



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 2
Updated: 07/17/2017
Printed: 10/11/2017

ONE FORM PER SYSTEM

WFI Printed For: On-Demand

Submission Reason: Contact Update

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

1. SYSTEM ID NO. 04212 T	2. SYSTEM NAME QUEEN ANN WATERWORKS	3. COUNTY MASON	4. GROUP A	5. TYPE Comm								
6. PRIMARY CONTACT NAME & MAILING ADDRESS ANDREW J. NOBLE [MANAGER] PO BOX 2026 SHELTON, WA 98584-5034		7. OWNER NAME & MAILING ADDRESS CATHERINE L. FITZPATRICK 91 NE QUEEN ANN DR BELFAIR, WA 98528		8. OWNER NUMBER: 033095								
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP		STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP										
9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION										
Primary Contact Daytime Phone: (360) 427-0654		Owner Daytime Phone: (360) 277-6930										
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:										
Primary Contact Evening Phone:		Owner Evening Phone:										
Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx									
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.												
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)												
<input type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input checked="" type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only												
SMA NAME: H2O Management Services Inc.		SMA Number: 140										
12. WATER SYSTEM CHARACTERISTICS (mark all that apply)												
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year												
<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input checked="" type="checkbox"/> Recreational / RV Park												
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.):												
13. WATER SYSTEM OWNERSHIP (mark only one)				14. STORAGE CAPACITY (gallons)								
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input checked="" type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State				40,000								
15	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY	19 USE	20	21 TREATMENT	22 DEPTH	23	24 SOURCE LOCATION			
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456	INTERTIE SYSTEM ID NUMBER	WELL	PERMANENT	SOURCE METERED	CHLORINATION	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
	IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE		WELL IN A WELL FIELD									
S01	WELL 1 NO TAG QUEEN ANN		X		Y	X	240	60	SE SW	13	22N	03W

WATER FACILITIES INVENTORY (WFI) FORM - Continued

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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?)		15	14
A. Full Time Single Family Residences (Occupied 180 days or more per year)	15		
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		15	14

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 28

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: _____

<u>WS ID</u>	<u>WS Name</u>
04212	QUEEN ANN WATERWORKS

Total WFI Printed: 1