

WATER FACILITIES INVENTORY (WFI) FORM

	RETU	RN TO:								
1. SYSTEM ID NO. 2. SYSTEM NAME		3. COUNTY	4. GROUP 5. TYPE							
6. PRIMARY CONTACT NAME & MAILING ADDRE	SS .	7. OWNER NAME & MAILING ADDRESS 8. Owner Number:								
	TITLE:									
		TITLE:								
STREET ADDRESS IF DIFFERENT FROM ABOVE		STREET ADDRESS IF DIFFERENT FROM ABOVE								
ATTN		ATTN								
ADDRESS CITY STATE	ZIP	ADDRESS CITY STATE ZIP								
9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION								
Primary Contact Daytime Phone:		Owner Daytime Phone:	ngangan kan maji anki sak ba kasi ni ini ni ini maan. Antin ni makan kan mada kan m							
Primary Contact Evening Phone:		Owner Evening Phone:								
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:								
Fax: E-mail:		Fax E-Mail: rovide 24-hour contact information for emergencies.								
□ Managed Only □ Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark A Agricultural □ Commercial / Business □ Day Care □ Food Service/Food Permit □ 1,000 or more person event for 2 or more 13. WATER SYSTEM OWNERSHIP (mark only one)	☐ Hos☐ Indi☐ Lice☐ Lod	ustrial Sc ensed Residential Facility Te	sidential hool mporary Farm Worker her (church, fire station, etc.):							
☐ Association ☐ County	□ Investor	□ Special District								
☐ City / Town ☐ Federal	□ Private	□ State								
15. 16 SOURCE NAME	17. 18. SOURCE CATEGORY		22. 23. 24. SOURCE LOCATION							
LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	SPRING FIELD SPRING FIELD SPRING SPRING FIELD SPRING SPRING FIELD SPRING SPRING FIELD SPRING SPRING FIELD SEA WATER SURFACE WATER	RANNEY / INF. GALLERY OTHER PERMANENT SEASONAL EMERGENCY SOURCE METERED NONE CHLORINATION FILTRATION FILURATION OTHER	CAPACITY (GALLONS PER MINUTE) 1/4, 1/4 SECTION SECTION NUMBER TOWNSHIP RANGE							
S01										

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. If this water system serves LESS THAN 500 single-family residences, complete entire form.							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			ou nave?)			State of the state					
		* /	1777			-						
B. Part Time Single Family Residences (Occupied less than 1												
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How	many o	t the folio	wing do	you nave	37)	T						
A. Apartment Buildings, condos, duplexes, barracks, dorms			40. j. i				* 27.	<u> </u>				
B. Full Time Residential Units in Apartments, Condos, Duplexe	_						1					
C. Part Time Residential Units in Apartments, Condos, Duplex					days/year			-				
27. NON-RESIDENTIAL CONNECTIONS (How many	of the fo	ollowing c	o you na	ive?)								
A. Recreational Services (Campsites, RV Sites, Spigots, etc.)						_						
B. Institutional, Commercial or Industrial Services					······································							
	28. TO	TAL SER	VICE CO	NNECTIC	NS							
29. FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or more	days per	year?							Sen. 18 J. S.			
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?				7.								
B. How many days per month are they present?									2000			
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	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?									78(4)	19 A 19		
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
If you have schools, daycares, or businesses connected to your water system, how many students, daycare children and/or employees are present each month?		Employ Chillia			A A		esserialism Park 13	i ne imeend Degree 186	12000 12000			
B. How many days per month are they present?	pillos	Haires		Chie a							Asid	r dû Işê
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
33. ROUTINE COLIFORM SCHEDULE												
34. GROUP B NITRATE SCHEDULE	QUARTERLY					ANNUALLY			ONCE EVERY 3 YEARS			
36. I certify that the information stated on this			rrect to t	Name o			9.		•r			
SIGNATURE:				212		_ D	ATE:					
PRINT NAME:						_ TI	TLE:					