

# APPENDIX A

Water Facilities Inventory Form



# WATER FACILITIES INVENTORY (WFI) FORM - Continued

|                                |   |                           |                      |                        |
|--------------------------------|---|---------------------------|----------------------|------------------------|
| <b>1. SYSTEM ID</b><br>90900 E | <b>2. SYSTEM NAME</b><br>VADER-ENCHANTED VALLEY | <b>3. COUNTY</b><br>LEWIS | <b>4. GROUP</b><br>A | <b>5. TYPE</b><br>Comm |
|--------------------------------|---|---------------------------|----------------------|------------------------|

|   | ACTIVE SERVICE CONNECTIONS | DOH USE ONLY - CALCULATED ACTIVE CONNECTIONS | DOH USE ONLY - APPROVED CONNECTIONS |
|---|----------------------------|--|-------------------------------------|
| <b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>  | 0                          | 350  | 343                                 |
| A. Full Time Single Family Residences (Occupied 180 days or more per year)  | 350                        |  |                                     |
| B. Part Time Single Family Residences (Occupied less than 180 days per year)  | 0                          |  |                                     |
| <b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>                              |                            |  |                                     |
| 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                          |  |                                     |
| <b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>                                     |                            |  |                                     |
| 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.                                  | 15                         | 15   | 26                                  |
| <b>28. TOTAL SERVICE CONNECTIONS</b>  |                            | <b>365</b>                                   | <b>369</b>                          |

|   |
|---|
| <b>29. FULL-TIME RESIDENTIAL POPULATION</b>   |
| A. How many residents are served by this system 180 or more days per _____ <span style="float: right;">920</span> |

| 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? | 1500 | 1500 | 1560 | 1560 | 1560 | 1650 | 1650 | 1650 | 1650 | 1500 | 1500 | 1500 |
| B. How many days per month is water accessible to the public?  | 30   | 30   | 30   | 30   | 30   | 30   | 30   | 30   | 30   | 30   | 30   | 30   |

| 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? | 10  | 10  | 10  | 10  | 10  | 10  | 10  | 10  | 10  | 10  | 10  | 10  |
| B. How many days per month are they present?  | 30  | 30  | 30  | 30  | 30  | 30  | 30  | 30  | 30  | 30  | 30  | 30  |

| 33. ROUTINE COLIFORM SCHEDULE | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                               | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   |

**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: \_\_\_\_\_

**WS ID**   **WS Name**  
90900   VADER-ENCHANTED VALLEY

**Total WFI Printed: 1**