

INSTRUCTIONS FOR COMPLETING THE WFI

Cross out any outdated information, write corrections in any adjacent space available.

Field Number & Name	Instruction
ADDRESSES AND PHONE NUMBERS	
6. PRIMARY CONTACT NAME & MAILING ADDRESS	Enter the name of the person we should contact regarding the water system's day-to-day operations. We will send most DOH mailings to this person.
	<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 Physical Delivery Address 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>Name and Mailing Address ANN SMITH ATTN (optional) P O BOX 3030 ANYTOWN WA 98000</p> <p>Physical Delivery Address, if different from above ATTN (Optional) 1231 MAIN ST ANYTOWN WA 98000</p>
7. OWNER NAME AND MAILING ADDRESS	Enter name of person or organization that is water system legal owner. Follow directions and example in field Number 6 (above). If owner is an organization, there must be an individual listed as contact for owner organization.
9. 24 HOUR PRIMARY CONTACT INFORMATION	Enter phone number(s) and fax number, including area code (and extension, if applicable) for primary water system contact. Email address may be for the system or the primary contact.
10. OWNER CONTACT INFORMATION	Enter the phone number(s) and fax number including area code (and extension, if applicable) for water system owner.
CHECK BOXES	
11. SATELLITE MANAGEMENT AGENCY (SMA)	If system is NOT owned or managed by a Satellite Management Agency (SMA), check "Not Applicable" and go to 12. If system IS owned or managed by an SMA, check applicable box and enter name of the SMA. (SMA number is assigned by DOH.)
12. WATER SYSTEM CHARACTERISTICS	<p>Mark ALL 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> <p>Agricultural—Commercial crop irrigation/farming. Commercial/Business—Office and 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. 1,000 or more person event for two 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, playgrounds, 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).</p>

13. WATER SYSTEM OWNERSHIP	<p>Mark only one type of organization that best describes water system owner.</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 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 a 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: water systems serving mobile home parks, stores, industries, etc.</p> <p>Special District—A special purpose district 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 a state park, correctional facility, or department of transportation rest area or maintenance facility.</p>
14. STORAGE CAPACITY	Enter total storage capacity (in gallons) available for distribution to users (if 1,000 gallons or greater). Do not include pressure tank(s) in total.
SOURCES	
16. SOURCE NAME	Enter your name for the source (i.e., Park Well). If source is purchased or an intertie, list system name providing 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 ID number of 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 used regularly each year for more than three consecutive months within a 12-month period. For systems that are in operation for three or less months, their sources shall also be considered permanent.</p> <p>Seasonal—A source used on a regular basis and does not meet the definition of either permanent or emergency source. Seasonal source could be used to supply peak demand.</p> <p>Emergency—A source approved by DOH for emergency use and is not 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 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 additional treatment by the receiving system.
22. DEPTH TO FIRST OPEN INTERVAL	For cased wells, enter depth to top of uppermost well screen or perforated casing; for wells completed in rock , enter depth to bottom of sealed casing; for dug wells, enter depth to first unsealed casing joint below well seal; and for well fields, enter depth of shallowest well. Round off to nearest whole number.
23. CAPACITY	Enter actual current source capacity, in gallons per minute (gpm) available to enter distribution system under operating conditions. Example: if 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 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.
CONNECTIONS	
25-A. FULL TIME SINGLE FAMILY RESIDENCES	Enter number of single-family residences (including mobile homes) occupied any 180 days or more a year served by water system. If you enter a number in this field, enter a number in field 29 for corresponding population residing in these connections. A connection is considered active until physically disconnected from the water system.
25-B. PART TIME SINGLE FAMILY RESIDENCES	Enter number of single-family residences (including mobile homes) occupied less than 180 days a year served by water system. (These part-timers most likely inhabit vacation homes not used as a primary residence.) If you enter a number in this field, enter data in rows 30A and 30B for corresponding population residing in these connections. A connection is considered active until physically disconnected from the water system.

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