Washington State Department of Health Division of Enrichting Water Office of Principles Water

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2

Updated: 06/04/2018 Printed: 6/4/2018

WFI Printed For: On-Demand Submission Reason: Owner Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822

1. SYSTEM ID NO. 2. SYSTEM NAME								3. COUNTY 4. GROUP 5. TYPE								•							
10340 E DELTA LONG LK			CRE TRACTS							KITSAP							А	A Comm					
6 PRIMARY CONTACT NAME & MAII ING ADDRESS								Τ7	7 OWNER NAME & MAILING ADDRESS & OWNED NUMBED: 000002														
6. PRIMARY CONTACT NAME & MAILING ADDRESS WILLIAM (BILL) E. SWEET [MANAGER] NORTHWEST REGION PO BOX 336 GIG HARBOR, WA 98335-0336								W C S P	7. OWNER NAME & MAILING ADDRESS 8. OWNER NUMBER: 000092 WASHINGTON WATER SERVICE GENERAL MANAGER COMPANY SCOTT A. BAILEY PO BOX 336 GIG HARBOR, WA 98335-0336														
STREET ADDRESS IF DIFFERENT FROM ABOVE									S	STREET ADDRESS IF DIFFERENT FROM ABOVE													
ATTI	TTN WASHINGTON WATER SERVICE DDRESS 14519 PEACOCK HILL AVE. NW						A A	ATTN ADDRESS 14519 PEACOCK HILL AVENUE NW CITY GIG HARBOR STATE WA ZIP 98332-9240															
9. 24	4 HOUR PRIMARY	CONTACT INFORMATI	ON						10	0. O\	WNE	R C	TNC	ACT IN	IFOR	MA	ION						
Prima	ary Contact Daytime	Phone: (253) 851-	4060						0	wne	Day	time	Pho	ne:		(253	8) 851	1-4060					
Prima	nary Contact Mobile/0	Cell Phone: (253) 405-	9999						0	Owner Mobile/Cell Phone: (253) 851-4060													
Prima	ary Contact Evening	Phone: (253) 851-	4060						0)wne	Eve	ning	Pho	ne:		(253	851	1-4060					
Fax:	(253) 857-4001	E-mail: wsweet@wav	water.com						Fa	ax: (253)	857	-400	1 E-	-mail:	sba	iley@	wawate	er.com				
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) Owned and Managed SMA NAME: Washington W Managed Only Owned Only								Wat	Water Service Company SMA Number: 114														
☐ Food Service/Food Permit ☐ Lodgi								stria nsec	trial School sed Residential Facility Temporary Farm Worker														
13. W		rson event for 2 or more	days per ye	ear																=======			
Association County City / Town Federal																		er (churc		GE CAPA		(gallo	ns)
	VATER SYSTEM OV Association	NERSHIP (mark only o		ear		nves Priva	tor						k	Special State	I Dist			er (churc			CITY	(gallo	ons)
15	VATER SYSTEM OW Association City / Town	NERSHIP (mark only o				Priva	etor te	Rec	reati		/ RV		k	State	I Dist	rict	Othe	er (churc	STORA	GE CAPA	CITY		
	ASSOCIATION City / Town SOUR LIST UTILITY'S I AND WELL T Example: V IF SOURCE IS INTILIST SEL	/NERSHIP (mark only o	one)	WELL FIELD WELL	<u> </u>	1 SPRIN	stor te SPRING IN S	Rec	RY	ional	/ RV	9 SSE	20 SOURCE METERED	TR CHLORINATION NONE	2ºREAT	rrict	Othe	14. 22 DEPTH TO FIRS TERVAL	STORA	GE CAPA 17,300	CITY		ON
15 Source Number	ASSOCIATION City / Town SOUR LIST UTILITY'S I AND WELL T Example: V IF SOURCE IS INTILIST SEL	VNERSHIP (mark only of County County Federal 16 CE NAME NAME FOR SOURCE AG ID NUMBER. VELL #1 XYZ456 PURCHASED OR ERTIED, LER'S NAME 2: SEATTLE	17 INTERTIE SYSTEM ID	WELL	SOUR WELL IN A WEL	1 CE C	stor te 8	Rec	RY	ional	/ RV	9 SE	k	TR	2°	rict	Other IT	14. 22 DEPTH TO FIRS TERVAL	STORA	17,300	CITY 24 CE LO SECTION NUMBER	DCATI	ON
15 Source Number	ASSOCIATION City / Town City / Town SOUR LIST UTILITY'S I AND WELL T Example: V IF SOURCE IS INTILIST SEL Example	VNERSHIP (mark only of County County Federal 16 CE NAME NAME FOR SOURCE AG ID NUMBER. VELL #1 XYZ456 PURCHASED OR ERTIED, LER'S NAME 2: SEATTLE	17 INTERTIE SYSTEM ID	WELL FIELD WELL	SOUR WELL IN A WEL	1 CE C	stor te 8	Rec	RY	ional	/ RV	9 SE	20 SOURCE METERED	TR CHLORINATION NONE	2°	rict	Other IT	14. 22 DEPTH TO FIRST OPEN TERVAL IN FEET	STORA 23 CAPACITY (GALLONS PER MINUTE)	17,300 SOURCE 1/4, 1/4 SECTION	CITY 24 CE LO SECTION NUMBER	TOWNSHIP	ON
