WATER FACILITIES INVENTORY (WFI) FORM

RETURN TO: Eastern Regional Office, 16201 E. Indiana Ave, Suite 1500, Spokane Valley, WA 99216

1. SYSTEM ID NO. | 2. SYSTEM NAME | 3. COUNTY | 4. GROUP | 5. TYPE
---|---|---|---|---

6. PRIMARY CONTACT NAME & MAILING ADDRESS

7. OWNER NAME & MAILING ADDRESS

8. Owner Number:

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION

Primary Contact Daytime Phone:

Primary Contact Mobile/Cell Phone

Primary Contact Evening Phone

Fax:

E-mail

10. OWNER CONTACT INFORMATION

Owner Daytime Phone:

Owner Mobile/Cell Phone

Owner Evening Phone

Fax:

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
- Managed Only
- Owned Only

SMA NAME: ___________________________________________  SMA Number: __________________

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

- Agricultural
- Commercial / Business
- Day Care
- Food Service/Food Permit
- 1,000 or more person event for 2 or more days per year
- Hospital/Clinic
- Industrial
- Licensed Residential Facility
- Lodging
- Residential
- School
- Temporary Farm Worker
- Other (church, fire station, etc.):
- Recreational / RV Park

13. WATER SYSTEM OWNERSHIP (mark only one)

- Association
- County
- Investor
- Special District
- City / Town
- Federal
- Private
- State

14. STORAGE CAPACITY (gallons)

15. SOURCE NUMBER

16. SOURCE NAME

17. INTERTIE SYSTEM ID NUMBER

18. SOURCE CATEGORY

19. USE

20. TREATMENT

21. DEPTH

22. SOURCE LOCATION

Example: WELL #1 XYZ2456

Example: SEATTLE

Example: SEATTLE

DOH 331-011 (Rev. 06/02)
**25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)**

A. Full Time Single Family Residences (Occupied 180 days or more per year)

B. Part Time Single Family Residences (Occupied less than 180 days per year)

**26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)**

A. Apartment Buildings, condos, duplexes, barracks, dorms

B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year

C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year

**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)

B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.

**28. TOTAL SERVICE CONNECTIONS**

**29. FULL-TIME RESIDENTIAL POPULATION**

A. How many residents are served by this system 180 or more days per year? __________

**30. PART-TIME RESIDENTIAL POPULATION**

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A. How many part-time residents are present each month?

B. How many days per month are they present?

**31. TEMPORARY & TRANSIENT USERS**

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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 by the public?

**32. REGULAR NON-RESIDENTIAL USERS**

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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**

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**34. NITRATE SCHEDULE**

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<th>QUARTERLY</th>
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**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: __________________________