

Attachment A

VOTE DOCKET NO. UW-180886
EXHIBIT NO. SP-2
ADMIT W/D REJECT

BUSINESS INFORMATION

Business Name:
HARRISON-RAY WATER COMPANY

UBI Number:
601 057 514

Business Type:
WA PROFIT CORPORATION

Business Status:
ACTIVE

Principal Office Street Address:
2403 WHITWORTH, RICHLAND, WA, 99352, UNITED STATES

Principal Office Mailing Address:
PO BOX 2818, PASCO, WA, 99302-2818, UNITED STATES

Expiration Date:
03/31/2019

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/ Registration Date:
03/05/1979

Period of Duration:
PERPETUAL

Inactive Date:

Nature of Business:
UTILITIES

REGISTERED AGENT INFORMATION

Registered Agent Name:
TOM HARRISON

Street Address:
2403 WHITWORTH, RICHLAND, WA, 99352-0000, UNITED STATES

Mailing Address:

GOVERNORS

Title	Governors Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		TOM	HARRISON

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 31477.3	2. SYSTEM NAME HARRISON-RAY-BURBANK WATER SYSTEM	3. COUNTY WALLA WALLA	4. GROUP A	5. TYPE Comm
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	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?)		212	223
A. Full Time Single Family Residences (Occupied 180 days or more per year)	212		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, holel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
28. TOTAL SERVICE CONNECTIONS		212	223

29. FULL-TIME RESIDENTIAL POPULATION													
A. How many residents are served by this system 180 or more days per year?													656

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?												
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
* Requirement is exception from WAC 246-290	1	1	1	1	1	1	1	1	1	1	1	1

34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
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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: _____

Attachment C

BUSINESS INFORMATION

Business Name:
HARRISON WATER COMPANY/KIONA, LLC

UBI Number:
602 514 161

Business Type:
WA LIMITED LIABILITY COMPANY

Business Status:
ACTIVE

Principal Office Street Address:
2403 WHITWORTH AVE, RICHLAND, WA, 99352, UNITED STATES

Principal Office Mailing Address:
PO BOX 2818, PASCO, WA, 99302-2818, UNITED STATES

Expiration Date:
06/30/2019

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/ Registration Date:
06/21/2005

Period of Duration:
12/31/2065

Inactive Date:

Nature of Business:
UTILITIES

REGISTERED AGENT INFORMATION

Registered Agent Name:
TOM HARRISON

Street Address:
2403 WHITWORTH, RICHLAND, WA, 99352-0000, UNITED STATES

Mailing Address:

GOVERNORS

Title	Governors Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		TOM	HARRISON

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 10724 H	2. SYSTEM NAME HARRISON KIONA WATER SYSTEM	3. COUNTY BENTON	4. GROUP A	5. TYPE Comm								
			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?)				221	360							
A. Full Time Single Family Residences (Occupied 180 days or more per year)			221									
B. Part Time Single Family Residences (Occupied less than 180 days per year)			0									
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)												
A. Apartment Buildings, condos, duplexes, barracks, dorms			0									
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year			0									
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year			0									
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)			0	0	0							
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.			0	0	0							
28. TOTAL SERVICE CONNECTIONS				221	360							
29. FULL-TIME RESIDENTIAL POPULATION												
A. How many residents are served by this system 180 or more days per year?			520									
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?												
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
Requirement is exception from WAC 246-290	1	1	1	1	1	1	1	1	1	1	1	1
34. NITRATE SCHEDULE	QUARTERLY			ANNUALLY			ONCE EVERY 3 YEARS					
(One Sample per source by time period)												
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: _____