



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 1
Updated: 09/04/2024

ONE FORM PER SYSTEM

Printed: 9/4/2024
WFI Printed For: On-Demand
Submission Reason: Owner Update

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

1. SYSTEM ID NO. 07301 B	2. SYSTEM NAME COPALIS ROCKS WATER	3. COUNTY GRAYS HARBOR	4. GROUP A	5. TYPE TNC
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6. PRIMARY CONTACT NAME & MAILING ADDRESS KYLE SCOTT [OPERATIONS SUPV] 100 W BROADWAY, SUITE 31 MONTESANO, WA 98563	7. OWNER NAME & MAILING ADDRESS GRAYS HARBOR COUNTY UTILITIES MANAGER KYLE SCOTT 100 W. BROADWAY SUITE 31 MONTESANO, WA 98563
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STREET ADDRESS IF DIFFERENT FROM ABOVE	STREET ADDRESS IF DIFFERENT FROM ABOVE
ATTN	ATTN
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (360) 964-1859	Owner Daytime Phone: (360) 249-4222
Primary Contact Mobile/Cell Phone: (360) 972-0665	Owner Mobile/Cell Phone: (360) 972-0665
Primary Contact Evening Phone: (360) 972-0665	Owner Evening Phone: (360) 972-0665
Fax: (360) 276-8389 E-mail: kyle.scott@graysharbor.us	Fax: (360) 276-8389 E-mail: kyle.scott@graysharbor.us

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input type="checkbox"/> Not applicable (Skip to #12) <input checked="" type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: <u>Grays Harbor County</u> SMA Number: <u>164</u>

12. WATER SYSTEM CHARACTERISTICS (mark all that apply)		
<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	_____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons) 5,000
<input 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 checked="" type="checkbox"/> Private <input type="checkbox"/> State	

15	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY											19 USE	20	21 TREATMENT					22 DEPTH	23	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 TERTVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE								
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																																				
	S01 WELL #1 AGF091 Requires Disinfect		X										X									90	25	NW NE	09	19N	12W											

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
07301 B	COPALIS ROCKS WATER	GRAYS HARBOR	A	TNC

	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?)		23	28
A. Full Time Single Family Residences (Occupied 180 days or more per year)	3		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	20		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
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		
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)	4	4	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		27	28

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 5

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?						50	50	50				
B. How many days per month are they present?						8	8	8				

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?					24	24	24	24	24			
B. How many days per month is water accessible to the public?					8	8	8	8	8			

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	0	0	1	0	0	1	0	0	1	0	0

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)		S01	

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>
07301	COPALIS ROCKS WATER

Total WFI Printed: 1



Water Facilities Inventory (WFI)

Report Create Date: 9/4/2024
Water System Id(s): 07301
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