



# WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. 39880 R	2. SYSTEM NAME HONEYMOON BAY HEIGHTS	3. COUNTY ISLAND	4. GROUP B	5. TYPE
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	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>		10	12
A. Full Time Single Family Residences (Occupied 180 days or more per year)	9		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	→ 2		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<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)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		10	12

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; text-decoration: underline;">→ 13</span>

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 to 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 that are NOT already included in the residential population?												
B. How many days per month are they present?												

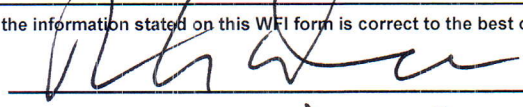
33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

34. NITRATE SCHEDULE (One Sample per source by time period)	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
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35. Reason for Submitting WFI:

- Update - Change   
  Update - No Change   
  Inactivate   
  Re-Activate   
  Name Change   
  New System   
  Other \_\_\_\_\_

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

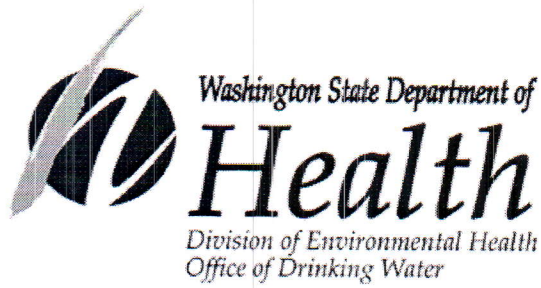
SIGNATURE:      
 DATE: 10/1/24

PRINT NAME: ROBERT L DUFFY     
 TITLE: SECY/TREATS

**WS ID**   **WS Name**  
39880   HONEYMOON BAY HEIGHTS

Total WFI Printed: 1





***Water Facilities Inventory (WFI)***

Report Create Date: 10/1/2024  
Water System Id(s): 39880  
Print Data on Distribution Page: ALL  
Print Copies For: DOH Copy  
Water System Name: ALL  
County: -- Any --  
Region: ALL  
Group: ALL  
Type: ALL  
Permit Renewal Quarter: ALL  
Water System Is New: ALL  
Water System Status: ALL  
Water Status Date From: ALL To ALL  
Water System Update Date ALL To ALL  
Owner Number: ALL  
SMA Number: ALL  
SMA Name: ALL  
Active Connection Count From: ALL To: ALL  
Approved Connection Count ALL To: ALL  
Full-Time Population From: ALL To: ALL  
Water System Expanding ALL  
Source Type: ALL  
Source Use: ALL  
WFI Printed For: On-Demand