## ATTACHMENT E



## STATE OF WASHINGTON

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 + Olympia, Washington 98504-7250 (360) 664-1160 + TTT (360) 586-8203

Ref: UT 4-1250

January 20, 2010

David Dorland Lowper Water Company PO Box 20429 Seattle, Washington 98102

Subject:

Water System Questionnaire

Dear Mr. Dorland:

The Washington Utilities and Transportation Commission (Commission) has received information that you continue to serve water to several customers near Sequim on a water system named Lowper Water System. To help us understand your current situation, please complete and return the enclosed questionnaire, which will enable us to determine your jurisdictional status.

If you have any questions, please contact me at (360) 664-1250 or <a href="mailto:jward@wutc.wa.gov">jward@wutc.wa.gov</a> or please visit our website at www.wutc.wa.gov for additional information.

Sincerely,

Jim Ward

Regulatory Analyst, Water

Enclosure

Dockets	UW-091006
	UW-110213
Exhibit l	No
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## WATER SYSTEM QUESTIONNAIRE

The following assumes that the water systems are in operation and serving one or more customers. If a question is not applicable, so state. Add any information you feel will help provide a better understanding of the situation.

1.	For each water system owned, operated or controlled by you or the utility, please list by Washington State Department of Health ID # each water system and whether you own, operate or control the water system.
2.	Is (are) the water system(s) owned, operated and controlled by a proprietorship, partnership or corporation?
3,	Are the water system(s) owned, operated or controlled by a Co-op, homeowner's association or non-profit organization?
	a. Must all customers also be members?
	b. Is there any language in the articles of incorporation or the bylaws that would indicate any intention to dedicate the property to public use?
4.	If owner is a nonprofit organization, registered with the office of the Washington Secretary of State, please provide full name, address and registration number (UBI#).
5.	For each water system owned, operated, or controlled by you, is control exercised directly by the owner or owners of the utility?
6.	Does the utility reserve the right to serve particular individuals of its own choice?
7.	How many customers of each system actually receive water or whose application to receive water has been accepted by the utility?
	Are all customers listed above using water and have houses on lot. Yes / No What number of customers actually uses water?
8.	For each water system, please list the maximum number of connections allowed by Department of Health or other government agency.

Does the utility have any service applications that it cannot connect at this time?

9,

10.	What are the rates/charges for each system? (If multiple rates/systems use additional sheets)  Monthly Flat Rate \$ (No meter) Number of Customers
	Monthly Metered Basic Rate \$ Number of Customers
	Water Allowance with basic charge (gallons/cubic feet)
	Usage Block (gallons/cubic feet) Rate \$ per (gallons/cubic feet)
	Usage Block (gallons/cubic feet) Rate \$ per (gallons/cubic feet)
	Usage Block (gallons/cubic feet) Rate \$ per (gallons/cubic feet)
	Billing Frequency: Monthly Bi-monthly Other:
	Irrigation Services: Rate \$ Monthly _ Bi-monthly Other:
	Any larger than normal size meters? If so what sizc(s)?
	Ancillary Charges: Service connection charge (new customer) \$
11.	What is the average yearly revenue per customer for each water system? \$
	What is the average monthly water consumption per customer for each water system?  Gallons or Cubic feet
12.	If any of the water systems serve only a subdivision in which it has an interest or with which it is associated, is there a covenant in the land contract or deed obligating the utility to provide water for each lot or purchaser of each lot?
13.	Under what name(s) is the system(s) or utility being operated?
14.	Does the water company own all the assets used to provide water service?
15.	Please provide a contact phone number and e-mail address if the Commission has additional questions.
	Diameters.
	Signature Date