

INSTRUCTIONS FOR COMPLETING THE WFI

Cross out outdated information on the WFI, then write-in corrections in any adjacent space available

	Field Number and Field Name	Instruction
ADDRESSES & PHONE NUMBERS	6. PRIMARY CONTACT NAME & MAILING ADDRESS	<p>Enter the name of the person who should be contacted regarding the water system's day-to-day operations. Most DOH mailings will be sent to this person.</p> <p>Enter only the mailing address in this part of the box (Do not combine a PO Box with a street address).</p> <p>Enter the <i>Physical Delivery Address</i> for the contact person if it is different from the normal mailing address. (This address will be used to ship sampling containers or other materials that cannot be delivered to a P.O. Box). Example:</p> <p><u>Name & Mailing Address</u> ANN SMITH ATTN (optional) P O BOX 3030 ANYTOWN WA 98000</p> <p><u>Physical Delivery Address, if different from Above</u> ATTN (Optional) 1231 MAIN ST ANYTOWN WA 98000</p>
	7. OWNER NAME & MAILING ADDRESS	<p>Enter the name of the person or organization that is the legal owner of the water system. Follow the directions and example in field Number 6 (above).</p> <p><i>If the owner is an organization, there must be an individual listed as the contact for the owner organization.</i></p>
	9. 24 HOUR PRIMARY CONTACT INFORMATION	<p>Enter the phone numbers and fax number including area code (and extension, if applicable) for the primary contact for the water system. The e-mail address may be for the system or the primary contact.</p>
	10. OWNER CONTACT INFORMATION	<p>Enter the phone numbers and fax number including area code (and extension, if applicable) for the owner of the water system.</p>
CHECK BOXES	11. SATELLITE MANAGEMENT AGENCY (SMA)	<p>If the system is NOT owned or managed by a Satellite Management Agency (SMA), check "Not Applicable" and go to #12. If the system IS owned or managed by a SMA, check the applicable box and enter the name of the SMA. <i>The SMA number is assigned by DOH.</i></p>
	12. WATER SYSTEM CHARACTERISTICS	<p>Mark ALL the boxes that apply to your system. You may check more than one box for each service (e.g., a restaurant may be a "Food Service" and a "Commercial").</p> <ul style="list-style-type: none"> * Agricultural - Commercial crop irrigation/Farming * Commercial / Business—Office & retail complexes, nurseries, golf courses. * Day Care – Child or adult care facilities (in home or stand alone where the clients do not live 24 hrs. per day). * Food Service/Food Permit – Restaurant, coffee shop, bakery, tavern, catering facility, Deli, Grocer, mini-mart. * 1000 or more person event for 2 or more days per year – Major event that has a significant impact on your system like a fair, Town festival, major concert. * Hospital/Clinic – Medical / Dental office or clinic, Surgery Center, Emergency Care Facility. * Industrial – manufacturing, assembly facility, food processing facility. * Licensed Residential Facility - Nursing home, adult boarding home, foster home. * Lodging – Hotel, Motel, Inn – Bed and Breakfast, resort. * Recreational / RV Park- Connections serving parks, beaches, ball fields, playground, campgrounds, picnic areas, ski areas, transient recreational vehicle facilities. * Residential - Units designed to house one or more family(ies) (e.g., single family houses, apartments, duplexes, and condominiums, mobile home park, etc.) regardless of how many days per year it is occupied. * School – K-12 grades, community college, technical training facility, colleges. * Temporary Farm Worker Housing / Labor Camp: Facility that provides temporary facilities for workers and their families. May or may not meet the criteria for DOH Temporary Worker Housing licensing. * Other – If choosing "other", please write a brief description in the blank provided (fire station, fraternal organization, grange).