15 Source Number	ASSOCIATION City / Town City / Town SOUR LIST UTILITY'S I AND WELL T Example: V IF SOURCE IS INTILIST SEL Example	VNERSHIP (mark only of County County Federal 16 CE NAME NAME FOR SOURCE AG ID NUMBER. VELL #1 XYZ456 PURCHASED OR ERTIED, LER'S NAME 2: SEATTLE	17 INTERTIE SYSTEM ID	WELL FIELD WELL	SOUR WELL IN A WEL	1 CE C	stor te 8	Rec	RY	ional	/ RV	9 SE	20 SOURCE METERED	TR CHLORINATION NONE	2°	rict	Other IT	14. 22 DEPTH TO FIRST OPEN TERVAL IN FEET	STORA 23 CAPACITY (GALLONS PER MINUTE)	17,300 SOURCE 1/4, 1/4 SECTION	CITY 24 CE LO SECTION NUMBER	TOWNSHIP	ON
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WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	STEM ID NO. 2. SYSTEM NAME 3								3. COUNTY					
10340 E	DELTA LONG LK ACRE TRACTS					A	Comm							
								ACTI SERV CONNEC	VE ICE	DOH US CALCU ACT CONNE	LATED VE	APPR	E ONLY! OVED CTIONS	
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)										1		20		
A. Full Time Single Family Residences (Occupied 180 days or more per year)									7					
B. Part Time Single Fami	0													
26. MULTI-FAMILY RES	IDENTIAL BUILDINGS (How many of the	following	do you	have?)										
A. Apartment Buildings, o	0													
B. Full Time Residential	0													
C. Part Time Residential	0													
27. NON-RESIDENTIAL	CONNECTIONS (How many of the follow	ving do y	ou have?)										
A. Recreational Services a	and/or Transient Accommodations (Campsi	tes, RV si	tes, hotel/	motel/ove	rnight uni	ts)		0		()	0		
B. Institutional, Commercial	ial/Business, School, Day Care, Industrial S	Services, e	etc.					0		0		0		
			28. 1	OTAL SE	RVICE C	ONNECT	IONS			17		20		
29. FULL-TIME RESIDEN	NTIAL POPULATION													
A. How many residents a	re served by this system 180 or more days	per year?			53									
30. PART-TIME RESIDE	ENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
A. How many part-time re	esidents are present each month?													
B. How many days per m														
31. TEMPORARY & TRA	ANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	
	rs, attendees, travelers, campers, patients to the water system each month?													
B. How many days per m														
32. REGULAR NON-RE	SIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	
	aycares, or businesses connected to your students daycare children and/or ich month?													
B. How many days per m	onth are they present?													
33. ROUTINE COLIFORI	M SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	
* Requirement is exception from WAC 246-290			1	1	1	1	1	1	1	1	1	1	1	
34. NITRATE SCHEDUL	QUARTERLY					ANNU	JALLY		ONCE EVERY 3 YEARS			RS		
(One Sample per source														
35. Reason for Submitti	ing WFI:													
Update - Change	Update - No Change Inac	tivate	☐ Re-	Activate	☐ Na	me Chanç	ge 🔲	New Sys	tem [Other				
36. I certify that the inf	formation stated on this WFI form is corr	ect to the	best of	my knowl	edge.									
SIGNATURE: DATE:														
PRINT NAME:					TITLE:									

WS ID WS Name

10340 DELTA LONG LK ACRE TRACTS

Total WFI Printed: 1



Water Facilities Inventory (WFI)

Report Create Date: 6/4/2018

Water System Id(s): 10340

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 From: ALL To: ALL

Owner Number: ALL

SMA Number: ALL

SMA Name: ALL

Active Connection Count From: ALL To: ALL

Approved Connection Count From: ALL To: ALL

Full-Time Population From: ALL To: ALL

Water System Expanding Services: ALL

Source Type: ALL

Source Use: ALL

WFI Printed For: On-Demand