

<p><i>If this water system serves 500 OR MORE single-family residences, please enter the total number of service connections on line 25, then skip to lines 29, 35 and 36.</i></p> <p><i>If this water system serves LESS THAN 500 single-family residences, complete entire form.</i></p>	ACTIVE SERVICE CONNECTIONS	ACTIVE CONNECTIONS	APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)			
A. Full Time Single Family Residences (Occupied 180 days or more per year)			
B. Part Time Single Family Residences (Occupied less than 180 days per year)			
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms			
B. Full Time Residential Units in Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year			
C. Part Time Residential Units in Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year			
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services (Campsites, RV Sites, Spigots, etc.)			
B. Institutional, Commercial or Industrial Services			
28. TOTAL SERVICE CONNECTIONS			

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

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 visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month are they present?												
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
34. GROUP B NITRATE SCHEDULE	QUARTERLY				ANNUALLY				ONCE EVERY 3 YEARS			

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: _____