	310
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?												
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>
20200	DUCK LAKE WATER ASSOCIATION

**Total WFI Printed: 1**





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

**Report Create Date:** 8/15/2023  
**Water System Id(s):** 20200  
**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