



# WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 0  
Updated: 10/13/2014  
Printed: 3/17/2016  
WFI Printed For: On-Demand  
Submission Reason: Annual Update

ONE FORM PER SYSTEM

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822

1. SYSTEM ID	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
39880 R	HONEYMOON BAY HTS PROP OWNERS ASSN	ISLAND	B	
<b>6. PRIMARY CONTACT NAME &amp; MAILING ADDRESS</b>		<b>7. OWNER NAME &amp; MAILING ADDRESS</b>		<b>8. OWNER NUMBER:</b>
ROBERT L. DUFFY [SECRETARY/TREASURER] PO BOX 476 FREELAND, WA 98249		HONEYMOON BAY HEIGHTS ASSOCIATION ROBERT L. DUFFY PO BOX 223 FREELAND, WA 98249		012345
<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b>		<b>STREET ADDRESS IF DIFFERENT FROM ABOVE</b>		
ATTN ADDRESS 1127 E SHERWOOD LANE CITY GREENBANK STATE WA ZIP 98253		ATTN ADDRESS CITY STATE ZIP		
<b>9. 24 HOUR PRIMARY CONTACT INFORMATION</b>		<b>10. OWNER CONTACT INFORMATION</b>		
Primary Contact Daytime Phone: (360) 331-6311		Owner Daytime Phone: (369) 331-6311		
Primary Contact Mobile/Cell Phone: (360) 929-3027		Owner Mobile/Cell Phone: (360) 929-3027		
Primary Contact Evening Phone:		Owner Evening Phone:		
Fax: (360) 331-6299	E-mail: xxxxxxxxxxxxxxxxxxxxxx	Fax:	E-mail: xxxxxxxxxxxxxxxxxxxxxx	
<b>WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.</b>				
<b>11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)</b>				
<input checked="" 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 checked="" 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</b>
<input checked="" type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State				9500



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?													
<b>33. ROUTINE COLIFORM SCHEDULE</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	
* Requirement is exception from WAC 246-290													
<b>34. NITRATE SCHEDULE</b>	<b>QUARTERLY</b>			<b>ANNUALLY</b>			<b>ONCE EVERY 3 YEARS</b>						
(One Sample per source by time period)													
<b>35. Reason for Submitting WFI:</b>													

Update - Change    Update - No Change    Inactivate    Re-Activate    Name    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:** \_\_\_\_\_

**WS ID**   **WS Name**  
39880   HONEYMOON BAY HTS PROP OWNERS ASSN

**Total WFI Printed: 1**