	13. WATER SYSTEM OWNERSHIP	<p>Mark only one type of organization that best describes the owner of the water system.</p> <p>Association – A non-government water system owned by its consumers (sometimes referred to as members). It includes “mutual” water companies.</p> <p>City / Town – A city or town that has been incorporated in accordance with the applicable RCW.</p> <p>County - A water system owned by county government such as a county park, or public works maintenance facility.</p> <p>Federal – A water system owned by the federal government such as veterans hospital, national park, forest service facility.</p> <p>Investor – A privately owned water system where the water system is operated with the intent of making profit. The owner may be regulated (or potentially regulated) by the Washington Utilities and Transportation Commission (WUTC).</p> <p>Private – A privately owned water system, not including Associations, where the water system is not operated with the intent to make a profit. Examples are water systems serving mobile home parks, stores, industries, etc.</p> <p>Special District – A special purpose district that has been created in accordance with the applicable RCW such as a Water or Sewer District, Public Utility District, School District, Fire District or Port District.</p> <p>State – A water system owned by the state such as state park, correctional facility, or department of transportation rest area or maintenance facility.</p>
	14. STORAGE CAPACITY	Enter the total storage capacity (in gallons) available for distribution to the users (if 1,000 gallons or greater). Do not include pressure tank(s) in the total.
SOURCES	16. SOURCE NAME	Enter your name for the source (i.e., Park Well). If the source is purchased or an intertie, list the name for the system providing the water. Each well in a well field or spring in a spring field must be identified. Please provide Well Tag number if available.
	17. INTERTIE	Enter the ID number of the system providing purchased water or intertie. If you do not know the ID number, contact your DOH regional office.
	18. SOURCE CATEGORY	Mark the box that best describes this source. Each source can have only one code. Each well in a well field, and spring in a spring field must be identified individually.
	19. USE	<p>Mark the box that best describes how this source is used.</p> <p>Permanent – A source that is used regularly each year for <u>more than 3 consecutive months within a 12-month period</u>. For systems that are in operation for 3 or less months, their sources shall also be considered permanent.</p> <p>Seasonal – A source that is used on a regular basis and does not meet the definition of either permanent or emergency source. Seasonal source <i>could</i> be used to supply peak demand.</p> <p>Emergency –A source that has been approved by DOH for emergency use and is <i>not</i> used for routine or seasonal peak water demands.</p>
	20. SOURCE METERED	Mark this box if this source has a water meter installed.
	21. TREATMENT	If this source is not treated, mark the “none” box, otherwise mark the box(es) for each type of treatment provided for this source. If a well in a well field, or a spring in a spring field has its own individual treatment, mark the appropriate box. If all the wells in a well field or springs in a spring field are treated together at one location mark the appropriate box on the well or spring field line. Treatment for an intertie refers only to <u>additional</u> treatment by the receiving system.
	22. DEPTH TO FIRST OPEN INTERVAL	For <u>cased</u> wells, enter depth to top of uppermost well screen or perforated casing; for wells <u>completed in rock</u> , enter depth to bottom of sealed casing; for <u>dug</u> wells, enter depth to first unsealed casing joint below the well seal; and for well fields, enter depth of shallowest well. Round off to the nearest whole number.
23. CAPACITY	Enter the actual current capacity of the source, in gallons per minute (gpm), that is available to enter the distribution system under operating conditions. Example: if the source is a well with a pump test of 100 gpm, but only has a 20 gpm pump installed, enter 20 gpm.	
	24. SOURCE LOCATION	Enter the quarter / quarter designation, section number, township and range location for each source. For Example, SE/SW, Sec.1, T18N, R3E. Source locations can be found on well logs, water right documents or property descriptions.
CON	25-A. FULL TIME SINGLE FAMILY RESIDENCES	Enter the number of single-family residences (including mobile homes) occupied any 180 days or more a year that are served by the water system. If you enter a number in this field, you also need to enter a number for the corresponding population residing in these connections in field #29. A connection is considered active until it is physically disconnected from the water system.

