



WATER FACILITIES INVENTORY (WFI) FORM

Quarter: 0
Updated: 10/04/2024

ONE FORM PER SYSTEM

Printed: 11/5/2025
WFI Printed For: On-Demand
Submission Reason: Pop/Connect Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822 or email wfi@doh.wa.gov

1. SYSTEM ID NO. 39880 R	2. SYSTEM NAME HONEYMOON BAY HEIGHTS	3. COUNTY ISLAND	4. GROUP B	5. TYPE								
6. PRIMARY CONTACT NAME & MAILING ADDRESS ROBERT L. DUFFY [SECRETARY/TREASURER] PO BOX 476 FREELAND, WA 98249		7. OWNER NAME & MAILING ADDRESS HONEYMOON BAY HEIGHTS ASSOCIATION SECRETARY/TREASURER ROBERT L. DUFFY PO BOX 223 FREELAND, WA 98249										
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 1127 E SHERWOOD LANE CITY GREENBANK STATE WA ZIP 98253		STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP										
9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (360) 929-3027 Primary Contact Mobile/Cell Phone: (360) 929-3027 Primary Contact Evening Phone: Fax: (360) 331-6299 E-mail:		10. OWNER CONTACT INFORMATION Owner Daytime Phone: (369) 331-6311 Owner Mobile/Cell Phone: (360) 929-3027 Owner Evening Phone: Fax: E-mail:										
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) <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												
12. WATER SYSTEM CHARACTERISTICS (mark all that apply) <input type="checkbox"/> Agricultural <input type="checkbox"/> Hospital/Clinic <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Industrial <input type="checkbox"/> School <input type="checkbox"/> Day Care <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> Lodging <input type="checkbox"/> Other (church, fire station, etc.): _____ <input type="checkbox"/> 1,000 or more person event for 2 or more days per year <input type="checkbox"/> Recreational / RV Park _____												
13. WATER SYSTEM OWNERSHIP (mark only one) <input checked="" 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				14. STORAGE CAPACITY (gallons) 9,500								
15	16 SOURCE NAME	17 INTERTIE	18 SOURCE CATEGORY	19 USE	20	21 TREATMENT	22 DEPTH	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 IN A WELL FIELD SPRING 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 TERYAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	H.B.HTS WELL APH288		X				77	21		28	30N	02E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)		11	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		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
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		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
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
28. TOTAL SERVICE CONNECTIONS		11	12

29. FULL-TIME RESIDENTIAL POPULATION
A. How many residents are served by this system 180 or more days per year? 13

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	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)			

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: <u>11/5/2025</u>
PRINT NAME: <u>Robert Duffy</u>	TITLE: <u>Secretary/Treasurer</u>

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

Total WFI Printed: 1



Water Facilities Inventory (WFI)

Report Create Date: 11/5/2025
Water System Id(s): 39880
Print Data on Distribution Page: Yes
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