Attachment A

Page 1 of 1

EXHIBIT NO. SP-Z

BUSINESS INFORMATION

DMIT INO. SPE

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

TitleGovernors TypeEntity NameFirst NameLast NameGOVERNORINDIVIDUALTOMHARRISON

Attachment B



WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2

Updated: 11/18/2016

Printed: 10/25/2018

WFI Printed For: On-Demand

Submission Reason: No Change

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

1, 8	SYSTEM ID NO.	2. SYSTEM NAME											3. (col	JNT	Υ								4. GR	OUP	5.	TYPE	
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Prim	ary Contact Evenir	g Phone: (xxx)-xxx	-xxxx								Ov	vne	rE۱	veni	ng l	Pho	ne;											
Fax:	(509) 627-4313	E-mail: xxxxxxxxxx	XXXXXXXXX								Fa	x: (509	9) 62	27-	1313	3	E-m	ail:	XX	XXX	XXXX	(XXXXXX	XXXX				
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Source Number	AND WELL Example: IF SOURCE IN LIST SE	NAME FOR SOURCE TAG ID NUMBER. WELL #1 XYZ456 S PURCHASED OR TERTIED, ELLER'S NAME IJE; SEATTLE	INTERTIE SYSTEM ID NUMBER	TIEM	WELL FIELD	WELL IN A WELL FIELD	SPRING FIELD	SPRING IN SPRINGFIELD		SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN TERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
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WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME				3. C	OUNTY				4. GRO	UP	5. TYPI	
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								ACTI SERV CONNEC	VE ICE	DOH USE CALCUL ACTI CONNEC	LATED VE	DOH US APPRO CONNE	OVED
25. SINGLE FAMILY RE	SIDENCES (How many of the following d	o you ha	ve?)							21	2	22	3
A. Full Time Single Fami	lly Residences (Occupied 180 days or more	per year)						21:					
B. Part Time Single Fam	ily Residences (Occupied less than 180 day	s per yea	r)					0					
26. MULTI-FAMILY RES	IDENTIAL BUILDINGS (How many of the	following	do you l	nave7)									
	condos, duplexes, barracks, dorms							0					
	Units in the Apartments, Condos, Duplexes,							.0					
	Units in the Apartments, Condos, Duplexes				s than 18	0 days/ye	ar	0	alika adel fi				
	CONNECTIONS (How many of the follow												
	and/or Transient Accommodations (Campsit			motel/over	rnight unit	s)		0		.0		(* 174
B. Institutional, Commercial	cial/Business, School, Day Care, Industrial S	ervices, e					. X. 1272 447	.0		0		(
		A 10 _ 10 C C C C C C C C C C C C C C C C C C	28. T	OTAL SE	RVICE C	ONNECT	ONS			21	2	22	23
29. FULL-TIME RESIDE	Contract to the life of the Contract of the Co												allos .
A. How many residents a	re served by this system 180 or more days	per year?			656							_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
30. PART-TIME RESIDE	ENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time r	esidents are present each month?												,
B. How many days per n	nonth are they present?												
31. TEMPORARY & TR.	ANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
A. How many total visitor or customers have access	rs, attendees, travelers, campers, patients s to the water system each month?												
B. How many days per n	nonth is water accessible to the public?												
32. REGULAR NON-RE	SIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
A. If you have schools, d water system, how many employees are present ea	laycares, or businesses connected to your students daycare children and/or ach month?												
B. How many days per m	nonth are they present?									2 5-21 90 71			
33. ROUTINE COLIFOR	M SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUE	AUG	SEP	ОСТ	NOV	DEC
* Requirement is exception	n from WAC 246-290	1	1	1	1	1	1	1	1	1	1	1.	1
34. NITRATE SCHEDUL			QUAR	TERLY			ANN	UALLY		О	NCE EVE	ERY 3 YEA	RS
(One Sample per source	e by time period)									<u> </u>			
35. Reason for Submitt	ting WFI:												
Update - Change	Update - No Change Inac	tivate	□Re-A	ctivate	☐ Na	me Chan	ge []New Sys	tem [Other			
36. I certify that the In	formation stated on this WFI form is corr	ect to the	best of	my knowl	ledge.								
SIGNATURE:					DATE:								
PRINT NAME:					TITLE:								

