



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

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE									
			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?)													
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		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?													
B. How many days per month is water accessible to the public?													
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
34. NITRATE SCHEDULE		QUARTERLY			ANNUALLY			ONCE EVERY 3 YEARS					
(One Sample per source by time period)													
35. Reason for Submitting WFI:													
<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 _____													
36. I certify that the information stated on this WFI form is correct to the best of my knowledge.													
SIGNATURE: _____							DATE: _____						
PRINT NAME: _____							TITLE: _____						