



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

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

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE																							
6. PRIMARY CONTACT NAME & MAILING ADDRESS					7. OWNER NAME & MAILING ADDRESS																						
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:					Owner Daytime Phone:																						
Primary Contact Mobile/Cell Phone:					Owner Mobile/Cell Phone:																						
Primary Contact Evening Phone:					Owner Evening Phone:																						
Fax:					Fax:																						
E-mail:					E-mail:																						
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)																											
<input 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)																											
<input type="checkbox"/> Agricultural <span style="margin-left: 200px;"><input type="checkbox"/> Hospital/Clinic</span> <span style="margin-left: 150px;"><input type="checkbox"/> Residential</span> <input type="checkbox"/> Commercial / Business <span style="margin-left: 200px;"><input type="checkbox"/> Industrial</span> <span style="margin-left: 150px;"><input type="checkbox"/> School</span> <input type="checkbox"/> Day Care <span style="margin-left: 200px;"><input type="checkbox"/> Licensed Residential Facility</span> <span style="margin-left: 150px;"><input type="checkbox"/> Temporary Farm Worker</span> <input type="checkbox"/> Food Service/Food Permit <span style="margin-left: 200px;"><input type="checkbox"/> Lodging</span> <span style="margin-left: 150px;"><input type="checkbox"/> Other (church, fire station, etc.): _____</span> <input type="checkbox"/> 1,000 or more person event for 2 or more days per year <span style="margin-left: 200px;"><input type="checkbox"/> Recreational / RV Park _____</span>																											
13. WATER SYSTEM OWNERSHIP (mark only one)								14. STORAGE CAPACITY (gallons)																			
<input type="checkbox"/> Association <span style="margin-left: 100px;"><input type="checkbox"/> County</span> <span style="margin-left: 100px;"><input type="checkbox"/> Investor</span> <span style="margin-left: 100px;"><input type="checkbox"/> Special District</span> <input type="checkbox"/> City / Town <span style="margin-left: 100px;"><input type="checkbox"/> Federal</span> <span style="margin-left: 100px;"><input type="checkbox"/> Private</span> <span style="margin-left: 100px;"><input type="checkbox"/> State</span>																											
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	WELL IN A WELL FIELD	SPRING	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	EMERGENCY	SEASONAL	PERMANENT	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN TERTIAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE	

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b>	<b>2. SYSTEM NAME</b>	<b>3. COUNTY</b>	<b>4. GROUP</b>	<b>5. TYPE</b>								
			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>												
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)												
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>												
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												
<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)												
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.												
			<b>28. TOTAL SERVICE CONNECTIONS</b>									
<b>29. FULL-TIME RESIDENTIAL POPULATION</b>												
A. How many residents are served by this system 180 or more days per year? _____												
<b>30. PART-TIME RESIDENTIAL POPULATION</b>	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?												
<b>31. TEMPORARY &amp; TRANSIENT USERS</b>	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?												
B. How many days per month is water accessible to the public?												
<b>32. REGULAR NON-RESIDENTIAL USERS</b>	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?												
<b>33. ROUTINE COLIFORM SCHEDULE</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>34. NITRATE SCHEDULE</b>	QUARTERLY			ANNUALLY			ONCE EVERY 3 YEARS					
(One Sample per source by time period)												
<b>35. Reason for Submitting WFI:</b>												
<input type="checkbox"/> Update - Change <input type="checkbox"/> Update - No Change <input type="checkbox"/> Inactivate <input type="checkbox"/> Re-Activate <input type="checkbox"/> Name Change <input type="checkbox"/> New System <input type="checkbox"/> Other _____												
<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>												
SIGNATURE: _____						DATE: _____						
PRINT NAME: _____						TITLE: _____						