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

Attachment D



WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2

Updated: 12/21/2017

Printed: 10/25/2018

WFI Printed For: On-Demand

Submission Reason: Source Update

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

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Source Number	LIST UTILITY'S AND WELL Example: IF SOURCE IN LIST SI	NAME FOR SOURCE TAG ID NUMBER. WELL #1 XYZ456 IS PURCHASED OR TERTIED, ELLER'S NAME JIE: SEATTLE	INTERTIE. SYSTEM ID NUMBER	WELL	WELL IN A WELL FIELD			SPRING IN SPRIN		П	RANNEY / INF. G.	OTHER	70		EMERGENCY	SOURCE METERED	NONE	H2			IRRADIATI	OTHER	DEPTH TO FIRST OPEN TERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	Well #3			X	_	L	Ц	_	_	_	4	4			X.		X			_	\dashv		400	400	NW NW	21	09N	27E
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WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME				3.	COUNTY				4. GR	OUP	5. TYP	PE		
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								ACT SER' CONNE		CALCL	SE ONLY ILATED IVE CTIONS	APPR	SE ONL ROVED ECTION		
25. SINGLE FAMILY R	ESIDENCES (How many of the following	do you h	ave?)							2	21	3	160		
A. Full Time Single Fan	nlly Residences (Occupied 180 days or more	e per year	')					2:	21						
B. Part Time Single Far	mily Residences (Occupied less than 180 da	ys per ye	ar)			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			0						
26. MULTI-FAMILY RE	SIDENTIAL BUILDINGS (How many of the	followin	g do you	have?)											
A. Apartment Bulldings,	, condos, duplexes, barracks, dorms							- 1)						
B. Full Time Residentia	I Units in the Apartments, Condos, Duplexes	s, Dorms t	that are o	ccupled m	ore than 1	80 days/y	ear)						
C. Part Time Residentia	al Units in the Apartments, Condos, Duplexe	s, Dorms	that are c	ccupled le	ss than 1	80 days/ye	ear)						
27, NON-RESIDENTIA	L CONNECTIONS (How many of the follow	wing do y	ou have	?)								,			
A. Recreational Services	and/or Transient Accommodations (Camps	ltes, RV s	lles, hole	/motel/ove	ernight uni	ts)		- ()		0		0		
B. Institutional, Commer	cial/Business, School, Day Care, Industrial S	Services,	etc.			-/		()		0		0		
			28.	TOTAL SI	ERVICE C	ONNECT	IONS		Part 1	2	21	3	60		
29. FULL-TIME RESIDE	ENTIAL POPULATION														
A. How many residents :	are served by this system 180 or more days	per year?			520				19						
30. PART-TIME RESID	ENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
A. How many part-time	residents are present each month?		× 22												
B. How many days per r	month are they present?														
31, TEMPORARY & TR	ANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
	ors, attendees, travelers, campers, patients is to the water system each month?														
B. How many days per r	month is water accessible to the public?														
32. REGULAR NON-RE	SIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC		
	daycares, or businesses connected to your students daycare children and/or ach month?														
B. How many days per m	nonth are they present?								3 *			000000			
33, ROUTINE COLIFOR	M SCHEDULE	JAN	FEB	MAR	APR	MAY	NUL	JUL	AUG	SEP	ост	NOV	DEC		
* Requirement is exception	n from WAC 246-290	1	4	1	1	1	1	i	1	1	1	1	1		
34. NITRATE SCHEDUL	E 100 200 200 200 200 200 200 200 200 200	推進	QUAR	TERLY			ANNU	JALLY		01	ICE EVE	RY 3 YEA	RS		
(One Sample per source	e by time period)														
35. Reason for Submitt	ling WFI:		5												
Update - Change	☐ Update - No Change ☐ Inact	lvate	∏Re-A	ctivate	☐ Nar	ne Chang	е 🔲	New Syst	em [Other			popolitica (2) comb		
36. I certify that the in	formation stated on this WFI form is corr	ect to the	best of	ny knowl	edge.					***************************************					
SIGNATURE:					DATE:	3	-								
PRINT NAME:					TITLE:										

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