	25-B. PART TIME SINGLE FAMILY RESIDENCES	Enter the number of single-family residences (including mobile homes) occupied less than 180 days a year that are served by the water system. (These part-timers most likely inhabit vacation homes that are not used as a primary residence) If you enter a number in this field, you also need to enter data for the corresponding population residing in these connections in rows #30A and #30B. A connection is considered active until it is physically disconnected from the water system.		
	26-A. APARTMENT BUILDINGS, CONDOS, OTHER MULTI-FAMILY BUILDINGS, BARRACKS, DORMS	Enter the number of apartment buildings, condo buildings, duplex buildings, barracks, and dormitory buildings etc that are served by your water system.		
	26-B. FULL TIME RESIDENTIAL UNITS	<i>If the water system serves multi-family residential buildings, enter the total number of residential units that are occupied any 180 days or more a year. If you enter a number in this field, you also need to enter a number for the corresponding population residing in these connections in field #29.</i>		
	26-C. PART TIME RESIDENTIAL UNITS	<i>If the water system serves multi-family residential buildings, enter the number of individual dwelling units that are occupied less than 180 days a year. If you enter a number in this field, you also need to enter data for the corresponding population residing in these connections in rows #30A and #30B.</i>		
	27-A. RECREATIONAL SERVICES AND/OR TRANSIENT ACCOMMODATIONS CALL YOUR REGIONAL OFFICE IF YOU ARE UNSURE WHETHER YOURS IS A COMMUNITY OR NON-COMMUNITY SYSTEM	COMMUNITY SYSTEMS: Leave this field empty. Include in field 27B the actual number of RV parks, campgrounds, hotels, motels, etc. served.	NON-COMMUNITY SYSTEMS: Enter the actual number of RV sites, campsites, spigots, etc., and hotel/motel/overnight units that are served by the water system. Enter the corresponding non-residential population and use-days in rows #31A and #31B.	
	27-B. INSTITUTIONAL, COMMERCIAL, OR INDUSTRIAL SERVICES	COMMUNITY SYSTEMS: Enter the number of all service connections not used for residential purposes. Include RV parks, campgrounds, hotels, motels, etc. in your count of commercial connections. If you enter a number in this field, enter the corresponding non-resident population and use-days in rows #31A, 31B, #32A, and #32B.	NON-COMMUNITY SYSTEMS: Enter the number of all service connections not used for residential purposes and not otherwise accounted for in field 27A. If you enter a number in this field, enter the corresponding non-resident population and use-days in rows #31A, #31B, #32A, and #32B.	
	POPULATIONS	29. FULL TIME RESIDENTIAL POPULATION	Enter the total number of residents that are served by the water system for any 180 days or more per year.	
30-A. PART TIME RESIDENTS PER MONTH		Enter the TOTAL number of seasonal or weekend <u>residents</u> that are present each month . (These part-timers most likely inhabit vacation homes that are not used as a primary residence).		
30-B. PART TIME RESIDENT USE DAYS PER MONTH		Enter how many days part-time residents are present each month.		
31-A. TEMPORARY & TRANSIENT USERS PER MONTH		Enter the TOTAL number of temporary or transient users served by the water system each month . This includes all visitors, attendees, travelers, campers, patients, or customers with access to establishments connected to the water system. <i>Visitors must be counted for every day that they have access to the water system. For example, an individual attending a weeklong camping session (i.e., seven days) must be counted seven times.</i>		
31-B. TEMPORARY & TRANSIENT USE DAYS PER MONTH		Enter the TOTAL number of days per month that this system is accessible or available to the public.		
32-A. REGULAR NON-RESIDENTIAL USERS PER MONTH		Enter the number of students, daycare children and all employees that are served by the water system during each month.		
32-B. REGULAR NON-RESIDENTIAL USE DAYS PER MONTH		Enter the number of days per month that students, daycare children and employees have access to the water.		
SIGNATURE	35. REASON FOR SUBMITTING THE WFI	Check the appropriate box. If you are submitting this WFI as requested by DOH please refer to the instructions in the letter.		
	36. CERTIFICATION	Please sign and print you name and the date you are signing the WFI. Please also provide your title or relationship with this water system.		