



# Northeast Tri County Health District WATER FACILITIES INVENTORY (WFI) FORM

RETURN TO: NETCHD, 240 E. Dominion, Colville, WA 99114 or email to [EHmail@netchd.org](mailto:EHmail@netchd.org)

<b>1. SYSTEM ID NO.</b>	<b>2. SYSTEM NAME</b>	<b>3. COUNTY</b>	<b>4. GROUP</b>	<b>5. TYPE</b>
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<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>			<b>7. OWNER NAME &amp; MAILING ADDRESS</b>			<b>8. Owner Number:</b>		
TITLE:			TITLE:					
STREET ADDRESS IF DIFFERENT FROM ABOVE			STREET ADDRESS IF DIFFERENT FROM ABOVE					
ATTN			ATTN					
ADDRESS			ADDRESS					
CITY			CITY					
STATE			STATE					
ZIP			ZIP					

<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>			<b>10. OWNER CONTACT INFORMATION</b>		
Primary Contact Daytime Phone:			Owner Daytime Phone:		
Primary Contact Mobile/Cell Phone:			Owner Mobile/Cell Phone:		
Primary Contact Evening Phone:			Owner Evening Phone:		
Fax:			E-Mail:		

**WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.**

<b>11. SATELLITE MANAGEMENT AGENCY – SMA (check only one)</b>		
<input type="checkbox"/> Not Applicable (Skip to #12) <input type="checkbox"/> Owned and Managed    SMA Name: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only		

<b>12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)</b>		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or More Person Event for 2 or More Days Per Year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

<b>13. WATER SYSTEM OWNERSHIP (mark only one)</b>				<b>14. STORAGE CAPACITY (gallons)</b>
<input type="checkbox"/> Association	<input type="checkbox"/> County	<input type="checkbox"/> Investor	<input type="checkbox"/> Special District	
<input type="checkbox"/> City / Town	<input type="checkbox"/> Federal	<input type="checkbox"/> Private	<input type="checkbox"/> State	

15.	16. SOURCE NAME	17.	18. SOURCE CATEGORY										19.	21. TREATMENT					22.	23.	24. SOURCE LOCATION								
	SOURCE NUMBER	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	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELLFIELD	SPRING	SPRING FIELD	SPRING IN SPRING FIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE

	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>			
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)			
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, Condos, Duplexes, Barracks, Dorms			
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are Occupied More than 180 days/year			
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are Occupied Less than 180 days/year			
<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)			
B. Institutional, Commercial/Business, School, Daycare, Industrial Services, etc.			
<b>28. TOTAL SERVICE CONNECTIONS</b>			

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
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 total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible by the public?												
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. NITRATE SCHEDULE	QUARTERLY			ANNUALLY			ONCE EVERY 3 YEARS					

<b>35. Reason for Submitting WFI:</b> <input type="checkbox"/> Update-Change <input type="checkbox"/> Update-No Change <input type="checkbox"/> Inactivate <input type="checkbox"/> Re-Activate <input type="checkbox"/> Name change <input type="checkbox"/> New System <input type="checkbox"/> Other _____
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<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____